UNITED STATES MARINE CORPS
MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5001

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C O1/k
22 Apr 93

MARINE CORPS BASE ORDER P1710.2

From: Commanding General
To: Distribution List

Subj: CHILD DEVELOPMENT SERVICES STANDING OPERATING PROCEDURES (SOP)

Ref: (a) MCO 1710.30B
(b) CMC Washington 281234Z Jun 90 (NAVGRAM)
(c) NAVMED P-5010-1 (Manual of Naval Preventive Medicine) (NOTAL)
(d) National Fire Protection Association 101/Code Safety to Life From Fire in Buildings and Structures, 1998 Ed. (NOTAL)
(e) DoD Manual 6060 1-M-18 (Prevention of Child Abuse and Neglect and Child Care Setting) (NOTAL)
(f) MCO 1600.6A

Encl: (1) LOCATOR SHEET

1. Purpose. To provide general guidance and operating procedures concerning child development services aboard the Marine Corps Combat Development Command (MCCDC), per the references.

2. Information. This Manual pertains to all patrons and staff of the MCCDC Child Development Center.

3. Background. It is the policy of the Marine Corps to provide its personnel and their dependents with Child Development Centers and other day care services which will effectively contribute to the overall Marine Corps mission.

4. Recommendation. Recommendations concerning the contents of the Child'Development Services SOP are invited. Such recommendations will be forwarded to the CO, MCB (C 012), via the appropriate chain of command.

5. Records Disposition. All records will be maintained for a five year period.

6. Certification. Reviewed and approved this date.

T. C. TAYLOR
By direction

DISTRIBUTION: P16

LOCATOR SHEET

Subj: CHILD DEVELOPMENT SERVICES SOP

Location: _____
(Indicate the location(s) of the copy(ies) of this Manual.)

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

CHILD DEVELOPMENT SERVICES SOP

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CHILD DEVELOPMENT SERVICES SOP

CHAPTER 1

ENROLLMENT AND DAILY ADMISSION

FIGURE

CHILD DEVELOPMENT SERVICES SOP

CHAPTER 1

ENROLLMENT AND DAILY ADMISSION

1000. DEFINITIONS

1. Full-Day Care. Contractual arrangements usually paid in advance for child care services of more than 20 hours per week.

2. Part-Day Care. Regularly scheduled child care services of 10-20 hours per week to include before/after school care and half day preschool programs.

3. Drop-In or Hourly Care. Occasional or temporary care, usually four hours or less, not provided for full-day children.

4. Program Assistant. Person providing direct care to children and meeting their various needs at different stages of growth.

5. Staff. Person(s) providing other services, such as but not limited to, food preparation, yet not engaged in direct care giving services.

6. Developmental Care. A planned program of activities with materials designed to foster social, emotional, physical and intellectual growth.

7. Preschool. A structural educational program whose curriculum is designed to meet specific goals for entry into elementary school.

1001. GENERAL

1. Eligibility. Children (age 6 weeks - 12 years) of active duty military, retired military, and Department of Defense (DoD) employees of MCCDC are eligible for child care services; with children of active duty personnel having priority.

2. Hours of operation

a. The Child Development Center's (CDC's) hours of operation are posted at the Center. Extended hours of operation may be programmed 21 days in advance. All requests for extended hours of operation will be submitted to the CO, MCB (C 012), in writing. Requests normally will be approved provided sufficient number of children are involved.

b. The CDC schedule for base closures/delayed openings due to bad weather is as follows:

(1) if the base is closed, the CDC will be closed.

(2) if the base is closed early, the CDC will close 30 min. after the scheduled base closure.

(3) if the opening of the base is delayed, the opening of the CDC will be delayed for the same lenth of time (i.e. if the base opens two hours late, the CDC opens two hours later than normal).

3. Preenrollment Parent Orientation. Management staff shall meet with parents prior to enrollment to discuss Child Development Center policies and procedures. Parents shall be given a parent information guide at the time of enrollment which outlines pertinent policies and procedures, including the discipline and child abuse reporting policy. All other operational policies shall be available upon request. Before a child is admitted, parents must furnish current emergency contact information (figure 1-1), show proof of current immunizations (original or certified shot record), and sign the enrollment agreement (figure 1-2). Children not admitted because of lack of space can be placed on the waiting list (figure 1-3). Center personnel may not admit any child who has not had immunizations and the tuberculin test, nor if the parent has not completed an Authorization to Consent to Medical Care Form (figure 1-4). Hourly care patrons are not required to sign the enrollment agreement.

4. The above documents must be updated annually, or more frequently if the child incurs significant health problems. Parents will record any special information about the child on the form. office staff and program leaders must visually examine each child presented for admission to see if the child has obvious signs of contagious diseases.

a. Only a parent or designated representative may admit a child to the Child Development Center.

b. Parents must furnish an emergency phone number and place where they may be contacted while the child is in the Center.

c. Children will not be admitted from or released to siblings or other children under 16 years of age.

d. Unless prior arrangements have been made with the Director, Child Development Center, only a custodial parent or person designated by the custodial parent may take a child from the Center. Identification will be required of anyone not recognized by a staff member as having authorization to pick up the child (This includes parents of children that are new to the program until such time as staff members recognize them).

e. A child will not be accepted into the Center if the staff determines that the child is agitated. Parents may stay in the Center until the child is reasonably calm. Child Development Center staff are not authorized to physically restrain children.

f. A divorced or separated parent who does not have legal custody of a child may not pick up the child unless authorized in writing to do so by the custodial parent (figure 1-5).

5. Clothing. Children must be fully clothed when brought to the center including shoes, socks, underwear, pants and shirt or dress and a jacket when weather warrants. Flip flops and hoop or dangle earrings are unauthorized. Children must be brought to the Center clean.

6. Procedure for Release of Children. It is the responsibility of each parent to make sure all phone numbers and social security numbers are correct. The following procedures will be used in releasing children from the CDC:

a. If the receptionist can visually identify the parent(s), she will ask the parent(s) for the last four digits of their social security number when they arrive at the Center. If the receptionist does not recognize the parent, parents will need to present a valid military/dependent ID or driver's license. Parent(s) may then proceed to their child's room where they are identified by the caregiver before signing their child(ren) out. If a substitute caregiver does not recognize the parent, or if an alternate custodian is picking up the child up, a current military ID or driver's license will be presented.

b. If the emergency contact person listed on the registration form is picking up the child, they will notify the receptionist when they arrive and follow the same procedures as the parent. The caregivers will require picture identification in the form of a valid military ID or driver's license.

c. Any parent requesting someone other than the emergency contact person to pick up their child must come in person to the CDC to fill out and sign a Permission Slip (figure 1-5). The purpose of this policy is to assist parents in dealing with unexpected circumstances. If parents will be permitting another individual to pick up their child frequently they should add them as an alternate custodian on the registration card. Children will not be released without a properly completed permission slip.

7. Procedures for Release of Children to Intoxicated Parents. The CDC will not release children to intoxicated parents. All parents or legal custodians of children enrolled in the CDC are required to sign a waiver of custody (figure 1-6) as part of the enrollment contract. In the event a parent arrives intoxicated and attempts to pick up his/her child, this waiver permits the CDC to retain custody of the child until the other parent or authorized alternate custodian arrives to receive custody of the child. The following procedures will be followed when dealing with a parent who appears intoxicated:

a. Responsibilities of caregivers:

(1) Do not release a child to a parent who appears intoxicated.

(2) Inform the parent that the CDC is not authorized to release children to an intoxicated parent and immediately notify the CDC Director (or supervisor in charge in the absence of the Director) of the situation while retaining custody of the child.

(3) In the event a parent proceeds to take the child from the Center after being notified of the suspected intoxication, the caregiver will follow the parent to the vehicle, get the make, model, and license number and immediately contact the military police to inform them that the parent has departed the CDC in an intoxicated state. The caregiver will then notify the CDC Director/supervisor in charge.

b. Responsibilities of CDC Director/Supervisor

(1) Immediately meet the parent if they remain at the Center.

(2) Inform the parent that the alternate authorized custodian must be contacted to come pick up the child.

(3) If the parent agrees, he/she will be given the opportunity to arrange for the alternate custodian to come pick up their child.

(4) If the parent refuses and/or will not cooperate, the Director will immediately call the military police and retain custody of the child until they arrive. Parent(s) will be sent a written notice of violation (figure 1-7) which places them on probation at the Center. A second violation will result in the child being disenrolled.

Once the Military Police arrive, they will make a determination as to the parents ability to drive or walk the child home.

1002. DENIAL OF SERVICE. The Director, CDC, reserves the right to deny admission to children who appear ill or show visible signs of illness (figure 1-8). Symptoms may include, but are not limited to:

1. Abnormal body temperature.

2. Verbal communication from the child that he/she is not feeling well, (i.e., feels like vomiting) combined with other visible signs.

3. Obvious illnesses such as:

a. Impetigo - red oozing erosion capped with a golden yellow crust that appears stuck on.

b. Scabies - crusty wavy ridges and tunnels in the webs of fingers, hand, wrist, and trunk.

c. Ringworm - flat, spreading ring-shaped lesions.

d. Chicken pox - crops of small blisters on aired base that become cloudy and crusted in 2-4 days.

e. Head lice - nits (whitish-grey clot) attached to hair shafts.

f. Conjunctivitis (pink eye) - red, watery eyes with thick yellow discharge.

g. Persistent (untreated) cough.

h. Severe diarrhea - Three predominately watery stools constitutes severe diarrhea.

i. Vomiting

j. Symptoms of other contagious diseases such as measles, mumps, hepatitis and strep infections.

1003. READMISSION AFTER ILLNESS. A child may return to the Child Development Center when the child feels well enough to participate in usual daily activities, and when the following conditions exist:

1. Fever has been absent for 24 hours.

2. Nausea, vomiting or diarrhea has subsided for at least 24 hours.

3. Required dosages of oral antibiotics have been given over a minimum of 48 hours.

4. Chicken pox lesions are crusted, usually 5-6 days after onset.

5. Scabies are under medical treatment.

6. No evidence of nits or lice.

7. Pinworm has been under medical treatment for 24 hours.

8. Lesions from impetigo are no longer weeping.

9. Ringworm lesions are crusted over.

10. Conjuctivitis has diminished to the point that eyes are no longer discharging.

11. Children with positive cultures for salmonella will not be readmitted until two stool cultures, one week apart, are negative.

12. Children with various symptoms such as coughs, running noses, rashes, etc., may be admitted with a physician's certification attesting that the condition is not communicable. Certification (figure 1-8) will include the physician's name and telephone number.

1004. SPECIAL NEEDS. Children with special needs will be accepted into the Center if they are capable of adjusting to the Center's physical space and daily routine of operations.

1. Every effort will be made to provide child care services to active duty military families with special needs children. Prior to admission, the statement of a physician or other specialist licensed or certified in the area of the child's disability must be submitted. A copy of this statement will be kept on file in the child's record and updated annually or as needed. This statement should specify the following:

a. Particular nature of the disability/Prognosis.

b. Special requirements of the child in terms of medication, diet, apparatuses, communication aids, and self-care assistance.

c. Accomodations that the facility must make to serve the child.

d. Physician/specialist's opinion that the child will benefit from the type of care offered.

2. Before the child is accepted for care, there should be a pre-admission conference among the parents, Center Director, Exceptional Family Member Coordinator and the direct caregiving staff. The parents should be allowed the option of having a knowledgeable professional accompany them to the preadmission conference. The purpose of this meeting is to define the specific needs of the child, to determine the proper age group assignment, and to plan a developmental program that meets the child's needs and level of ability.

1005. FEES. Current fees are posted at the Child Development Center. Family income categories will be verified on an annual basis and fees set accordingly. Adjusted gross income as reported on the most recent federal income tax return or Leave and Earnings Statement will be used to determine fees. Parents not willing to divulge family income will be required to pay the maximum allowable fee. Figure 1-9 will be issued to every parent.

1. All child care accounts must be paid in advance. Weekly accounts will be paid on the preceeding Friday of each week or earlier. Weekly accounts not paid on Monday will be considered delinquent and a surcharge of $5.00 will be charged for each week the account is delinquent. If payment is overdue by 10 or more work days the child will be withdrawn from the Center and placed on the top of the waiting list. Should this reoccur more than once per month, the child will go to the bottom of the waiting list. Hourly drop-ins will pay on the same day services are used.

2. Children not picked up by closing time will be charged the regular rate plus a late pick-up fee of $5.00 for every 15 minutes that a child remains in the Center after closing time. If children are not picked up by one hour after closing, the Military Police will be notified.

MCCDC CHILD DEVELOPMENT SERVICES REGISTRATION CARD
DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code 3012.
PRINCIPAL To provide information to child care personnel on any health problem of the child in care and to have necessary information on file to contact parents in case of emergency.
ROUTINE USES: Information is furnished to the attending physician by staff personnel when it is necessary for a child to be taken to a local medical facility by someone other than the parent. Information on immunization and medical problems will be used as part of the admission screening procedures.
DISCLOSURE: Disclosure of requested information is voluntary. However if requested information is not provided, individuals will not be accepted for care.

* *

(Sponsor's Name) (Rank/Grade) (SSN)

(Sponsor's Home Address) (Home Telephone Number)

(Sponsor's Work Address) (Work Telephone Number)

(Spouse's Name) (Rank/Grade) (SSN)

(Spouse's Work Address) (Work Telephone Number)

(Alternate Emergency Contact) (Work/Telephone Number)

(Name of Persons Authorized to Pick Up Child - Other than Parent)

Child's Legal Name) (Nickname) (Birthdate)

Immunization Data (Record Dates of Immunizations)

DPT
OPV
HIB
MMR
TB

Allergies:(Indicate as applicable to the child.)
Other Medical Problems:

* *

I hereby declare that I have read and will comply with the rules and regulations as outlined in the Parent

Information Handbook.

I permit CDS to release my name and address to the Parent Advisory Committee so that I may be placed on the mailing list or so that they may consult me on policy issues.

(Sponsor's Signature)

Figure 1-1.--Emergency/Contract Information.

CHILD DEVELOPMENT SERVICES SOP
QUANTICO CHILD DEVELOPMENT CENTER
MARINE CORPS COMBAT DEVELOPMENT COMMAND

This is a contract between_____and Quantico Child Development Center for the care of_____

__ for five
_____days per week, Monday through Friday from_____ to_____.

The fee will be $_____ per week. Payments must be in advance on each proceeding Friday (and will be accepted between 7:30 a.m. and 5:30 p.m.1 other arrangements may be approved by the Manager). A $5.00 late charge (per pupil) will be applied to the weekly fee beginning on the Monday following the Friday due date. Further, if payment is overdue by 10 or more work days, the child will be withdrawn from the Child Development Center and his/her name will be entered on the waiting list. A late pick-up fee of $5.00 (per family) will be charged for every 15 minutes that a child remains in the Center after posted closing times.

Annual leave of 4 weeks' abbence will be granted to all full-time students at the rate of 50% regular tuition. Said leave must be taken in increments of 5 working days. Notification of a planned absence must be given 5 days prior to the first day of such planned leave. All necessary immunizations are required before the child may begin attending the Child Development Center.

In certain situations involving illness, injury or closure of the facilities, the Center will need to contact either the parpnt or a designated emergency person. For this reason, the parent or guardian agrees to provide the Center with a current emergency contact person's name, phone number and social security number. If the parent/guardian or the designated contact is called to pick up the child and has not arrived within 30 minutes of notification, the sponsor's Commander will be notified. A,ny child who is taking prescribed medication may not attend sessions at the Center until either a doctor's written permission has been given or 24 hours have transpired since the initial dosage was given.

Children who continually mistreat other children or who cannot be controlled by the Center's staff will not be permitted to remain at the Center.

A two-week notice is required when the child ceases to be a full time or part time attendee at the Center. Failure to give timely notice will result in payment of an additional 2 weeks' tuition.

I have read this contract and fully understand all of the elements. Executed on the_____ day of_____, 19_____.

SPONSOR'S SIGNATURE

Executed on the day of , 19 .

MANAGER/DESIGNER

Figure 1-2.--Enrollment Agreement.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

WAITING LIST APPLICATION

Date

Sponsor's Name Grade SSN#
Last First MI.

Address
Street City

State Zip Code Telephone No.

Father's Employment
Telephone No.

Mother's Employment

Telephone No.

Child's Name
Last First MI. Date of Birth

I understand that my child is being placed on the Child Development Center's waiting list, and I will be notified by telephone as soon as there is an opening. If I cannot be contacted by telephone, I will be notified by mail. I have seven days from the time the notification is mailed to contact the center to either accept or decline the opening. To remain on the waiting list, I will contact the Child Development Center every three months to update my records. My child's immunization record, birth certificate and a copy of my 1040 income tax form must be presented at the time of enrollment.

Signature

NOTIFICATION RECORD

Date and Time Notify (Telephone) (Mail)

Date Accepted Date Declined Date File Updated

Person Making Notification

Figure 1-3.-- Waiting List Application.

AUTHORIZATION TO CONSENT TO MEDICAL CARE

I, _____, a lawful parent or
(Name of Parent/Guardian)
guardian of the following children:
_____Name of Child/Children)
hereby appoint to be my lawful
(CDC or FCC Provider)
attorney-in-fact (agent) to perform any and all acts that I might perform if I were present, for the following purpose:

To authorize any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician at any medical facility for the health and well-being of my child/children aforesaid.

I give this authorization in advance of any care or treatment being required in order to provide authority for my said attorney-in-fact to give specific consent to any and all care and treatment that might be necessary in my absence.

This authority will only take effect after reasonably diligent efforts have been made by Child Development Services Staff/Provider to locate the lawful parents or guardian of
and these efforts prove unsuccessful. (Child/Children)

It is also understood that a valid dependent's identification card must accompany dependents ten years of age and older.
The sponsoring parent is _____
(Sponsor)
This Power of Attorney shall become NULL and VOID from and after
or at such time as
(Termination date of Power of Attorney)
is disenrolled from the
(Child/Children)
program.

(Today's Date) _____
(Signature of Parent/Lawful Guardian

STATE OF VIRGINIA
COUNTY OF PRINCE WILLIAM

Subscribe and sworn to before me this day of
199 , by
(Parent/Lawful Guardian)

known to me to be the person executing the forgoing instrument.

My commission expires:
(Date) NOTARY PUBLIC

Figure 1-4.--Authorization to Consent to Medical Care.

UNITED STATES MARINE CORPS
MARINE CORPS COMBAT DEVELOPMENT COMMAND
Child Development Center
Quantico, Virginia 22134

PERMISSION SLIP

_____ has permission to pick up
(NAME AND SSN)
_____ on this date, ----------.
(CHILD'S NAME) (DATE)

(PARENTS SIGNATURE)

(DATE)

The above person has been authorized by this office to pick up the Child named above.

(DIRECTOR'S SIGNATURE)

(DATE)

Figure 1-5.-- Permission Slip.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

WAIVER OF CUSTODY

I, , do hereby acknowledge that I am granting temporary custody of my child/children to Quantico CDC until such time as I can come to the CDC in an acceptable state to pick up my child/children. If the CDC representative believes me to be intoxicated or some other unacceptable condition when I attempt to take custody of my child/children, I understand that I will not be permitted such custody. If my authorized alternate custodian is available, my child/children will be released to that person. I understand that two such incidents of intoxication will result in the disenrollment of my child/children from the CDC.

Signature of parent

Director, CDC

Figure 1-6.--Waiver of Custody Form.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

Address of intoxication violator

NOTICE OF VIOLATION

Dear ,

On , you appeared at the Child Development Center in a state of intoxication and attempted to take custody of your child/ children in violation of the child custody waiver.

This letter confirms your probationary status at the Center. If you again attempt to take custody of your child/children in an intoxicated
state, your child's enrollment will be immediately terminated.

Director, Child Development Center

Figure 1-7.--Sample Notice of Violation.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

DENIAL OF SERVICE

Date

To: Medical Officer

was denied admittance to and/or sent home

from the Child Development Center due to

It is requested that the above named child be examined and the lower half of this form filled out.

Signature

Date

To: Director, Child Development Center

was examined by me on the above date.

Diagnosis:

Disposition:

( ) May return to the Child Development Center.

( ) May return to the Child Development Center on

( ) May not return to the Child Development Center until further notice.

I certify that the child does not have a contagious disease and may return to the Child Development Center.

Medical Officer Signature

Figure 1-8.-- Denial of Service.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

Dear Parents,

In 1989, Congress passed the Military Child Care Act which requires the Department of Defense to establish uniform fees for child care based on total family income. The purpose of the legislation is to help make child care affordable to all Service families.

In order for us to verify annual income, we are requesting each family to present their federal income tax return for the previous year (page 1, line 13 Form 1040) for income verification. Parents who are married and file separately should bring copies of both Form 1040's.

It should be emphasized that the sole purpose in requiring a family to present their federal income tax return is to ensure that each family is paying a fee commensurate with their income. Provision of a tax return is not mandatory, but failure to provide the return will result in denial of any discount rate which otherwise might be available.

On May 15 of every year, the Director, Child Development Cente r, will require each family already in the program to present their most recent income tax return. You must also notify our office of any change in income (i.e., raise, second job, etc.) as soon as it becomes effective. Failure to report change in income will result in termination of service. The active duty service member should read and sign the attached Privacy Act Statement and return it along with the tax return to our office by the end of August. Implementation of the new fee will begin during the month of September.

Your cooperation is appreciated.

Director, Child Development Center

Figure 1-9.-- Fees.

CHAPTER 2

MEALS AND FEEDING

FIGURE

CHAPTER 2

MEALS AND FEEDING

2000. MEALS

1. MCO 1710.30 requires that each child be offered food every three hours while in the Center. Families who wish to apply for food program benefits must complete the required forms (figures 2-1, 2-2, 2-3). Food will not be served after the posted meal time.

	Meal	Meal Times
a. Serving Time:	(1) Breakfast	0730-0830
	(2) AM Snack	0930-1000
	(3) Lunch	1130-1230
	(4) PM Snack	1430-1500

b. Meal serving times will be posted on parent bulletin board.

3. Nutritious menus will be planned per guidelines set by the U.S. Department of Agriculture (USDA). All menus are located in the main lobby of each Center. Substitutes will be allowed when reasonable cause precludes the child from eating food offered by the Center (figure 2-4). If a child has an allergy to food, the parent must submit a physician's statement which verifies the allergy and provides a list of nutritionally equivalent substitutes (figure 2-4).

4. Infants will be spoon or bottle fed. open cans or jars of baby food will not be accepted at the Center. All bottles must be labeled and made of plastic (no glass bottles). Formula must already be prepared in plastic bottles. Adequate amounts of prepared formula must be brought for the child's length of stay at the Center. The child will not be accepted without sufficient formula.

5. Children enrolled in the before and after school program will have their meals served before going to school and when returning to the Center.

6. Food from home is not permitted in the Center, except infant food described in paragraph 2000.4

7. Items such as tobacco products, candy, gum, or soda are not permitted in the Center.

2001. FOOD PURCHASE

1. All food will be purchased at the MCCDC commissary. The cook will prepare a list of items needed for the following week. To avoid

overstocking of food items, the cook must take into account current food inventory prior to preparing purchase requests. Prepared request-issue forms will be submitted to the CDC Director for signature no later than close of business the day prior to scheduled shopping. The cook will accomplish all food shopping as scheduled, then present the signed request-issue forms to the cashier at the commissary for processing. Once the forms are processed by the commissary, the cook will ensure a finalized copy containing all items purchased and exact dollar amounts is retained in the kitchen.

2. A copy of each request will be retained in the kitchen.

2002. RECEIVING

1. Food service staff will compare items received with invoice and items requested from supplier. Any variances will be reported to management before signing invoice. only authorized personnel will sign invoice.

2. All bulk food items will be marked immediately with date received. Perishable food items requiring refrigeration will be properly stored immediately. Nonperishable food items will be properly stored as soon as meal preparation requirement will permit, but no later than close of business that day.

2003. STORAGE

1. All food items must be stored on shelving a minimum of 611 above floor level.

2. All food service personnel will practice appropriate principles of food storage. Items will be rotated so that current inventory is used prior to items just received.

3. Food items will be stored only in designated and secured areas. only authorized personnel will have access to storage areas.

4. Food service personnel closing kitchen at the end of the day will ensure that storage areas are properly secured.

5. Opened canned goods will not be stored in the original container. Leftover food will be placed in approved glass or plastic container with an airtight lid and will be dated.

2004. FOOD PREPARATION

1. Food items used for meal preparation will be those with earliest receiving date.

2. All food service staff will make themselves familiar with menu and production plan for current day.

3. Meals and snacks will be prepared according to production plan, USDA approved menus, and USDA guidelines. Quantities planned on the production plan must be weighed or counted in order to assure compliance with portion requirements for each child.

4. Food seasoning, such as salt and sugar, will be kept to a minimum to ensure a healthy diet.

5. Food loss due to improper preparation, spoilage and equipment malfunction will be kept to a minimum. When loss occurs it will be reported to management immediately so substitution of item can be approved. Children will not be served burned or spoiled food items.

2005. FOOD SERVICE

1. All dishes and utensils will be delivered to rooms prior to food in order to allow children's participation in setting the table. Dishes and utensils will be transported with serving surface down to reduce contamination from dust and airborne particles.

2. Food delivery will be within established time frames.

3. All food will be transported from the kitchen to the rooms in covered containers on carts to reduce contamination and to reduce risk of dropping, injury, or colliding with staff.

4. Sufficient individual portions will be distributed in serving containers based on the number of children and staff.

5. Milk and juices will be transferred from commercial container to serving pitcher and immediately transported to modules in quantities according to USDA requirements. Table count will be completed prior to delivery of food. For breakfast, an estimation may be used. Each caregiver will be counted at the table and again in the adult module total.

6. Children arriving after mealtime will be fed only if unused food is still available in the room. These children cannot be included in the meal count.

7. Children in toddler and preschool modules will be allowed to participate in table setting and clean-up.

8. Children not participating in setting the table will be involved in the other activities until food is placed on the table. This transition time must be used creatively by teachers and caregivers to avoid having the children seated at the tables waiting for the food to arrive.

9. Children and caregivers must wash their hands prior to eating, assisting with preparation for the meal, following the meal and as often as necessary.

2006. FOOD SANITATION

1. Food preparation surfaces and equipment will be cleaned immediately when task is completed.

2. All food preparation areas, i.e., sinks, counter tops, stove tops and dishwasher will be cleaned as needed, or at a minimum, daily.

3. Spills and splatters will be cleaned up immediately.

4. Refuse or debris must be swept up immediately.

5. The floor will be mopped with bleach and water solution daily prior to closing. Corners and areas under counter tops and sinks will receive special attention.

6. Only approved cleaning solutions or compounds will be used in the kitchen.

7. Refrigerators, freezer, stove, oven, storage shelves, exhaust filters, and all walls will receive a thorough cleaning at least weekly. Spills may necessitate more frequent cleanings.

8. Leftover food will be scraped into a large container or serving bowl for removal by food service personnel. Leftover milk will be poured down the drain.

2007. FOOD SERVICE PERSONNEL

1. No unauthorized personnel will be allowed access to the kitchen areas.

2. Approved hair restraints will be mandatory by all personnel in the food preparation areas to prevent hair from getting into the food.

