

CHILD CARE CENTER OPERATIONS(U) OFFICE OF THE CHIEF OF
NAVAL OPERATIONS WASHINGTON DC 12 JUL 84
OPNAV-INST-1700. 9A

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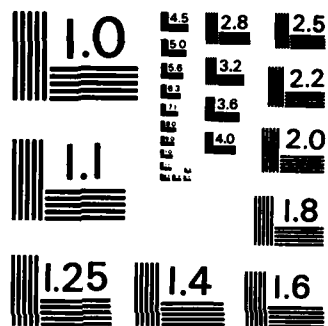
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DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
WASHINGTON, D.C. 20350

IN REPLY REFER TO

OPNAVINST 1700.9A
NMPC-1112
12 JUL 1984

AD-A145 964

OPNAV-INSTRUCTION 1700.9A

From: Chief of Naval Operations

Subj: Child Care Center Operations

Ref: (a) BUPERSINST 1710.11
(b) NAVCOMPT Manual, Vol. 7, para. 075260
(c) SECNAVINST 1740.2C
(d) NAVCOMPT Manual, Vol. 7, para. 075261
(e) NAVFACINST 11012.147

Encl: (1) Facility Standards
(2) Fire Protection and Safety Standards
(3) Health and Sanitation Standards
(4) Guidelines for Operational Procedures and Checklist
(5) Family Day Care Home Guidelines
(6) Guidance for Establishing Fees and Charges
(7) Guidance on Care of Children with Special Needs
(8) Child Abuse/Neglect
(9) Guidance for Establishing Babysitting Co-ops

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1. Purpose. To provide policy and guidance for the operation of all child care programs in order to ensure a healthy, safe environment and to promote quality child care on naval installations.

2. Cancellation. OPNAVINST 1700.9.

3. Summary of Revisions:

- a. Provides guidance in developing program objectives.
- b. Establishes guidance for equipment and supplies, continuity of staff, parental involvement, facilities, activities, program and guidance techniques.
- c. Establishes new qualification standards for child care center personnel and incorporates requirements for inservice training.
- d. Provides guidance for food service.
- e. Establishes requirements for maximum group size, according to age of children.
- f. Provides guidance for operation of family day care homes in quarters as an alternative to child care centers.
- g. Provides guidance for care of children with special needs.

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for public release and sale; its
distribution is unlimited.

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4. Policy and Scope. It is the policy of the Navy to provide naval personnel and their dependents with programs which effectively contribute to their morale and well-being.

Child care programs are an integral part of the Navy's obligation relating to quality of life enhancement in the Navy Community and may be operated as an element of the Navy Recreation Services Program as prescribed in reference (a). It is the intent that these programs not be custodial in nature, but contribute to all aspects of the development of children in Navy families.

a. The policy and guidance set forth in this instruction shall be applicable to all child care centers and other types of child care programs regardless of sponsor that provide hourly, part-day, pre-school, and full-day services on Naval installations. These programs are required to adhere to the minimum standards set forth in this instruction relative to facility design and construction, health, sanitation, safety, financial support, staffing and group size, program and equipment. This instruction does not apply to programs operated for sporadic occasional care such as that provided by chapels in support of religious services.

b. Child care centers and programs within the Navy shall be operated without discrimination as to race, color, sex, national origin or the grade and rank of the sponsor.

c. Child care centers and programs within the Navy are not intended to provide certified or licensed academic programs.

5. Explanation of Terms. The following terms apply to programs in this instruction.

a. Hourly Care. Care provided from 1 to 5 hours on a non-regular basis.

b. Part-day Care. Care provided from 1 to 5 hours a day on a regular basis. This includes before and after school care conducted in the child care center.

c. Full-day Care. Care provided from 6 to 10 hours a day, five days a week. This program normally serves parents who are active duty or employed full-time. Fees for services are usually paid in advance.

d. Custodial Care. Short-term care provided outside the child's home which meets only basic health and safety requirements.

e. Developmental Program. A planned program of developmentally appropriate activities which promote the social, emotional, physical, and intellectual development of children in each age group shall be provided in full day, part day and preschool programs.

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f. Pre-school. A part-day developmental program operating four hours or less. These programs normally are operated on a daily, or every-other-day schedule. The curriculum is designed to include readiness skills, language development, and other activities which help children in developing skills and knowledge that are associated with preparation for education achievements.

These programs should not be confused with kindergartens and are not involved with maintenance of academic records.

g. Environment. Use of space, materials and experiences to enhance children's development. Includes daily schedule and supervision provided.

h. Caregiver. Staff person who provides direct care of children and has responsibility for planning or assisting in planning and carrying out a program which meets the children's needs at the various stages of development and growth.

i. Support Staff. Person/persons responsible for providing other services such as, but not limited to, food service and desk attendant duties that are not directly related to caregiver services.

j. Sponsor. Person whose status determines the eligibility of the child for care. This may or may not be the natural father or mother. Defined as being the individual who has legal custody of the child.

k. Child Sized Furniture. Child's feet rest on floor when seated in chair, table height is comfortable with knees under table, elbows above table.

6. Responsibility

a. Chief of Naval Personnel shall develop and coordinate overall policy pertaining to child care programs.

b. Commander, Naval Military Personnel Command, NMPC-11, shall:

(1) Develop and provide guidance concerning general operation of child care centers and programs.

(2) Monitor operations and provide technical assistance to commands.

c. Commander, Naval Facilities Engineering Command, under the Chief of Naval Material, shall:

(1) Review and validate space criteria and functional design of child care facilities (reference (e)).

(2) Develop policy and standards concerning fire protection and safety.

(3) Provide technical assistance on policy and standards interpretation to commands for fire protection and safety standards (enclosure (2)).

d. Commander, Naval Medical Command, shall:

(1) Develop policy and standards concerning health and sanitation.

(2) Provide inspections and technical assistance to commands to ensure compliance with health and sanitation standards (enclosure (3)).

e. Commanding Officer shall:

(1) Survey surrounding communities and assess the need for Navy operated child care programs.

(2) Establish and operate child care programs where warranted and justified.

(3) Assure compliance with established Navy policy, standards and guidelines provided in this instruction through establishment of a formal documented inspection program.

(4) Establish local policies and standard operating procedures (SOPs) governing day-to-day operation.

7. Program Objectives. Developmental programs shall be offered to all children receiving full-day or part-day care. The following should be provided:

a. A prepared environment, including adequate equipment, that offers children an opportunity to engage in a variety of activities that will foster development.

b. A staff with knowledge and understanding of children's developmental stages and physical growth patterns.

c. Opportunities for parents to observe children in the classroom, other than observations made when escorting their children to the classrooms in the morning and from the classrooms at the end of the day.

d. A balance of active and quiet activities.

e. Opportunities for physical contact, verbal experience, and nurturing between infants and caregivers with ample time for infants to be out of cribs.

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f. Activities which promote the total development of the child (physical, social, emotional and intellectual).

(1) A variety of activities based on the child's abilities and interest.

(2) Opportunities for creative and expressive experiences.

(3) Opportunities which will aid in the development of large and small motor skills.

(4) Opportunities and experiences which will allow children to develop independence and feelings of self-worth.

(5) All routines associated with the comfort, health, and well-being of the children.

(6) Activities which reflect geographic, ethnic, and cultural differences.

(7) Continuity and flexibility to meet the needs of children, both individually and in groups.

(8) Continuity of caregivers within each age group in order to maintain consistency in the program. At least one caregiver with each age group should be available consistently throughout the major programmed portions of the day.

g. Child care centers and day care services are offered as a supplement to, not a substitute for, the family which is the primary agent for care and development of the child. It is recognized that in order to perform their duties, comprehensive services are required by military personnel and their dependents. This factor increases the importance of command attention to well managed child care centers and other day care service programs. Local standard operating procedures shall be prepared and issued in accordance with this instruction and enclosure (4).

h. Preschool and enrichment programs may be provided separately or as a part of the day care services program. However, such services do not, nor are they intended to, encompass recognized or licensed academic programs.

i. Commands are encouraged to utilize civilian agencies and resources concerned with child care centers and/or day care personnel and training.

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8. Eligibility. All dependent children of military personnel are authorized use of the child care facilities and services offered by the Recreation Services Program consistent with eligibility criteria contained in Article 108 of reference (a) and amendments. Guidelines for the use of the child care center by DoD civilian personnel shall be established in accordance with Chief of Naval Personnel letter Pers-72B/N-65B of 3 April 1980. At no time shall civilians receive precedence over active duty military personnel. Commands should determine the age limits of children accepted for care within the facility. In establishing minimum age accepted consideration shall be given to the needs of active duty personnel. When it is necessary that an active-duty mother return to duty at four weeks, the infant shall be accepted if other arrangements cannot be made. In such cases at least one health maintenance visit with a health care provider must be accomplished prior to the infant's acceptance into the program. Family day care (enclosure (5)) may be used for infant care.

9. Financial Support. Child care centers are operated as an element of the Recreation Services Program as a Category III MWR activity. The use of appropriated funds for child care centers and day care services, in accordance with reference (b), is authorized and encouraged. The Recreation Services Director shall have complete administrative and fiscal responsibility for the operation of the child care center with receipts and all disbursements of funds handled as prescribed for all elements of the recreation fund.

a. Fees and Charges. The commanding officer shall establish reasonable fees and charges to defray the cost of operating the child care center. User fees and charges should be reasonable enough to enable utilization of the child care center by all military personnel. The use of devices such as sliding scales by grade, number of children enrolled in program, or age of children, is authorized when establishing fee structures. It is not intended that Navy child care centers generate a profit. It is also the Navy's position that the provision of essential child care services to families should not be at the expense of the entire Navy community, particularly single personnel without children. For this reason, every effort is made to offset the costs of operation of child care centers with revenues from fees and charges for services provided. These fees must be paid by all authorized patrons. In view of this posture, the provision of free child care to any individual or group for which military personnel must in some way absorb the cost is not considered appropriate. Enclosure (6) provides guidance on establishing fees and charges.

b. Support to Volunteers. Recreation nonappropriated funds should not be used to subsidize Red Cross, Navy Relief, other volunteer groups or appropriated fund agencies. In recognition of eligible patrons who volunteer their services, the following guidance on alternatives to accommodate child care for locally recognized volunteers is provided:

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(1) Local arrangements could be made for volunteer organizations to provide additional volunteer staff assistance in the child care center or in-kind contributions as an offset to the cost of services provided. An example of in-kind contributions is the provision of first aid training for child care staff in exchange for a predetermined number of hours of child care.

(2) If an organization utilizing volunteers has access to funding resources, it is recommended that reimbursement to the child care center be made through the use of a monthly billing or voucher system. When it is determined that a command sponsored function (i.e., training or counseling) requires child care services, reimbursement should be made out of funds for that program where authorized.

(3) It is possible that a third party sponsorship can be developed by wives clubs, friends of day care organizations, etc., through which funds could be provided for the care of volunteers' children on a monthly billing system. Support from local fund raising efforts can also be dedicated for volunteer groups' child care needs.

c. Non-DoD Federal Funding. Various non-DoD federally funded programs are available to child care programs.

(1) Certain low-income families may qualify for financial assistance for child care from agencies of local, federal and/or state welfare assistance programs.

(2) The United States Department of Agriculture Child Nutrition Program may be available to assist in defraying the cost of food service programs for children. Local commanders should establish the appropriate liaison and proper method of obtaining financial assistance with each state agency.

10. Staffing

a. Staff/Child Ratios. The ratio of staff to children must be sufficient at all times to maintain constant supervision and to quickly effect evacuation in the event of fire or other emergency. The following minimum staff/child ratios shall apply at all times:

<u>AGES</u>	<u>STAFF</u>		<u>CHILDREN</u>
4 wks. - 18 mos.	1	per	5
18 mos. - 3 yrs.	1	per	8
3 yrs. - 5 yrs.	1	per	12
6 yrs. and older	1	per	15

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(1) The staff shall be counted in the ratios as caregivers only when providing direct care to children. Conversely, staff performing duties other than child care (i.e., food service or desk attendants) will not be counted in the ratios. The director, the assistant director or a designated representative shall be present during all hours of center operation.

(2) There shall be a minimum of two adults in the center, at all times, regardless of the number of children present.

(3) When occupied the crib room shall never have less than one staff member.

(4) During periods of inactivity (nap time, when children are resting), the ratio of children, excluding infants to 18 months, may be increased, but not to exceed double the ratio for the age group of children, provided additional adults are available in case of emergency.

(5) Ratios must be followed when children are in outdoor play areas.

(6) If handicapped children are enrolled (enclosure (7)), the child/staff ratio should be adjusted when necessary so that the development of all the children in the group is not hampered. This may be accomplished through the use of volunteers or part-time workers.

b. Group Size. The number of children assigned to one or more caregivers shall be Limited. The child care center shall meet the following group size requirements at all times of the day, except during arrival and departure time, and social activities such as field trips.

<u>AGE</u>	<u>MAXIMUM GROUP SIZE</u>
4 wks. - 18 mos.	10
18 mos. - 3 yrs.	16
3 yrs. - 5 yrs.	24
6 yrs. - and older	30

(1) For mixed age groups, a child care center shall meet the group size requirement for the youngest child in the group, when the children of that age category make up 20% or more of the group. If the children in the youngest age category make up less than 20% of the group, the group size requirement for the next highest age category may be used.

(2) If more than one group occupies a single room, each group must have its own clearly defined physical space, equipment and furnishings.

(3) When placing children into age groups, consideration should be given to the child's physical and emotional maturity. Children do not walk, crawl or develop in other areas at the same age or rate. Crawlers, toddlers and walkers shall be separated.

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(4) It is preferable that children from 4 weeks to 18 months be grouped as infants (to 9 months), pre-toddler (9 months to 14 months) and toddlers (14 months to 18 months). It is also preferable that children 18 months to 2 years be grouped separately as well as from 2 to 3 years, 3 to 4 years and 4 to 5 years.

c. Staff Qualifications. Staff members should be selected based on their ability to work with children in a group and on their understanding of children's needs. The minimum qualifications for the position of Child Care Center Director should be:

(1) BS/BA Degree in Child Development, Early Childhood Education, Home Economics, or a related field with a minimum of one year experience or.....

(2) Two years college with a related major and one year experience or.....

(3) High School Diploma with at least five years experience and training in Early Childhood Education/Development.

Caregivers should have the capabilities of oral and written communication.

There should be at least one caregiver with the skills and knowledge necessary for planning and implementing a developmental program for each age group.

d. Training Program. Ongoing staff training shall be provided to all child care center personnel. This program must be implemented in order for staff to correctly care for and provide activities for the children. Before actually caring for children, each caregiver shall receive an orientation which includes: (1) service regulations and local SOP; (2) child growth and development; (3) child care programing and activities; (4) health practices including personal hygiene and sanitation principles; (5) nutrition and meal service; (6) use of physical space; and design of the learning environments; (7) parent involvement; (8) safety; (9) fire prevention protection; (10) emergency procedures; (11) child guidance techniques; and (12) reporting child abuse (enclosure (8)).

Each caregiver without a nationally recognized child development credential appropriate for the age of the children cared for shall regularly participate in specialized training related to child care.

In addition to on-site in-service training provided by the center director, the use of community resources for training programs is encouraged.

All paid permanent personnel shall successfully complete a beginning first aid course, CPR, and training in the Heimlich Maneuver. A record shall be maintained for each employee showing evidence of successful completion of all training. Training may be procured from local Red Cross or health agencies.

e. Personnel Health Requirements

(1) Staff must be in good physical and mental health and free from communicable disease. All staff shall have a pre-employment physical and an annual physical examination thereafter. These shall include a screening test for tuberculosis, a VDRL and any other tests deemed necessary by appropriate medical authorities.

(2) Staff shall be immunized, except where religious belief precludes, against polio, tetanus, diphtheria, rubella and rubeola. Other immunizations may be required at the option of local medical authorities. It is recommended that a rubella antibody titer be obtained for all women employees of child bearing age as part of their pre-employment physical examinations, unless there is documented evidence of immunity or immunization. All male staff personnel should be immunized against mumps unless there is documented evidence of immunity or immunization.

(3) No staff member who is affected 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 shall be permitted to care for the children, prepare food, or be employed in any capacity where there is a likelihood of transmitting disease to other individuals.

(4) Smoking is prohibited in all areas used by the children.

(5) Volunteer personnel must meet the same health requirements as regular staff personnel.

(6) Personal Hygiene

(a) All staff members including food service personnel shall wear clean outer garments.

(b) Staff personnel shall maintain a high degree of personal cleanliness.

(c) Staff personnel shall wash their hands thoroughly after each changing of a diaper, use of the toilet, and when hands become soiled. Particular attention shall be given to cleaning under the fingernails.

(d) Personnel who work in food preparation areas shall maintain the personal hygiene standards required by NAVMED P-5010, Chapter 1.

(e) Personal hygiene shall be a high priority topic during the orientation training given to all new staff members.

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11. Volunteers. The use of volunteers is encouraged in assisting the center in the care of children with special needs. All volunteers should receive a minimum of two hours of training before caring for children. This training shall include information on center policies and procedures and protecting the health and safety of children.

12. Advisory Council. An Advisory Council may be established to provide the Commanding Officer with recommendations for improving services and operations of child care centers. This council shall act only in an advisory capacity. The council shall not engage in the management and operation of the child care center.

It is recommended that when formed, the advisory committee meet at least quarterly. The committee should include a chairperson, appointed by the Commanding Officer, the Center Director, Recreation Services Director, representatives from Public Works, representatives from Health and Safety, and the Center Medical Advisor. It is also recommended that the base dietitian be included if this position exists on the base. Meetings should be open to all members of the base community such as parents, wife's club representatives, and professionals in child development.