3. Food service staff will wear no jewelry on the hands except a plain wedding band.

4. An approved white uniform or apron will be worn by kitchen staff during duty hours.

5. Hands will be thoroughly washed with anti-bacterial soap before starting work, and as often as necessary after that, to remove soil and contamination. Hands will be washed after using toilet facilities and the use of tobacco.

2008. CAREGIVER PARTICIPATION

1. Caregivers will participate in the meal by eating child-sized portions at the table with the children. This is an opportunity to role model appropriate eating manners and promote a family atmosphere, not to provide a meal to meet an adult's needs.

2. Caregivers will interact with the children during the meal or snack, discussing the day's activities to include the meal itself the color and texture of the food, where the food came from, etc.

3. Snacks designated as self-service on the menu and teacher-planned cooking activities require children's participation in the preparation.

4. Immediately following the meal or snack the number of children served will be annotated on the Daily Control Sheet (figure 2-5).

2009. INFANT FEEDING

1. Parents of infants will fill out an infant care sheet daily (figure 2-6) annotating food/formula brought to the Child Development Center.

2. Caregivers will annotate information regarding food/formula consumed on the infant care sheet (figure 2-6) and provide this information to the parent at departure time.

3. Infants will not be fed in groups of more than three to assure maximum adult-child interaction.

4. Infants one year or younger will be fed formula and baby food provided by the parents according to the child's own schedule.

5. Only infants above the age of one will be fed Center prepared food if requested by the parent.

6. Infants consuming Center's food will be served in highchairs or at the child size table with one caregiver in attendance to provide family style dining.

7. Infants, 18 months or older, will not be placed in highchairs for feeding purposes, but will be allowed to eat at the table.

2010. PARENT RESPONSIBILITY. All infant food and formula provided by the parent will be in compliance with the following items:

1. All infant food and infant formula will be provided fresh daily by the parent.

2. Formula will be mixed and filled into single serving bottles by the parent.

3. Only unopened jars of baby food can be accepted for feeding.

4. All bottles and baby food jars must be labeled with the child's name and current date. It is the responsibility of the direct care staff to ensure labeling is accurate.

2011. INFANT MEAL CARE

1. All infant bottles will be refrigerated immediately upon arrival.

2. Infants will be in sight of a caregiver at all times during feedings.

3. Infants in highchairs will be secured with the safety strap.

4. Infants will not be placed in highchairs until food is ready for serving and will be removed from highchair immediately after feeding.

5. Holding the bottle/jar under hot running water is the method allowed to warm bottles and baby food jars. Microwave heating is not permitted.

6. Infants unable to hold their own bottles will be held by a caregiver during feeding.

7. Infants unable to sit on their own will be held by a caregiver during feeding.

8. Infants able to hold their own bottle will be placed in a high-chair to drink.

9. Under no circumstanpe will an infant be placed in a crib with a bottle or the bottle propped for self-feeding.

10. Food will be emptied from the baby food jars into a serving container.

11. All leftover food or formula will be discarded after each meal.

FIGURES 2-1 AND 2-2 CONTAIN GRAPHICS AND ARE NOT LOADED TO DOCUMENT. HOWEVER, THEY CAN BE OBTAINED FROM CENTRAL FILES.

USDA FNS CHILD AND ADULT CARE FOOD PROGRAM

INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS

Effective Date July 1, 1992 - June 30, 1993

	FREE MEALS			REDUCED PRICE MEATS		
FAMILY SIZE	YEARLY	MONTHLY	WEEKLY	YEARLY	MONTHLY	WEEKLY
1	8,853	738	171	12,599	1,050	243
2	11,947	996	230	17,002	1,417	327
3	15,041	1,254	290	21,405	1,784	412
4	18,135	1,512	349	25,808	2,151	497
5	21,229	1,770	409	30,211	2,518	581
6	24,323	2,027	468	34,614	2,885	666
7	27,417	2,285	528	39,017	3,252	751
8	30,511	2,543	587	43,420	3,619	835
For each additional household add:	+3,094	+ 258	+60	+4,403	+ 367	+ 85

NOTE: The letter to parents must contain only the reduced price scale.

Conversion Factors

- -if paid once a week, salary X 4.3 = monthly income
- -if paid once every 2 weeks, salary X 2.15 = montly income
- -if paid two times a month, salary X 2 = monthly imcome
- -monthly income X 12 = year salary

Figure 2-3.--Eligibility for Free and Reduced Price Meals.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

Date

FOOD ALLERGIES STATEMENT

From:
Physician's Name (Please Print)
Address

Child's Name
Parent's Name
Address

Allergies

Recommended Substitute Food(s)

Physician's Signature

Figure 2-4.-- Food Allergies Statement.

FIGURE 2-5 CONTAINS GRAPHICS AND IS NOT LOADED TO DOCUMENT HOWEVER, THEY CAN BE OBTAINED FROM CENTRAL FILES.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

DAILY FOOD ACTIVITY

Date

Child's Name

Bottles

Time Amount

Food Offered and How Child Ate:

Naps

Time Amount

Bowel
Movement:

Comments:

Caregiver's Name

Figure 2-6.-- Daily Food/Naps Activity.

CHAPTER 3

CHILD ADVOCACY PROCEDURES

FIGURE

CHAPTER 3

CHILD ADVOCACY PROCEDURES

3000. DEFINITIONS

1. Abuse. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child, or inflicted through a wanton or reckless disregard of the safety and welfare of the injured party.

2. Abuse/Neglect. The physical, sexual or emotional injury, of a child as outlined below, by a parent, guardian, employee of a residential facility, or any staff person providing out-of-home care, who is responsible for the child's welfare. The term encompasses both acts and omissions on the part of responsible person(s).

a. Physical abuse. Includes but is not limited to:

(1) Major injury such as brain damage, skull or bone fracture, subdural hematoma, sprain, internal injury, poisoning, scalding, severe cut(s), lacerations, bruises, or any combination which constitutes a substantial risk to the life and/or well-being of the child.

(2) Minor physical injury such as squeezing, twisting, shaking (which can be a major injury with infants), less severe cuts, bruises, welts, or any combination which does not constitute a substantial risk to the life or well-being of the child.

b. Sexual abuse. The involvement of a child in any sexual act or situation, the purpose of which is to provide sexual gratification or financial benefit to the perpetrator. Sexual behaviors which constitute an offense include, but are not limited to, the following: voyeurism; exhibitionism; fondling of breasts or genitals; oral stimulation of genitals;@,penetration by digit or object; vaginal or anal intercourse; or involvement with manufacture of pornography. All sexual activity between a caregiver and a child is considered sexual abuse.

c. Neglect. Deprivation of necessities including failure to provide nourishment, shelter, clothing, health care, education, and supervision, when having a duty and ability to provide for the child. Inadequate and/or improper care that results or could reasonably result in injury, trauma, or emotional harm including failure to thrive within developmentally appropriate norms.

d. Emotional abuse neglect. Any act of commission (such as intentional beating, disparaging or other abusive behavior) or omission (such as passive/aggressive inattention to a child's emotional needs) on the part of the caregiver which causes low self-esteem in the child, undue fear or anxiety, or other damage to the child's emotional well-being.

3. Abuser/neglecterloffender/perpetrator. The person directly or indirectly responsible for the resultant abuse or neglect which befalls an individual. Any person whose act or failure to act, if he/she had the legal duty to act, substantially impairs the health or well-being of the victim. Can be any person, civilian or military, related or not related to the victim.

4. Central Registry. The repository of Marine Corps abuse and neglect reports. The registry is maintained by CMC (MHF). Currently, all incidents in three categories of cases must be reported: 1) Substantiated; 2) Unsubstantiated - unresolved; and 3) Unsubstantiated - did not occur. In categories 1 and 2 all data must be provided. In category 3, that information protected by the Privacy Act should not be provided.

5. Child. An unmarried person (whether natural child, adopted child, foster child, stepchild, or ward of a military member or a civilian) or incapable of self-support because of a mental or physical incapacity.

3001. CMC REPORTABLE CHILD ABUSE

1. Any child sexual abuse regardless of the nature of the injury, if any.

2. Any child abuse resulting in the death of or which causes major physical injury to the child.

3. Any child abuse involving the deprivation of necessities, that is determined to be widespread, chronic, or potentially life threatening.

3002. FAMILY ADVOCACY PROGRAM. A program designed to address prevention of family maltreatment; evaluation, treatment and reporting of identified cases; and,training in the field of family maltreatment. The program is designed to prevent abuse and/or to intervene in families where there is substantiated or suspected abuse, to promote healthy family life.

3003. FAMILY ADVOCACY PROGRAM CASE REVIEW COMMITTEE (FAP-CRC). A multidisciplinary team of service providers and other professionals directly involved with individual cases of abuse and neglect. The CRC is charged with reviewing all reported incidents, determining case status, and recommending a disposition of the case to the commander.

3004. FAMILY ADVOCACY PROGRAM CASE REVIEW COMMITTEE DETERMINATIONS

1. At-risk. The CRC determines the family needs support services and monitoring to prevent abuse/neglect which might occur without intervention.

2. Suspected. There is a belief that abuse/neglect might have occured but sufficient information is not available at the time of the CRC meeting to substantiate.

3. Substantiated. The act or omission did occur. The information that supports the proposition that the abuse occurred is of greater weight or more convincing than the information that indicates that the abuse/neglect did not occur.

4. Unsubstantiated - Did Not Occur. Available information is insufficient and preponderance of information indicates no abuse/ neglect occurred.

5. Unsubstantiated - Unresolved. Insufficient information can not fairly determine case status because assessment information is unavailable or unobtainable.

3005. FAMILY ADVOCACY PROGRAM MANAGER. A civilian hired by the Command to implement and manage the Family Advocacy Program; to coordinate treatment and reporting for identified cases; and, to provide staff supervision. Serves as the Command Expert in matters pertaining to Family Advocacy.

3006. INSTITUTIONAL CHILD ABUSEINEGLECT. Child abuse/neglect that occurs in any setting in which the Marine Corps can be considered responsible for the welfare of the victim. The abuse can be considered to be institutional if committed during a Marine Corps sponsored activity or by a Marine Corps sponsored individual, regardless of the locale of the abuse.

3007. HARM. Includes, but is not limited to, the following:

1. Physical, emotional,,,or mental injury, including physical injury resulting from otherwise lawful corporal punishment of children (that is, customarily accepted parental discipline) that becomes unlawful when it disfigures, impairs, or otherwise traumatizes an individual.

2. A sexual offense, whether assaultive or nonassaultive, accomplished or attempted.

3. Failure to supply a child with adequate food, clothing, shelter, education (as defined by state statutes), or health care, though financially able to do so or when offered financial or other reasonable means to do so.

4. Abandonment of child or spouse, as defined by state statute.

5. Failure to provide a child with adequate supervision or guardianship.

3008. CHILD ABUSEINEGLECT PROCEDURES

1. All personnel will be trained in recognizing and reporting suspected child abuse/neglect. The staff will report all suspected child abuse/neglect to the Director. In case of serious injury or illness, the ambulance service, ext. 911, will be contacted immediately. The parent or emergency contact will be notified and asked to report to the nearest medical facility. In the event that the parent or the emergency contact cannot be located, the sponsor's Command will be notified.

2. Responsibilities

a. Child Development Center Director and Assistant Director

(1) Ensure that all new direct care employees read and sign the Standard of Conduct for Child Development Center Employees (figure 3-1).

(2) Ensure that all employees receive training on appropriate disciplinary methods, appropriate touch and child development principles during initial orientation.

(3) Ensure that all employees receive training on identifying and reporting child abuse, during orientation and once per fiscal year thereafter.

(4) Ensure that all employees understand their responsibilities and the reporting requirements and procedures and that they review this Manual annually.

(5) Ensure that all employees receive training on Preventing and Responding to Child Abuse in Center Settings during orientation.

(6) Follow procedures for children left in CDC settings (child neglect) (paragraph 3009).

(7) Ensure guidance to prevent appearance of and opportunity for institutional maltreatment in the Child Development Center settings is implemented.

(8) Monitor Child Development Center programs to ensure compliance with minimum standards outlined in MCO 1710.30, NAVMED P-5010-1, National Fire Protection Association 101/Code Safety to Life From Fire in Buildings and Structures, DOD Manual 6060 1-M-18, and MCO 1600.6.

(9) Ensure Center operation is managed/monitored by professionally qualified, trained staff members.

(10) Ensure procedures for background clearances of Child Development Center staff, volunteers are implemented and followed.

(11) Ensure procedures for reporting child abuse and neglect are implemented and followed.

(12) Ensure procedures for handling situations involving children left in Child Development Center settings are implemented and followed.

(13) Ensure procedures for handling of allegations of child abuse in Child Development Center settings are implemented and followed.

b. Child Development Center Personnel

(1) Observe each child in their care for any physical or behavioral indicators of child maltreatment. (figure 3-2)

(2) Follow procedures for identifying and reporting suspected child maltreatment. (paragraph 3012)

(3) Follow procedures for reporting any allegation of child maltreatment in a Child Development Center setting. (paragraph 3014)

(4) Follow guidance to prevent appearance of and opportunity for institutional maltreatment in the Child Development Center setting. (paragraph 3014)

(5) Comply with Child Development Center discipline and to such policies and guidance. (figure 3-1)

c. Child Development Center Program Managers

(1) Coordinate child abuse and neglect training with Family Advocacy Program (FAP) Coordinator.

(2) Ensure child abuse and neglect initial training and refresher training are provided.

(3) Ensure Child Development Center Personnel are trained per DoD Manual 6060 I-M-18.

3009. TOUCHING. The Child Development Center touch policy is based on the premise that positive physical contact with children is absolutely necessary for their healthy growth and development, their nurturance and their 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 positive physical contact (appropriate touch) and refrain from inappropriate touch. Children will always have the option to refuse touch except in the case of danger to other children or to the child.

1. Appropriate Touch Involves:

a. Recognition of the importance of physical contact to child nurturance and guidance.

b. Adult respect for personal privacy and personal space of children.

c. Having the permission of individuals to touch.

d. Responses affecting the safety and well-being of the child (i.e., holding hand when crossing the street).

e. Role modeling of appropriate touch by direct care staff.

2. Examples of Appropriate Touch:

a. Hugs, holding hands and lap-sitting as expressions of affection to build self-esteem or when the child needs to be comforted.

b. Reassuring touch on the shoulder to show approval or provide support.

c. Naptime back rubbing to relax a tense child.

d. Diapering of infants and toddlers.

e. Assistance in toileting for children when needed.

3. Inappropriate Touch may involve any or all of the following:

a. Coercion (physical or emotional) or other forms of exploitation of the child's lack of knowledge.

b. Disregard for safety and well-being of the child.

c. Failure to respect the child's right to personal privacy and space or to refuse touch from an adult.

d. Satisfaction of adult needs at the expense of the child.

e. Violation of a cultural taboo against sexual contact between adults and children.

f. Attempts by a care provider to change child behavior with physical force, often applied in anger.

g. Reinforcing with children the concepts of "striking out" to respond to a problem.

4. Examples of Inappropriate Touch:

a. 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.

b. Forced kisses.

c. Corporal punishment (spanking).

d. Sexual exploitation (fondling or molestation).

e. Hitting or in any way physically assaulting a child.

f. Prolonged tickling.

3010. RESPONSIBILITIES OF THE DIRECTOR, CHILD DEVELOPMENT CENTER

1. Ensure that the Child Development Center touch policy is discussed during the orientation phase for all new staff members/ volunteers and that the new staff members/volunteers sign a "Standard of Conduct for Child Development Center Employees" (figure 3-1).

2. Provide sufficient opportunity for direct care staff/volunteers to discuss touch issues openly to reassure themselves of their correct understanding.

3. Monitor all areas for compliance.

4. Role model appropriate touch policy within the Center.

5. Take immediate disciplinary action for infractions of the touch policy (separation/termination).

6. Ensure parents are aware of the CDC touch policy.

3011. CHILD DEVELOPMENT CENTER PERSONNEL AND VOLUNTEERS

1. Comply with the provisions of the Child Development Center touch policy as outline in this Manual (figure 3-1).

2. Sign a statement of understanding indicating they have read and understand the Child Development Center policy and that they understand the consequences of failure to comply are termination of employment/termination of services (figure 3-1).

3. Role model appropriate touch for the children in their assigned area.

4. Report to their supervisor any instances of inappropriate touch of which they are aware.

3012. IDENTIFYING AND REPORTING

1. Child Development Center Direct Care Personnel

a. Observe each child in your area of responsibility for possible physical indicators of child abuse/neglect.

b. Inform the supervisor or technician immediately of any changes in the child's normal appearance to include unexplained bruises, welts, burns, unattended physical problems or medical needs, or any other physical indicator of child abuse/neglect.

c. Observe each child care daily for possible behavioral indicators of child abuse/neglect. Look for patterns of behavior, combinations of behaviors, or sudden changes in behavior.

d. Inform supervisor or Program technician immediately if you suspect child maltreatment based-on behavioral indicators.

2. Program Technicians/Assistant Director

a. Conduct periodic visual checks on all children in attendance.

b. Report any suspicion of child maltreatment immediately to the Director, Child Development Center.

c. Provide Director, Child Development Center with information on any suspected child maltreatment.

d. Meet with the Director. Provide the following information and arrange for the Director to observe the suspected maltreated child.

(1) Name of child.

(2) Age of child.

(3) Name, grade and social security number of sponsor.

(4) Home address and phone.

(5) Sponsor's duty address and phone.

(6) Physical or behavioral indicator which prompted the report.

(7) Description/explanation of circumstances as provided by parent or child (if given).

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(2) Age of child.

(3) Name, grade and social security number of sponsor.

(4) Home address and phone.

(5) Sponsor's duty address and phone.

(6) Physical or behavioral indicator which prompted the report.

(7) Description/explanation of circumstances as provided by parent or child (if given).

3013. REPORT. Write a memorandum for the record within 24 hours of each incident. Memorandums for the record are to be factual in nature and stating conclusions are to be avoided. The memorandum for the record should include the information identified above and specifics surrounding the reporting of the incident. The Director, Child Development Center will notify the Family Advocacy Program Manager, and provide Center any information about the suspected child maltreatment incident.

3014. ALLEGATIONS. Allegations of abuse in the Child Development Center facility/program site must be reported immediately to the person responsible for the facility at the time the allegation is received.

1. The Child Development Center management staff, upon receiving an allegation of abuse, will:

a. Inform the individual filing the allegation of the procedures for handling allegations.

b. Provide a written report on all allegations, including as much information as possible.

c. Contact the Director, Child Development Center who will in turn contact the Family Advocacy Program Manager.

2. Director, Child Development Center will:

a. Contact the parent of child/children involved if the parent is not the person making the allegation.

b. If the charge is against a Child Development Center employee, the employee will be reassigned to a position which does not have child contact until a d'e'termination is made.

3. If the charge is made against a Child Development Center volunteer he/she will be suspended immediately.

4. If the allegation involves sexual abuse (of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated) in the Child Development Center, the Director, Child
Development Center and the Family Advocacy Program Manager will:

a. Ensure each child activity room, toilet and outdoor play space where children are present is staffed with two persons at all times.

b. Ensure the program remains in this staffing configuration until:

(1) The investigation has been completed.

(2) A close-out report has been submitted.

5. When a determination is made by law enforcement officials:

a. The Director, Child Development Center will consult with the Director, manpower Division, the Personnel Officer and the Staff Judge Advocate (SJA) for guidance on personnel actions, if appropriate.

b. Action will be taken based on the recommendations of the Personnel Officer and SJA.

6. All Child Development Center staff involved with any allegation of abuse, whether reportable or not, will write memorandums for the record regarding their involvement and any knowledge they have of the incident.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

DEAR EMPLOYEE(S):

THE FOLLOWING POLICY IS BASED ON THE PREMISE THAT POSITIVE PHYSICAL CONTACT WITH THE CHILDREN IS ABSOLUTELY NECESSARY. 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 POSITIVE PHYSICAL CONTACT (APPROPRIATE TOUCH) AND REFRAIN FROM INAPPROPRIATE TOUCH. CHILDREN ALWAYS HAVE THE OPTION TO REFUSE TOUCH.

EXAMPLES OF APPROPRIATE TOUCH ARE:

A. HUGS, HOLDING HANDS AND LAP-SITTING AS EXPRESSIONS OF AFFECTION TO BUILD SELF-ESTEEM.

B. NAP TIME BACK RUBS TO RELAX A TENSE CHILD.

C. DIAPERING OF INFANTS AND TODDLERS.

D. ASSISTANCE IN TOILET LEARNING FOR CHILDREN WHEN NEEDED.

INAPPROPRIATE TOUCH MAY INVOLVE BUT IS NOT LIMITED TO:

A. 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.

B. CORPORAL PUNISHMENT.

C. SEXUAL EXPLOIT@TION (FONDLING OR MOLESTATION).

D. PROLONGED TICKLING.

I UNDERSTAND THAT ANY INCIDENT OF PHYSICAL PUNISHMENT SUCH AS SPANKING, PUSHING OR SHAKING A CHILD WILL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

I UNDERSTAND THAT ANY INCIDENCE OF PHYSICAL, EMOTIONAL, VERBAL ABUSE OR MISTREATMENT OF A CHILD WILL RESULT IN IMMEDIATE TERMINATION

OF EMPLOYMENT AND SUBSEQUENT NOTIFICATION TO THE FAMILY ADVOCACY PROGRAM REPRESENTATIVE.

Figure 3-1.--Standard of Conduct for Child Development Center Employees.

I UNDERSTAND THAT IF I OBSERVE ANY PHYSICAL, EMOTIONAL, VERBAL ABUSE OR MISTREATMENT TAKING PLACE IN FRONT OF THE CHILDREN I WILL REPORT IT IMMEDIATELY TO MY PROGRAM TECHNICIAN AND THEN PROVIDE A WRITTEN STATEMENT TO THE OIC USING THE INCIDENT REPORT FORM.

I UNDERSTAND THAT I MUST REPORT ANY CHILD ABUSE OR NEGLECT THAT OCCURS IN AN ORGANIZATIONAL SETTING/FACILITY SUCH AS THE CHILD DEVELOPMENT CENTER.

I UNDERSTAND THAT I MUST REPORT ANY CHANGES IN THE CHILD'S NORMAL APPEARANCE TO INCLUDE UNEXPLAINED BRUISES, WELTS, BURNS, UNATTENDED PHYSICAL PROBLEMS OR MEDICAL NEEDS, OR ANY OTHER PHYSICAL INDICATOR OF CHILD ABUSE/NEGLECT.

I HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THE CHILD DEVELOPMENT CENTER SOP AND THAT FAILURE TO COMPLY IS TERMINATION OF EMPLOYMENT.

Employee's Signature

Witness

Figure 3-1.--Standard of Conduct for Child Development Center Employees--Continued.

Unexplained Bruises and Welts

On face, lips, mouth, on torso, back, buttocks, thighs. In various stages of healing, Clustered, forming regular patterns Reflecting shape of the article used to inflict (electric cord, belt buckle, etc.) On several different surface areas. Regularly appear after absence, weekend or vacation.

Unexplained Burns.

Cigar and cigarette burns, especially on soles, palms, back or buttocks. Immersion burns (sock-like or glove-like on feet and hands, doughnut shaped on buttocks or genitalia)
Patterened (like electric burner, iron, etc.) Rope burns on arms, legs, neck or torso.

Unexplained Fractures

To skull, nose, facial structure
In various stages of healing
Multiple or spiral fractures
Metaphyseal fractures in non-walking infants

Unexplained Lacerations or Abrasions

To mouth, lips, gums, eyes
To external genitalia

Abdominal Injuries

Bruises of the abdominal wall
Intramural hematoma or duodenum
Intestinal perforation
Ruptured liver or spleen
Ruptured blood vessels
Kidney or bladder injuries
Pancreatic injuries
Unexplained blunt abdominal trauma

Central Nervous System Injuries

Subdural hematoma (often reflective of blunt trauma or violent shaking)
Retinal hemorrhage
Subarachnoid hemorrhage (often reflective of shaking)

Figure 3-2.--Physical Abuse/Physical Indicators.

Dental Injuries

Scars of the lips (rarely scar)
Fracture of maxilla or mandible
Missing teeth
Crown fractures
Fractures of tooth roots
Discolored teeth (suggestive of previous trauma with damage to dental pulp)
Abnormal appearance and mobility of the tongue (suggests scarring from extreme trauma)
Bruising or lacerations to the cheek and jaw mucosa

Behavioral Indicators

Wary of adult contacts

Apprehensive when other children cry

Behavioral extremes, such as aggressiveness (biting), withdrawal, excessive or complete absence of anxiety about separation from parents

Frightened of parents

Afraid to go home

Reports injury by parents

Inappropriate care-taking behavior toward parents

Evidence a variety of developmental delays (cognitive, language, fine and gross motor)

PHYSICAL NEGLECT

Physical Indicators

Consistent hunger, inappropriate dress

Consistent lack of supervision, especially in dangerous activities or other long periods

Unattended physical problems or medical needs

Abandonment

Figure 3-2.-- Physical Abuse/Physical Indicators--Continued.

Poor Hygiene (unwashed, severe diaper rash)

Repeated episodes of pica

Conditions of the teeth and support structure such that: routine eating is restricted, chronic pain is present, growth and development is delayed or retarded, and performance of daily activities is hampered

Behavioral Indicators

Begging, stealing food and/or clothes

Extended stays at school (early arrival and late departure)

Constant fatigue, listlessness or falling asleep in class

Alcohol or drug abuse

Delinquency (e.g., thefts)

States there is no caretaker

Role reversal in which the child becomes a parental caretaker

SEXUAL ABUSE

Physical Indicators

Difficulty in walking or sitting

Torn, stained or bloody, underclothing

Pain or itching in gential area

Thickening and/or hyperpigmentation of labial skin (especially when it resolves during out-of-home placement)

Horizontal diameter of vaginal opening that exceeds 4mm in prepubescent girls

Vaginal discharge and/or pruritus

Recurrent urinary tract infections

Gonococcal infection (especially in preteens) on the pharynx, urethra, rectum, and vagina

Syphillis (especially in preteens)

Figure 3-2.-- Physical Abuse/Physical Indicators--Continued.

Trichomonas

Veneral warts

Chlamydial infection when present beyond first six months of life (chlamydia may be present at birth and remain viable for up to six months)

Lympho granuloma venereum

Nonspecific vaginitis

Candidiasis

Pregnancy

Sperm or acid phosphatase on body or clothes; sperm in the urine of a female child

Lax rectal tone

Behavioral Indicators

Unwilling to change for gym or participate in phys ed class

Withdrawal, fantasy, or infantile behavior

Bizarre, sophisticated, or unusual sexual behavior or knowledge

Poor peer relationships

Delinquent or runaway

Reports sexual assault by caretaker

Becomes withdrawn and/or daydreams excessively

Poor self-esteem

Seems frightened or phobic, especially of adults

Experiences distortion of body images

Expresses general feelings of shame or guilt

Exhibits a sudden deterioration in academic performance

Figure 3-2.-- Physical Abuse/Physical Indicators--Continued.