13. Program of Activities. Each center shall establish a planned program of developmentally appropriate activities for each age group which will promote the intellectual, social, emotional, and physical development of the children.

a. The planned program should be in writing and be made available to parents. The plan should contain a description of activities planned for the children and how these activities meet developmental needs.

b. The lead caregiver in each group area shall develop and have posted a daily schedule which allows children's participation in a variety of activities, such as social/dramatic play, creative art, blocks, small motor development, language development, music, and large muscle activities.

c. The program and the environment shall be planned in such a way as to give every child an opportunity to develop independence. This should include responsibility for materials, personal belongings, and any other self-help activities appropriate for the child's age.

d. Programs should include passive and active activities that promote the child's self-esteem, self-confidence, and a positive self-image. Each child should be recognized as an individual and respect given to their choice of activities, privacy and background. The program should reflect the cultural diversity of the children attending the center and allow opportunities for the children to investigate a variety of social and cultural backgrounds.

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e. There should be ample time spent in outdoor play. In areas where the environment may prevent outdoor play, certain portions of the daily schedule should include activities which foster large muscle development.

f. Only television programs designed for children shall be used as part of the program activities. Television shall be used only to supplement the daily plans for children. Television watching should be limited and not exceed thirty minutes during a four-hour period.

g. Routines shall be planned to prevent children from waiting in line, assembling in large groups or sitting for long periods of time.

h. Every full day program shall include a routine for napping. Supervised nap period shall be of one hour or longer for children under the age of five who attend the center on a full-time basis. Children who do not rest or sleep must have a quiet time with materials or activities that do not disturb the children who are resting.

i. Hourly care programs should be planned so that children can easily move in and out of the activities. Examples of activities for hourly care are flannel boards, books, filmstrips, puzzles, creative art, etc. The number of children participating in an activity should be limited. When space and facility design allow the hourly care program for children 3 to 5 years should be separated from other programs in the center.

j. Each center shall develop a discipline policy that gives positive guidance, allows for redirection and sets clear behavior limits. The discipline policy shall be designed to assist the child in the development of self-control, self-respect, and respect and consideration for the rights and property of others. Corporal punishment or any humiliating or frightening punishment is forbidden, such as spanking, hitting, slapping, pinching, shaking, or any other form of physical punishment. Verbal abuse, threats, and derogatory remarks are forbidden. Restricting the child's movements or placing the child in a confined space is forbidden. This does not preclude "time out" or removal from the group for brief periods when peer group attention contributes to unacceptable behavior. Withholding or forcing meals, snack, or nap are also forbidden. Children shall not be punished for lapse in toilet training.

14. Infant/Toddler Care. Each group of infants, pretoddlers and toddlers shall have at least one regularly assigned caregiver to care for them so there is consistency in staff and stability for the children.

a. Each child shall be allowed to form and follow his own pattern of sleeping and waking periods. Children shall not be left in cribs or playpens while awake, unless being cared for or awakened from rest or sleep.

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b. There shall be opportunity throughout the day for the child to receive physical contact and attention such as being held, walked, talked to, etc.

c. There shall be daily opportunities provided for the child to be taken on excursions outside the building.

d. Infants and toddlers should be encouraged to play with a wide variety of developmentally appropriate toys and materials.

e. Each day the non-walking child shall have the opportunity for freedom and movement such as creeping and crawling in an open space that is uncluttered.

f. Toilet training should be planned between the caregivers and the parents to provide consistency in routines.

g. Infants requiring bottle feedings shall be held for feedings. Bottles shall not be propped. Families of normal children older than one year should be helped to wean their children from the bottle. Children who have been weaned at home shall not be provided nursing bottles at the center.

15. Food Service. Centers with the capacity of more than 35 full time children should provide a nutritionally appropriate lunch, in addition to a minimum of two snacks. It is preferable that these meals be prepared on-site, however, catering is permissible. The center's meals and snacks shall meet the meal pattern below:

BREAKFAST	Children 1 to 3 years	Children 3 to 6 years	Children 6 to 12 years
Milk, fluid	1/2 cup	3/4 cup	1 cup
*Juice or fruit or veg.	1/4 cup	1/2 cup	1/2 cup
Bread and/or cereal, enriched or whole grain			
Bread or	1/2 slice	1/2 slice	1 slice
Cereal: Cold dry or	1/4 cup*	1/3 cup**	3/4 cup***
Hot cooked	1/4 cup	1/4 cup	1/2 cup
MID-MORNING OR MID-AFTERNOON SNACK (SUPPLEMENT)			
(Select 2 of these 4 components)			
Milk, fluid	1/2 cup	1/2 cup	1 cup
Meat or meat alternate	1/2 ounce	1/2 ounce	1 ounce
*Juice or fruit or veg.	1/2 cup	1/2 cup	3/4 cup
Bread and/or cereal, enriched or whole grain			
Bread or	1/2 slice	1/2 slice	1 slice
Cereal: Cold dry or	1/4 cup**	1/3 cup***	3/4 cup****
Hot cooked	1/4 cup	1/4 cup	1/2 cup

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LUNCH OR SUPPER

Milk, fluid	1/2 cup	3/4 cup	1 cup
Meat or meat alternate			
Meat, poultry, or fish, cooked (lean meat w/o bone)	1 ounce	1-1/2 ounces	2 ounces
Cheese	1 ounce	1-1/2 ounces	2 ounces
Egg	1	1	1
Cooked dry beans and peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter	2 tablespoons	3 tablespoons	4 tablespoons
Vegetable and/or fruit (two or more)	1/4 cup	1/2 cup	3/4 cup
Bread or bread alternate, enriched or whole grain	1/2 slice	1/2 slice	1 slice

*Beverages containing less than 50% fruit juice or those made with fruit flavored powders and syrups or fruit punch do not meet requirements.

**1/4 cup (volume) or 1/3 ounce (weight), whichever is less

***1/3 cup (volume) or 1/2 ounce (weight), whichever is less

****3/4 cup (volume) or 1 ounce (weight), whichever is less

a. Copies of menus for the current week shall be provided to parents and/or posted where they can be reviewed. All substitutions of comparable food values must be recorded on the menus. Menus should be dated and kept on file.

b. Meals and snack periods shall be conducted in such a way as to contribute to the overall development and independence of the children being served.

c. Caregivers shall sit at the table and eat with the children during meal service. This is not to be considered the employees meal period. Meals should be served with adequate time allowed for socializing.

d. Children should be encouraged to serve themselves to the greatest extent possible, giving consideration to good health and safety practices.

e. Food shall not be used as a punishment or as a reward.

f. Children should be encouraged to taste new foods, but not be forced to eat.

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g. Meal patterns shall include regular meals, as well as mid-morning and mid-afternoon snacks. There shall be no more than three hours or less than two hours between regular meals and snacks. Children should not go without nourishment for longer than three hours. If a late breakfast and early lunch are served, mid-morning snack may be eliminated. Children attending the center for a full day must receive at least one-third of their daily nutritional requirements at the center. Children attending the center for more than eight hours shall receive a minimum of two-thirds of their daily nutritional requirements at the center.

h. Children shall not be excluded from meals. If there is a charge for meals that has not been received from the parents, the children should not be accepted for care during meal service hours.

i. An adequate amount of food should be prepared to allow for second helpings of the four major food groups, if the children desire them.

j. There shall be no direct access to vending machines by the children in the child care center.

k. Centers with a capacity of 35 children or less or without the ability to provide meals shall provide a mid-morning and a mid-afternoon snack. In instances where children bring lunches from home, provisions must be made for the prompt refrigeration of lunches, as well as a training program for parents to ensure a nutritious lunch for each child. To the greatest extent possible, the practice of bringing foods from home shall be discouraged in all centers.

16. Equipment and Materials. Appropriate equipment and materials must be available to support children's development when attending the center.

a. Equipment, toys and materials shall be in sufficient amounts to prevent children having to wait for long periods of time or compete for use. There should be enough equipment for each group that it can be rotated for variety and to encourage growth and development of the children.

b. Equipment and materials shall be stored on low open shelves to be accessible to children and stored in a neat and orderly fashion. The use of toy boxes is not acceptable.

c. Consideration shall be given to the age and developmental level of the children when selecting equipment. Size and design must be appropriate for the age group. Care shall be taken to ensure that items are safe for the age and developmental level of the children.

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d. The following equipment shall be available in sufficient numbers for each group of children 4 weeks to 18 months.

- (1) mobiles
- (2) busy boxes
- (3) soft books
- (4) unbreakable mirrors
- (5) pull toys
- (6) nesting and stacking toys
- (7) large snap beads
- (8) shape sorting toys
- (9) rattles
- (10) records
- (11) soft balls
- (12) pillows and cushions
- (13) soft washable dolls

e. The following equipment shall be available in sufficient numbers to each group of children 18 months and older with consideration given to the appropriateness of each item for toddlers and preschool aged children.

- (1) books, records
- (2) puzzles, manipulative toys
- (3) unit blocks and accessories
- (4) equipment for large muscle development
- (5) equipment for sand/water play
- (6) imaginative play/social dramatic play (child size stove, refrigerator, dishes, dolls, dress up clothes etc.)
- (7) easels, paints, brushes
- (8) clay, play dough, scissors, crayons, variety papers, pencils, etc.

17. Furnishings. Furnishings shall be appropriate to the age, size and activities of the children in the group.

a. Nap time cots which can be stacked or otherwise individually stored when not in use with appropriate bedding shall be provided.

b. All children who are not held when fed shall be served meals and snacks at child-sized tables.

c. High chairs should not be used for children over 18 months.

d. Rocking chairs shall be available for staff in the infant/toddler areas.

e. Individual storage should be made available for the personal belongings of children including facilities for hanging coats, sweaters, etc.

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18. Parent Involvement. Parents shall be informed of the program and be provided opportunities to observe the program.

a. A parent handbook or brochure including information on fees and charges, hours of operation and a description of the program and activities should be provided to the parents upon the child's initial enrollment.

b. Parents should have an opportunity to talk to the child's assigned caregiver when the child is brought to the center and picked up.

c. The parents of children under the age of 2 years shall be provided with information on the child's sleeping and eating as well as other pertinent information on a daily basis.

d. Information on establishing a parent's co-op is contained in enclosure (9).

e. A registration form for each child must be completed by parents prior to admission and be updated annually or more often if necessary.

f. A copy of this instruction and local SOPs should be made available to parents.

William P. Lawrence
WILLIAM P. LAWRENCE

Deputy Chief of Naval Operations
(Manpower, Personnel and Training)

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FACILITY STANDARDS

1. Space Required. A minimum of 35 square feet of usable floor space must be provided for each child. Usable floor space is that which can be used by the child to play. It does not include permanently fixed storage, hallways, kitchen, dining room, bathroom, diaper change area, or administrative spaces. Also excluded is space not consistently available to children, such as, but not limited to, areas used exclusively for napping, eating or crib space. Loading shall be computed for each individual facility and shall not be exceeded. Capacity of each area should be posted by the door.

2. Space Components. Child care center shall provide space for the following components:

a. Activity Rooms. Space for appropriate age grouping of children which provide adequate area for developmental programs shall be provided. Activity rooms must include an area where children can sit alone quietly at times other than normally scheduled nap periods.

b. Infant area. Separate space for infant care shall be provided if children under two years of age are accepted. Infants and toddlers shall not be mixed. There must be space where crawling or toddling children can play separately on the floor. (In new facilities or renovations a minimum of 15 square feet potential maximum child use in the room should be provided. Example: In a room for 10 children 150 square feet must be set aside for crawling and toddling).

c. Isolation Room. A separate area shall be provided for children who become ill. If a separate area is not available they should be kept away from areas used by other children and located near a toilet not used by other children. It is recommended that isolation areas with separate lavatory and flush toilet be provided in new construction.

d. Office Space. There should be sufficient space for administrative staff.

e. Reception Area. An area for delivery and pick-up of children shall be provided.

f. Staff Lounge. A lounge for staff may be provided if it can be accommodated within the authorized space allowed.

3. Location. Child care centers shall be located away from areas of heavy traffic. Parking and drop off areas must be available so that children and parents can enter and leave the center without crossing a busy street or walking through other areas of traffic. Additional planning factors to be considered include minimum exposure to excessive noise, vibration and vehicle exhaust.

Enclosure (1)

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4. Outdoor Play Space. Outdoor play area should have a minimum of 100 square feet of play space for each child. The minimum total square footage of the outdoor play area allowed should be sufficient to allow at least 1/3 of the maximum capacity of the center to play on the designated playground at one time. A separate play area is recommended for children under the age of 36 months.

a. Playground should be immediately adjacent to the child care center. Children should have direct access to play area from inside activity room.

b. Design of outdoor play areas should permit staff members to easily supervise children and activities.

c. The area should be enclosed with at least a five foot fence. Horizontal fencing should not be used.

d. Playgrounds shall be free of stones, outcroppings, gullies, drop offs, holes, stumps, weeds, animal wastes and trash.

e. Walkways shall be constructed of washed pea gravel, concrete or other suitable material which will not become muddy or slippery in wet weather.

5. Playground Equipment

a. Playground equipment with hazardous moving parts, openings or angles which can trap fingers, hands, feet or heads shall be avoided.

b. Equipment should be installed over an impact absorbing surface such as rubber or sand.

c. Bolts, screws and edges shall have rounded surfaces.

d. Equipment shall be properly installed and maintained.

e. Playground equipment shall be appropriate for the ages and developmental levels of the children using it.

f. Equipment should be selected which allows creative play and is not limited to one activity.

g. Locate equipment away from natural pathways of traffic.

h. Equipment for similar age groups and requiring equal skill levels should be grouped together. Playgrounds should provide space for less active, quiet play as well as large muscle activities.

i. Suitable outdoor facilities for the storage of wheel toys and other equipment should be provided.

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- j. Steps on slides shall have handrails.
- k. Swing seats shall be constructed of lightweight material.
- l. Equipment requiring anchors shall be firmly supported.

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FIRE PROTECTION AND SAFETY STANDARDS

1. Building Standards. Centers housing children six years of age and older shall conform to the requirements for educational occupancies outlined in the National Fire Protection Association (NFPA) Standard No. 101. For children under six years of age, centers shall conform to the requirements for child care centers outlined in NFPA Standard 101 and this enclosure. Where there is a conflict between NFPA Standard No. 101 and Navy Standards, Navy Standards shall apply.

2. Center Location. Where centers are located in a building containing mixed occupancies, the facility shall be separated by a one-hour fire wall from floor to ceiling, with no intercommunicating openings. Centers shall not be located in buildings that house fuel storage shops, maintenance shops including woodworking and painting areas, laundries and large kitchens or in other areas which may be equally or more hazardous.

3. Construction

a. Types of construction permitted as defined in NFPA 220, Building Construction.

- (1) Type I (443-332)*
- (2) Type II (222-111)*
- (3) Type III (211)*
- (4) Type V (111)*

b. Construction Exception. The use of Type II (000), Type IV (2HH), and Type V (000) construction is prohibited unless all the following conditions are met:

(1) Provide one layer of 5/8" fire rated gypsum board throughout entire building except for Type IV (2HH).

(2) Does not exceed one story in height.

(3) Automatic smoke detectors are provided in accordance with National Fire Protection Association (NFPA) Standard 101.

*First Number - fire rating of exterior bearing walls
Second Number - fire rating of structural members
Third Number - fire rating of floor construction

Enclosure (2)

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(4) Automatic sprinklers are provided throughout the entire building.

(5) Number of children is limited to 50 children who are 3 years of age or older and there are two remote exits; or

(6) Number of children is limited to 100 children who are 3 years of age or older and each room occupied by children has an exit directly to the outside of the building.

4. Building Prohibition. Child care facilities are not permitted in basements or above first floor levels.

5. Exits

a. Minimum of two remotely located exits is required. Exits shall be as far away from each other as possible.

b. Discharge from exits must be to the exterior of the building.

c. Doors must swing in the direction of travel and panic hardware must be provided in major exit doors and doors used by cribs.

d. Travel distance to an exit must be within 150 feet from any point in the building and no more than 100 feet from any room door. Dead end corridors shall not be permitted. Travel distances may be increased by 50 feet in buildings equipped with automatic sprinklers.

e. Every closet door latch shall be such that children can open the door from inside the closet. Doors shall not be lockable on bathrooms used by children.

f. Illumination of exit corridors and provision of exit signs are required. If building is used after daytime hours, the exit signs must be of the illuminated type and battery powered emergency lighting is required.

g. Cribs, exit doors, ramps shall be provided to be able to roll cribs from their room(s) of use directly to the exterior of the buildings away from potential danger or hazards.

6. Windows. Child care centers shall not be located in windowless buildings.

7. Interior Finish Materials

a. Exit corridor and sleeping rooms shall have a flame spread rating of 25 or less and a smoke developed rating of 50 or less.

b. Other areas must have a flame spread rating of 75 or less and a smoke developed rating of 100 or less.

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c. Carpet systems (carpet and cushion tested together as they will be installed) shall have a flame propagation index of less than 4.0 when tested in accordance with Underwriter's Laboratories UL 992 (Chamber Test) or have a minimum average critical radiant flux of 0.50 watts per square centimeter when tested in accordance with Federal Test Method Standard 372 (Flooring Radiant Panel Test).

8. Fire Alarm/Detection Systems

a. Smoke detectors powered by alternating current (AC) are required in corridors, sleeping areas, lounges and recreation areas. Spacing of detectors should not be greater than 30 feet on center. Detectors shall be provided even if the building is completely sprinklered.

b. A manual fire evacuation alarm system is required and shall be connected to the exterior fire alarm system.

9. Subdivision into Compartments. If the building is of fire resistive or noncombustible construction or if automatic sprinklers are installed, subdivision into compartments is not required. When sleeping areas housing children under three years of age are divided into rooms, room dividers shall have a minimum of one-hour fire resistance, and glass in walls shall not exceed 25 percent of the wall area and shall be glazed with fixed wire glass in steel frames. When interior room doors are provided between adjacent rooms, they shall be not less than 3 feet wide and shall have self-closing devices, latches and automatic hold open devices. Doors and frames shall have a 20 minute fire protection rating.

10. Protection from Hazards. All mechanical equipment rooms, kitchens, storage rooms, janitor closets and maintenance shops must be separated from the remainder of the building by construction having at least a one-hour fire resistance rating. Where domestic cooking equipment is used for food warming or limited cooking, separation is not required.