Shows pseudomature personality development

Attempts suicide

Exhibits a positive relationship toward the offender

Displays regressive behavior

Displays enuresis and/or encopresis

Engages in excessive masturbation

Engages in highly sexualized play

Becomes sexually promiscuous

Has a sexually abused sibling

EMOTIONAL MALTREATMENT

Physical Indicators

Speech disorders

Lags in physical development

Failure-to-thrive

Behavioral Indicators

Habit disorders (sucking, biting, rocking, etc.)

Conduct disorders (antisocial, destructive, etc.)

Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria)

Behavior extremes (compliant, passive, aggressive, demanding)

Overly adaptive behavior (inappropriately adult or inappropriately infant)

Developmental lags (mental, emotional)

Attempted suicide

Figure 3-2.--Physical Abuse/Physical Indicators--Continued.

CHAPTER 4

MEDICAL/SAFETY PROCEDURES

SECTION 4: SAFETY

FIGURE

CHAPTER 4

MEDICAL/SAFETY PROCEDURES

SECTION 1: ILLNESS

4000. HEALTH SCREENING

1. Individuals providing direct care will screen each child for obvious signs of illness or health related problems when greeting the child in the morning (before the parent has left). Staff will be attuned to:

a. Activity level (sluggish, sleepy, etc.)

b. Breathing difficulties

c. Skin color

d. Severe coughing

e. Rashes

f. Swelling or bruises

g. Discharge from nose, ears, or eyes

h. Sores

i. General mood (happy, sad, cranky)

j. Fevers

2. Any concern by the 6hild Development Center staff about the health of a child will be discussed with the parent. Utilizing the criteria for denial of service in paragraph 1002, parents will be notified when service is denied. If a decision is made to keep the child, inform the parents how the child will be managed and at what point the parents will be called to pick up the child.

3. Direct care staff will be alert throughout the day for the onset of the signs of illness listed in paragraph 1002.

4. Any child who becomes sick while at the Child Development Center will be isolated from the other children and the child's parent will be notified immediately. The parent will pick up the sick child without delay. If the illness is contagious, the parent must notify the Center and doctor's written clearance will be required before the child can return to the Center.

4001. MEDICATION

1. Medication and/or special therapeutic procedures will be administered only to children enrolled in CDS programs (Child Development Center and FCC homes) and only by trained personnel/ providers. The medication or special therapeutic procedures must be prescribed by a physician and there must be no other reasonable alternative to the medical requirement for the child.

2. Medications can be administered by Child Development Center personnel (paragraph 4003). A parent or custodian may come at any time to administer medication to the child for non-contagious illnesses. Figure 4-1 will be completed as necessary.

4002. RESPONSIBILITIES

1. Child Development Services Director will establish policy and procedures for administration of medication in CDS settings. For reasons of safety and insurance it is preferable that child care staff not administer medication. However, some special children may require medication with every meal or on schedules as frequently as every four hours. In such instances when an exceptional family member is accepted for care on a regular basis, personnel may administer medication under the following circumstances:

a. It is determined that parents, other family members, or trained health professional cannot be available to administer medication on schedule.

b. The specifics of the type of medication and schedule should be individualized at the time of the preadmission conference based upon information provided by the physician or other knowledgeable health care provider. "

c. In cases where the physician indicates a need for special instruction in administration techniques, availability of such training for staff shall be a legitimate issue in the decision of whether the program can be offered.

d. A minimum of two staff persons should be designated to administer medication and be knowledgeable of procedures or requirements. There shall be a written daily record of the date, type, time and amount of medication given and the signature of person administering the medication.

e. The medication shall be provided in appropriate form and quantity by the parent(s) on a daily basis. No medication will be maintained by the Center beyond the current day of attendance.

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

g. An authorization statement will be signed by the parent(s) regarding the staff's administrating medication. (figure 4-1)

2. Commanding Officer, Naval Medical Clinic, Quantico (NMCLQUANT) will:

a. Review policy and procedures for administration of medication to children in CDS settings.

b. Provide specialized training to Center-based employees and FCC providers on administering medication to children and related topics (e.g., dosage, precautions and side effects).

c. Act as consultant to Child Development Center personnel and FCC providers for any problems with the administration of medication (e.g., medications not on the approved list).

d. Review all CDS Medical Dispensation Records monthly to ensure medications are being properly dispensed.

3. Training/Curriculum Specialist will coordinate with the Commanding Officer, NMCLQUANT for training in administering medication on an "as needed" basis for newly hired/registered staff and providers or when changes in staffing patterns within the Child Development Center
necessitate a need for additional personnel to be trained.

4. Child Development Center will ensure that medication is administered only to children enrolled in the Full Day Program.

5. Child Development Center Program Technicians will:

a. Ensure that personnel designated to administer medication have successfully completed specialized training and are following established procedures.

b. Ensure that ONLY designated personnel are allowed to administer medication.

c. Provide safe, adequate storage of medications.

(1) All medication will be kept in a locked cabinet, out of the reach of children, unless it requires refrigeration.

(2) Medication requiring refrigeration will be isolated within the refrigerator in a separate container.

d. Review all parental requests to administer medication to ensure:

(1) The medication is not outdated, improperly labeled, or labeled over one month ago.

(2) Parent annotates the medication card as to symtoms which necessitate giving the medication for any medication ordered "as needed".

e. Ensure that extra measuring devices are available for emergency use only.

f. Review on a weekly basis Medication Cards and ensure that they are being properly maintained.

g. Notify the parents and/or NMCLQUANT regarding problems relating to the administration of medication (e.g. child refusal to take medication, child spits out medication, apparent side effects, drug errors, etc.)

6. FCC Program Manager/Monitor will:

a. Ensure that FCC providers have successfully completed specialized training in administering medication.

b. Monitor FCC providers to ensure that they are following established procedures.

c. Review Medication Dispensation Card during home inspections to ensure they are being properly maintained.

7. Parents will:

a. Ensure their child is well enough to be in the Child Development Center or FCC home.

b. Provide instructions and written permission for the Child Development Center personnel/FCC provider to administer the medication (figure 4-1). Each medication requires a separate authorization that may be used for a one month period.

c. Provide medication prescribed by a physician. No "over-the-counter" medications will be administered unless ordered by prescription. Medication will be properly labeled:

(1) In the original container (with a child proof cap, if applicable).

(2) Dated (less than one month old) with the physician's name and instructions for use.

(3) Labeled with the child's name (first and last), name of medication, dosage strength and frequency to be given.

(4) Enclosed in a plastic bag with a proper measuring device.

d. Ensure that they or the physician administer the first dosage of any medication and that their child has received oral medication for at least 48 hours before the dosage is administered by Child Development Center personnel/FCC providers.

e. Notate the medication card as to the symptoms which necessitate giving a medication prescribed "as needed."

f. Remove medication from Child Development Center/FCC home when no longer needed, labeled more than one month ago, or upon termination of child's attendance in the program.

8. Managers, Assistant Manager, Program Assistants and FCC providers will:

a. Attend specialized training on medication administration.

b. Initially read this Manual and review it at least annually.

c. Complete applicable portions of Medication Dispensation Card and parental signature.

d. Strictly adhere to the procedures for medication administration.

e. Review the Medical Dispensation Card upon the start of work to determine and comply with the times of medication administration.

4003. PROCEDURES FOR ADMINISTERING MEDICATION

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

2. Ensure the parent has signed the Authorization to Administer Medication (figure 4-1).

3. Obtain the appropriate medical Dispensation Record (DA Form 5225-R) and the child's plastic bag of medication from the designated storage area/refrigerator.

4. Identify the child by calling his/her name and/or reading the name tag.

5. Remove the child from the group and take the child into an area away from other children.

6. Verify the name of the medicine in the plastic bag with the name of the medicine that is to be given on the Medical Dispensation Record.

7. Identify the name of the child once more with the name on the Medical Dispensation Record and the medicine container.

8. Using the measuring device, dispense the correct amount stated on the medicine container and the Medical Dispensation Record.

9. Verify that this is the proper time to give this particular medicine.

10. Verify the following: The RIGHT CHILD
The RIGHT MEDICINE
The RIGHT AMOUNT
The RIGHT TIME
The RIGHT METHOD

11. Give the medicine.

12. If he/she refuses or spits out the medication, do not force or give more medication to the child. Make a note on the Medical Dispensation Record and:

a. FCC provider calls parent or,

b. Child Development Center designated staff member informs Child Development Center Manager or Assistant Manager who contacts parent.

13. Record the time and initial the Medical Dispensation Card. Record the information in the Staff Medication Log (figure 4-2).

14. Secure the medicine in the plastic bag.

15. Return the child to his/her group, and return the medication to the designated storage area/refrigerator.

16. Never refer to medication by any other name than "medicine."

4004. IMMUNIZATION. The following immunization policy will be strictly enforced. A certificate that immunizations are current shall be obtained from a medical facility prior to admission. Parents are required to keep the immunization records. An Immunization Card must be presented for full-time and drop-in children.

2 months of age: DPT, HIB and OPV
4 months of age DPT, HIB and OPV
6 months of age: DPT, HIB and OPV

12 months of age: TB
15 months MMR and HIB
4 to 6 years of age: DPT, MMR, OPV and
14 to 16 years of age: TETNUS - DP

4005. COMMUNICABLE DISEASES

1. Outbreaks of some communicable disease in child development settings pose a serious health risk.

2. Child Development Center staff will remind parents of ill children of the following requirements:

a. To inform medical personnel that their child is enrolled in a child development program.

b. To obtain written medical permission before their child can return to the child care setting (figure 1-9).

c. To contact the program manager immediately if medical personnel confirm their child has a communicable disease.

3. Program managers will report any case of disease of public health significance to the Child Development Center Director immediately.

4. Diseases which must be reported include but not limited to: Giardia, Shigella, Salmonella, Hepatitis A, Hemophilus Influenza B (HIB), Tuberculosis, Meningitis, and any vaccine preventable disease (measles, mumps, rubella, diptheria and pertusis).

5. Director, Child Development Center will inform the Preventive Medicine Department immediately of any case of disease of public health significance to obtain assistance in receiving confirmation from the medical propon@nt.

6. Within 24 hours of confirmation from the medical proponent, Director, Child Development Center, in conjunction with Preventive medicine, will report the outbreak of disease to the Commanding officer, MCB. The report will include:

a. The number and ages of children and adult involved.

b. The date it occurred.

c. Peventive measures taken.

d. Treatment that was administered.

e. The number of children and adults exposed.

7. If an employee of the Child Development Center is medically determined to have a communicable disease, the Director, Child

Development Center will consult with medical professionals and if applicable the installation Civilian Personnel Office before taking any action.

8. The Child Development Center in conjunction with Preventive Medicine will inform staff and parents of children exposed to communicable disease with 24 hours of medical confirmation.

9. Additional preventive measures as recommended by medical personnel will be taken if a communicable disease is introduced into a Child Development Center facility.

4006. TRACKING POTENTIAL HEALTH PROBLEMS. For tracking potential health problems, center-based management staff will:

1. Maintain a log of parents contacted to pick up ill children and the results of the medical evaluation, if applicable.

2. Maintain a listing of children absent due to illness and the results of medical evaluation, if applicable.

4007. PROCEDURES FOR HANDLING ILLNESS/INJURY

1. Minor Illness

a. If a child becomes ill while at the facility, he/she will be placed in an isolation room or separated from the other children.

b. The individual responsible for the facility/FCC provider will notify the parent to pick up their child.

c. The health problem and action taken will be recorded in the child's record. (child"Development Center management staff will also maintain a central log.)

d. The operations clerk (CDC) will monitor the child's condition until the parent arrives.

2. Minor Iniury

a. If a child suffers a minor injury in a Child Development Center facility he/she will receive necessary first aid by an individual trained in first aid procedures.

b. The parent will be notified by the Child Development Center Director when they pick their child up that day and the accident report will be completed by the care provider.

4008. SERIOUS INJURY/ILLNESS

1. If a child suffers serious injury/illness while at the Child Development Center facility and needs immediate medical attention, call 911.

2. Child Development Center staff members will implement first aid procedures.

3. Parents will be notified by the Director, Child Development Center, and told to meet the child and care provider at the hospital where the child is being taken.

4. Care provider will accompany child to the hospital ensuring they have the authorization to consent to Medical Care form (figure 1-4) which authorizes them to seek medical attention on behalf of the sponsor.

5. The injury/illness will be recorded on the Accident Report form.

4009. EMERGENCY TREATMENT. In case of serious injury or illness, the ambulance service (911) will be contacted immediately. The parent or emergency contact will be notified and asked to report to the medical facility. In the event that the parent or the emergency contact cannot be located, the sponsor's command will be notified.

1754
5/mkh

Date

From:
(Name, grade, ssn)
To: Child Development Center Staff

Subj: ADMINISTRATION OF MEDICATION

1. I, give the Staff of the Child Development Center permission to administer the prescribed medication to my child, .
(child's name)

2. The following information pertaining to the medication is provided:

This medication should be administered from to
(date) (date)

Name of Medication:

Amount of Medication to be given:

Times medication should be given: / /

PARENTS SIGNATURE

*NOTE: CDC Staff will not administer any medication inconsistent with the prescription label or medication from an expired prescription.

Figure 4-1.-- Authorization to Administer Medication.

STAFF MEDICATION LOG CHILDS NAME

DATE	TIME	PERSON ADMINISTERING MEDICATION

Figure 4-2.--Staff Medication Log.

CHAPTER 4

MEDICAL/SAFETY PROCEDURES

SECTION 2: FIRST AID

4200. FIRST AID. All staff will be First Aid and Cardiopulmonary Resucitation (CPR) qualified. In the event of minor injuries, first aid will be administered by the staff (figure 4-3). In case of serious, life threatening injuries, CPR will be administered by the staff until emergency medical service arrives.

4201. FIRST AID KIT. A first aid kit and bandages will be maintained in a centralized location at the Child Development Center.

4202. FIRST AID SUPPLIES

1. The following supplies are approved for use in the Child Development Center settings in case of medical emergencies and accidental injuries:

a. Surgical tape - to fasten dressings.

b. Dressings, 2x2 and 4x4 (in sterilized, individual packages) to apply to wounds and fasten with surgical tape.

c. Bandaids, non-medicated - to protect small injuries after cleaning.

d. Ice packs or ice - to apply to sprains and severe insect bites.

e. Thermometers (non-mercury type) - to take temperatures of children with other signs of illness.

f. Tweezers - for removing small splinters.

g. Scissors - for cutting surgical tape.

h. Phisoderm - for cleaning minor injuries (cuts, abraisions).

i. Alcohol pads - to sanitize scissors and tweezers.

j. Disposable gloves - to prevent spread of disease when cleaning large amounts of blood, vomitus, urine and/or feces.

k. Bee sting kit (if there is an allergic child) provided by the parent of the allergic child. Parent must provide Center with written permission and instructions on how the kit is to be administered signed by a medical doctor.

1. Syrup of Ipecac - for poison ingestion if use is authorized by Poison Control Center.

2. The Director, Child Development Center is responsible for ensuring that the supplies are available within the Child Development Center.

3. Individual first aid kits located in the Child Development Center activity room do not have to be stocked with all of the supplies as long as all staff are aware of the location of the other first aid supplies.

4. When transporting Child Development Center children, first aid supplies will be taken along in the vehicle. The kit will include all items listed in paragraph 1 above with the exception of the thermometer, tweezers and ice pack/ice.

4203. FIRST AID INSTRUCTIONS

1. Abdominal Pain

a. Call parent, refer for medical attention.

b. Isolate child from other children.

c. Keep child quiet on cot/in crib until parents arrive.

d. Do not give the child food or liquids.

2. Bites, Animal

a. Stop the bleeding by applying pressure.

b. Wash wound with soap and water and apply sterile dressing.

c. Notify parents. Child must be seen at the Primary Care Clinic, Naval Medical Clinic.

3. Human Bites

a. If the skin is broken:
(1) Stop the bleeding by applying pressure.
(2) Wash wound with soap and water and apply sterile dressing.
(3) Notify parents to take child to be seen by health care provider. Human bites have a high rate of infection.

b. If the skin is not broken:
(1) Wash wound with soap and water.

(2) Apply ice pack to prevent swelling.

(3) Notify parents.

4. Insect Bites

a. Scrape out stinger with side of tweezers. Do not pull it out as this may squeeze more venom into the skin.

b. Remove any jewelry from the area.

c. Apply ice pack. If Accent (a meat tenderizer) is available, apply a paste of water and Baking Soda/Accent. This may help to denature the protein.

d. Check allergy (if any) as listed on the registration card. If there is a history of allergy to insect bites, get medical attention immediately.

e. If the child develops an allergic reaction defined by wheezing, swelling away from the site, hives, shortness of breath; call an ambulance immediately. Notify emergency service personnel that the child is having an allergic reaction.

f. If the reaction is severe, direct care staff may have to perform CPR and treat for shock.

g. Notify parents.

5. Snake Bites

a. Keep the child quiet and calm.

b. Immobilize affected area (should be immobilized below heart level, if possible).

c. If bite is on the arm, place two lightly constricting rubber bands between the wound and the shoulder. Apply bands tightly enough to stop blood flow near skin but not tightly enough to stop the arterial blood flow of the pulse.

d. Apply ice pack.

e. Call 911 immediately.

f. Notify parents immediately.

6. Minor Burns

a. Immerse in cool water or apply ice. Cooling must be constant until pain dissipates.

b. Do not apply dressings or ointments.

c. Notify parents.

7. Extensive Burns

a. Keep child lying down and call 911 immediately.

b. Do not remove clothing from burned area.

c. Cover area with clean cloth.

d. Treat for shock, if necessary.

e. Notify parents immediately.

8. Choking

a. Initiate procedure for management of airway obstruction as provided in CPR and first aid classes.

b. Call 911.

c. Call parents.

d. Medical evaluation is mandatory even if choking has stopped.

9. Cuts, Abrasions

a. Minor wounds

(1) Wash thoroughly with soap under warm running water.

(2) Control bleeding by applying direct pressure over the wound with gauze. After bleeding has stopped, apply clean band-aid or non-stick sterile pad.

b. Deep wounds

(1) Apply direct pressure over the wound with gauze until blood flow stops (5 to 10 minutes).

(2) Cover with sterile gauze bandage.

(3) Notify parents to pick up child for immediate medical attention.

(4) If bleeding cannot be stopped or if bleeding appears unusual in rate or amount, such as if an artery or vein is cut:

(a) Call 911 immediately.
(b) Have the child lie down, continue to apply pressure and elevate the limb.

(c) Avoid moving the child unnecessarily.

(d) Notify the parents.

c. Puncture wounds

(1) Allow to bleed freely for one minute to clean the wound.

(2) Wash with soap and water.

(3) Apply sterile dressing.

(4) Do not remove anything imbedded in wound.

(5) Notify parents. All puncture wounds must be evaluated by a physician.

10. Ears

a. Notify parents for complaints of earache, discharging ears, foreign bodies in the ear.

b. Do not attempt to remove foreign bodies or try to stop discharge flow.

c. Refer for medical attention.

11. Eve Iniury

a. Foreign Body Imbedded in Eye

(1) Do not try to remove any imbedded object from the eye.

(2) Call 911 immediately.

(3) Keep the child from rubbing or closing the eye, if possible.

(4) Notify parents immediately.

b. Foreign Body Not Imbedded in Eve (i.e., Sand, Dirt, etc.)

(1) Keep the child from rubbing his eyes.

(2) Have the child blink his/her eyes gently. The tear duct may wash the object out.

(3) If the object remains, cover the eye with sterile dressing and call parent to transport to a physician.

c. Chemicals in Eve

(1) Continuously flush with an abundance of plain water.

(2) Call 911 immediately.

(3) Notify parents immediately.

d. Inflammed or discharging eves

(1) Isolate child from other children.

(2) Notify parents to take child in for medical attention and do not re-admit without physician's statement.

12. Fainting

a. Lay the child down and loosen clothing.

b. Cool cloth to head. Ammonia spirits several inches from nose.

c. Elevate feet.

d. If the child does not recover immediately, call an ambulance and notify the parents.

e. Keep the child under constant direct supervision.

f. Notify parents and have child evaluated by medical provider.

13. Fractures

a. Keep the child immobile. Do not move unless absolutely necessary.

b. Call 911 for open fractures or gross deformities.

c. Notify parents immediately.

d. For areas with minor swelling or pain, keep child quiet, splint area if possible and call parent for transport.

14. Headaches

a. Check temperature.
b. If temperature is not elevated, have child rest for a while.
c. Apply cold compress.
d. If child complains of headache after a short rest or frequently throughout the week, notify parents.

15. Head Injuries

a. Major Head Injuries

(1) A major head injury has occured if:

(a) There is a loss of consciousness at time of accident or any time thereafter.

(b) The child is unusually sleepy or hard to arouse from sleep.

(c) The child complains of being "sick to his stomach" or vomits.

(d) The child is mentally confused.

(e) The child becomes restless, disturbed or stilled after once calmed down after the accident.

(f) The child has a pale color that does not return to normal in a short time.

(g) The child has a seizure.

(h) There is drainage of fluid or blood from the ears or nose.

(i) The child has unequal pupils.

(j) There is weakness of the arms or legs, especially if found on only one side, or the child cannot move a limb.

(k) The mechanism of injury would make you suspect a major injury even if th6 child actually appears okay.

(2) Keep child lying down and calm.

(3) Call 911.

(4) Notify parents immediately.

b. Minor Head Injury (none of the above symptons)

(1) Have child rest and observe for above symptoms.
(2) Apply cold compress to any bruised area.
(3) Notify parents and inform them of the accident.
(4) Observe for the above symptoms and refer for medical attention if any occur.

(5) If there is persistent headache or dizziness (lasting over one hour), refer for medical attention.

(6) Child may be up and about, but must be checked at least every two hours after the incident.

16. Mouth Injuries or Toothache

a. Lost Tooth

(1) Do not touch the site with your hand.

(2) Have the child hold a damp sterile cloth on the gum until bleeding stops.

(3) Place the tooth in a damp cloth (wet with sterile water or if necessary tap water). Do not place the tooth in tissue paper this can dry out the tooth. If treated within one hour, there is a 90% chance that the tooth can be reinserted.

(4) Notify parents of need to see dentist immediately.

b. Injured Tooth

(1) Remove fragments.

(2) Check tongue for cuts (lacerations on the tongue can cause swelling).

(3) If a tooth is chipped and there is bleeding, the child should be seen in the dental clinic immediately.

(4) Notify parents.

c. Punctures, or o@her wounds, in the mouth

(1) Seek medical guidance immediately.

(2) Notify parents.

d. Toothache. Notify parents to seek dental attention.

17. Nose Bleeds

a. Have the child sit up in a chair and apply continuous pressure with thumb and forefinger to nostrils.

b. Do not tilt child's head backward.

c. Try to keep the child from crying.

d. Check once every five minutes to see if bleeding is persisting.

e. Notify the parents.

f. If nosebleed lasts longer than 10 minutes, call for ambulance.

g. If the nosebleed stops but recurs within one hour or if a second episode occurs within a week, seek medical evaluation.

h. Have the child stay quiet for at least one-half hour after the nosebleed stops. Do not let the child blow his nose.

18. Foreign Object in Nose

a. Do not remove the object.

b. Notify the parents so they may take the child to the hospital.

19. Poisoning

a. Immediate medical attention is mandatory for any child who has eaten, swallowed or is suspected of eating or swallowing anything poisonous or harmful.

b. Call the poison control center and follow their directions.

c. Call 911 if the poison control center cannot be reached.

d. Notify the parents immediately.

20. Seizures

a. Protect child from injury by moving objects out of the way.

b. Place the child on his side as soon as possible to prevent choking on vomitus or tongue.

c. Keep open airway - remove any food particles.

d. Loosen any tight clothing that may restrict movement.

e. Call an ambulance immediately.

f. Notify parents immediately.

g. Keep child quiet, resting and under constant direct supervision following seizure until medical help arrives.

21. Electric Shock

a. Turn off power.

b. If unable to turn off power, use a dry nonconductive instrument to move the wire or move the child.

c. You may have to use CPR on the child.

d. Cover any wound with a dry sterile dressing.

e. Call 911 immediately.

f. Notify parents immediately.

22. Splinters

a. Wash area with soap and water.

b. Remove splinter with sterile tweezers, if possible. Apply adhesive bandage, if needed.

c. If deeply embedded, notify parents and refer for medical attention.

23. Sprains

a. Elevate injured limb.

b. Apply cold compresses for one-half hour.

c. If there is a large amount of swelling, do not let the child use the limb.

d. Notify parents and refer for medical attention.

e. Loosely wrap with ACE wrap. (Rest, ice and elevation)

UNITES STATES MARINE CORPS
MARINE CORPS COMBAT DEVELOPMENT COMMAND
Child Development Center
Quantico, Virginia 22134

DATE

TIME

CHILD'S NAME

NAME OF CAREGIVER RESPONSIBLE FOR CHILD

LOCATION WHERE ACCIDENT OCCURED

NOTIFICATION OF NEXT OF KIN
RELATIONSHIP TIME OF NOTIFICATION
NAME OF PERSON MAKING NOTIFICATION
TYPE OF ACCIDENT:
( ) CUT ( ) SCRAPE ( ) BUMP ( ) BITE

( ) OTHER
(DESCRIBE)

LOCATION ON CHILD'S BODY

CIRCUMSTANCES OF THE ACCIDENT

ACTION TAKEN:

( ) FIRST AID

( ) OTHER (EXPLAIN)

NEXT OF KIN SIGNATURE DATE

DIRECTOR'S SIGNATURE DATE

Figure 4-3.--Accident Report.

CHAPTER 4

MEDICAL/SAFETY PROCEDURES

SECTION 3: REPORTING/PREVENTION

4300. SAFETY COMMITTEE. The Child Development Center Safety committee consists of the Director, Child Development Center Training and Curriculum Specialist, and Program Technicians and will operate in conjunction with regularly scheduled staff meetings. Problems concerning safety will be discussed and resolved on a routine basis during these meetings. The Safety Officer will document the committee meetings.

4301. ACCIDENT INVESTIGATION AND REPORTING. All accidents involving injury to personnel and/or patrons (children, parents and visitors) or damage to property will be promptly and thoroughly investigated. The supervisor of the injured person or individual responsible for the area in which the accident occurred will investigate the accident to determine all the factors and any data that may be of value in the prevention of similiar occurrences. Accident reports will be prepared on the appropriate forms forwarded to the Safety Office within 72 hours for serious injury greater than first aid and within 7 days for any minor injuries. The Director, Child Development Center, will be notified immediately by the management official in charge of any serious injury which requires medical attention.

4302. INJURY TO EMPLOYEES

1. In the case of a serious injury, all reasonable efforts to obtain emergency medical treatment and to notify next of kin will be made.

2. The following forms must be completed and filed for NAF employees:

a. Form #LS-201, Notice of Employees Injury or Death (figure 4-4) is completed by the Center Manager/Designee and sent to:

Deputy for Administrative Personnel &
Training
MWR Civilian Personnel Office
MWR 0120 MCCDC
Little Hall, Bldg 2034
Quantico, VA 22134

b. Form #LS-1, Request for Examination and/or Treatment (figure 4-5) Part A is to be completed by the manager and given to the employee for the purpose of obtaining medical attention. Follow the instructions in Part A, regarding marking the boxes and copies to be made. A copy should be retained in the employee's file. The employee's doctor will complete Part B and complete the filing.

c. Supervisor's Mishap and Iniury Report, Form MCCDC (5100/1) (figure 4-6) is completed by the Manager, signed by the injured employee, and sent to the Command Safety Office within five days of the day the injury occurred.

3. The form at figure 4-7 will be completed for all General Schedule employees. The completed form will be submitted to the Civilian Personnel Office.

4303. CHILD ACCIDENTS. For minor injuries to children requiring no medical attention/treatment, the responsible individual will prepare in triplicate the Accident Report Form (figure 4-3). For serious injury requiring medical attention/treatment, the accident will be reported to the Director, Manpower Division immediately.

4304. PREVENTIVE MEASURES

1. The viruses and bacteria that cause infectious illnesses thrive in warm, wet, and stuffy environments. Conversely, these infectious agents have difficulty growing in a clean, dry environment where there is lots of fresh air.

2. To prevent the spread of illness, all CDC staff will take the following steps:

a. Frequent, thorough handwashing according to correct handwashing procedures for adults and children.

b. Air out rooms daily and take the children outside often, weather permiting.

c. Allow a minimum of two feet between cots, cribs and mats and practice head to foot procedures during naptime (where possible).

d. Clean and sanitize water/bleach areas for diapering, toileting and eating as well as toys and furniture.

e. Do not allow sharing of personal items or food.

f. Teach children how to catch a sneeze/cough correctly and how to dispose of tissues.

g. Exclude children who are not properly immunized.

h. Ensure parents recognize their responsibilities.

(1) Ask parents to call when their child is ill and tell you the problem.

(2) Ask parents to keep their child at home if he/she has an illness as described in paragraph 1002.

(3) Remind parents to report to direct care staff immediately if a communicable disease is diagnosed.

(4) Encourage parents to contact their physician and discuss whether or not their child should attend when he/she has an infectious disease that has been treated.

i. In the Child Development Center, limit the mixing of children to reduce exposure to illness. When possible, have a staff member work with only one group of children.

j. Store each child's dirty clothing separately in plastic bags and send it home for laundering.

k. Treat all blood and mucous secretions as if they are contagious.

l. Utilize disposable gloves and a bleach solution (one part bleach to ten parts water) when cleaning large amounts of blood or bodily fluids.

4305. SAFETY/ACCIDENT PREVENTION

1. Policy. It is the policy of Child Development Center to conduct all operations safely. Accidents cannot be considered inevitable. The safety of personnel and patrons (children and their sponsors) will not be compromised within the Child Development Center settings. Safety considerations will be included in all planning and strictly enforced during daily operations. All Center personnel will strive to prevent accidents and injuries from occurring by eliminating unsafe conditions and unsafe acts of personnel. Safety is the responsiblity of each and every person within the Center.

2. Scope. This program is directed toward all staff and patrons of Child Development Services Programs, as well as anyone else in any Child Development Center child,setting (indoors or outdoors) or administrative work area.

4306. RESPONSIBILITIES

1. Director, Child Development Center will:

a. Function as the activity safety officer.

b. Ensure full and effective implementation of Safety and occupational Health Program throughout the Child Development Center.

c. Maintain standing operating procedures that foster a safe environment and work practices.

d. Ensure center-based programs are managed/monitored by professionally qualified, trained individuals.

e. Ensure that safety education and training are integral parts of the Child Development Center training program.

2. The Child Development Center Assistant Director will:

a. Function as the assistant safety officer for their program.

b. Establish and maintain a portion of the program bulletin board/newsletter which provides current safety literature and information.

c. Present initial safety briefing to newly assigned personnel.

d. Conduct safety briefings on content and issues for individuals assigned to the program. Maintain records of content and personnel in attendance.

e. Monitor areas of responsibility on a daily basis to ensure adherence to established procedures and prompt correction of unsafe acts and conditions.

f. Take corrective action when unsafe conditions or work methods are noted.

g. Document safety deficiencies and corrective actions.

h. Investigate or ensure investigations are conducted on accidents which occur within their program to determine causes and prevent recurrences.

i. Maintain records of all activities within their programs preparing accident repo'r't's when appropriate.

j. Brief the Director, Child Development Center, as needed on the status of the accident prevention effort within their program.

k. Ensure monthly fire drills and semiannual severe weather drills are implemented and documented.

1. Ensure there is an adequate first aid kit and that it is replenished as needed.

m. Screen all areas, furnishings, toys and program material for safety and age appropriateness prior to distribution utilizing the approved checklists (figure 4-8).

3. All supervisory personnel, including Program Technicians will:

a. Be responsible for accident prevention to the same extent that they are responsible for service.

b. Maintain a safe environment and equipment.

c. Ensure subordinate personnel are trained in proper work practices.

d. Recommend the most effective step-by-step procedure for handling every task.

e. Inspect their areas of responsibility on a daily basis, paying close attention to items identified on the safety inspection checklist (figure 4-8).

f. Take corrective actions when unsafe conditions or work methods are noted.

g. Investigate, report and record all accident/injuries that occur within their area of responsibility, preparing accident reports when appropriate.

4. Training/curriculum Specialist will:

a. Provide safety education and training for all Child Development Center personnel/FDC providers annually.

b. Ensure safety education and training includes not only the way to accomplish tasks, but to recognize and avert hazards associated with the tasks.

c. Document all safety education and training.

5. Direct Care Staff. All direct care staff will prepare reports of accidents that occur to children within their care (figure 4-3).

6. Individual personnel will:

a. Comply with regulatory guidance, local operating procedures and prescribed work practices.

b. Be safety conscious and report to supervisor immediately any hazards that exist.

c. Report all accidents/injuries immediately.

FIGURES 4-4 THROUGH 4-8 CONTAIN GRAPHICS AND ARE NOT LOADED TO DOCUMENT. HOWEVER, THEY CAN BE OBTAINED FROM CENTRAL FILES.

SECTION 4: SAFETY

4400. FIRE SAFETY AND PREVENTION

1. Purpose. The purpose of this plan is to prevent injury or loss of life and property due to fire.

2. Scope. This Fire plan is applicable to all CDC Personnel. It is to be read initially upon employment and annually by ALL persons employed by Child Development Center.

3. Area Fire Safety Officer (FSO. Director, Child Development Center.

4. Assistant Fire Safety Officer (AFSO). Assistant Director, Child Development Center.

5. Procedures

a. In the event of fire, the following action will be taken by all persons discovering a fire:

(1) Alert ALL personnel in danger. Give the alarm by pulling the fire alarm. Administrative staff will ensure that halls, adult bathrooms, reception area, administrative offices and staff lounge have been evacuated. once evacuated, NO ONE will reenter the building until cleared by the Fire Department.

(2) Call the Fire Department - 911. Give the following information:

(a) Location of fire.

(b) Building number.

(c) Your name.

(d) Other information requested by the Fire Department.

(3) Have someon6 meet and guide fire truck to the scene.

b. Evacuation procedures:

(1) Classroom staff will evacuate children through designated exits.

(a) Program Assistants will accompany children.

(b) Program Assistants will pick up Daily Control Sheets, to ensure that all children have been evacuated (checking all rooms and bathrooms in modules that contain them) and turn off lights as they exit, if time permits.

(2) Operation Clerk will be responsible for carrying unit roster and registration cards from facility.

(3) Prior to evacuation, the cook will Ensure that electrical appliances and lights in the kitchen are turned off and doors are shut.

(4) Once outside, the Program Technician will check the daily control sheets to ensure that all children under their care are present and accounted for and will provide that information to management upon request.

(5) Direct care staff will remain with the children at all times and ensure that they remain a safe distance from the building and out of the way of the personnel fighting the fire.

(6) The FSO will check with each program leader to ensure accountability for all children and report any missing children to Fire Department personnel.

(7) The AFSO will exit through main entrance to ensure no one enters the building and to meet and guide Fire Department personnel.

(8) In the event a safe return to the Center is not feasible within 10 minutes, children will be walked/transported to a relocation site. Phones will be used to contact all units to notify parents they must pick up their children immediately.

6. Fire Prevention. Each employee is required to be safety oriented to prevent injury, loss"of life and property. Fire extinguishers will be inspected on a monthly basis by the AFSO. Fire evacuation plan will be prominently displayed in each classroom. Fire Bills will be posted at the fire alarm station. The Child Development Center is a on-smoking area. Smoking is not allowed in the Child Development Center.

7. Fire Drills and Fire Protection Equipment. Fire drills will be conducted monthly. Fire drills during naptime will be accomplished at least quarterly. The Area Fire Marshall will notify the fire department to conduct the drills. Area Fire Marshall and Assistant Area Fire Marshall will assist as requested by the Fire Protection Branch.

4401. OUTDOOR PLAY

1. The Director, Child Development Center will:

a. Review and approve policies to ensure the safety of children participating in outdoor activities.

b. Monitor the outdoor activity areas for safety hazards and ensure compliance with maintenance requirements.

c. Supervise staff involved in outdoor activities with children to ensure compliance with these procedures.

d. Make announcements prior to outdoor activities periods if weather conditions indicate a need to limit the amount of time a child remains outdoors.

2. All staff involved in outdoor activities with children will:

a. Ensure the safety of all children on the playground regardless of age or module assignment according to health and safety precautions.

b. Maintain child/staff ratios at all times.

c. Ensure that there is a minimum of two staff on the playground at all times when children are present.

d. Limit the number of children utilizing the playground at one time to two groups.

e. Enforce safety rules.

f. Move constantly making sure all children are in view.

g. Interact with children in outdoor activities and not sit or stand together unless involved in a child activity.

h. Ensure children do not remain outdoors in excess of the maximum time allowed.

i. Report (correct if possible) any safety hazards which develop during the day.

4402. PROCEDURES

1. Program Technicians or Program Leaders will inspect outdoor activity areas daily prior to use by children.

2. Management staff will determine maximum length of outdoor activity periods based on weather conditions.

3. Management staff will announce maximum time limits for outdoor activity periods in advance of weather conditions indicating a need to limit the amount of outdoor play.

4403. PLAYGROUND INSPECTIONS AND MAINTENANCE

1. Playground Inspections. Playgrounds will be visually inspected daily by direct care staff before use by the children.

2. Any problems will be corrected on the spot or submitted for repair through a work order request. The inspection for safety hazards will include:

a. Exposed nails in wooden structures.

b. Splinters in wooden playground structures.

c. Insufficient sand, bark or sod in fall areas around climbing equipment.

d. Shifting of sand exposing a sidewalk edge which could cause tripping.

e. Insect nests, especially in tires and under riding equipment.

f. Holes or gullies caused by rain erosion.

g. Bird droppings.

h. Loose bolts or pieces on riding equipment or playground structures.

i. Outdoor water fountains not working properly.

j. Soundness of exterior and interior fencing.

k. Sharp objects which may have been discarded onto the playground.

1. Small objects on infant and toddler play areas which could be a potential choking hazard.

m. Sharp edges.

n. Deteriorated chains and cables.

4404. SAFETY AND HEALTH PRECAUTIONS FOR OUTDOOR PLAY

1. The most important playground safety feature is alert adults. Adults must notice possible hazards, get them fixed, and stay actively involved with the children.

2. Direct care staff supervise children closely at all times to prevent misuse of the equipment such as: swinging too high, running close to moving swings, or play on equipment that is too advanced.

3. Children must wear shoes on the playground at all times with the exceptions of sprinkler or water play activities. Only children wearing tennis shoes or rubber soled shoes will be allowed on climbing equipment.

4. Children may be excluded from outdoor play or use of equipment if clothing or shoes are inappropriate or create a potential safety hazard.

5. Children must be dressed appropriately for the weather. During cold weather, jackets will be put on and fastened before going outside. It is especially important to protect the head and ears during cold weather. Remove outer layers quickly after returning to the warm classroom. During hot weather children will be encouraged to drink water before, during and after playing outdoors.

6. CDC staff will observe children closely for the following signs of overheating: face turning red, profuse sweating, weakness and/or dizziness. If any of these symptoms should appear, contact management and have the child rest inside or in the shade, encourage the child to slowly drink a small amount of water and watch him/her for a return to normal condition. If the child does not respond, evaluation at the hospital will be necessary.

7. Infants' and toddlers' skin is extremely sensitive to the harmful rays of the sun. Staff will ensure they are not in sunny areas for long periods of time.

8. Staff will constantly check heat of any surface with which children may come in contact.

9. If weather becomes inclement (rain, thunder, lightning, etc.), staff will immediately take the children back inside.

10. Sand play toys will be provided for the children playing in the sand. Children will be encouraged to build with sand and not throw it.

11. Children will not be allowed to climb on fences.

12. Only one child will be allowed on each piece of riding equipment at a time.

13. Children will be taught not to push and shove during play.

14. All toys taken outdoors must be brought in daily.

15. Riding equipment used by the children must be appropriate for their size and abilities.

CHAPTER 5

CARE/DISCIPLINE POLICY

CHAPTER 5

CARE/DISCIPLINE POLICY

SECTION 1: CARE

5100. DIAPERS. Only disposable diapers are used at the Center and must be provided by the parents. Infants must be dressed in appropriate daytime clothing and footwear. Pajamas are not acceptable clothing for daytime care. Children who are able to walk must wear shoes (no strapless sandals allowed) and socks at all times. Patrons must provide enough diapers and/or extra clothing for their children. Diaper changing of infants and toddlers will be handled with extreme care. Diaper changing presents distinct health risks to children and adults. Therefore, careful and consistent sanitary practices will be followed in all CDC programs to limit the spread of infectious disease. In addition, diaper changing is one of the most basic physical needs of children and handling of the entire process will be positive. The diapering time will be used as a time to show extra caring and engage in special individual communication with a child.

5101. LINEN. The staff of the Child Development Center will provide fresh linen for each child each day.

5102. RESPONSIBILITIES

1. DirectorlAssistant Director, Child Development Center

a. Monitor daily operations of Center-based programs to ensure compliance with the policies and procedures outline in this Manual.

b. Monitor daily operation to ensure toilet policies and procedures are properly implemented.

2. Sponsor/Parent

a. Determine jointly with the Program Leaders and Program Technician the readiness of their child for toilet training.

b. Cooperatively establish and implement a plan for the toilet training of their child with the Program Leader and Program Technician directly involved in the care of their child.

c. Provide a sufficient number of extra underpants and changes of clothing.

d. Notify the Program Technician and/or Program Leader of any special needs pertaining to the diaper changing of his/her child.

e. Provide a sufficient number of desposable diapers, wipes and diaper ointment, if needed, for the amount of time the child is in care. Cloth diapers will not be accepted.

f. Provide a complete change of clothing for child three years and younger. If necessary, parents will be called to bring clothing for their child, regardless of age.

g. Label all personal items.

3. Program TechnicianiProgram Assistant

a. Determine jointly with the parent the readiness of individual children for toilet training.

b. Work cooperatively with the parent in emplementing the plan for the child's toilet training.

5103. TOILET TRAINING. The goal of toilet training is for the children to gain control of their bodily functions with the patience, understanding and support of the adults around them. Toilet training will be a joint effort between the parent and CDC staff members involved in direct care of the child. since toileting is one of the most basic physical needs of young children and the way it is handled can have major emotional effect, the process must be a positive one. The child must be ready to participate willingly. No child will be forced to participate in toilet training before he/she is ready and willing. Accidents or lapses in toilet training will be considered an intergral part of the toilet training process and not a cause for punishment.

CHAPTER 5

CARE/DISCIPLINE POLICY

SECTION 2: DISCIPLINE POLICY

5200. STANDARDS OF CONDUCT

1. If a child is consistently unruly and difficult to monitor, the Director, Child Development Center, will advise the parent that the child may be restricted from the Center if behavior does not change within one week. Children who continually bite caregivers or other children will be restricted from the Center according to guidelines established in figure 5-1.

2. In the event a staff member suspects that a patron is intoxicated or ill and is unable to safely operate a car, immediately notify the Director. The Director will speak with the parent privately and ask them to call the alternate custodian. Every effort will be made to handle the situation discretely. In the event these efforts fail and the parent is uncooperative the Director will immediately notify the military police.

3. Patrons are not permitted to spank children in the Center at any time. Children who present a behavior problem will be removed from the group activity. Repeated behavior problems will be handled according to figure 5-1.

4. Children may be banned from the Center before receiving the three warnings if they present a hazard to themselves or others, and depending on the severity of the incident. severity will be determined by the Center Director.

5201. DISCIPLINARY POLICY.

The following behavior policy represents sound educational practice for Pre School/Day Care facilities. These rules will ensure that the educational goals and integrity of our program will be maintained for the benefit of all children in the Center.

1. Children who are initially disruptive will be asked to sit in a designated "time-out" area within the classroom.

    a. "Time-out" is the temporary removal of the child from a disruptive situation. Time spent in the "Time-out" area will be determined by the teacher or caregiver according to the severity of the behavior and the age/attention span of the child. Removal will be for approximately one minute for each year of age.

    b. The discipline policy of the Child Development Center is to redirect an uncooperative child to another activity or redirect the entire situation into a more positive direction.

2. Children whose behavior repeatedly disrupts the educational process and whose behavior fails to be contained by the "time-out" area will be isolated in a separate "time-out" room. This is considered to be a more serious corrective behavior action and therefore the child will not be entertained while serving a "timeout" in this room.

3. Children whose disruptive behavior fail to be contained in the "time-out" room, or those children who return from the "time-out" room and continue to disrupt the classroom will be sent home. Parents will be notified to pick up their children within 60 minutes after being called.

5202. HUMILIATION. The use of humiliating or frightening punishment will not be permitted in the Center. This includes verbal abuse and/or physical punishment, such as grabbing, jerking, shaking, manhandling. Center personnel who demonstrate these actions may be suspended or terminated on the spot depending on the severity.

5203. THREATENING. Threats or denial of food or play is not an acceptable method of discipline. Personnel demonstrating these actions will be reprimanded, suspended or terminated depending on the circumstances.

CHILD DEVELOPMENT SERVICES SOP

DISRUPTIVE BEHAVIOR CONTRACT

This letter outlines the provisions the Child Development Center employs concerning discipline. We ask that you read and sign the form as your acknowledgedment of the importance of these rules.

Disruptive behavior for the purpose of this policy shall be defined as any behavior that threatens the health, safety or well-being of the other children, or staff members; and/or any behavior that significantly distracts the care-givers from instructing the other children in his/her care (i.e., biting; punching; kicking; scratching; obscene language, gestures, or actions; sexually inappropriate behavior; damaging toys and equipment; aggressive toward self, other children, or staff; oppositional, belligerent, tantrums; or any other obstructive behavior that is of concern to the Director).

Incident reports will be used to document and track all disruptive behavior. The primary care-giver will fill out the incident report and send it to the Director for review. All incident reports will be signed by the care-giver, parent(s) and Director. The Director will discuss the incident with the parents and provide them a copy of the report. A copy will also be placed in the child's file.

1. If a child displays disruptive behavior, the care-giver will fill out an incident report and the parent will be called immediately by the Director and notified of the incident. The Director will arrange a meeting with the parents within 48 hours to discuss the incident in detail and to explore ways to improve the child's behavior. Documentation of the phone conversation and meeting will be filed in the child's record.

2. A second incident will result in the child being sent home for the day. A written letter of warning will be issued to the parent(s) indicating the nature of the incident, referencing previous conversations and advising that another such incident may result in disenrollment. The Director will meet with the parent(s) when they come to pick up their child to issue the letter and discuss the incident. The purpose of the meeting will be to explore ways to improve the child's behavior. Since children sometimes act out feelings associated with home life, some of the recommendations by Center staff may include medical evaluation, child, marital, or family counseling, special education evaluation, tutoring, speech/language therapy, etc. The Director will provide points of contacts and phone numbers. The Director will have the parent(s) sign the letter to acknowledge receipt. If the parent(s) refuse to sign, the Director will indicate refusal on the letter and will obtain a witness signature. The parent(s) will receive the original signed and dated letter after copies have been made for the files.

Figure 5-1.--Disruptive Behavior Contract.

3. A third incident will result in immediate suspension from the Center for three days. Parents are required to pick up their child within 60 minutes after being called. The Director will meet with the parent(s) when they arrive to discuss the incident and issue a written letter of suspension to the parent(s) indicating the nature of the incident and that this is the third occurence, referencing previous warnings; providing notification of the three day suspension and notification that another such incident will result in disenrollment from the Center. To reinstate care for the children, parents will be required to submit a form (which will be provided by the Center personnel) to the Director stating they sought some sort of
professional consultation in regards to their child's behavior or other related issues. This documentation must be given to the Director before the child will be permitted to return to the Center. If the parent seeks some form of treatment on a regular basis, verification of these services must be given to the Director on a monthly basis until such time as the child's behavior has stopped or treatment has ended. Parents may use the same form provided by the Center for this purpose. Children whose parents choose not to comply with the documentation process, will not be permitted to return to the Center.

Readmission to the Center will require the above mentioned consultation form and/or monthly documentation of ongoing treatment provided to the Director. The Director reserves the right to decline readmission regardless of any documentation submitted.

4. If a child continues the disruptive behavior which cannot be controlled by Center personnel, and/or the requirement for professional consultation is not followed through, the child will be immediately disenrolled and picked up by parents in 60 minutes. The Director will issue the parent(s) a written letter of disenrollment indicating the nature of the incident, notification of disenrollment and referencing previous conversations/letters. The Director will meet with the parent(s) to issue the letter, discuss the incident and notify them of the disenrollment. The parent(s) will receive the original signed and dated letter after copies have been made for the files at the Center. The Director will be prepared to discuss all previous incidents that the child has been responsible for and how they threatened the health, safety or well-being of other children or staff members. The Director will notify the parent(s) that assistance is available in locating other child care services and will provide points of contact and phone numbers.

Disenrollment of a child from the Center is a last resort used only after every reasonable effort has been made to correct the unacceptable behavior. The staff will make every effort to work with

Figure 5-1.--Disruptive Behavior Contract--Continued.

parents and children by suggesting behavior modification techniques, arranging counselling or offering whatever assistance they can to avoid having to disenroll a child. We do, however, reserve the right to immediately disenroll a child if the child's behavior presents a real and present danger to him/herself, other children and/or staff members.

As a parent, you have the right and responsibility to participate in the pre-school/day care program of your child. Please contact your child's teacher if you have any questions or concerns regarding your child's program.

I have read, understand and agree with the above mentioned policy of the Quantico Child Development Center.

Signature of Parent Date

Signature of Director Date

Figure 5-1.--Disruptive Behavior Contract--Continued.

CHILD DEVELOPMENT SERVICES SOP

CHAPTER 6

SECURITY

CHAPTER 6

SECURITY

6000. SECURITY/KEY CONTROL

1. Key/lock custodians will be appointed in writing by the Director, Child Development Center and will assume responsibility for the key/lock security of the facility.

2. Key/lock custodians will sub-custody for all property maintained within their respective offices.

6001. RESPONSIBILITIES

1. Director, Child Development Center

a. Appoint in writing a Child Development Center Security Manager and an Alternate Key Control Custodian.

b. Comply with guidance and direction issued by MCO 1600.6.

c. Conduct periodic orientations for Child Development Center personnel to maintain a high degree of security consciousness among personnel.

2. Child Development Center Security Manager

a. Be appointed on competent orders as Key Control Custodian for the Child Development Center by the Director.

b. Assist the Provost Marshal, the Commanding Officer, MCB, and the Commanding officer, Security Battalion, with any security inspections.

c. Maintain key control log and comply with procedures outlined in MCO 1600.6.

d. Assist the Director, Child Development Center in complying with all security guidelines/regulations.

e. Ensure compliance with procedures for access control and security of the children at the Child Development Center.

3. Assistant Security/Key Control Custodian

a. Be appointed on competent orders by the Director as the Alternate Key Control Custodian for the Child Development Center.

b. Assist the Director, Child Development Center in complying with all security guidelines/regulations and requirements of this Manual.

6002. PROCEDURES FOR SAFE SECURITY

1. At the close of business each day, the Child Development Center Key Control Custodian/Alternate Custodian will inspect the safe to ensure that it is secured.

2. The safe combination will be changed upon transfer, reassignment, or change of duties of any individuals having access or at least semi-annually.

3. The Director/Assistant Director, Child Development Center, Receptionist Clerk, and Admin Clerk may have access to the safe.

6003. KEY SECURITY

1. All keys will be tagged in order to match the key control list.

2. An active, up-to-date file will be maintained to indicate individuals who have been issued keys.

3. Keys will be stored in a key box in the Child Development Center.

4. At no time will an individual have copies made of any keys without authorization from the Director, Child Development Center. In the event a key is lost, the Director, Child Development Center will be immediately informed of circumstances of the loss.

5. The Director will designate the personnel who are authorized to have keys to the exterior entrances of the Child Development Center.

6004. BUILDING SECURITY

1. The Child Development Center will be opened daily by the first authorized individual reporting for duty.

2. The last individual departing the Child Development Center will properly secure the facility.

6005. SECURITY VIOLATIONS.

In the event a security violation occurs, i.e., opening building and discovering safe open and unattended, the following will be accomplished:

1. Keep area under personal observation.
2. Notify the Security Manager.
3. Notify the Provost Marshal.
4. Conduct an inventory of all Child Development Center property as soon as possible.

6006. CONTROLLED ACCESS

1. Access to the Child Development Center will be controlled to provide for security of the children.

2. The only entrance to the Center will be through the front door with the exception of food deliveries.

3. Food deliveries are allowed through the doors adjacent to the kitchen. However, food delivery persons must sign in and out at the front desk. The Cook/Assistant Cook will monitor the delivery door to ensure no unauthorized personnel enter while supplies are being delivered.

4. Receptionist on duty who is manning the front desk will monitor access to the facility ensuring that only authorized individuals (parents, staff, and children) enter the Center unaccompanied.

5. The Receptionist on duty will direct all other individuals to a member of management for assistance.

6. Management Staff will determine the validity of the individual's request for access to the Center. Once validated they will ensure the individual signs in (figure 6-1), issue them a visitor badge and provide an escort to accompany them while they are in the Center.

7. Visitors must sign out and return their visitor badge before exiting.

8. Receptionist on duty is responsible for maintaining the visitor log book. A clerk will remain at the reception desk at all times.

9. All Child Development Center staff will be alert for unfamiliar/ suspicious individuals and will direct them to the office/reception area and then notify front desk personnel.

6007. SECURITY OF CHILDREN

1. A minimum of two Child Development Center personnel will be on duty in the facility regardless of the number of children present.
2. A member of the management staff will be on duty during all operation hours.
3. Adult/child ratio will be maintained as required at all times.
4. Support personnel may not be counted in the ratios when performing their assigned duties.

5. Visual supervision of all children will be maintained at all times. No child will be left unattended at any time, indoors or outdoors, asleep or awake.

6. Each regularly assigned direct care staff member will ensure that she/he knows each child within her/his care by name.

7. Any staff member assisting in a module to which he/she is not regularly assigned will be verbally told the name and visually shown each child for whom she is responsible.

8. Children must be signed in and out of the module (figure 6-2) by the parent or authorized alternate custodian on the registration form.

9. All direct care staff will accurately record their time spent within a module on sign in/out sheet when they enter and leave the room.

10. Module doors will be closed at all times. These doors will never be propped open for any reason. If the children are leaving the module in a group, the door will be held open by an adult and closed by an adult when the last child in the group exits the module.