11. Fire Extinguishers

a. Portable fire extinguishers of the pressurized water or equivalent type are required. In general, one 2-1/2 gallon extinguisher for each 6,000 square feet of area is required. The maximum travel distance to an extinguisher shall not exceed 75 feet.

b. A dry chemical or carbon dioxide type extinguisher shall be provided for the kitchen or cooking area.

12. Fire Prevention

a. A monthly fire prevention inspection by the fire department and child care center director or designated representative shall be conducted and any discrepancies should be promptly corrected.

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b. A fire evacuation plan shall be developed and executed at least once per month with participation by the cognizant activity fire department.

c. The use of highly combustible furnishings and decorations are not permitted (even if the building is completely sprinklered).

d. Artwork and teaching materials attached to the walls shall not exceed 20% of the wall area.

e. Wastebaskets and other waste containers shall be of non-combustible materials.

13. Walking/Working Surface Hazard Protection

a. Each area shall be kept free from protruding nails, splinters, holes or loose boards.

b. Aisles and passageways shall be kept clean and in good repair with no obstructions across or in aisles that could create a hazard.

c. Covers and/or guard rails shall be provided to protect personnel from hazards of openings, falls from elevations, etc.

d. Floor loadings shall be approved for each facility.

e. Where there is a hazard of material falling through an opening at or near, or below floor level a standard toe board or an enclosing screen or equivalent barrier shall be provided to protect personnel below.

14. Fall Protection

a. Every window at a stairway landing, floor or platform or balcony from which there is a drop of more than four feet and where the bottom of the window or opening is less than three feet above the landing, floor or platform shall be guarded by a barrier appropriate to the age and size of the personnel exposed.

b. Every flight of stairs having four or more risers shall be provided with stair railings or handrails appropriated to the age and size of personnel exposed.

c. Minimize hard surface floor areas wherever possible to reduce injury potential of falls.

d. Play areas by windows should be arranged to minimize children's exposure to hazards such as lacerations or falls as a result of impact.

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15. Electrical Hazard Protection

- a. Extension cords are prohibited.
- b. A ground fault circuit interrupter (GFCI) shall be provided for each circuit servicing bathrooms, kitchens, laundry facilities, and exterior receptacles.
- c. Electrical installation and equipment shall comply with the requirements of the National Electric Code.
- d. Electrical receptacles located in child care areas shall be protected by protective non-metallic caps in conjunction with the standard grounded receptacle and/or shall be controlled by a separate switch permitting them to be de-energized when not necessary for use. These precautions shall be taken in all areas occupied by children under 5 years of age.

16. Mechanical Hazard Protection

- a. One or more methods of machine guarding shall be provided to protect personnel from hazards such as those created by point of operation, ingoing nip points, rotating parts, sharp edges, etc.
- b. The periphery of fan blades located less than seven (7) feet above the floor or working level shall be guarded with openings no larger than one-half (1/2) inch.
- c. Machines designed for a fixed location shall be securely anchored to prevent walking or moving.
- d. Replace tack strips with clip strips, tape strips or magnetic holders which do not present puncture or ingestion hazard posed by loose tacks.

17. Environmental and Toxic Hazard Protection

- a. Exposure to toxic and hazardous substances such as lead paint, asbestos, formaldehyde, termiticide, etc., shall be eliminated or controlled to acceptable concentrations.
- b. Exposure to poisonous, toxic, or other hazardous plants, shrubbery or trees shall be eliminated or controlled to acceptable levels.
- c. Minimize use of play, art and other areas for eating where possible bacteria or toxological hazards may exist.
- d. Noise exposure to personnel within the facility shall not equal or exceed 85 dba.

18. Emergency Procedures. Training and drills shall be conducted for all staff on various emergency procedures.

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HEALTH AND SANITATION STANDARDS

1. General. Commanding Officers of Naval Regional Medical Centers or Naval Hospitals, through their Preventive Medicine Services shall provide technical assistance and once a month health inspection support to child care programs operating under their jurisdiction to ensure compliance with these standards. A medical officer, preferably a pediatrician, shall be assigned as the point of contact for medical problems which may occur at the child care center. A written report shall be left with the center director, a copy to be forwarded to Department Head following each health inspection noting deficiencies and a time table for correction.

2. Facilities

a. Floors and walls shall be constructed of smooth, easily cleaned material and be free from hazards. Use of ceramic tile in toilet facilities is undesirable, seamless linoleum is recommended. Only non-toxic paint shall be used on painted surfaces.

b. Electrical outlets accessible to children should have an appropriate cap or cover which cannot be removed by the child.

c. Lockable storage space shall be provided for the storage of cleaning and other chemicals. Such space shall not be located in or directly off the rooms occupied by the children, in the kitchen of child care centers, or in the toilet facility.

d. Inside winter design temperature shall be 68 degree Fahrenheit at the floor. Inside summer design temperature shall be 78 degrees Fahrenheit. Temperature control shall be by thermostat having 68 or 78 degree Fahrenheit deadband. Humidity control is not required.

e. Floor furnaces, open grate gas heaters and electric space heaters shall not be used to heat areas occupied by children. Electric baseboard heating is acceptable. Open fireplaces and combustion space heaters are prohibited. Steam or hot water radiators shall be effectively screened. If fans are used for cooling, they shall be protected by a small mesh grill and installed outside the reach of children.

3. Laundry Facilities

a. Child care centers that provide laundry services shall be operated in accordance with NAVMED P-5010, Chapter 2.

b. Contaminated articles shall undergo a hot water and detergent wash at 160 F, then washed with a chemical disinfecting agent and finally, a series of rinses. If the type of fabric precludes the use of hot water, a suitable germicidal treatment will be substituted, as recommended by the area preventive medicine service.

Enclosure (3)

c. Articles subjected to laundering shall contain no objects or substances which may be harmful to persons handling or wearing the articles.

d. Laundered articles shall be stored in a clean location and protected against contamination.

4. Health Hazards. The local medical department representative shall conduct periodic surveys to detect health hazards and make appropriate recommendations. Examples of such hazards are: lead-base paint, asbestos or other hazardous insulating material used in construction or maintenance, carbon monoxide from heating equipment or local traffic and excessive noise.

5. Child Admission Requirements

a. No child may be admitted to a child care center without a certificate stating immunizations are current except where religious beliefs preclude, against diphtheria, whooping cough, and poliomyelitis. No child 18 months or older may be admitted without current immunizations against measles (rubeola), mumps, and rubella (MMR). Certification that immunizations are current shall be obtained from any licensed physician or health care agency prior to admission. The cognizant local medical department shall be contacted periodically regarding any additional requirements as local disease profiles may require specific immunizations and TB skin testing. Child care centers shall establish a procedure as part of their standard operating procedure (SOP) that ensures compliance with current immunization requirements as required by local laws and regulations and which are consistent with recommendations of the U.S. Public Health Service and American Academy of Pediatrics.

b. No child may be admitted who is obviously acutely ill. Children with symptoms of a probable communicable disease shall have a consultation with a physician. If the child has a communicable disease, he or she shall not be admitted to the center.

c. Parents shall certify as part of the admission procedure that their child is free from obvious illness and is in good health. Parents shall also note any known allergies to food or other substances.

d. Parents shall complete an authorization release for emergency medical care as part of the admission procedure. Appropriate telephone numbers will be kept on file where both parents and/or a person designated by a parent to be responsible may be reached. Telephone numbers shall be reviewed regularly and kept current.

e. The cognizant most qualified medical department specialty (e.g. pediatric service) shall be consulted for input into the medical criteria used to admit or refuse admission to child care facilities.

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6. Illness

a. Any child showing signs of illness (fever, diarrhea, vomiting, etc) shall be isolated until leaving the child care center. Parents or persons specifically authorized in writing by the parents shall be notified to pick up the child immediately. The ill child shall have a staff member in constant attendance.

b. Emergency medical care and ambulance telephone numbers must be in a conspicuous place.

c. Whenever exposure to a communicable disease has occurred, the cognizant Naval Regional Medical Center or Naval Hospital Preventive Medicine Service should be contacted for recommendations regarding control measures.

d. Written policies and procedures should be developed with the assistance of the local health consultant to address the following areas:

(1) In-service training for all child care personnel in the rudiments of first aid, treatment of minor injuries and signs of illness.

(2) Standing procedures for the handling of minor injuries, illnesses and special health problems such as lice, worms, impetigo and ringworm.

(3) Policy relating to emergencies and related issues such as parental permission and consent forms, transportation, etc.

(4) Establishment of criteria for exclusion of acutely ill children with the option of continued care of children with minor problems (diaper rash, allergic symptoms, eczema, etc.).

(5) Procedures for notification of appropriate authority of reportable communicable diseases, child abuse and child neglect.

(6) Establishment of criteria on a case by case basis for administration of medication when it is in the best interest of the child and within the capacity of staff resources.

7. Medications. It is preferable that oral medications not be administered in the child care center. When possible, parents and physicians should be requested to adjust medication schedules so that no medication need be administered by staff. The decision to administer medication should be made on a case by case basis with consideration given to the needs of the child and family circumstances. When administering medication the same procedures outlined in enclosure (5) shall be followed.