11. In addition, support (operation clerks, food service, custodian) and management staff must constantly be aware of maintaining tight security for children who may attempt to leave the module as others enter or exit the module. If a child appears to be unsupervised, immediate action must be taken.

12. Tasks such as cleaning toilets/sinks, washing toys and/or furniture, will only be accomplished by a caregiver when opening or closing the Center or when they are not meeting ratio.

13. Caregivers or other center staff will not "visit modules" to carry on personal conversations thereby distracting other staff from providing adequate supervision.

14. The key to security is awareness of our environment and reacting to any uneasy feeling when it occurs. Each individual is responsible for the safety and security of all children.

ALL VISITORS MUST SIGN IN AND OUT

NAME	ORGANIZATION	DATE	TIME IN	TIME OUT	PHONE#	REASON FOR VISIT	BADGE NO

Figure 6-1.--Visitor's Registration Log.

DATE

SIGN IN/OUT SHEET

CHILDS NAME	TIME IN	SIGNATURE	TIME OUT	SIGNATURE	STAFF INIT.	ESCORT'S S.S. #

Figure 6-2.--Sign In/Out Sheet.

CHAPTER 7

STAFF TRAINING/QUALIFICATIONS AND REQUIREMENTS

CHAPTER 7

STAFF TRAINING/QUALIFICATIONS AND REQUIREMENTS

7000. STAFF TRAINING. Direct care staff will receive training per this Manual.

7001. CONCEPT. All Child Development Center personnel will receive training to ensure execution of their duties and responsibilities.

7002. TRAINING REQUIREMENTS

1. All Center personnel will:

a. Actively participate in training.

b. Take initiative to complete all requirements in this Manual.

c. Arrive on time and remain in attendance for the entire training session.

2. All Child Development Center supervisory personnel will ensure that their subordinates complete required training within established tame frames.

3. Child Development Center Initial Training. The following training will be completed prior to assignment to caregiver duties:

a. Ten credit hours orientation

(1) Introduction to Employee Duties - 2 hrs

(2) Safety and Emergency Procedures - 2 hrs

(3) Child Health and Nutrition - 2 hrs

(4) Other policies and procedures - 2 hrs

(5) Child Abuse/Neglect Reporting Procedures - 2 hrs

b. Two credit hours of reading local regulations and SOP'S.

4. Child Development Center Entry Level Training. The following training will be completed within 60 days of employment.

a. Eight credit hours of infant/child (CPR) cardiopulmonary resuscitation.

b. Eight credit hours of first aid and Heimlich Maneuver.

c. Two credit hours of child abuse prevention and reporting procedures from DoD Manual 6060.1-M-18.

5. Skill Level Training. The following 20 credit hours of training will be completed within 6 months of employment (all listed are 2 credits each).

a. Child growth and Development.

b. Age Appropriate Program Activities.

c. Activity Spaces/Arrangement.

d. Discipline (Guidance Techniques).

e. Parent and Public Relations.

f. Early Childhood Rating Scale.

g. Communicable Diseases and Administering Medication (For Technicians and Direct Care Staff).

h. Health, Sanitation and Safety.

i. Nutrition and Meal Service.

j. Fire Prevention/Emergency Procedures.

6. Ongoing Training. The following training will be completed within 18 months of employment:

a. 13 credit hours of Department of the Navy caregiver training modules according to age group assignment:

(1) Keeping children safe.

(2) Promoting Good Health and Nutrition.

(3) Creating and Using an Environment for Learning.

(4) Promoting Physical Development.

(5) Promoting Cognitive Development.

(6) Promoting Communication.

(7) Promoting Creativity.

(8) Building Children's Self-Esteem.

(9) Promoting Social Development.

(10) Providing Positive Guidance.

(11) Working with Families.

(12) Being an Effective Manager.

(13) Maintaining a Commitment to Professionalism.

b. Eight credit hours for annual CPR.

c. Two credit hours for annual child abuse prevention and identification/reporting procedures.

d. Four credit hours for annual early childhood rating scale and evaluation training.

e. Two credit hours for annual observations.

f. Three credit hours of first aid will be conducted every three years or when expired.

7003. RESPONSIBILITIES FOR TRAINING REQUIREMENTS

1. Director Child Development Center. Major duties and responsibilities:

a. Implement Child Development Center policies in a manner that ensures development programming for services offered within the Center.

b. Notify Program Techicians of items approved/disapproved for purchase in support of activity plans.

c. Participate in specialized training related to child care, family advocacy, and Child Development Center administration.

d. Receive training and periodic updates on the latest child care techniques and procedures.

e. Maintain certification in first aid, CPR, and emergency medical procedures.

f. Understand applicable regulations and installation policies, child health and safety, child abuse identification and reporting, parent and family relations, and health and sanitation procedures.

g. Coordinate assignment of direct care staff to program assistants.

h. Prepare and conduct topical presentations as required.

2. Assistant Director, Child Development Center. Major duties and responsibilities:

a. Serves as the Assistant to the Director of the Child Development Center in the administrative and technical management, development, and execution of the Center.

b. Serves as the Financial Manager of the Child Development Center. Ensures compliance with current directives regarding the financial status of the Center. Assists the Director with budget requirements.

c. Serves as the Purchasing Agent for the Child Development Center. Per current directives, submits all purchase requests.

d. Serves as the Inspection Manager for the Child Development Center. Per current directives, coordinates with health, safety, sanitation and environmental agencies for inspections conducted within the Center. Monitors and inspects the activity for possible hazardous conditions. Prepares daily reports of the inspections and maintains the files for a period of two years.

e. Serves as the Personnel Officer for the Child Development Center. Responsible for supervising all employees at the Center. Responsible for assigning, scheduling, coordinating, directing, and reviewing the staff.

f. Maintains certification in first aid, CPR, and emergency medical procedures.

g. Additional duties as required.

3. Training Curriculum Specialist. Major duties and responsibilities:

a. Provide training to direct care staff on sound early childhood principles and techniques, Marine Corps requirements and procedures for planning and implementing developmentally appropriate programs.

b. Assist personnel in appropriate preparation of activity plans on an as-needed basis.

c. Provide written and oral curriculum policies, procedures, and guidance for direct care staff on a continuing basis.

d. Oversee developmental program through observation and role modeling in child activity areas, demonstrate appropriate use of space, time, equipment, materials and activities to support developmental programming.

e. Assist Child Development Center personnel in documenting and completing child development training modules.

f. Implement daily schedules and activity plans and ensure that the plans are developmentally appropriate.

g. Executes the standardized child development training program.

h. Monitors the developmental program, reviewing/approving lesson plans and expediting a quality age proximity curriculum.

i. Provides/monitors an on-going training program for all employees using the DoD training manuals. Maintains records of all training.

j. Maintain certification in first aid, CPR, and emergency medical procedures.

k. Provide orientation training for new personnel in conjunction with program assistants and per the established outline (figure 7-1).

1. Administer and maintain the Individual Training Plan (ITP) Annual In Service Training as outlined in paragraph 7009.

m. Coordinate and validate training oppportunities available from outside source and integrate them into the ITP.

n. Establish and operate a resource library to support and complement training requirements and assist personnel in the selection of appropriate material to address specific needs.

o. Upon assignment of new direct care staff member, the Training and Curriculum Specialist (T&CS) will:

(1) Initiate ITP.

(2) Arrange a meeting with individual and appropriate program assistant to review initial training requirements.

(3) Schedule time for completion of training requirements to be accomplished within the next 60 days as outlined in paragraph 7008.

(4) Utilize the ITP and ITP Annual In-service Training Record and Review Format to meet with employee quarterly to identify training needs and monitor completion of training requirements.

(5) Record all complete training on the individual's ITP in a timely manner.

p. Additional duties as required.

4. Program Technicians. Major duties and responsibilities:

a. Implement daily schedules and activity plans that include indoor and outdoor activities for assigned age group category of children according to procedures.

b. Implement activities according to approved plans by the Director/T&CS to include guiding staff in appropriate implementation.

c. Prepare purchase request to meet appropriate age group requirements for supplies, toys, and equipment.

d. Ensure room arrangements are appropriate.

e. Monitor assigned areas for compliance with approved activity plans and appropriate staff/child interaction during program activities and routines.

f. Review and approve lesson plans.

g. Prepare and submit recommendations for performance appraisals for Program Assistants.

h. Approve annual leave/sick leave of Program Assistants in order to maintain caregiver/child ratio 100 percent of time.

i. Implement specialized programs for children with special needs.

j. Ensure that child care is provided in compliance with current regulations.

k. Review and implement daily schedules and activity plans.

1. Supervise employees to ensure that they follow security, safety, health and other required rules.

m. Additional duties as required.

5 Program Assistants. Major duties and responsibilities:

a. Assist with preparation of activity plans by volunteering ideas and offering suggestions.

b. Implement and participate in planned activities.

c. Prepare, submit, and implement biweekly lesson plans for approval.

d. Complete required training to include on-going and module training.

e. Ensure that child care is provided according to current directives.

f. Assist in planning and conducting an effective child development program.

g. Review and implement daily schedules and activity plans.

h. Maintain certification in first aid, CPR, and emergency medical procedures.

i. Complete all required training.

j. Additional duties as required.

6. All direct care staff will interact with children during planned activities and routines according to the guidance given by management.

7. Administrative Clerks. Major duties and responsibilities:

a. Registers patrons, receives monies, prepares daily activity report of sales, and deposit slips daily.

b. Prepares timecards, leave applications and maintains payroll information.

c. Maintains certification in first aid, CPR, and emergency medical procedures.

d. Keeps the daily Child Development Center enrollment statistics accurate in the integrated computer system.

e. Counts and verifies cash receipts.

8. Cook. Major duties and responsibilities:

a. Serves as the Food Service Manager for the Child Development Services. Ensures compliance with food preparation, sanitation, and maintains records of food purchased.

b. Receives, issues, stores, and maintains inventory of all supplies and food items according to current guidelines.

c. Prepares a number of items for one meal.

d. Supervises cook assistant.

e. Maintains certification in first aid, CPR, and emergency medical procedures.

f. All food service personnel and others directly involved in food preparation will complete training in:

(1) Child nutrition needs.

(2) Menu planning.

(3) Food handling, food-handlers certification.

(4) Food preparation and sanitation practices that comply with USDA food service guidelines.

(5) Principles and practices of food-borne disease control.

(6) Child Abuse Prevention and Reporting Procedures.

(7) Sanitation and Safety.

(8) Health Card Certification.

(9) Other training as required.

7004. TRAINING CALENDAR

1. Based on daily observation/role-modeling in child activity modules and during quarterly review of ITP, T&CS will identify additional training needs for on-going inservice training.

2. On a monthly basis, T&CS will:

a. Discuss additional training needs identified and determine topics for inclusion in the next month's training calendar.

b. Decide on training presentations to be provided that reinforce the mastery identified in specific competency areas.

c. Schedule all training.

d. Finalize the monthly training calendar and identify individuals who need the training, no later than the fifteenth of each month for the following month, to provide sufficient time for lesson planning and scheduling of staff.

3. T&CS providing training will follow standardized training outlines for any mandatory training.

7005. PROGRAM/PARENT INVOLVEMENT

1. Program. The Center will implement a developmentally appropriate program which meets the social, emotional, physical and cognitive needs of the children. The curriculum will consist of activities based on child development including music, art, dramatic play, free play and other areas that encourage positive, healthy development. Emphasis will be placed on the development of the whole child and goals and objectives for the program are focused on mastering social skills rather than academics.

2. Schedules and Lesson Plans. Schedules and lesson plans will be posted in the classrooms so parents can acquaint themselves with

their child's daily activities. The classrooms will contain age-appropriate toys and equipment; personal toys from home will not be permitted except for specific activities (i.e., show and tell)

3. Parent Advisory Board. The Parent Advisory Committee is established and will operate to better involve parents in the operation of the Child Development Center.

a. The committee shall act only in an advisory capacity to the Director, Manpower Division and shall not as a group, engage in any management or operational duties related to the Child Development Center or program.

b. The committee has the authority to request and the right to receive such information, except that which is protected from disclosure by law, as is necessary to fulfill its charter.

c. The voting membership shall be restricted to sponsors (those military and civilian personnel) and their spouses of children receiving services of the Child Development Center program. Ex officio, nonvoting membership may be extended to Command representatives.

d. The committee shall be chaired by a person elected from and by the membership.

e. The committee shall meet at least once per quarter or more often as directed by the committee chairperson.

f. The committee proceedings shall be recorded and forwarded to the CO, MCB via the Director, Manpower Division.

g. The Director, Child Care Center, shall provide oversight of the committee and serve as its principal point of contact with this Command. Requests for information, made by the committee, shall be forwarded to the Director, Manpower Division for appropriate action.

7006. DAILY SCHEDULE AND ACTIVITY PLANS

1. Daily Schedule

a. T&CS, with the input from the Program Technician will develop a daily schedule of indoor and outdoor activity periods to include routines (i.e., sleeping and resting, eating, and toileting).

b. Program Technicians will submit daily schedules or proposed changes to the daily schedule to the T&CS a day in advance.

c. Approved schedules will be posted in each room.

d. Changes will not occur frequently in the daily schedule as frequent changes result in disruption of routines.

e. T&CS will forward daily schedules to Director/Assistant Director for informational purposes only.

2. Activity Plans

a. For infants

(1) Activity plans for infant modules will be individualized based on information obtained from parents and each infant's developmental needs (social, emotional, physical, and cognitive).

(2) Daily activities will be planned that develop large and small muscles (i.e., sitting up, rolling over, self-feeding).

(3) The activity plans will include one formal language experience daily such as stories and games as well as opportunities for informal experiences such as teacher-child conversation and "talking times.11

(4) The activity plans will include opportunities for infants to use age appropriate activity areas within the infant module: protected crawl areas, hard surface for wheel toys, open space for equipment and floor toys, and mirrored areas.

(5) For older infants, activities will be planned that prepare the infant to transfer into a toddler module. Older infants will have opportunities to self select toys and do activities (i.e., scribble drawings) at the child sized table and chairs which will function for eating purposes and program activities.

(6) On a regular basis, multi-racial and non-sexist material will be included in the infant activity plans (i.e., pictures in books, stories, songs from other cultures).

b. For toddlers and preschoolers

(1) The goal of activity planning will be to determine where the children are developmentally and create cognitive, social emotional and physical learning opportunities by equipping the environment and selecting strategies to extend and enrich children's play.

(2) The questions direct care staff should ask themselves during the planning phase are: What can be added to the environment that will bring about the desired learning? How can we enrich and extend the child's play?

(3) In order to plan most effectively, the team will set a specific focus, such as one or two key experiences that are most appropriate for their children, the needs of individual children, and upcoming special events, and/or environment experiences such as nature walks, field trips, etc.

(4) Thematic units can also be used to focus planning but they should be selected based on the children's interests and needs modified so that key experiences can occur.

(5) With this approach to planning, the curriculum develops over a period of time in response to the unique needs of the children and the strategies and activities developed to meet those needs. The written plans provide a record of the curriculum.

(6) On a regular basis, multi-cultural and non-sexist materials will be included in the activity plans (i.e., pictures in books, food from other cultures, holiday celebration from other countries).

(7) In addition, plans for toddlers will provide:

(a) Daily planned physical activity as well as informal physical activity to include walking, crawling, and climbing.

(b) Daily music or movement as either free choice or group activity.

(c) Opportunities to use a variety of perceptual/fine motor materials on a daily basis.

(d) A wide variety of activities for developing speech and language skills to include at least one planned receptive language activity daily (reading to children, flannel board stories, finger-plays, etc.).

(e) Group and individual activities to increase attention span.

(f) Opportunities to function independently and attain self-help skills such as feeding, dressing, and toileting.

(g) Sensory activities on a daily basis both indoors and outdoors (weather permitting).

(h) Individual expression and free choice with art materials (crayon, paper, paint, clay) on a daily basis. "Make one like me" projects are discouraged. Having all children paint is not necessarily a make one like me project unless all children are expected to produce a specific product.

(i) New dramatic play props added on a weekly basis.

(j) Repetitive play so toddlers can practice recently acquired developmental skills.

(8) In addition, plans for preschoolers will provide the following:

(a) Daily activities to promote cooperative play, positive peer relationships, understanding of others needs and the ability to handle and express feeling in an acceptable manner.

(b) Activities and materials that will stimulate interest in readiness concepts such as size, shape, color, letters, and numbers. Formal instruction in reading and writing is not appropriate.

(c) Daily planned physical activity as well as informal physical activity.

(d) Daily music or movement as either free choice or group activity.

(e) Opportunities to use a variety of perceptual/fine motor materials on a daily basis.

(f) A wide variety of activities for developing speech and language skills to include at least one planned receptive language activity daily (reading to children, flannel board stories, finger-plays, etc.).

(g) Group and individual activities to increase attention span.

(h) Individual expression and free choice with art materials on a daily basis. No make one lime me projects. Small group art activities will be limited to introduction to new media and/or emphasis on process not product.

(i) Sand sensory activities, woodworking and/or cooking activities offered on a weekly basis.

c. Plans for School-age children will provide the following:

(1) A range of activity choices that allow a change of pace from elementary school.

(2) A protected space for studying and homework and provisions for being alone to do quiet activities (i.e., reading a book).

(3) A variety of recreational and social activities.

(4) Daily activities that allow for creative expressions and hands-on projects such as creative dramatics, arts and crafts, woodworking, cooking, and music.

(5) Daily planned physical activity as well as informal physical activity.

(6) Daily music or movement as either free choice or group activity.

(7) Opportunities to use a variety of perceptual/fine motor materials on a daily basis.

(8) A wide variety of activities for developing speech and language skills to include at least one planned receptive language activity daily.

7007. ADULTICHILD INTERACTION. The role of the direct care staff member during program activities is to:

1. Nurture and care for children with affection and respect.

2. Acknowledge unique qualities in each child.

3. Enhance each child's self-concept.

4. Role model social and interaction skills.

5. Be careful observers of children in order to make developmentally appropriate decisions about how to best reinforce children's learning and extend and enrich their play time to alter the learning environment to provide new experiences, challenge the children's abilities, and respond to their growing interests.

6. Interact directly with children in program activities to reinforce
children's play as opposed to passive observation and monitoring.

7008. REINFORCING CHILDREN'S PLAY. Direct care staff will convey to children that what they are doing has value by describing what they observe, asking open-ended questions and encouraging children to take the next step. Specific ways to reinforce play are:

1. Describe what the child is doing. For example: "I see that you mixed the red and yellow paint together, and look what you made - orange."

2. Ask the child to describe what he/she is doing. For example: "You really used a lot of the blocks in the block corner today. Tell me about what you made."

3. Ask questions that invite the child to examine his/her work and look for new possibilities. For example: "That paint looks very thick today. What could you do to make it work better?"

4. Ask questions that encourage the child to put together information to arrive at an answer. For example: "What do you think will happen if we put another block on the tower?"

5. Ask questions that help the child look for many possible ideas or solutions to problems. For example: "What are some different things you could use from the art center to hold your puppet's hair on?"

6. Ask questions that encourage the child to explore his/her feelings and emotions. For example: "I think you're happy with the puppet you made. Tell me what you like best about it."

7009. FIELD TRIPS. Parents who wish their child to participate on field trips must sign child care field trip permission sheets located in the class room. Sign-up and any fee payments must be completed no later than 1000 the day before the scheduled trip. Field trips offer children an opportunity to see various aspects of their community firsthand. Children learn to make sense of the world around them through many different experiences. The greater the quantity and variety of experiences, the greater the learning potential. The use of privately owned vehicles for the transportation of children is prohibited.

1. The Director, Child Development Center will approve all field trips. The T&CS will coordinate all field trips.

2. Program Technicians will:

a. Determine if normal staffing patterns will be adequate for the field trip and arrange for additional staff, if needed.

b. Ensure site selection procedures and administrative requirements are met and that preparatory and follow-up experiences are planned and implemented.

c. Refrain from the use of privately owned vehicles for the transportation of children.

3. The Child Development Center Cook will make arrangements for snacks or meals for special events.

4. Program Assistants will:

a. Follow site selection and trip preparation procedures to ensure the experience will be developmentally appropriate.

b. Request approval through the T&CS and the Director, Child Development Center prior to finalizing arrangements.

c. Follow administrative requirements to ensure each child's safety and well-being.

d. Plan preparatory and follow-up experiences to maximize the positive outcome of the trip.

e. All Center personnel accompanying children on excursions or trips away from the Child Development Center will assist in implementing administrative requirements to ensure the safety of ALL children during the trip and the safe return of ALL children to the Child Development Center.

5. Administrative Requirements Checklist

a. Transportation requests for field trips requiring bus transportation must be submitted at least two weeks in advance. Submit all bus requests to the T&CS by the first of the month for an excursion the following month. The request should not conflict with established schedules, such as school pick-up.

b. Make arrangements for snacks or meals with the CDC Cook.

c. Ensure each child participating in the field trip has a permission slip signed.

d. Ensure each child participating in the trip wears a name tag.

e. During long trips or when a large number of children participate it is best to assign a group to each staff member. Color coded name tags to match that of the adult directly responsible for each group of children will be used. Remember personnel accompanying children on field trips are responsible for the safety of all children. Adult/child ratio will be maintained.

f. Utilize the field trip roster and submit it to the program technician after the trip. The primary purpose of this form is to record the names of all children and adults who participated in any trip outside the Child Development Center. The roster does not require a parent's signature, but will be used to monitor attendance. Several times during the trip, verify the presence of each child by name. Place checks or initials in the columns to indicate this was completed. Additional column may be added.

6. Suggestions for Preparatory and Follow-up Experiences. To maximize the value of a field trip it is necessary to plan preparatory and follow-up experiences, so that the new knowledge can become integrated with what the child already knows. Consider the following suggestions to enhance the trip.

a. Children should be informed of details to look for while on the trip. When new vocabulary is introduced, details must be recognized to help the child distinguish the new from the familiar. Look for ways to "build bridges" between these new and old concepts. (How is the zebra like a horse? How is it different?)

b. Rehearse the trip before the day arrives, making the children more self-assured. Anticipate what may upset the children and talk about appropriate responses.

c. After the trip, plan opportunities for the children to use the new concepts they have learned and state in their own words what they have experienced. Place props in the imaginative play area which will entice the children to act out their experiences on the trip. This reinforces what they have learned.

7010. PROCEDURES FOR SITE SELECTIONS AND TRIP PREPARATION

1. Verify the appropriateness of the field trip site for the age group of children involved.

2. Inform those assisting in the tour of the group's age, their attention span, and their understanding capabilities.

3. Make arrangements for sensory experiences and opportunities for the children to be actively involved.

4. Determine admission cost, if any.

5. Check on bathroom locations and good places for snacking.

6. Establish a time frame which is appropriate for the age of the children. This must include the time spent traveling to and from the Center.

7. Prepare pertinent questions to ask to help the children focus their attention. To learn, a child must selectively pay attention to some things and ignore others. In a new situation a child may be overwhelmed by the abundance of unfamiliar scenes and fail to grasp any aspect of it.

7011. LIABILITY

1. The Center is not responsible for any lost or stolen personal articles. All children's items must be labeled with the child's name.

2. The Center relinquishes all liability for injuries incurred on the premises.

7012. PERSONNEL HEALTH REQUIREMENTSIEMPLOYMENT SCREENING

1. Health Requirements

a. Staff personnel must be in good physical and mental health and free from communicable disease. All staff will have preemployment and annual physical examinations. Those physicals will include a screening test for tuberculosis and any other test deemed necessary by appropriate medical authority.

b. Staff Personnel will be immunized, except where religious beliefs precluded immunizations against polio, tetanus, diphtheria, rubella, and rubeola. Other immunizations may be required at the option of the local medical authority. Records of these immunization requirements will be maintained at the child care center on each employee.

c. A staff member who is infected with a communicable disease, or is a carrier of such a disease, or is afflicted with boils, infected wounds or sores, or acute respiratory infection will be referred to NMCL Quantico for evaluation.

d. All staff members must wear clean outer garments and maintain a high degree of personal cleanliness. Staff personnel will wash their hands frequently, particularly after each diaper change and each use of the toilet.

e. Smoking is prohibited in areas used by children.

f. Volunteer personnel must meet the same health requirements as staff personnel.

2. Employment Screening

a. All personnel will be screened to be sure that they are suitable to provide services.

(1) Personal, professional, and educational references will be checked by NAF Personnel prior to employment. Paperwork for a NAC is initiated.

(2) Screening through the Family Service Center to include PAP and CSACC is accomplished prior to employment.

(3) Screening through the Mental Health Department, U.S. Naval Medical Clinic, Bureau of Medicine and Surgery is initiated at the time of employment. Medically cleared is a condition of continued employment.

b. Caregivers shall be at least 18 years of age; possess a high school diploma or equivalent and have the ability to speak, read and write English.

c. Caregivers shall be able, willing, and successfully complete the prescribed training, which will be a condition of employment.

7013. HANDLING PATRON COMPLAINTS

1. Be a good listener, do not argue.

2. Maintain your emotional control. Keep a positive attitude and moderate tone of voice.

3. Acknowledge the view point or inconvenience of the customer.

4. Document the customer's complaint.

5. If the complaint is within your ability to resolve, continue with the following procedures. If not, arrange for the customer to meet with someone who can resolve the issue.

a. Get right to the solution, do not dwell on the problem.

b. Ask the customer what she/he wants done to resolve the problem.

c. Offer choices, if possible.

d. Look for ways to turn things into a win/win situation, prevent win/lose situations.

6. If you can not resolve the complaint to the customer's satisfaction, offer the opportunity to talk to your supervisor.

7014. TELEPHONE ASSISTANCE

1. Answer promptly, within three rings.

2. Identify yourself.

3. Talk at a moderate rate, clearly and distinctly.

4. Listen carefully.

5. Show interest and help the caller.

7015. CUSTOMER SUGGESTIONS

1. Be a good listener.

2. Acknowledge the view point of the customer.

3. Suggest the customer put his/her suggestion in writing and submit to the Director, Child Development Center or place in suggestion box.

4. If customer does not want to put suggestion in writing, then you should document the suggestion.

5. Determine if the customer wants a response to the suggestion and document his/her request.

6. Refer suggestion to the Director, Child Development Center.

7016. TECHNIQUES FOR BEING A BETTER LISTENER

1. Shut out distractions and attend to what the person says.

2. Put your personal problems aside.

3. Keep good eye contact.

4. Show patience and understanding. Lean slightly forward, showing concern and understanding.

5. Do not interrupt.

6. Recognize emotions behind the message.

7017. EMOTIONAL CONTROL TECHNIOUBS

1. Detach yourself.

2. Listen empathetically (putting yourself in that person's place), but be objective in attending to the problem.

3. Separate customer from behavior.

4. You do not have to like the person, but respect them.

5. Do not become defensive. Just listen to the problem and analyze it.

6. Remember, you choose your emotions.

7018. PETS AND PLANTS

1. Pets and plants are key factors in a developmental child care settings and are authorized for use in Child Development Center settings.

2. Use of plants in the Child Development Center settings:

a. Plants may be used in child care science activities and to enhance the physical environment.

b. Director, Child Development Center, must ensure that plants used in their respective settings are non-poisonous.

c. The Child Development Center staff will request approval before bringing new plants into any Child Development Center setting (child activity area or administrative work area).

d. All plants used in the Child Development Center will be labeled with its name even though it has been identified as non-poisonous. Eating too much of any plant can make a child sick.

3. Use of pets in Child Develoment Center settings:

a. The following pets are allowed on the premises of the Child Development Center facilities.

(1) Domestic animals such as cats and dogs.

(2) Aquarium fish.

(3) Terrarium inhabitants such as chameleons and frogs (turtles are prohibited as they are a major source of salmonella poisoning).

(4) Caged birds such as parakeets (bird droppings must be cleaned on a daily basis).

(5) Small caged mammals such as hamsters, guinea pigs, mice, gerbils, and rabbits (cages cleaned on a weekly basis).

b. No exotic, wild poisonous, vicious, or attack trained animals, reptiles, birds, or fish are allowed in the Child Development Center settings.

c. The Director, Child Development Center is responsible for ensuring that the following criteria are met with regard to use of pets in their respective settings:

(1) Parents are notified at time of registration and enrollment of the existence and kinds of animals on the premises.

(2) Pets will be free of disease.

(a) Pets will be immunized annually as applicable by a licensed veterinarian with proof of immunization retained at the facility.

(b) Pets will be evaluated and treated when needed.

(3) Pets will be properly cared for and staff/providers will teach children humane procedures for relating to them. Pets must be handled in a manner that protects the well-being of both children and animals.

(4) Pens, cages, bowls, and holding areas will be sanitarily maintained.

(5) Pets will be of a temperament that is neither hazardous nor frightning to children.

d. The Child Development Center will be inspected monthly by the installation veterinarian if there are pets present.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

Employee's Name
Last First I.
Address Phone No.
Hire/Conversion Date

Total years/months experience

Qualified Grade upon hire/conversion

Assigned age group: ( ) Infant ( ) Toddler ( ) Pre-School

Assigned Program: ( ) Hourly ( ) Part day ( ) Full day

GSE-1702-02 TO GSE-1702-03 ADVANCEMENT REQUIREMENTS

TRAINING REQUIREMENTS	IN PROGRESS	COMPLETED
* 6 Months Experience		
* First Aid and Heimlich Maneuver		
* Child Abuse Prevention and Reporting (Sections A & B of Module 14 and DoD Manual 6060.1-M-18)		
Basic Child Development (including age-appropriate activities, discipline techniques and nutrition and meal service)		
Reading of Local SOP's (health and sanitation procedures, safety and fire prevention, and emergency procedures)		

* Must be completed within 60 days of assignment to position. All other training must be completed within six months.

The employee named above has successfully completed the training requirements and has met the basic six months experience requirements. Pay adjustments (position change) action is authorized to advance employee to the Intermediate, GSE-03 level.

T&CS Signature/Date

Figure 7-1.--Individualized Training Plan.

CHAPTER 8

FAMILY CHILD CARE PROGRAM

FIGURES

CHAPTER 8

FAMILY CHILD CARE PROGRAM

8000. PURPOSE. To prescribe minimum standards for child health, safety and welfare in Family Child Care (FCC) homes operated in government quarters on MCCDC.

8001. APPLICABILITY. The provisions of this Manual are applicable to all individual's providing child care within their government quarters and Child Development Services (CDS) personnel working with the FCC Program.

8002. EXEMPTIONS. The provisions of this Manual will not apply to care given to children in the following instances:

1. By parent/guardian or blood relatives.

2. By caregivers providing short term intermittent care in their homes when care does not exceed 10 child care hours per week on an occasional basis (i child care hour is equivalent to 1 hour of service
per child).

3. In children's own homes when caregiver is caring only for children of that family.

4. In non-government housing.

8003. CONCEPT
1. FCC is care provided in a home, other than a child's own, by adult family members living in government quarters. FCC is a supplement to and not a substitute for Center-based care. Both the individual providing services (FCC provider) and the occupied housing unit will be certified by CDS prior to child care services.

2. FCC is responsive to the needs of individual families and children due to informal family style characteristics and is suitable for children of different ages in various group configurations. It is often more appropriate for infants needing small group care and for school age children who require care in a neighborhood setting. Quarters settings also offer families with special needs alternative child care options which may be unavailable in Center-based programs.

3. With the increasing demand for child care and the limited number of available facilities for Center-based services, FCC is a practical and cost efficient benefit. FCC homes expand child care capacity without requiring capital investment and facility overhead necessary

to construct and maintain a center; reduce the burden on child development centers to provide specialized care; and provide neighborhood child care as an alternative to centralized facilities.

4. The organization of FCC homes into a professionally managed system, allows providers access to a wide range of resources not available to private operators. FCC systems promote developmental child care by maintaining desirable enrollment levels; providing program, facility, health, safety and technical assistance; training FCC providers; and assuring regulatory compliance in operations which would otherwise be unauthorized. Under the umbrella of CDS, such a system allows individual providers to participate in federal, state, and community programs.

8004. DEFINITIONS

1. Family Child Care Homes - a family housing unit, other than the child's own home, in which child care is provided for more than 10 child care hours per week to I or more children who are unrelated to the Family Child Care Provider.

2. Family Child Care Provider - a family member providing child care services in an authorized family housing unit who has been issued a Document of Certification.

3. Family Child Care Monitor - a professionally qualified educato r who is responsible for monitoring, training, and providing outreach services to a designated number of FCC home/providers.

4. Family Child Care Program Manager - a professionally qualified educator who is responsible for implementing and managing the installation/community quarters-based FCC systems.

8005. RESPONSIBILITIES

1. Child Development Services Coordinator

a. Be the point of contact for all issues/actions concerning the program.

b. Supervise the FCC Program Manager and monitor the quality of direct services.

c. Maintain appropriate liaison with all regulatory proponents.

d. Provide technical assistance to the FCC Program.

e. Approve or disapprove recommendations for certification.

f. Investigate complaints made against the FCC Program.

2. FCC Program Manager

a. Coordinate and manage the FCC Program to include implementing existing procedures and policies, and establishing and implementing FCC certification and monitoring procedures to ensure developmental programming within the FCC system and compliance with regulatory guidance.

b. Plan, coordinate, and supervise the activities of monitors, support staff and volunteers to include identifying personnel requirements and training needs and initiating personnel actions to ensure specific program requirements are implemented.

c. Identify program resource requirements and provide budget input to include manpower, supplies, equipment, and expenditures required for program operation.

d. Provide outreach services including a toy/equipment lending library.

e. Identify FCC provider training needs and ensure appropriate training is provided so FCC Program requirements are implemented.

f. Collect and maintain data and provide program-generated statistics for planning and reporting purposes.

3. FCC Monitors

a. Implement and maintain home visitation caseload for assigned applicants and providers (not to exceed 40). Adhere to existing procedures and policies within the FCC Program to ensure developmental programming within the FCC system and compliance with regulatory guidance.

b. Identify FCC provider training needs and ensure appropriate trainings provided so FCC Program requirements are implemented.

c. Assist in providing outreach services including the toy/equipment lending library.

d. Collect and maintain data and provide program-generated statistics for planning and reporting purposes.

4. FCC Providers. Comply with CDS policies, procedures and regulatory requirements in operating a child care program that provides developmental programming and a safe, healthy environment within their quarters.

8006. FCC PROVIDER AND HOME CERTIFICATION PROCEDURES

1. Purpose. To establish procedures for FCC provider and home certification.

2. Responsibilities

a. FCC Program Manager will:

(1) Establish policy and procedures for provider and home certification.

(2) Ensure certification procedures comply with regulatory requirements.

b. FCC monitors will be familiar with and implement the procedures outlined in this Manual.

c. FCC provider applicants and providers will comply with the certification procedures outlined in this Manual.

3. Certification CriterialRequirements

a. Application Requirements

(1) FCC provider must be at least 18 years of age; be a responsible, emotionally stable person who can exercise good judgement in caring for children; have a basic knowledge of child development, hygiene, safety and nutrition; demonstrate an ability to effectively ensure the total welfare of a child; and approved to reside in government housing.

(2) There will be no conviction of, admission to, or substantial evidence of criminal history, child abuse/neglect, use of illegal drugs, or a history of excessive alcohol abuse by the FCC provider or any resident of the FCC home.

(3) The spouse/sponsor of the FCC provider will approve of the service being offered by completing and signing the Request to Operate a Family Child Care Home form. Applicants whose sponsors are stationed elsewhere must obtain a power of attorney. (figure 8-1).

(4) Providers must be able to speak, read and write English to the extent that they can execute health and safety directives and implement developmental activities for children.

(5) Applicant and family members will be free of communicable disease.

(6) Applicants will complete the Family Child Care Provider application. (figure 8-2)

b. FCC Applicant Certification Process

(1) FCC staff will provide each applicant with necessary administrative materials for applicant processing upon submission of provider application and request form, and FCC registration fee.

(2) FCC applicant will submit the following to begin a background check:

(a) Request to operate a Family Child Care home.

(b) Family Child Care application.

(c) Authorization for Release of Information. (figure 8-3)

(3) FCC Manager/Monitors will send request to appropriate agencies.

(4) FCC staff schedules applicant for certification training.

(5) Applicant will attend 20 hours of FCC training which will address regulatory compliance procedures, program activities, child abuse and neglect identification, reporting procedures, safety, fire prevention, and evacuation training, administering medication, nutrition and menu planning, liability and insurance information, parent and public relations, basic child development, first aid, CPR and other pertinent issues.

(6) Applicant will undergo a medical evaluation to include, but not limited to, PPD tine test, a Rubella titer and a review of medical records. In addition, applicant will provide medical records of sponsor and own children.

(7) Applicant will develop:

(a) A contingency plan for emergency and substitute care of children.

(b) A fire/emergency evacuation plan.
(c) A weekly developmental activity schedule.
(d) A discipline policy.
(e) A weekly menu.

(8) FCC Manager/Monitors will interview applicants to determine status and assistance needed.

(9) Each home will be authorized a maximum number of children accepted at any one time for full day, part day, or hourly care. (figure 8-4)

(10) Applicants will child-proof home according to fire, safety and other/requirements in this Manual.

(11) FCC Manager/Monitors will visit the home prior to the recommendation for home/provider certification.

(12) FCC Manager/Monitors will coordinate with proponents for precertification inspection (sanitation, fire, and safety).

(13) A letter of permission will be issued upon completion of minimum standards. (figure 8-5)

(14) A final home evaluation will be conducted by the FCC Program Manager prior to certification. At this time any variation/ limit to the allowable enrollment levels may be determined based on either:

(a) The available square footage for providing quality child care services.

(b) The amount/types of age appropriate activities, games, and toys for children.

(c) FCC provider child development background.

c. Mobile HomelTrailer certification Requirements

(1) Provider can care for no more than 2 children under the age of 2 with a maximum of 4 children under the age of 12 in care at any one time (including provider's own children under the age of 8).

(2) All rooms (except bathroom) must have at least two means of escape, one of which may be a window.

(3) All rooms (except bathroom) and hallways must have a smoke detector.

(4) Portable fire extinguisher must be located in the kitchen.

(5) A skirted barrier around the exterior walls will be provided to prevent children from gaining access into the open space beneath the home. Access doors to crawl space must be locked.

(6) Handrails will be provided where there are more than two entrance steps to the home. Entrance steps will have slip-resistant treads.

d. Ongoing Training Requirements

(1) Within the first year of certification, 12 credit hours of additional training are required after initial certification. This training will include attending training workshops, and independent study methods (professional reading/video reports, Family Day Care Rating Scale, special project).

(2) Additional training as determined necessary both locally or via Headquarters Marine Corps.

e. Certification Maintenance

(1) To encourage monthly contact and to prevent frontloading requirements, continued training will follow with a minimum of two hours per month required to maintain certification.

(2) As noted above, 12 hours required following initial certification.

(3) Thirty credit hours required in 12 months thereafter, annually.

(4) All monthly requirements will be discussed on monthly visits.

(5) Continued compliance with FCC minimum standards by fire, health, safety, background checks and any areas determined necessary by the FCC staff.

f. Home Evaluation Procedures

(1) A Home Evaluation Checklist will be used to record results of monthly home visits. (figure 8-6)

(2) Forms will be filed in provider records maintained in the FCC Office.

(3) The FCC Manager/Monitors will conduct home visits.

(4) The FCC Manager/Monitors will document compliance/non-compliance with minimum standards in the areas of:

(a) Developmental.

(b) Safety.

(c) Fire.

(d) Health.

(e) Food/Nutrition.

(f) FCC Policy.

(5) Homes will be visited prior to certification and, at a minimum, monthly thereafter.

(6) The monthly visits will be unannounced.

(7) All providers will sign and receive a copy of the monthly evaluation checklist after each home visit.

(8) Unannounced inspections with representatives from fire, safety and sanitation are to be expected.

(9) Applicant will child-proof home according to fire, safety sanitation and other requirements in this Manual.

(10) Liability insurance coverage in compliance with current U.S. Military FCC Insurance must be secured annually prior to certification/recertification.

g. Home Inspection Procedures

(1) All final inspections will be coordinated by the FCC staff. FCC Manager/Monitor will notify component agencies of future inspections.

(2) All component activities (fire, safety, and sanitation sections) will meet with the FCC Manager prior to entry and inspection of quarters.

(3) When violations are noted during inspections, all component agencies will complete their checklist and annotate areas of deficiency. Once deficiencies are corrected, a reinspection will be completed with the agency noting violations.

(4) All component agencies will complete and sign the inspection form and return the original to the FCC office. (figures 8-7, 8-8, and 8-9)

8007. FCC PROVIDER NONCOMPLIANCE AND DENIAL, SUSPENSION OR REVOCATION OF CERTIFICATION

1. Purpose. To establish policy and procedures for provider non-compliance and denial, suspension or revocation of FCC certification.

2. Responsibilities

a. The FCC Program Manager will establish policy and procedures for handling FCC provider non-compliance and denial, suspension or revocation of FCC certification.

b. FCC monitors will be familiar and comply with the procedures outlined in this Manual.

3. Handling FCC Provider Non-compliance

a. Instances of FCC provider non-compliance with established policies, procedures and/or regulatory requirements will be handled on a case-by-case basis.

b. FCC monitors or proponent representatives will bring instances of provider non-compliance to the attention of the FCC Manager.

c. FCC Manager will ensure these instances of failure to comply are documented and discussed with the provider (figure 8-10).

d. FCC Manager will review documentation and render a decision on course of action to correct deficiencies or suspend or revoke certification.

e. Action taken will also be documented in the provider's file.

4. Denial of FCC Application. FCC applications will be denied if applicant fails to submit required documents/forms, attend certification training, meet health, facility, safety, fire prevention, background clearance requirements, has adverse previous employment references, or is not the best qualified applicant.

5. Suspension of FCC Certification

a. FCC provider certification will be immediately suspended when an allegation of child abuse or neglect is reported according to procedures for Handling and Reporting Allegations of Child Abuse in CDS Settings.

(1) FCC Manager will inform FCC provider of the allegation and ensure parents are notified and render assistance in locating alternate child care if necessary.

(2) FCC provider will inform parents to seek alternate child care and will not provide child care during period of suspension.

b. FCC provider certification will be suspended when provider continually fails to meet annual FCC minimum on-going training requirements.

c. FCC provider certification may be suspended when violations and provisions of the CDS operating procedures and applicable regulations occur as identified in CDS Operating Directive.

6. Revocation of FCC Certification

a. FCC certification will be revoked when an allegation of child abuse/maltreatment has been substantiated.

b. FCC certification will be revoked if a suspension continues in excess of 90 days.

c. When a deficiency in the FCC home endangers the life, health or safety of children, certification will be immediately revoked.

d. FCC certification may be revoked when violations and provision of the CDS operating procedures and applicable regulations occur as identified in this Manual.

e. Allegations which could result in a decision to revoke certification will be investigated by appropriate officials.

f. Child care services will stop and the certificate and identification sign will be returned to the FCC Manager upon revocation of certification.

8008. FCC PROVIDER REPORTING REQUIREMENTS

1. Purpose. To establish policies and procedures for provider reporting requirements.

2. Responsibilities

a. FCC Program Manager

(1) Established policies and procedures for handling reporting requirements of FCC providers.

(2) Ensure compliance of FCC staff and assigned providers with the procedures established in this Manual.

b. FCC Monitors will observe compliance of assigned providers with the provisions of this Manual.

c. FCC staff will document administrative changes immediately upon receiving report.

d. FCC providers will comply with the requirements and procedures in this Manual.

3. FCC Provider ReRorting Requirements

a. Reporting requirements to CDS

(1) FCC provider will notify FCC staff of the following administrative changes affecting certification immediately.

(a) Child vacancy spaces.

(b) Need for long term substitutes and emergency care.

(c) Change of address.

(d) Change of telephone number.

(e) Marital changes.

(f) Building modification.

(g) Termination of FCC child from services.

(h) PCS move.

(i) When a communicable disease has been introduced in a FCC home.

(j) When a child is placed with a provider other than your reported backup.

(2) FCC provider will notify FCC Manager immediately for child accidents requiring medical attention and suspected cases of child abuse and neglect.

(3) FCC providers will submit an end of the month status report by the last Friday of each month including documentation of fire drills conducted. (figure 8-11)

(4) FCC providers will have a child care agreement packet completed before beginning care for a child (see section on Child Care Records).

b. Reporting requirements to parents

(1) Notification of Unusual Occurence. FCC providers will notify parents in the event of unusual occurences, i.e., minor injury, biting, extreme behavior changes, and major developmental behavior and/or health problems. (figure 8-12)

(2) Notification of Communicable Diseases. FCC providers will notify parents when a communicable disease has been introduced to a FCC home according to Health Care Management operations.

(3) Notification of Acute Illness. FCC providers will notify parents to determine a care plan for a child who becomes ill while at the FCC home.

(4) Notification of Excursions. FCC providers will inform parents prior to the occasion of any planned excursions or occasions regardless of the general permission granted prior to the child's admission to care (Sponsor Consent for Special Activities).

(5) Notification of Substitute Care

(a) The FCC provider must develop a contingency plan for emergency care of children as part of the certification process. This plan will include provisions for substitute care of healthy, uninjured children. This plan will be posted, discussed and included in providers FCC contract/agreement.

(b) When substitutes are necessary to replace a FCC provider for more than 10 hours a week or for regularly scheduled absences, the provider must notify the FCC Manager of the plan for continuity of care of children assigned to the FCC provider's home.

(c) If the FCC provider has a personal medical or similar emergency, prior to the children's arrival, all efforts to contact the children's parents will be made. In the event that the attempts fail, the name, address, and telephone number of the predetermined substitute caregiver will be posted on the outside of the FCC provider's door and FCC Manager will be contacted. The substitute caregiver will be approved by parents. The provider will notify the substitute for verification of availability.

(d) Backup providers will not be authorized to exceed their provider/ratio unless approved by the FCC Manager.

(6) Notification of Unavailability. FCC provider will notify parents prior to vacation or termination of provider's service at least two weeks in advance (except during initial trial periods).

4. Child Abuse and Neglect Reporting

a. FCC staff will become familiar with all child abuse and neglect issues affecting child care services. Providers are required to sign the standards of conduct form for FCC provider (figure 8-13) before providing care.

b. Any suspicion, identification of or issues of child abuse and neglect should be immediately directed to the FCC Manager or CDS Coordinator.

c. Any allegation of child maltreatment will result in immediate suspension of FCC permission to operate a FCC home pending professional investigation.

d. All policies and regulations will be reviewed during FCC Orientation Training and annually thereafter.

e. FCC staff and providers will comply with the procedures outlined in the CDS Child Abuse Handling and Reporting section, Chapter 3 of this Manual.

8009. FCC HOME HEALTH REQUIREMENTS

1. Purpose. To establish policies and procedures for maintaining a healthy environment in FCC homes.

2. Reference. MCO 1710.30.

3. Responsibilities

a. FCC Manager will:

(1) Establish health related policies and procedures for implementation in FCC homes with guidance from appropriate Naval Medical Clinic personnel.

(2) Ensure compliance with requirements and procedures established in this Manual.

b. FCC Monitors will:

(1) Monitor provider health and sanitation compliance with requirements and procedures established in this Manual.

(2) Be familiar with and comply with procedures outlined in this Manual.

c. FCC Providers will comply with the requirements and procedures outlined in this Manual.

4. Health Requirements

a. Facilities

(1) Drinking water is available to children at all times.

(2) Home areas occupied by children are maintained in an orderly and clean manner.

(3) Child enrollment records will be maintained in each home. Records will specify any restrictions/special needs concerning diet, medication, or allergies. Physician recommendations may be implemented by providers within program capabilities.

(4) Room and climate control will be maintained. A temperature between 68 degrees Fahrenheit to 72 degrees Fahrenheit is appropriate in the winter. The temperature will not exceed 80 degrees Fahrenheit during the summer.

b. General

(1) If there is a question regarding health problems and/or action to be taken, FCC provider will contact the Occupational Health/Preventive Medicine Department, Naval Medical Clinic, and the FCC Manager for assistance.

(2) Preventive Medicine will conduct initial and annual health inspections to ensure minimum standards are met. (figure 8-9)

(3) Children should meet health requirements and be screened daily for illness according to this Manual.

(4) A separate area with nearby access to a sink and toilet will be designated to isolate and observe children who become ill after arrival at the FCC home.

(5) Provider and children's hands will be washed with antibacterial soap and water before and after eating and using the toilet.

(6) Toys used by children under 3 years will be cleaned and sanitized daily or more frequently if mouthed by a child. Toys used by children over 3 years of age will be cleaned with bleach solution weekly.

(7) Personal toilet items such as combs, tooth brushes, towels, wash cloths, and similar items may not be stored or used in common.

(8) FCC providers will personally maintain a clean, neat appearance and be appropriately attired prior to acceptance of children for care.

(9) FCC providers will secure health assessments for themselves annually.

(10) Bleach solution will be made daily for proper sanitation. One tablespoon per quart water will be used to sanitize diaper changing areas, potty chairs, cribs, high chairs, table tops. One teaspoon per quart of water will be used to clean toys (daily for children under the age of 3 years and weekly for children over the age of 3 or more often if needed).

5. Communicable Diseases. Outbreaks of some communicable disease in child care settings pose a serious health risk.

a. FCC providers will remind parents of ill children of the following requirements:

(1) To inform medical personnel that their child is enrolled in a child care program.

(2) To obtain written medical permission before their child can return to the child care setting.

(3) To contact the FCC provider immediately if medical personnel confirm their child has a communicable disease.

b. FCC providers will report any case of disease of public health significance to the CDS Director immediately.

c. FCC Diseases which must be reported include Giardia, Shigella, Salmonella, Hepatitis A, Hemophilus Influenza B (HIB), Tuberculosis, chicken pox, pink eye and any vaccine preventable disease (measles, mumps, rubella, polio, diptheria and pertusis).

d. If an employee of CDS or an FCC provider is medically determined to have a communicable disease, the FCC Program Manager will consult with medical professionals to determine course of action.

e. FCC Manager in conjunction with Preventive Medicine/ occupational Health, Naval Medical Clinic, will inform parents of children exposed to communicable disease within 24 hours of medical confirmation.

f. Additional preventive measures as recommended by medical personnel will be taken if a communicable disease is introduced into a FCC home.

6. Health Related Registration Requirements. Written documentation must be obtained for each child, prior to admission, that verifies all required immunizations have been received.

a. A physician's statement must be provided if medical recommendations for an individual child are contrary to routine immunization requirements.

b. A chaplain's statement must be provided if religious beliefs prohibit the immunization of a child.

c. A child with delayed immunization status may be admitted if the family is updating the child's immunization. Updating requires that the child receive an immunization every two months (as long as he/she is not sick or has other medical contraindication) until the immunization status is up-to-date.

7. Health Screening

a. Individuals providing direct care will screen each child for obvious signs of illness or health related problems when greeting the child in the morning (before the parent has left). Providers will be attuned to:

(1) Activity level (sluggish, sleepy etc.)

(2) Breathing difficulties.

(3) Skin color.

(4) Severe coughing.

(5) Rashes.

(6) Swelling or bruises.

(7) Discharge from nose, ears, or eyes.

(8) Sores.

(9) General mood (happy, sad, cranky).

b. If concerns are felt about how a particular child looks or feels, the parent will be notified immediately. Utilizing the criteria for denial of service in the paragraph below, tell the parent if service is denied. If it is concluded that the child is feeling well enough to be left at the home, the parent will be notified as to how the child will be cared for and at what point the parent will be called to pick up the child.

8. Denial of Service. Children who appear ill or show visible signs will be denied admission. Symptoms may include, but are not limited to:

a. Abnormal body temperature

b. Verbal communication from the child that he/she isn't feeling well, (i.e., feels like vomiting)

c. Obvious illnesses such as:

(1) Impetigo--red oozing erosion capped with a golden yellow crust that appears stuck on.

(2) Scabies--crusty wavy ridges and tunnels in the webs of fingers, hand, wrist and trunk.

(3) Ringworm--flat, spreading ring-shaped lesions.

(4) Chicken pox--crops of small blisters on aired base that become cloudy and crusted in 2-4 days.

(5) Head lice--nits (whitish-gray clot) attached to hair shafts.

(6) Culture-diagnosed strep infections that have been under treatment for at least 48 hours.

(7) Conjunctivitis (pink eye)--red, watery eyes with thick yellowish discharge.

(8) Persistent cough.

(9) Severe diarrhea. (Three predominately watery stools constitutes "severe diarrhea").

(10) Vomiting. Any projectile (forceful) or after more than two feedings.

(11) Symptoms of other contagious diseases such as measles, mumps, and hepatitis.

(12) Pinworm infestation.

9. Readmission after Illness. A child may return to the FCC home when the child feels well enough to participate in usual daily activities, and when the following conditions exist:

a. Fever has been absent for 24 hours.

b. Nausea, vomiting or diarrhea has subsided for 24 hours.

c. Required dosages of oral antibiotics have been given over a minimum of 48 hours.

d. All chicken pox lesions are crusted, usually 5-6 days after onset.

e. Scabies are under treatment.

f. No evidence of nits or lice.

g. Pinworm has been under treatment for 24 hours.

h. Lesions from impetigo are no longer weeping.

i. Ringworm treatment has been administered by a physician.

j. Conjunctivitis has diminished to the point that eyes are no longer discharging.

k. Children suffering from illnesses which are contagious may be readmitted once the communicable stage is past.

1. Children with positive cultures for salmonella will not be readmitted until a physician authorizes the child to return.

m. A physician's statement may be required for readmission of children following a communicable disease. The Program Manager will contact Preventive Medicine for advice and approval to readmit the child if any questions arise.

10. First Aid Supplies

a. A first aid kit shall be maintained and shall contain, at a minimum, the following items:

(1) A current first aid manual (obtained from first aid class).

(2) Sterile first aid dressing.

(3) Bandages or roller bandages.

(4) Adhesive tape.

(5) Scissors.

(6) Tweezers.

(7) Therometer.

(8) Antiseptic solution.

(9) Ipecac syrup.

b. The following supplies are approved for use in FCC settings in case of medical emergencies and accidental injuries:

(1) Surgical tape--to fasten dressings.

(2) Dressings, 2x2 and 4x4 (in sterilized, individual packages)--to apply to wounds and fasten with surgical tape.

(3) Band-Aids, non-medicated--to protect small injuries after cleaning.

(4) Ice packs or ice--to apply to sprains and severe insect bites.