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8. Sleeping Facilities

a. In infant and toddler rooms, cribs shall be spaced at thirty-six inch intervals laterally or end-to-end if the ends are of solid construction, and be so configured to preclude wedging or entrapment of child's body between the slats, bars, or other component parts. Pillows and mattresses shall be covered by moisture proof underpinning.

b. During rest periods, a separate crib or cot shall be assigned to each child. Mats, rugs, or other materials laid directly upon the floor are not suitable substitutes. Adjacent children should be placed in alternating head to foot for sleeping. There shall be a minimum of three (3) feet between cots.

c. Clean covering sufficient to maintain comfort should be provided by the center or parents.

d. When soiled by body wastes, cribs and cots shall be cleaned and disinfected using products approved by medical officer.

9. Waste Disposal

a. Solid wastes and garbage shall be kept in durable, waterproof, heavy duty, and non-combustible waste containers with tight-fitting lids. The containers shall be kept covered.

b. A sufficient number of containers shall be provided to prevent overfilling.

c. Containers shall be provided with suitable plastic liners and cleaned frequently to prevent odor and pest harborage. Containers shall be emptied as necessary and at the close of each working day. Cleaning shall be done in such a manner as to prevent contamination of the facility.

d. Combustible materials shall be kept in plastic containers.

e. Cloth diapers may be utilized if furnished by and returned to the parents or designated representative at the end of each day. Diapers shall be marked with child's full name. Soiled cloth diapers shall be placed in a securely fastened plastic bag provided by the parent and returned daily. Staff shall avoid handling soiled clothing - it shall be sent home unrinsed.

f. All surfaces touched during diapering (table, sink, bottles, etc.) shall be washed with approved disinfectant after each use.

g. All rooms must be well ventilated without draft by having windows that can be opened, air conditioning, or a ventilating system. All windows, and doors, shall remain closed unless securely fastened screens are installed for protection against insects. Food service areas shall have adequate exhaust ventilation to remove excessive heat or humidity.

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h. Water shall be potable quality and meet the standards prescribed in BUMEDINST 6240.3C. Drinking fountains shall be of sanitary design with a guarded angled drinking head. Fountains for use by children shall be installed at a suitable height or platform steps provided for children's use. Where drinking fountains are not utilized, single service individual drinking cups shall be provided in sanitary dispensers. Drinking fountain should be available to the children on the playground.

i. Lighting levels should be at 50 FC in reading rooms, 30 FC in adjoining areas or work areas and 10 FC in hallways or non-work areas.

j. Toilet and Handwashing Facilities

(1) A minimum of one flush type toilet and handwashing sink shall be provided for every fifteen children three years or older and staff members.

(2) There should be one diaper change area with running water provided for every ten children under the age of 18 months. If running water is not available in diaper change area, a sanitizing solution, foam or handwashing solution shall be available. Changing tables shall be sanitized after each use.

(3) There shall be at least one nursery chair for every five children who are being toilet trained or for whom toilet chairs are appropriate. Proper sanitation procedures after each use of toilet chairs shall be followed. Where child size toilets and low sinks are not available, platforms and steps shall be provided so that the children may use the facilities with minimal assistance.

(4) All handwashing facilities shall be provided with hot and cold water, mixing faucets, and soap and hand towel dispenser, or air drying devices. The temperature of hot water used by children shall not exceed 110 F.

(5) Separate toilet and handwashing facilities shall be provided for the isolation room in new construction or when renovating facilities. In existing centers where separate facilities are not available, separate toilet facilities shall be designated for use by children who are ill.

(6) In facilities where only adult sized toilets and sinks are available, platforms for children shall be provided.

10. Foodservice Operations

a. Child care personnel responsible for the selection of meals and/or snacks should have a basic knowledge of nutritional needs of children, and should consult with the pediatric or dietary staff of the medical department. All food service equipment, including refrigerators, shall meet National Sanitation Foundation or equivalent standards.

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b. Single-service dishware and/or eating utensils may be used in child care centers. Where multi-use cooking utensils and/or dishware are used, they shall be washed and sanitized in accordance with NAVMED P-5010-1, Foodservice Sanitation.

c. Formula and juices served in a baby bottle shall be prepared at home, identified for the appropriate child by the parents, and refrigerated until use. Baby food shall be refrigerated after opening. Only plastic baby bottles shall be permitted. All infants shall be held for feedings. The use of bottles for infants over one year old should be discouraged.

d. When food services are provided, all facilities shall meet the structural and sanitary requirements in NAVMED P-5010, Chapter 1.

e. Food procurement, storage, preparation and dishwashing shall be in accordance with NAVMED P-5010, Chapter 1.

f. All directors and staff personnel who engage in foodservice operations shall complete a course of foodservice operations sanitation training in accordance with SECNAVINST 4061.18. Training will be provided by cognizant Naval Regional Medical Center or Naval Hospital Preventive Medicine Services.

11. First Aid Kit. A first aid kit shall be located in the child care center and include materials for the emergency cleansing and protection of wounds, including an antiseptic, bandages, dressings, and tweezers. Emergency child-sized pharyngeal airways may also be included in the first aid kit. The cognizant local medical department should specify content of the first aid kit and provide training as necessary.

12. Pest Control. Operations shall be in accordance with NAVMED P-5010-8.

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GUIDELINES FOR OPERATIONAL PROCEDURES

1. Local instructions for Standard Operating Procedures (SOP's) shall be developed for each child care facility and govern the following areas: hours of operation; acceptance/registration procedures; fees and service charges (to include late fees); medical and health requirements; safety requirements; emergency procedures; rules of operation; and fire prevention and fire evacuation procedures. The SOP's shall be coordinated with the appropriate base offices (e.g. medical, safety, fire marshal). SOP's should be prominently posted for the information of both employees and patrons.
2. Appropriate forms should be developed to regulate operational procedures. Such forms should include registration, payment receipt, accident reports and patron information cards.
3. An ongoing developmental program shall be established to provide activities which include individual and small group experiences, both adult and child initiated. Opportunities for language, math, science, music, art, cooking and motor development shall be provided routinely, based on children's developmental levels.
4. Materials shall be easily accessible and displayed on low open shelves to afford children opportunities for spontaneous choice and decision making.
5. Activity plans should be submitted by caregivers to the director for approval prior to execution.
6. Child care centers should keep up-to-date community resource files for referrals to parents when special needs arise that cannot be accommodated within the center.
7. Within the larger classroom setting, children shall be divided into smaller groups. Small groups lessen the probability of aimless wandering, lack of involvement, hostility and squabbles while perpetuating interest and participation.
8. Consideration to the developmental level of the user should be considered in purchasing toys and equipment for use in a child care center. Before making a selection be sure the product:
 - Is safe, durable and versatile
 - Gives children active roles--not diversions
 - Is easy to manipulate and comprehend
 - Works as intended
 - Material is warm and pleasant to touch
 - Price is based on durability and design
 - Supports the level of development intended

Enclosure (4)

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CHILD CARE CENTER CHECKLIST

Installation: _____ Date of Inspection: _____

Facility Inspected: _____ Building Number: _____

☐ Family Day Care ☐ Day Care Center ☐ Preschool

Observed Child-Adult Ratios

4 wks - 18 mos _____ Children to _____ Adults 3 yrs-5 yrs _____ Children to _____ Adults

8 wks - 3 yrs _____ Children to _____ Adults 6 yrs & older _____ Children to _____ Adults

Total Enrollment _____ Children Staff Members (Total #) _____

SECTION A - ADMINISTRATION

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Is health information, including immunization records kept on file in the facility and renewed annually? | _____ | _____ |
| 2. Is registration information, signed by parent or guardian, kept on file in the facility and updated annually? | _____ | _____ |
| 3. Is emergency contact form filled out on each child, signed by parent or guardian, and kept on file? | _____ | _____ |
| 4. If first aid is given or if a child is referred to medical treatment facility, is an incident report prepared and kept on file? | _____ | _____ |
| 5. Is current physical examination including TB test on file for all staff and volunteers? | _____ | _____ |

SECTION B - FIRE

- | | | |
|--|-------|-------|
| 6. Are fire evacuation plans posted? | _____ | _____ |
| 7. Are fire prevention inspections conducted monthly? | _____ | _____ |
| 8. Have deficiencies, if any, from last inspection been corrected? | _____ | _____ |
| 9. Is smoking permitted only in specifically designated areas away from the children's area? | _____ | _____ |
| 10. Are fire drills conducted monthly? | _____ | _____ |

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	<u>YES</u>	<u>NO</u>
11. Did the cognizant activity fire department participate in monthly fire drills?	—	—
12. Is maximum building capacity posted?	—	—

SECTION C - INDOOR REQUIREMENTS

	<u>YES</u>	<u>NO</u>
13. Is lead paint stored or used in building?	—	—
14. Are handwashing facilities IAW OPNAVINST 1700.9A?	—	—
15. Is one flush toilet and lavatory provided for each 15 children, three (3) years and older, and staff members?	—	—
16. Are portable nursery chair non-flush toilets cleaned with a disinfectant solution after each use?	—	—
17. If junior size toilets and sinks are not available, are platforms and steps provided?	—	—
18. Is a daily inspection conducted of facility areas, equipment, and by whom (director/representative)?	—	—
19. Does facility have at least 35 net, usable, square feet per child?	—	—
20. Is an isolation room available for children who become sick?	—	—
21. Is a separate toilet provided for the isolation room?	—	—
22. Is the same room used for sleep and play, but only for one purpose at a time?	—	—
23. Are windows and doors used for ventilation screened?	—	—
24. Are screens easily removable during emergencies?	—	—
25. Do stairways, if any, have guardrails, non-slip treads, gates or similar protection?	—	—
26. Are floor surfaces safe and easily cleaned (minimum dust and non-slippery)?	—	—

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	<u>YES</u>	<u>NO</u>
27. Are cleaning equipment and supplies stored IAW OPNAVINST 1700.9A (non-flammable, poisonous or caustic materials)?	___	___
28. Do children have access to rooms which have a furnace, domestic hot water heater, or gas meter?	___	___
29. Do drinking fountains have guarded angle-jet drinking needs?	___	___
30. Are at least 50% of the drinking fountains mounted 30 inches from the floor or have platform steps?	___	___
31. Is temperature within 1 foot of the floor 68 winter and 78 summer?	___	___
32. Are thermostats tamper proof and located no more than 36 inches above the floor?	___	___
33. Are furniture, equipment and other interior furnishings safe, non-toxic, free of splinters, rough and sharp edges?	___	___
34. Are furnishings and equipment scaled to the needs and sizes of the children served?	___	___
35. Are beds, cots, cribs and playpens at least 3 feet apart (or end to end if the ends are of solid construction) on all sides when in use?	___	___
36. Are bed linens changed IAW OPNAVINST 1700.9A?	___	___
37. Are beds, cots, cribs and playpens painted with non-toxic paint?	___	___
38. Is crib slat space a minimum of 2-3/8 inches?	___	___
39. Are cots and cribs changed or disinfected IAW OPNAVINST 1700.9A?	___	___
40. Are disposable diapers used?	___	___
41. Are soiled diapers disposed of IAW OPNAVINST 1700.9A?	___	___
42. Is handwashing facility available in change area?	___	___
43. Are diaper changing areas covered with disposable paper (changed after each use) or washable material which is disinfected after each use?	___	___

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- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 44. Is lighting in facility IAW DODINST 4270.1-M and OPNAVINST 1700.9A? | ___ | ___ |
| 45. Are procedures for pest control IAW NAVMED P-5010-8? | ___ | ___ |

SECTION D - OUTDOOR REQUIREMENTS

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 46. Is outdoor play area: | | |
| a. at least 100 square feet per child? | ___ | ___ |
| b. immediately adjacent to child care center? | ___ | ___ |
| c. enclosed by fence with gate that can be secured? | ___ | ___ |
| d. equipment installed over impact absorbing surface? | ___ | ___ |
| e. surface non-slippery, well drained and reasonably non-abrasive? | ___ | ___ |
| f. equipment safe and sanitary? | ___ | ___ |
| 47. Is off street parking provided? | ___ | ___ |
| 48. If center provides night care, are entrances and parking areas well lighted? | ___ | ___ |
| 49. Are culverts, drainage ditches, sewer accessories and similar hazards inaccessible to children? | ___ | ___ |
| 50. Are garbage and refuse containers properly covered and located away from children's play areas? | ___ | ___ |

SECTION E - FOOD SERVICE

- | | | |
|---|-----|-----|
| 51. Is food prepared in facility? | ___ | ___ |
| 52. Are children allowed in kitchen? | ___ | ___ |
| 53. If single service dishware and utensils are not used, are dishwashing procedures IAW NAVMED P-5010-1 Food Service Sanitation? | ___ | ___ |
| 54. Is food preparation and handling IAW NAVMED P-5010-1, Food Service Sanitation? | ___ | ___ |

	<u>YES</u>	<u>NO</u>
55. Is food and formula for infants provided by parents labeled and refrigerated (full name, date, feeding instructions)?	___	___
56. Is formula prepared in facility?	___	___
57. Are feeding periods properly supervised in all age groups?	___	___
58. Are bottles propped for self-feeding?	___	___

SECTION F - HEALTH

	<u>YES</u>	<u>NO</u>
59. Are once a month health inspections accomplished by servicing regional medical center?	___	___
60. Is medication of any type administered by staff?	___	___
61. Does SOP include:		
a. information on health evaluation and screening?	___	___
b. child abuse and referral methods?	___	___
c. criteria for isolation of sick and injured children?	___	___
d. immunization requirements?	___	___
62. Is first aid equipment available?	___	___
63. Are emergency telephone numbers readily available?	___	___
64. Has staff undergone training in first aid, CPR, and Heimlich Maneuver?	___	___
65. Is there a monitoring procedure established to identify the occurrence of an infectious disease outbreak?	___	___
66. Has a medical officer been assigned as a point of contact for medical problems?	___	___

SECTION G - PROGRAMS

	<u>YES</u>	<u>NO</u>
67. Is a planned program of activities written and implemented daily?	___	___
68. Is a daily/weekly schedule posted?	___	___
69. Has staff had appropriate training during the past year?	___	___
70. Are there opportunities for a variety of activities, dramatic play, blocks, music, etc.?	___	___
71. Are there opportunities for quiet activities?	___	___
72. Are there designated spaces for children's personal belongings?	___	___
73. Are hourly care programs planned?	___	___
74. Is there ample outdoor play time?	___	___
75. Does the discipline policy reflect positive redirection?	___	___
76. Are infants and toddlers spending time out of cribs?	___	___
77. Are caregivers sitting and eating with the children?	___	___
78. Is there sufficient equipment, toys, and materials to prevent children from waiting for use?	___	___
79. Are materials stored on low open shelves?	___	___
80. Are chairs and tables the appropriate size for the age of children in the group?	___	___
81. Are parents afforded the opportunity to talk to caregivers?	___	___
82. Is a parent handbook or brochure available?	___	___

REMARKS

(Any necessary expansion on above questions as well as explanations of answers contrary to prescribed policy should be explained in this section).

Signature(s) & Title(s) of Person(s)
completing this report.

Date: _____

FAMILY DAY CARE HOME GUIDELINES

1. Purpose. The purpose of these guidelines is to ensure minimum standards for the care and protection of children away from their homes, to encourage and assist family day care providers to give good care, and to work for the development of additional services for children.

2. Definition. Family day care is defined as child care provided on a reimbursable and scheduled basis by a private individual in a Navy family housing unit. Not included are occasional babysitting, babysitting co-ops, etc. Family day care is not intended to be twenty-four hour foster care on a regular basis.

3. Types of Family Day Care Homes. In addition to meeting the needs of working parent(s) and supplementing care provided by child care centers, day care homes may be established to meet the needs of families requiring unique child care services. These may include:

a. Extended Hours Homes serve parent(s) who require routine evening care, work unusual and/or long hours and have mission related child care needs up to or exceeding 24 hours.

(1) Children in evening care shall have a routine with the necessary equipment provided.

(2) Evening meals shall be served for children spending the night. Breakfast must be served.

(3) Children shall be able to take a bath. Hot water shall be available. Fresh water shall be given each child, and tubs or showers cleaned after each use.

(4) Children shall be given a bed with a mattress and a pillow. Clean linens (2 sheets and pillow covers) shall be provided. Sleeping equipment shall suit the age and size of the child.

(5) Bedwetters shall have linens changed each time they are wet.

(6) Each child shall have night clothing and toothbrush marked with his/her name.

b. Mildly Ill Homes provide appropriate care and limited activities for children who are mildly ill or who are recuperating following hospitalization or childhood disease and cannot function within their usual child care setting. Care for acutely ill children (needing total bed rest) or those with highly contagious conditions is not authorized.

Enclosure (5)

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c. Special Needs Homes offer appropriate care to one or more children with disabilities or handicapping conditions. These homes offer respite (relief) child care to parents of handicapped children. Providers who wish to care for children with special needs should attend additional special training.

(1) Where one or more children is retarded, emotionally disturbed, or handicapped, and requires more than usual care, the ratio of adult to child shall not exceed one to three.

(2) Prior to admission of any handicapped child, the provider shall obtain information from the parent, the physician and the state or local education agency about any special problems or needs that may affect the child's use of the program.

d. Newborn Homes provide care for infants four weeks to eighteen months with only one child under two months of age. Maximum group size shall never exceed three children.

(1) Infants must be talked to, held and played with.

(2) Each infant shall be given some opportunity during the day to explore the area outside the crib or baby bed.

(3) Infants shall be taken outside at least once a day when weather permits.

(4) Sleeping arrangements for infants shall allow monitoring of the child by the provider.

(5) All infants shall be held for feeding. Bottles shall not be propped.

4. Authority. It is considered that the operation of family day care homes in government quarters is not barred by reference (c). Family day care homes categorized as type 3 private organizations, may be provided logistic consideration and support as set forth by reference (d). The housing authority or his delegated representative shall establish local policy for registration, approval and termination of family day care homes in government quarters. The number of homes receiving approval in each housing area should be limited. Applications for approval shall be made in writing. A sample application is provided as attachments 1 and 2. Applications shall be renewed annually. In order to ensure that the health and safety of children is protected, local procedures for inspection and monitoring shall be established.