(5) Thermometers--to take temperatures of children with other signs of illness.

(6) Tweezers--for removing small splinters.

(7) Scissors--for cutting surgical tape.

(8) Phisoderm--for cleaning minor injuries (cuts, abrasions).

(9) Alcohol pads--to sanitize scissors and tweezers.

(10) Disposable gloves--to prevent spread of disease when cleaning large amounts of blood, vomit, urine and/or feces.

(11) Bee Sting Kit (if there is an allergic child)--provided by the parent of the allergic child. Parents must provide written permission and instructions, signed by a medical doctor, on how the kit is to be administered.

(12) Syrup of Ipecac--for poison ingestion only if use is authorized by Poison Control Center.

11. Illness/Injury

a. Minor Illness/Iniury

(1) If a child becomes ill while at a FCC home, he will be placed in an isolation room or separated from the other children.

(2) The individual provider will notify the parent to pick up their child.

(3) The health problem and action taken will be recorded in the child's individual file maintained in the FCC home.

(4) The FCC provider will monitor the child's condition until the parent arrives.

(5) If a child suffers a minor injury in a FCC home, he/she will receive necessary first aid.

c. Serious IniurylIllness

(1) If a child suffers serious injury/illness while at a FCC home and needs immediate medical attention, call 911.

(2) FCC provider will implement first aid procedures.

(3) Parents will be notified and told to meet the child and care provider at the hospital where the child is being taken. Arrangements will be made by the provider for alternate emergency care for remaining children and/or parents will be notified to pick up their children.

(4) Care provider will accompany child to the clinic ensuring they have the child's registration card/authorization for medical consent which authorizes them to seek medical attention on behalf of the sponsor.

(5) The injury/illness will be recorded on the FCC incident form.

(6) For first aid instructions, refer to paragraph 4203.

12. Pets and Plants. Pets and plants are key factors in a developmental child care setting and are authorized for use in FCC homes.

a. Plants

(1) Individual Family Child Care providers must ensure that plants used in their respective settings are non-poisonous.

(2) All plants are to be kept out of reach of children when providing FCC services.

b. Pets

(1) The following pets are allowed on the premises of FCC homes:

(a) Domestic animals such as cats and dogs.

(b) Aquarium fish.

(c) Terrarium inhabitants such as chameleons and frogs.

(d) Caged birds such as parakeets.

(e) Small caged mammals such as hamsters, guinea pigs, mice, gerbils, and rabbits.

(2) No exotic, wild, poisonous, vicious, or attack trained animals, reptiles, birds, or fish are allowed in homes.

(3) FCC providers are responsible for ensuring that the following criteria are met with regard to use of pets in their respective settings:

(a) Parents are notified at time of registration and enrollment of the existence of animals on the premises. Pets may not come into direct contact w/children unless parents voluntarily consent thereto in writing.

(b) Pets will be free of disease.

1 Pets will be inoculated annually as applicable by a licensed veterinarian with proof of immunization retained at the FCC home.

2 Pets will be evaluated and treated when needed.

3 Pets that become sick or acquire parasites will be removed at once.

(c) Pets will be properly cared for and providers will teach children humane procedures for relating to them. Pets must be handled in a manner that protects the well-being of both children and animals.

(d) Pets will be of a temperament that is neither hazardous nor frightening to children.

(4) No pets or litter boxes are allowed in food preparation areas in the FCC home.

(5) FCC Manager/Monitors will monitor FCC homes to ensure compliance with the above mentioned criteria regarding use of pets. FCC certification may be denied or revoked if the FCC Manager determines a child may be at risk from a pet living in or associated with a FCC home.

13. Nan and Rest Periods

a. Rest periods, appropriate to age and needs, will be provided with at least one hour scheduled for all children under 5 years in full day care.

b. Children who cannot rest or sleep may participate in activities that do not disturb others who are sleeping. Children who have rested for the minimum 30 minute period will not be required to remain in the napping area.

c. Provisions will be made for each child to rest or nap on an individual bed, crib, cot, couch, mat or pallet of blankets on the floor.

d. Mattresses will have waterproof covers for children who are not toilet trained or ones still having accidents. Cots, mats, or cribs, must be sanitized before being used by another child. If used by a child continuously, they will be sanitized weekly or as needed.

e. Each child will be given bed coverings, if needed. Bed coverings must be laundered before being used by another child. If used continuously by one child, each item will be labeled and must be laundered weekly or as needed. Parents may be required to provide sleeping materials.

f. Adult pillows will not be used by children under 3 years.

g. Dirty linen must be separated from storage of clean linen, food, and other supplies and will be inaccessible to children.

h. Cribs, cots, mats, or pallets must be placed at least 2 feet apart on all sides while being used by children sleeping or resting. Cribs with solid headboards may be placed head-to-head when used by children 6 months of age and under.

14. Diapering and Toileting

a. Toilet training will be cooperatively planned by the FCC provider and parents so there is a consistent toilet routine available.

b. Soiled clothing and diapers must be changed promptly. Parents must supply an extra set of clothing for emergency use for children of all ages enrolled in FCC.

c. Diapers will be disposable unless a doctor's statement requires otherwise.

d. Diaper change areas will be covered with either disposable paper changed between children, or with washable material that can be thoroughly cleaned or changed after each use.

e. All children in diapers will be cleaned at each diaper change with a disposable or fabric washcloth that is used only once. FCC providers and children will wash their hands with antibacterial soap and water after each change.

f. Wet and soiled diapers will either be kept in tightly covered receptacles with plastic liners or placed in plastic bags and disposed of immediately. When receptacles are used they must be sanitized with bleach solution daily and frequently emptied.

g. Wet and soiled training pants or clothing must be placed in a secured plastic bag. Do not launder before returning to the parents.

h. Portable training chair receptacles must be emptied and sanitized with bleach solution after each use.

15. Preventive Measures

a. The viruses and bacteria that cause infectious illnesses thrive in warm, wet, and stuffy environments. Conversely, these infectious agents have difficulty growing in clean, dry evironments where there is lots of fresh air.

b. To prevent the spread of illness, all FCC providers will take the following steps:

(1) Frequent, thorough handwashing according to correct handwashing procedures for adults and children.

(2) Air out rooms daily and take the children outside often.

(3) Allow a minimum of two feet between cots, cribs, and mats and practice head to foot procedure during naptime (when possible).

(4) Clean and sanitize areas for diapering, toileting and eating as well as toys and furniture per specific area instructions in CDS Operating Directive.

(5) Do not allow sharing of personal items or food.

(6) Teach children how to catch a sneeze/cough correctly and how to dispose of tissues.

(7) Exclude children who are not properly immunized.

(8) Ensure parents recognize their responsibilities:

(a) Ask parents to call when their child is ill and tell you the problem.

(b) Ask parents to keep their child at home if she or he has an excludable illness.

(c) Encourage parents to call and discuss whether or not their child should attend when he/she has an infectious disease that has been treated.

(d) Remind parents to report immediately if a communicable disease is diagnosed.

(9) Store each child's dirty clothing separately in plastic bags and send it home for laundering.

(10) Treat all blood and muscosal secretions as if they are contagious.

(11) Utilize disposable gloves and a bleach solution 1 part bleach to 10 parts water) when cleaning large amounts of blood or bodily fluids.

8010. SAFETY REQUIREMENTS

1. Purpose. To outline requirements and responsibilities for providing a safe environment within FCC homes.

2. Responsibilities

a. FCC Manager will:

(1) Establish procedures to ensure FCC providers maintain a safe environment in which to care for children.

(2) Ensure compliance with safe requirements and procedures established in this Manual.

(3) Ensure provider applicants receive appropriate training prior to certification; safe proofing their home and safety inspection requirements.

b. FCC Monitors will:

(1) Monitor compliance of assigned providers in maintaining a safe environment for care of children.

(2) Be familiar and comply with the procedures outlined in this Manual.

c. FCC providers will be familiar and comply with the requirements and procedures outlined in this Manual.

3. Requirements and Procedures for Home Safety

a. Facilities

(1) FCC providers will have a private telephone within their FCC home.

(2) Areas used for the care of children will be free of:

(a) Lead-based paint exceeding lead quantity standards.

(b) Loose asbestos particles.

(c) Urea-formaldehyde installation.

(d) Exposed electrical wiring.

(3) All open windows in rooms used by children will be securely screened and protected by an approved barrier.

(4) Windows and doors leading to upper level balconies and orches will be secured or locked at all times children are present.

(5) Any door having direct outside access will not be left ajar without a protective barrier.

(6) Doors to closets and bathrooms will have operable hardware that is free from dangerous protrusions and capable of being unlocked from both sides.

(7) Sliding glass doors will be plainly marked at child eye level to avoid accidental impact.

(8) In FCC homes where children under three are cared for, there will be a barrier at the entry of any accessible stairway, and kitchen area.

(9) Stairways used by children will be carpeted or have nonslip treads, be lighted, and free from hazards.

(10) Floors will be free from protrusions, holes, and splinters.

(11) Extension cords will be used sparingly and only per fire and safety standards.

(12) Electrical appliances will meet UL and NFPA standards and may not have cords that are frayed or damaged.

(13) All electrical outlets will be covered when not in use.

(14) Heating elements, located in areas used by children will be insulated, protected or barricaded.

(15) Outdoor play space will be free of hazards.

b. Program

(1) Safety Services will conduct initial safety inspections prior to certification and annual inspections thereafter, to ensure compliance with CDS minimum standards. (figure 8-9)

(2) The FCC provider will be responsible for daily monitoring of FCC home interior spaces and outside activity areas regularly used by children for potential safety hazards and taking corrective action regarding same.

(3) Indoor and outdoor program equipment, toys and materials will be safe, durable, in working order, and have a nontoxic finish.

(4) Matches, paper towels, detergents, solvents, and cleaning supplies will be kept in a secured area inaccessible to children.

(5) Firearms, or other weapons, ammunition, drugs, poisons, flammable or caustic materials, and insecticides will be stored in locked cabinets or areas.

(6) Instructions will be posted at the telephone to facilitate calling in an emergency situation (911).

(7) Child care activities will not occur in rooms that have furnaces, domestic water heaters, gas meters, or open flame heaters.

4. Fire Prevention Requirements and Procedures

a. Facilities

(1) Each floor level that is utilized for child care will have at least two separate exits to the outside, one of which may be a window.

(2) The FCC provider will have a battery operated or hardwired smoke detector inside the individual housing unit used for child care and another placed in the room used for rest and nap periods.

(3) The FCC provider will have an operable multipurpose ABC dry chemical extinguisher (minimum 2 3/4 pounds) with visible guage mounted in/near the kitchen area.

(4) Portable combustion space heaters and portable electric heaters will not be used as a heat source in child activity spaces.

b. Program

(1) Fire department personnel will inspect homes prior to certification and annually thereafter to ensure CDS minimum standards are met.

(2) The FCC provider will have a contingency plan for evacuation of all children from the FCC home.

(3) The FCC provider will conduct and document fire drills involving all children at least once every month at different times of the day and upon the enrollment of a new child.

(4) The FCC provider will NOT smoke in the FCC home, or premises, when children other than the provider's own, are present unless the parent of those children voluntarily consent thereto in writing.

(5) The FCC provider will be present @ time children are present in the kitchen area.

8011. FCC PROVIDER FOOD AND NUTRITION REQUIREMENTS

1. Purpose. To outline food and nutrition requirements and establish policies and procedures for implementation of the USDA Child Care Food Program (CCFP) in the quarter year based system.

2. Responsibilities

a. FCC Manager will ensure provider applicants receive appropriate training prior to certification and providers receive on-going training and technical assistance.

b. FCC Monitors will:

(1) Be familiar and comply with the procedures outlined in this Manual.

(2) Monitor compliance with requirements and procedures established in this Manual by making home visits during meal preparation and service.

c. FCC provider will be familiar with and comply with the requirements and procedures for meal operation.

3. Procedures for Meeting the Child's Nutritional Requirements

a. Nutrition

(1) Meals (breakfast, lunch, dinner) and snacks will be provided appropriate to the hours children are in care. No child

will go without nourishment for more than three consecutive hours. If a late breakfast is served the mid-morning snack may be eliminated. School age children will be offered a snack upon return from school.

(2) Children cared for five to eight hours a day must be given one third of their daily nutritional needs in the FCC home. Children cared for longer than eight hours must be served two-thirds of their daily nutritional needs in the FCC home.

(3) All menus will be posted and made available to parents.

(4) Parental preferences will be considered concerning children's eating habits, food preferences, or special needs, when possible. Medically prescribed diets for children, as ordered by a physician, will be provided within FCC home capabilities.

(5) Dated menus and attendance records will be maintained by the FCC provider for review purposes by FCC staff or USDA representative.

b. Food Preparation and Storage

(1) All food to be consumed by children will be prepared using methods designed to conserve nutritional value, flavor, and appearance.

(2) A sufficient quantity of foods will be prepared to allow children second helpings.

(3) All perishable food and drink will be covered and stored at a safe temperature. A refrigerator therometer will be placed in the food compartment to ensure temperature is maintained below 40 degrees Fahrenheit.

(4) Food provided by parents for infants must be labeled with the child's full name, date, and be stored at room temperature or in a refrigerator, as applicable. Feeding instructions will be provided. Only unopened jars of baby food will be accepted.

(5) Bottles of formula will contain the amount of formula the child normally takes at one feeding. Any unused portion of the bottle will be discarded after each feeding. Unopened containers of formula with sanitized bottles can be prepared by the provider.

8012. FCC CHILD CARE RECORDS

1. Purpose. To ensure all FCC providers maintain required documentation necessary to meet program requirements.
2. Responsibilities

a. FCC Manager will establish policies and procedures for provider requirements in maintaining current child care records.

b. FCC Monitors will ensure all policies and procedures are met in the FCC homes.

c. FCC Providers will meet all policies and procedures stated in this Manual. Each provider will maintain a business area in their home where FCC children/registration records are maintained. FCC staff will have access to these individual files. Each child enrolled in FCC will have the following records completed prior to beginning child care services:

(1) CDS Registration Card (figure 8-14).

(2) Hold Harmless Agreement (figure 8-15).

(3) Sponsor Consent to Special Activities (figure 8-16).

(4) Provider/Parent Contractual Agreement (figure 8-17).

(5) Medical Dispensation Report (figure 8-18).

(6) Consent to Medical Care (figure 8-19).

8013. FCC ADMINISTRATION

1. Purpose. To establish procedures for maintaining FCC administrative files.

2. Reference. MCO 1710.30

3. Responsibilities

a. FCC Manager

(1) Establish policies and procedures for maintaining administrative files to include FCC provider and program records.

(2) Ensure compliance with requirements and procedures established in this Manual.

b. FCC Monitors. Comply with procedures outlined in this directive for maintaining provider and program records.

4. Reguirements and Procedures for Operational Records

a. Provider Records. Individual files maintained centrally will include:

(1) FCC provider application and request form.

(2) Background check results and references (PMO, Medical Family Advocacy Program, Mental Health, Human Resources, etc.)

(3) Training and education records.

(4) Documentation of certification requirements met.

(5) FCC certification document.

(6) Operational information, such as, fire plan, discipline policy, etc.

(7) Inspection records including non-compliance and corrective action.

(8) Files of children seriously injured during care.

(9) Complaints received, investigative results and action taken.

(10) Signed Standard of Conduct policy.

b. Program Records. FCC Manager will maintain a central filing system to include:

(1) Roster of providers.

(2) Roster of inspection compliance for each home (includes individual provider annual training compliance).

(3) Semiannual Training Plan.

(4) Training agenda.

(5) Training lesson plans.

(6) Publicity materials.

(7) Monthly reports.

(8) Current referral reports.

(9) FCC Central Incident/Accident file.

(10) Child Abuse/Neglect incident reports.

(11) Central registry for FCC enrollment.

5. Parent Involvement

a. All families enrolled in FCC will receive a monthly newsletter. This ensures all parents are notified of monthly CDS Parent Advisory Committee meetings and will be used as an educational tool in reviewing FCC policies, programs and personnel.

b. Parents are encouraged to participate in all CDS functions involving FCC.

c. A Family Child Care survey assessment will be mailed and analyzed yearly for program development.

8014. FCC LENDING LIBRARY

1. Purpose. To establish policies and procedures for operation of the FCC Toy/Equipment Lending Library.

2. Scope. The Lending Library will consist of toys, books, records, games, and play equipment for children ages 4 weeks to 12 years and resource materials for FCC providers including books and VCR tapes. Equipment will be loaned on a 30-day rotational loan basis for FCC homes to facilitate the child's play and learning in a home environment.

3. Responsibilities

a. FCC manager will:

(1) Establish policies and procedures for operation of the FCC Lending Library.

(2) Monitor compliance with procedures established in this Manual.

(3) Budget for and procure appropriate materials for the lending library.

b. All FCC staff will:

(1) Be familiar with and comply with procedures outlined in this Manual.

(2) Maintain organization and general orderliness of FCC lending library. Be responsible for the operation of the lending library.

c. FCC providers will be familiar with and comply with procedures outlined in this Manual.

4. Procedures for Operation

a. Facility

(1) Location. The library will be maintained with the FCC administrative office.

(2) Hours of Operation. The Library is operational Monday through Friday from 8:00am - 4:30pm and will open for special needs of providers upon request (after training class, weekends, etc.).

b. Program

(1) Authorized Use. All certified FCC providers who are actively available for or currently providing child care services are authorized use. FCC staff may also use the library for developmental programming within FCC program. FCC applicants seeking certification are authorized use when setting up their quarters/spaces for final inspection.

(2) Number of Items. The number of borrowed items is limited to 10. No additional equipment will be available until previously borrowed items are returned.

(3) Time Limit. Lending library items will be on loan on a 30 day basis and can be renewed by telephone for one additional 30 day period provided there are sufficient numbers of equipment on hand and other providers are not waiting for the specific item to return.

(4) Serviceable Condition. Lending library patrons will return all items in a clean and serviceable condition by the date due and will be charged for or replace any lost or damaged equipment.

(5) User Responsibility. Items from the lending library will be signed out. (figure 8-20)

(6) Overdue Items. In the event of an overdue item, the following steps will be taken:

(a) First, an overdue notice requesting return of item by a specified date will be mailed to provider by the FCC Manager.

(b) Second, a letter requesting replacement or reimbursement for the missing item will be mailed to the sponsor. Equipment may be secured locally or patron may borrow catalogs and order materials. The new item will be brought to FCC office when received.

(c) Third, if no response is received by provider or sponsor, a letter will be sent to sponsors command requesting action of sponsor replacement of items/cost of equipment.

8015. DEVELOPMENTAL PROGRAM REQUIREMENTS

1. Purpose. To outline requirements and establish policies and procedures for developmental programming within FCC homes.

2. Concept. The daily schedule for children, though informal, will provide some consistency to encourage feelings of stability and security which promote the social, emotional, physical and cognitive development of children. Activities offered will be developmentally appropriate and take advantage of the unique opportunities presented in a home environment.

3. Responsibilities

a. FCC Manager will:

(1) Establish policies and procedures for developmental programs within FCC homes.

(2) Monitor compliance of assigned providers with procedures established in this Manual.

b. FCC Monitors will ensure compliance of assigned providers with implementation of developmental programming within their FCC homes.

c. Education Program Specialist will:

(1) Identify training needs for FCC personnel and providers in the area of developmental programming.

(2) Provide training to meet assigned needs during training classes.

d. FCC providers will be familiar and comply with procedures outlined in this Manual.

4. Developmental Program Requirements and Procedures

a. Schedule of indoor and outdoor activity periods for all children, including infants, will be developed. Periods for routines, i.e., sleeping/resting, eating, toileting, a balance of quiet and active play; and large and small muscle development activities must be provided.

b. Toys and equipment will be available for indoor and outdoor activities. They must be safe, durable, washable and appropriate to the child's age. Toys will be on shelves suitable to the age of the child to encourage self-help skills.

c. In planning and selecting activities, the provider will consider:

(1) The age and developmental level of the children.

(2) The needs of individual children.

(3) The experiences offered children in their own homes.

(4) The goals that children's families have for them.

d. Television will be used sparingly, with discretion and selectivity. Operation of television should not exceed one hour for each five hours of child care. Operation will be limited to programs specifically designed for the interest and benifit of children. At

no time will children be required to watch television; use of films and recorded programs will follow this criteria.

e. Routines will be utilized as a learning activity to encourage independence and improve self-help skills.

8016. SUPERVISION OF CHILDREN

1. Purpose. To establish policy and procedural responsibilities for the direct supervision of FCC.

2. Procedures for Supervision of Children. The FCC provider will, at a minimum, do the following to provide continuous, watchful, and responsible supervision of children at all times:

a. Remain on the premises when children are in the FCC home.

b. Provide constant supervision when children under 5 years of age are in a bathtub, shower, swimming pool, playing with standing water, or using plumbing fixtures that have a temperature that exceeds 110 degrees Fahrenheit.

c. Observe napping children at least once every 20 minutes.

d. Infants will be held for feeding unless the child is being fed in a high chair. Bottles will not be propped for self-feeding.

e. All FCC providers are responsible for supervision to and from school, unless released to another adult for transportation. Parents giving this authority to another adult (other than bus transportation) must identify the individual in the "release designeell area of the CDS Registration Card.

8017. UNAUTHORIZED CHILD CARE

1. Purpose. To establish policies and procedures for handling reports of unauthorized care and eliminating unauthorized care within government quarters on the installation.

2. Responsibilities

a. FCC Manager will:

(1) Establish unauthorized child care related policies and procedures.

(2) Ensure compliance with requirements and procedures established.

b. FCC staff will be familiar with and comply with procedures outlined.

c. FCC providers will:

(1) Report incidences of known unauthorized care.

(2) Provide child care services only after FCC certification and according to program requirements.

d. Base Inspector Representative will:

(1) Contact the FCC Manager of all unauthorized reports.

(2) Coordinate a home visit with the FCC Manager to investigate the unauthorized quarters.

(3) Assist the FCC staff with enforcement of installation policy.

3. Procedures for Handling Reports of Unauthorized Care

a. Reports of unauthorized care will be investigated and documented by the FCC Manager/Monitor and Base Inspector Representative.

b. Upon report of unauthorized care FCC Manager/Monitor and Proponent Representative will go to the home in question and interview the individual reported to be providing unauthorized care. A written notice to cease unauthorized child care is delivered at that time. (figure 8-21)

c. Neighbors will be interviewed to help make a determination if individual denies providing unauthorized care.

d. When it is found that unauthorized care is being provided, the individual is informed of installation policy and invited to participate in the next available FCC orientation training class.

e. Another home visit may be made the following week to see that no unauthorized care is being provided.

f. If the individual continues to provide unauthorized care, a letter signed by the Base Inspector will be forwarded to the sponsor through his/her command. The letter addresses the reference/guidance on unauthorized child care and the fact that the sponsor may be placed in jeopardy of losing quarters.

4. Prevention of Unauthorized Child Care

a. FCC Manager will provide Family Housing with a memorandum for government quarters occupants concerning participation in unauthorized child care to include a statement of understanding regarding unauthorized child care in government quarters.

b. Family Housing will provide individuals being assigned to government quarters a copy of the memorandum and execute the statement of understanding when individuals sign for quarters. The statement of understanding will be maintained at Family Housing.

c. FCC staff will market, advertise, and publish FCC guidelines in local newprint and thru commands.

8018. INSURANCE REQUIREMENTS. The responsibility for rearing children rests with parents. The Marine Corps does not function as the legal or successor interest to the children of service members. However, the Marine Corps will assist parents in discharging that responsibility during the times that these children are enrolled in FCC homes.

1. FCC homes must meet minimum CDS program and facility standards.

2. FCC providers who meet certification are covered under U.S. Military Family Day care insurance authorized by the Marine Corps.

3. An application will be completed by each FCC provider prior to being granted insurance coverage under the military contract agency.

4. Each provider will pay the premium cost of insurance upon certification and annually thereafter through the current military contracting agency.

8019. VEHICLE INSURANCE

1. FCC providers using private vehicles while transporting children must carry vehicle liability insurance which covers children under their care.

2. Written permission must be obtained from the parents regarding transportation of children by FCC providers.

3. When transporting children:

a. The same child/adult ratio will apply as is required by the FCC home for the ages and number of children being served.

b. The driver must obey all local laws and installation regulations pertaining to vehicles.

4. Safety Provisions

a. Each vehicle must be equipped with safety locking devices on doors, a spare tire ready for service, usable jack, and appropriate seat belts or child restraints.

b. Age appropriate child restraint devices and/or seat belts will be used whenever the vehicle is in motion.

c. Unsecured children's seats are prohibited.

d. No child will be left unattended in a vehicle.

e. Each child will board or leave the vehicle from the curb side of the street.

Date:

From:
(Sponsor Rank and Name (Applicant Name)
To: Manager, Family Child Care Program
Marine Corps Base, MCCDC
Quantico, Virginia

Subj: REQUEST TO OPERATE A FAMILY CHILD CARE HOME

Ref: (a) MCCDCO 1754.1A

1. In accordance with the above reference, I hereby request permission to operate a Family Child Care Home in my government quarters.

2. I agree to bear responsibility for all damages and/or restoration costs to my quarters, other than normal "wear and tear." Structural changes may not be made in family living quarters to provide FCC services.

3. I understand the rights of other service members and their dependents to the use and quite enjoyment of military family quarters must not be hindered by my Family Child Care operation.

4. I agree to insure that the parents of all children under my care will have a completed, signed, and witnessed all required child care record forms prior to services incurred.

5. I will submit a completed FCC Monthly Report to the FCC office by the last Friday of each month reflecting the month's activities in my home.

6. I understand that any violation of stated rules set forth both locally and by Headquarters Marine Corps may result in termination of my persmission for operating a Family Care home.

7. I further agree to ASSUME ALL RISKS associated with the use of government quarters for the purpose of providing private child care services. I will NEITHER SEEK ANY CAUSE OF ACTION AGAINST, NOR INDEMNIFICATION BY THE U.S. GOVERNMENT, its aencies, or employees for any personal liability incurred as a result of my operation of the child care facility.

Figure 8-1.--Request to Operate a Family Child Care Home.

8. My persmission is given to obtain information from appropriate persons or agencies for the purpose of completing the screening procedures required to become a Famlily child Care provicer. It is understood that this information will be used in my best interest and will be held in confidence.

9. I understand that care must be provided on a nondiscriminatory basis, according equal treatment and service.

(Sponsor's Signature) (Applicant's Signature)

Figure 8-1.--Request to Operate a Family Child Care Home--Continued.

Please provide the following information. When changes to this occur please contact the FCC office to update your file.

Applicant Name (Last, First, MI) (SSN) (DOB)

Sponson Name (Rank, Last, First (SSN) (unit)

Quarters Address Housing Area Phone

Sponsor Duty Phone Branch of Service No. of Children

HOUSEHOLD MEMBERS (Including Self/Sponsor & All Dependents)

Name	DOB	Relationship

BACKGROUND INFORMATION: To be used in assisting the FCC Manager in determing the best qualified applicants.

What is the last grade you completed in school?
(GED, High School diploma, Associates Degree, etc)

Have you had any previous training which will help you as an FCC provided (If yes, describe)

Figure 8-2.--Family Child Care Application.

Tell me about your experiences in caring/working with children.

How do you handle discipline problems in your home?

How would you react to a child who bites or swears at you?

Are there any household pets? (if yes, describe)

Do you smoke?

What contribution can you make to the Family Child Care program?

What are your strongest attributes in terms of becoming a certified child care provider?

I attest the above information is true and correct to the best of my knowledge.

Applicant Signature	Date	Sponsor Signature	Date

Figure 8-2.--Family Child Care Application--Continued.

* *

Privacy Act Statement

The authority for requesting social security numbere is Executive Order 9397. Social Security numbers will be used by the Family Child Care Program Manager is accomplishing background checks to determine suitability in meeting qualification requirements outlined in OPNAVINST 1700.9C. Disclosure of this information is voluntary; however, failure to do so will recult in disapproval of the applicant to provide child care services in government housing.

* *

(Printed Name of Applicant) (Printed Name of Sponsor)

Applicant SSM) (Sponsor SSN)

(Signature and Date) (Signature and Date)

Name and Social Security Numbers of additional household members over the age of twelve.

(Name) (SSN)

(Name) (SSN)

(Date)

Figure 8-3.--Authorization for Release of Information.

HOME RATIO AND GROUP SIZE

FCC HOME TYPE	AGE GROUP	ADULT/CHILD RATIO	MAXIMUM GROUP SIZE
MULTI-AGED	4 WKS - 12 YRS	1:6	6
MULTI-AGED	2 YRS - 12 YRS	1:6	6
NEWBORN	4 WKS - 12 MOS	1:3	3
MOBILE HOME UNIT	4 WKS - 12 YRS	1-4	4

1 Age group may include only two children under 24 months.

2 Age group includes own children under the age of eight.

3 Must have prior approval, training and special endorsement. No additional children under the age of twelve allowed, except own over the age of eight.

4 Special consideration may be granted if approved by Fire Inspector and FCC Manager.

Figure 8-4.--Home Ratio and Group Size.

HEADING

1700
C 012
DATE

From: Commanding Officer, Marine Corps Base, Marine Corps Combat Development Command, 3001 Anderson Avenue, Quantico, Va 22134-5001 (C012)
To: FCCC PROVIDER XXX
Quarters, XYZ , MCCDC
Quantico, VA 22134

Subj: PERMISSION TO OPERATE A FAMILY CHILD CARE HOME IN GOVERNMENT QUARTERS

Ref: (a) MCO 1710.30B
(b) CMC Washington DC R231959Z Aug 89
(c) MCCDCO 1754.IA

1. You are hereby granted permission to operate a Family Child Care home in your assigned Government quarters. You will be authorized to care for up to six Family Child Care children, including your own, under the age of eight.

2. This authority will terminate on DATE (1 year), or upon your vacating Government quarters. Revocation of this permission will apply if it is determined that you are in violation of any of the provisions in references (a), (b), or (c).

Figure 8-5.--FCC Letter of Permission.

FIGURE 8-6 CONTAINS GRAPHICS AND IS NOT LOADED TO DOCUMENT. HOWEVER, THEY CAN BE OBTAINED FROM CENTRAL FILES

Tel#: Name: ADDRESS

	DATE	SAT	/ UNSAT/	N/A
1.	Emergency phone number posted on each telephone.	/	/	
2.	Fire Extinguisher operational. RATED (2A-10BC OR LARGER).	/	/	
3.	Smoke Detectors located in sleeping areas and in working condition.	/	/	
4.	Electrical Appliances grounded & meets safety standards.	/	/	
5.	Extension Cords (when authorized) rated and in good working condition.	/	/	
6.	Electrical Outlets covered with safety caps.	/	/	
7.	Flashlight working and readily available.	/	/	
8.	Two means of egress available from all sleeping areas. Doors and or windows.	/	/	
9.	All means of egress unobstructed & at least 28" wide.	/	/	
10.	All doors can be opened from inside and or lock is disabled.	/	/	
11.	Window Screens are easily removed for evacuation.	/	/	
12.	Fire evacuation plan posted at each exit.	/	/	
13.	Fire Drills conducted monthly and documented.	/	/	

Figure 8-7.--Fire Inspection Checklist.

14. Number of children under age six years (Max 6). / /

15. Number of children under age of two years (Max 2). / /

**** ANY ITEM THAT IS MARKED UNSATISFACTORY MUST BE CORRECTED PRIOR TO FINAL APPROVAL.

FIRE INSPECTOR OCCUPANT

PPROVED DISAPPROVED

rev. 9-15-92

Figure 8-7.--Fire Inspection Checklist--Continued.

Provider's Name:

Address:

Inspector's Name:

Inspector's Date:

Initial Inspection Date: Pass or Fail

Re-inspection Date: Pass or Fail

---

1. KITCHEN	YES	NO	N/A
a. Are cabinet doors kept closed when not in use?			
b. Are electrical appliances kept where they cannot fall into or accidentally come in contact with water?			
c. Are electrical appliances grounded and in compliance with current safety standards?			
d. Are electrical cords kept out of reach of children?			
e. Are maathces and lighters kept out of children's reach?			
f. Are knives kept out of children's reach?			
g. Are cleaning products kept out of children's reach and cleaning agents stored in their original containers? (i.e. pesticides, detergents, and other household chemicals)			

Figure 8-8.--Safety Branch Checklist.

YES NO N/A

h. Are counter drawers and cabinet doors provided with safety latches when knives, detergents and other hazardous items are withiin questionable reach of children?

i. Are kitchen doors provided with safety gates when kitchen is unattached and children age 2 and under are receiving care?

j. Is the trash container provided with a tight-fitting cover?

2. CHILD'S ROOM/PLAY AREA

a. Are beds/cribs placed away from radiators or other heated surfaces?

b. Are crib slats no more than 2 3/8" apart?

c. Are the latches on the drop-side(s) of the crib/playpen secure and in working condition?

d. Does the mattress fit snugly to the sides of the crib/playpen or is a blanket or towel placed between space to make the area snug?

e. Does the crib have bumper pads/or are suitable replacements properly installed on sides?

f. Is the playpen free of large holes?

g. If toys are hung from the sides of the crib/playpen, are the cords legs than 12" long to prevent strangulation?

h. Are electrical appliances/cords kept out of children's reach?

i. Are beds placed away from windows and do they have guard rails?

Figure 8-8.--Safety Branch Checklist--Continued.

	YES	NO	NIA
j. Are toys in good repair?			
k. Are broken or damaged toys removed from the play area?			
1. Are toys and othei, items with sharp edges removed from the play area?			
m. Are children kept out of rooms and away from equipmerit with peeling paint?			
n. Are plastic bags kept out of children's reach?			
3. BATHROOM			
a. Is the toilet seat and lid kept down when not in use?			
b. Are cabinet doors kept closed when in use?			
c. Are all medicines in child resistant containers?			
d. Are all medicines stored in a medicine cabinet and out of children's reach?			
e. Are shampoos and cosmetics stored out of children's reach?			
f. Are razors, razor, blades and other sharp objects kept out of children's reach?			
g. Are hair dryers and other appliances stored away from sink, toilet and tub?			
h. Is a trash can with a tight-fitting lid provided?			
i. Are non-slip mats or strips present in bathtub(s)?			

Figure 8-8.--Safety Branch Checklist--Continued.

	YES	NO	N/A
j. Do ground-fault circuit-interrupters protect all electrical outlets in			
4. OUTSIDE PLAYING AREA			
a. Is trash picked up and kept in tightly covered containers?			
b. If a playground is present, is it inspected before use and unsafe items removed i.e., cords, ropes, glass, metal cans and rocks?			
c. Are poisonous plants removed from playground?			
d. Are garden tools property stored?			
e. Are exterior entrance and exit steps (with four or more risers) equipped with sturdy handrails, and are walkways, stairs, and railings in good repair?			
f. Are walkways and stairs free of toys, tools, etc.?			
g. Are children supervised at all times when playing outdoors?			
h. Is the outdoor, play equipment in good repair and free from sharp edges and peeling paint?			
i. If a fence is present, is it in good repair?			
j. Are children supervised when in or around swimming pools?			
k. Are portable swimming pools drained when not in use?			

Figure 8-8.--Safety Branch Checklist--Continued.

5. GENERAL PRECAUTIONS FOR THE HOME	YES	NO	N/A
a. Are pesticides, detergents and other household chemicals kept out of children'S reach?			
b. Are tools stored properly and kept out of children's reach?			
c. Are stairways kept clear and uncluttered?			
d. Are balconies off limits to all children?			
e. Are plastic bags, plastic laundry bag covers and plastic garbage bags kept out of children's reach?			
f. Are electical plug in night lights for the bedrooms, hallways and bathrooms kept out of children's reach?			
g. Are stairs and hallways well lighted?			
h. Are rugs skidproof and carpets held down with carpet tape to prevent sliding and tripping?			
i. Are safety gates installed at stairways when toddlers are receiving care?			
j. Are doors free of sharp or pointed handles or projections, i.e., door hindges, vents, etc.?			
k. Are unused electrical receptacle outlets covered with safety covers and/or safety inserts?			
1. Are electrical cords arranged so that they do not run under carpets or rugs?			
m. Are electrical cords arranged so as not to pose a tripping hazard?			
n. Are curtain cords and shade pulls kept out of children's reach?			

Figure 8-8.--Safety Branch Checklist--Continued.

	YES	NO	YES
o. Are windows secured with window locks and are screens installed & secured?			
p. Is there a fire/emergency evacuation plan posted, used and practiced in case of an emergency?			
q. Are exits free from obstructions, i.e., furniture, etc.?			
r. Does the high chair have a wide base to prevent tipping and safety strap to secure the child in place while eating?			
s. Are poisonous plants kept out of children's reach?			
t. If clear glass panels are used in sliding doors, shower stalls, tub enclosures, storm doors, etc., are they clearly marked to avoid accidental impact?			
u. Are all handbags, including those of visitors, kept out of children's reach?			
v. Is there an operable telephone in the quarters?			
w. Does the home maintain a first aid kit with inventory in a readily accessible location?			
x. Does the home have a serviceable fire extinguisher located in readily accessible location?			
y. Can Provider unlock interior doors within a reasonable amount of time?			
z. Do interior/exterior stairways have handrail?			
aa. Is operable flashlight readily available?			

Figure 8-8.--Safety Branch Checklist--Continued.

FAMILY HOME DAY CARE INSPECTION FORM REF: OPNAVINST 1700.9C

HOME DAY CARE FACILITY: TIME: DATE

NAME/GRADE OF INSPECTOR REASON FOR VISIT:

INSPECTION RESULTS: PAGE NO. 1 OF 2

HEALTH STANDARDS	DISCREPANCY YES	NO	N/A
1. Does the provider have a current health card?			
2. Is there an animal/pet located in the home? Dog: Cat: Other:			
3. Has the pet been inoculated, certified to be free of disease that could endanger the health of children and doesn't have a history of violent behavior (written verification from a veterinarian is required)?			
4. Are cloth diapers used?			
5. Are portable nursery chairs cleaned and disinfected after each use?			
6. Are medications kept locked and out of the reach of children?			
7. Are over the counter medicines administered?			
8. Is there a written record of the date, time and amount of medication I administered maintained?			
9. Does each child have a clean place to sleep or rest at least 4 inches above the floor?			
10. Do the mattresses have waterproof covers?			
11. Are bed linens changed promptly when soiled or when beds, cots or cribs are occupied by different children?			
12. Are crib slat openings less than 2 3/8 inches apart?			
13. Are play pens used (they are not authorized)?			
14. Is there a registration and health form on file for each child?			

Figure 8-9.--Home Sanitation Inspection Checklist.

FAMILY HOME CARE INSPECTION FORM

FOOD SANITATION STANDARDS	DISCREPANCY		
	YES	NO	N/A
15. Is the home maintained in a sanitary manner and personal hygiene standards observed?			
16. Are all areas used for child care well-lit, adequately ventilated and maintained at a comfortable temperature?			
17. Are hand washing facilities with dispensable soap, water and individual towels available (common towels and face clothes are unauthorized)?			
18. Are washable toys washed as needed or at least weekly:			
19. Are garbage and refuse containers kept tightly covered and located out of the reach children?			
20. Are written menus for meals/snacks and times served available?			
21. Are all food items, including formulas, infant foods, etc., that is brought from the child's home labeled, dated, and properly stored or refrigerated?			
22. Are utensils, dishware, equipment, etc. cleaned in a timely manner?			
SAFETY STANDARDS			
23. Is there a plan to respond to emergencies, including fire evacuation serious injury and ingestion of poison available?			
24. Is there a listing of emergency names and phone numbers located next to the telephone or readily available for easy reference in an emergency situation?			
25. Are first aid supplies available for emergencies?			
26. Are separate, locked storage areas used for cleaning equipment an supplies?			

Figure-8-9.--Home Sanitation Inspection Checklist--Continued.

FAMILY HOME CARE INSPECTION FORM

SAFETY STANDARDS

27. Are protective covers used on accessible electrical outlets?

28. Are safety gates provided at the top and bottom of stairways when infants or toddlers are enrolled?

29. Is the outdoor play area free of tools, insecticides or other hazards?

COMMENTS/RECOMMENDATIONS:

PMT'S SIGNATURE PROVIDER'S SIGNATURE

Figure-8-9.--Home Sanitation Inspection Checklist--Continued.

HEADING

1610
C 012
DATE

From: Manager, Family Child Care
To: FCC Provider, XXXX
Quarters XXXX MCCDC
Quantico, Virginia 22134

Subj: LETTER OF NON-COMPLIANCE

Ref: (a) MCO 1710.30B
(b) XXXX Phoncon btwn XX
(c) CMC Washington DC 281234Z Jun 90
(d) MCCDCO 1754.lA

1. As noted in reference (a) Family Child Care providers are responsible XXXXXXXX.

2. On DATE XXX you were found to be in violation of this regulation by XXX

Any further violations of references (a), (b), (c) or (d) may result in immediate suspension or revocation of your Family Child Care operating privileges.

3. Any futher questions or concerns may be directed to myself at 640-2615.

FCC Manager

Figure 8-10.--Letter of Non-Compliance.

MONTHLY REPORT

PROVIDER'S NAME QTRS NO.

REPORTED MONTH YEAR TODAY'S DATE

A. DATA ON CHILDREN IN CARE

	Name of Sponsor	Rank	Childs Name	Age	F/T	P/T
1.						
2.						
3.						
4.						
5.						
6.						

Hourly Care: Number of Children Serviced Total Number of Hours

B. AGE GROUPS AND SPONSOR DEMOGRAPICS
Annotate number of children for each age group in corresponding sponsors military status.

	Sgl Military	Dual Military	Mil Married to civilian	Retired	Totals
4 wks to 23 mos					
24 to 36 mos					
3 to 4 years					
5 to 12 years					
Totals					

Figure 8-11.--FCC Monthly Report.

C. SPONSOR RANK AND BRANCH OF SERVICE VARIABLES
Annotate sponsors rank with branch of service.

	USMC	NAVY	USAF	ARMY	Totals
E1 - E5					
E6 - E9					
01 - 04					
05 - 07					
Civilian					
Totals					

D. RESIDENCE OF SPONSOR: On Base Off Base

E. TOTAL HOURS OF CARE PROVIDED:

F. DATE OF MONTHLY FIRE DRILL:

COMMENTS:

PLEASE RETURN TO THE FCC OFFICE BY THE LAST FRIDAY OF THE MONTH

Figure 8-11.--FCC Monthly Report--Continued.

Child's Name: Date Occurred: Time:

Name of FCC Provider:

___ In Person ___ Phone ___ In Writing

(Provider's Signature) (Method of Parent Notification)

(Name of Parent Notified) (Date) (Time)

Name of FCC Staff Notified:

(Name) (Date) (Time)

Parent's Response/Action:

(Parent's Signature)

Response/Action:

Figure 8-12.--Incident Report.

UNITED STATES MARINE CORPS
Marine Corps Combat Development Command
Child Development Center
Quantico, Virginia 22134

DEAR PROVIDER:

THE FOLLOWING POLICY IS BASED ON THE PREMISE THAT POSITIVE PHYSICAL CONTACT WITH THE CHILDREN IS ABSOLUTELY NECESSARY FOR THEIR HEALTHY GROWTH AND DEVELOPMENT, THEIR NURTURANCE AND THEIR 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 POSITIVE PHYSICAL CONTACT (APPROPRIATE TOUCH) AND REFRAIN FROM INAPPROPRIATE TOUCH. CHILDREN ALWAYS HAVE THE OPTION TO REFUSE TOUCH IN THE CASE OF DANGER

TO OTHER CHILDREN OR TO THE CHILD HIM/HERSELF.

EXAMPLES OF APPROPRIATE TOUCH ARE:

A. HUGS, HOLDING HANDS AND LAP-SITTING AS EXPRESSIONS OF AFFECTION TO BUILD SELF-ESTEEM.

B. NAP TIME BACK RUBS TO RELAX A TENSE CHILD.

C. DIAPERING OF INFANTS AND TODDLERS.

D. ASSISTANCE IN TOILET LEARING FOR CHILDREN WHEN NEEDED. INAPPROPRIATE TOUCH MAY INVOLVE BUT IS NOT LIMITED TO:

A. 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.

B. CORPORAL PUNISHMENT.

C. SEXUAL EXPLOITATION (FONDLING OR MOLESTATION).

D. PROLONGED TICKLING.

I UNDERSTAND THAT ANY INCIDENT OF PHYSICAL PUNISHMENT SUCH AS SPANKING, PUSHING OR SHAKING A CHILD WILL RESULT IN IMMEDIATE SUSPENSION/REVOCATION OF MY FCC CERTIFICATION/AUTHORIZATION AND/OR AN IMMEDIATE REPORT MADE TO THE FAMILY ADVOCACY PROGRAM REPRESENTATIVE.

I UNDERSTAND THAT ANY INCIDENCE OF PHYSICAL, EMOTIONAL, VERBAL ABUSE OR MISTREATMENT OF A CHILD WILL RESULT IN IMMEDIATE SUSPENSION/REVOCATION OF MY FCC CERTIFICATION/AUTHORIZATION.

Figure 8--13.--Standard of Conduct for Family Child Care Providers.

I UNDERSTAND THAT I MUST REPORT ANY CHANGES IN THE CHILD'S NORMAL APPEARANCE TO INCLUDE UNEXPLAINED BRUISES, WELTS, BURNS, UNATTENDED PHYSICAL PROBLEMS OR MEDICAL NEEDS, OR ANY OTHER PHYSICAL INDICATOR OF
CHILD ABUSE/NEGLECT.

I HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THE FCC PROVIDER SOP AND THAT FAILURE TO COMPLY WILL RESULT IN IMMEDIATE SUSPENSION/REVOCATION OF MY FCC CERTIFICATION/AUTHORIZATION.

Provider's Signature

Witness

Figure 8-13.--Standard of Conduct for Family Child Care Providers--continued.

FIGURE 8-14 CONTAINS GRAPHICS AND IS NOT LOADED TO DOCUMENT HOWEVER, THEY CAN BE OBTAINED FROM CENTRAL FILES.

KNOW ALL MEN BY THESE PRESENT, in consideration of the use by and for my child(ren)
of the Government quarters located at ,
presently assigned to ,
a person authorized to use said Government quarters as a private family day care facility, the sufficiency of said consideration being hereby acknowledged, I hereby agree tc) HOLD HARMLESS the GOVERNMENT OF THE UNITED STATES OF AMERICA; the Department of Defense; the Department of the Navy; the United States Marine Corps; the Marine Corps Combat Development Command, Quantico, Virginia and any departments, instrumentalities, agencies, officers, agents and employees from any and all claims, demands, damages, actions, causes of action or suits of any nature or kind whatsoever which may exist now or in the future against the UNITED STATES OF AMERICA, in relation to the use of these said Government quarters as a private family day care facility, and FURTHER, I understand and hereby acknowledge that the family day care services specified herein are a private, independent enterprise undertaken by
,
and are in no way endorsed or supported by any foregoing government entities.

IN WITNESS THEREOF, I, ,
have signed these presents this the day of ,
19 .

(SPONSOR'S SIGNATURE)

WITNESS:

MCCDC 1500/4A (9/90)

Figure 8-15.--Hold Harmless Agreement Form.

I, parent/guardian

of consent to the following in reference to the care of my child/children.

PARTICIPATION IN ANY ON-AND-OFF BASE EXCURSIONS ACCOMPANIED BY A PROVIDER. YES NO

PARTICIPATION IN SPECIFIC ACTIVITIES LISTED BELOW:

DATE	ACTIVITY	DESTINATION	DEPART	RETURN	PARENT	INT

Sponsor consent for access to emergency medical treatment is contained in AUTHORIZATION TO CONSENT TO MEDICAL CARE. All other travels should be documented herewithin.

DATE SIGNATURE OF SPONSOR

MCCDC 1754/5 (9/90)

Figure 8-16.--Sponsor Consent to Special Activities.

1. It is hereby agreed between
(Day Care Provider/SS#)
and that day care will be

(Parent/Guardian)
provided by the Family Itome Day Care Provider at Quarters

for .
(Name(s) of Child/Children)

2. Care will be provided for hours per day/week/month, according to the following schedule:

Monday fromt to

Tuesday from to

Wednesday from to

Thursday from to

Friday from to

Other: (STATE SPECIFICS IF DAYS/TIMES VERY FROM THOSE ABOVE)

.

3. The cost, which includes/does not include (circle one) meals, will be per (hour, day, week, month).

4. Payment will be made on .

5. If payment is not made on the day specified above, a late payment fee of per will be assessed and/or child care services will be suspended until total payment is made.

6. If the parent picks up the child after the time specified above, an additional fee of will be charged.

7. Charges for care provided for times other than those specified above will be assess at a rate of for every (hour, day) payable on .

MCCDC 1754/4 (9/90)

Page 1 of 2

Figure 8-17.-- Provider-Parent Agreement Form.

8. Child care can be terminated by either parent or provider by giving written notice in advance of the ending date. Failure to provide this notice will result in continuation of the financial obligations specified in this contract.

ADDITIONAL AGREEMENTS:

This agreement is valid from to .

I understand the procedures and provisions set forth in this contract.

DAY CARE PROVIDER/DATE PARENT OR GUARDIAN/DATE

Figure 8-17.--Provider-Parent Agreement Form--Continued.

NAME OF CHILD NAME OF SPONSOR
MEDICATION (One per card)

INCLUSIVE DATES DOSAGE TIME SPECIAL INSTRUCTION:
BEGIN REFRIGERATION YES NO
END OTHER:

O	1	2	3	4	5
6	7	8	9	10	11
12	13	14	15	16	17
18	19	20	21	22	23
24	25	26	27	28	29
30	31	*NOTATE THE TIME WHICH THE MEDICATION WAS GIVEN AND INITIAL ON THE LINES NEXT TO THE CURRENT DATE (BLOCK 0 SHOWN AS AN EXAMPLE)			

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C. 3012
PRINCIPAL PURPOSES: To provide sponsor consent for administration of medication; confirm medication dispensation directions, maintain medication records, and identify individuals responsible for dispensing medication.
ROUTINE USES: No information will be disclosed outside DoD.
DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, medication will not be administered.

I, , hereby authorize
to administer the medication noted above in the quantity and manner as requested and release same from all legal claims issued due to injury or illness which may result from such admininstering.

Date Signature of Sponsor

Figure 8-18.--Medical Dispensation Report.

CHILD DEVELOPMENT SERVICES SOP
AUTHORIZATION TO CONSENT TO MEDICAL CARE

1, _____ (Name of Parent/Guardian), a lawful parent or guardian of the following children:

_____ (Name of Child/Children)

hereby appoint _____ (CDC or FCC Provider) to be my lawful attorney-in-fact (agent) to perform any and all acts that I might perform if I were present, for the following purpose:

> To authorize any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician at any medical facility for the health and well-being of my child/children aforesaid.

I give this authorization in advance of any care or treatment being required in order to provide authority for my said attorney-in-fact to give specific consent to any and all care and treatment that might be necessary in my absence.

This authority will only take effect after reasonably diligent efforts have been made by Child Development Services Staff/Provider to locate the lawful parents or guardian of

and these effforts prove unsuccessful. (Child/Children
It is also understood that a valid dependent's identification card must accompany dependents ten years of age and older.

The sponsoring parent is _____ (Sponsor).

This Power of Attorney shall become NULL and VOID from and after _____ (Termination date of Power of Attorney) or at such time as _____ (Child/Children) is disenrolled from the program.

(Today's Date) (Signature of Parent/Lawful Guardian)

STATE OF VIRGINIA
COUNTY OF PRINCE WILLIAM

Subscribe and sworn to before me this _____ day of _____ (Month) 199 , by _____ (Parent/Lawful Guardian) known to me to be the person executing the forgoing instrument.

My commission expires: _____ (Date)

NOTARY PUBLIC

Figure 8-19.--Authorization to Consent to Medical Care.

FCC Provider	Home Phone	Library Due Date

Sponsor	SSN	Duty Phone	Unit

	ITEMS	CODE NUMBERS	PRICE	CONDITION
1.			$	
2.			$	
3.			$	
4.			$	
5.			$	
6.			$	
7.			$	
8.			$	
9.			$	
10			$	

* I UNDERSTAND THAT EQUIPMENT BORROWED SHALL BE RETURNED IN 30 DAYS AND IN THE SAME CONDITION AS BORROWED. I UNDERSTAND THAT I WILL BE REPSONSIBLE FOR PAYING FOR DAMAGES OR REPLACEMENT OF NON-RETURNED ITEMS.

Provider Signature	FCC Staff Signature	Date

Figure 8-2-.--FCC Library Checkout Card.

CHILD DEVELOPMENT SERVICES SOP

UNITED STATIES MARINE CORPS
MARINE CORPS COMBAT DEVELOPMENT COMMAND
QUANTICO, VIRGINIA 22134-5001

1710
C 012

To:
From: Officer In Charge, Child Development Services
Marine Corps Combat Development Command
Marine Corps Base, Quantico

Subj: UNAUTHORIZED CHILD CARE REPORT

Ref: (a) MCCDC 1754.lA
(b) NAVGRAM 281234Z Jun 90

1. Per the above references, all reported cases of unauthorized child care in government quarters will be investigated by the MCCDC Base Inspector and Family Child Care office.

2. MCCDC policy regarding child care in the sponsors government quarters states all child care services provided in a home, other than the child's own, by adult members living in quarters must be given prior authorization. Both the individual providing services and the occupied housing unit must be certified by MCCDC Child Development Services prior to providing child care.

3. All child care either in excess of 10 hours (1 hour = 1 hour of care) per week or on a continual basis must be approved and certified in accordance with references (a) and (b) above.

4. Please direct any further questions or concerns to the Family Child Care Manager at 640-2615.

- -

Name Today's Date

Qtrs. Home Phone

Sponsor Unit
(rank and name)

I have read and understand the above policy regarding child care services. Effective this date I will cease provision of all unauthorized child care. I will not perform any unauthorized child care until such time I have met all requirements set forth for Family Child Care certification. I understand that any further violation may result in disposition of government quarters.

(signature) (date)

Figure 8-2l.--Unauthorized Care Report.

Comments:

- -

Visited By:
(FCC staff) (Command Inspector) (date)

FCC Comments:

Figure 8-21.--Unauthorized Care Report--Continued.