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5. Administrative Procedure

a. In order to provide administrative oversight, a monitor or family day care coordinator should be designated at each command. In view of the scope of responsibility which this individual will have, it is recommended that a person trained in early childhood education or social work be considered for this position.

(1) recruitment of providers

(2) handling applications, and certification processes (attachment 2)

(3) coordinate orientation and training

(4) investigate complaints, deficiencies and recommend revocation of certification if necessary

(5) a minimum of one home visit per year to monitor program compliance

b. Quarters in which family day care is provided shall not be subject to activities which will cause abnormal deterioration of the units due to any type of child care activity.

c. Providers of family day care shall acknowledge, in writing, their responsibility for all damages to family quarters determined to be beyond normal "wear and tear".

d. Operations of family day care in Navy housing shall be in the best interest of the Navy, and not constitute unfair competition with the private sector or with any nonappropriated fund instrumentality on the installation.

e. Inspections for fire, health and safety shall be provided by local authorities. If local inspections are not available the provider must comply with check list provided as attachments 3 and 4.

f. The Family Advocacy Representative (FAR), in conjunction with local Naval Medical Treatment Facility, shall screen all potential home providers for evidence of previous history of domestic violence and/or neglect.

6. Provider Qualifications

a. The family day care provider shall be at least 18 years old and be a responsible, emotionally stable person capable of exercising good judgment in caring for children.

b. Prior to receiving approval to care for children the provider shall have a physical examination including a screening test for tuberculosis, a VDRL and other tests deemed appropriate by local medical authorities. It is recommended that female providers of child bearing age obtain a rubella antibody titer unless they are immune or have been immunized. Each provider shall receive a physical examination annually. All members of the providers family shall have required immunization and recent TB test. Records of provider's physical examination and family's immunization should be on file in the provider's home.

c. The provider shall successfully complete training in first aid, CPR and the Heimlich Maneuver.

d. Providers shall ensure that the rights of all members and their dependents to the use and quiet enjoyment of MPH are not compromised by the presence of family day care.

7. Provider Requirements

a. The family day care home provider shall carry sufficient insurance to cover any reasonable foreseeable claims, and the Navy shall be named as an additional insured. The command housing authority shall be notified by the provider prior to the termination of any insurance coverage. Providers shall be advised that they may be personally liable for negligence in the operation of the home.

b. The provider shall arrange for another responsible adult to be available to provide back up support during emergencies or to provide substitute care during vacation or illness.

c. The provider shall be aware of and follow basic sanitary food preparation and handling practices.

d. The provider shall follow procedures outlined in enclosure (8) of this instruction when child abuse or neglect is suspected.

e. The provider shall make the following information available for parents:

(1) The services provided are a private independent enterprise. The Navy will not be a party to any liability incurred by the day care home provider.

(2) Fees charged are a private matter between provider and patron. Fees should be agreed upon prior to children being left the first time. Fees should be in writing and posted.

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(3) Hours and days of the week care will be provided.

(4) Menus for meals and snacks and times served.

(5) Children's sleeping and eating patterns, or any other information pertinent to the parents.

8. Operation and Program

a. The family day care provider shall care for no more than five children, including their own under age fourteen. No more than two of these children may be under two years of age. If caring for only children under the age of two, the group size at any given time shall not exceed three. There shall be no other children in the home besides the caregiver's own over five years of age.

b. The provider shall provide experiences that enhance physical, social, emotional and intellectual well being on a daily basis. In an informal setting, a variety of games, toys, books, and materials should be available for the various developmental needs of the children. Television viewing for extended periods of time does not substitute for planned activities (attachment 5). Children shall not be left unsupervised.

c. Toys, games, and materials shall be safe and free of hazards and appropriate for children's age and level of development. Washable toys shall be provided for infants and toddlers.

d. The provider's participation in training sessions, workshop seminars, etc., is highly encouraged. Every effort should be made to coordinate with the local child care center for assistance in identifying appropriate training resources.

e. Discipline and guidance shall be achieved through constructive methods. Loud, profane, or abusive language shall not be used. Corporal punishment is prohibited. Avoid punishment associated with food, naps, or toileting and punishment by peers.

f. Children shall be provided nutritionally appropriate snacks. Menu patterns established for child care centers shall be followed. Infant food brought from the children's homes shall be labeled with the child's name, dated and properly stored or refrigerated.

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g. Each child shall have his/her own clean place to sleep or rest. Materials laid directly on the floor are not acceptable. Mats shall be at least six inches thick. Mattresses shall have waterproof covers. Bed linens shall be changed promptly when soiled or when beds, cots or cribs are occupied by different children. Crib slats shall be less than 2-3/8 inches to prevent infants from strangling. Beds used by family members shall be completely covered with a waterproof cover and clean linens before being used by children.

h. A registration and health form as well as a medical power of attorney shall be maintained on file for all children enrolled. The registration and health forms shall be renewed annually. Forms shall be accessible only to authorized personnel. Medical power of attorney shall be prepared by the parents for use in emergency cases where medical treatment is required and the parents or designated individual for emergencies cannot be contacted.

i. The registration and health form shall be completed and signed by the sponsor. This form provides basic health information, including immunization on all children. Sponsors are also required to present medical documentation of any conditions which require special care.

j. The provider shall maintain a listing of emergency names and telephone numbers posted for easy reference in emergency situations as well as parents work numbers. The provider shall have first aid supplies available for emergencies.

k. Children shall not be released to anyone unless duly authorized in writing by the parents.

l. Except in an emergency, children shall not be accepted for care unless the registration and health forms show immunizations have been started or completed. Exceptions to this policy for medical or religious reasons may be allowed when a statement to that effect, signed by a physician, is presented.

9. Facilities

a. Indoor Space. There shall be adequate indoor space for the number of children receiving care. At least thirty (30) square feet of indoor space for each child is recommended. If, in the opinion of the family day care home coordinator or any inspecting officer, the quarters are too small for the maximum number of children allowed, the number of children allowed in that home shall be reduced. Floor space shall be measured wall-to-wall from the inside of areas used for activity.

b. Outdoor Space. All children shall be offered the opportunity for outdoor play everyday. Children shall be supervised at all times while playing outdoors. Child safe fencing is desirable and should be in compliance with base housing requirements. Nearby parks and playgrounds, within one quarter mile of the home may be used.

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FAMILY DAY CARE HOME APPLICATION

In accordance with OPNAVINST 1700.9A and Family Day Care Homes Guidelines, it is requested that I be permitted to establish a Family Day Care Home in my military family quarters.

I am presently caring for, or plan to care for _____ children, including my own, and understand that I must maintain the number of children cared for in accordance with the above regulations. Additionally, I will comply with the rules and regulations established governing military family housing.

I also understand that my home is subject to inspection or release of information by the following agencies for initial certification, annual certification, or as needed and that discrepancies noted on these inspections will be corrected as directed by the respective inspectors. Inspections are only made with prior appointments.

Applicant's Signature

RECOMMENDED FOR

REVIEWING OFFICEAPPROVALDISAPPROVAL

Fire Department

Medical Office

Safety Office

Housing Office

Decision

FDCH Coordinator_____
Date

*Reason for
disapproval: _____

Commanding Officer

Attachment 1 to
Enclosure (5)

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FAMILY DAY CARE HOMES
HEALTH CHECKLIST

	<u>YES</u>	<u>NO</u>
1. Is a registration and health form on file for each child enrolled?	—	—
2. Have providers' family members received all required immunizations?	—	—
3. Are emergency numbers posted?	—	—
4. Has provider completed required first aid training?	—	—
5. Are family pets free of disease and innoculated?	—	—
6. Are sanitary food service practices followed?	—	—
7. Are infants' bottles labeled, dated and properly stored or refrigerated?	—	—
8. Do children receive mid morning and afternoon snacks?	—	—
9. Are menus well balanced and planned according to guide?	—	—
10. Are handwashing facilities readily available for children including soap and personal towels and face cloths?	—	—
11. Does water temperature exceed 110 Fahrenheit?	—	—
12. Are disposable diapers used?	—	—
13. Are soiled diapers placed in tightly covered receptacles with plastic liners?	—	—
14. Are soiled diapers stored away from play, sleep or food service areas?	—	—
15. If cloth diapers are used, are they individually marked and provided by parents?	—	—
16. Are soiled cloth diapers placed unrinsed in sealed plastic bags?	—	—
17. Are portable nursery chairs thoroughly cleaned and disinfected after each use?	—	—

Attachment 2 to
Enclosure (5)

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	<u>YES</u>	<u>NO</u>
18. Does each child have his/her own place to sleep or rest that is at least 6 inches from the floor?	—	—
19. Do mattresses have waterproof covers?	—	—
20. Are bed linens changed when soiled or when occupied by different children?	—	—
21. Are beds used by family members completely covered by waterproof cover and clean linens before being used by children?	—	—
22. Are crib slats less than 2-3/8 inches apart?	—	—
23. When prescription medications are administered, is a record of the date, time and dosage kept?	—	—
24. Are medications, cleaning supplies and other dangerous supplies kept out of the reach of children?	—	—
25. Are "over the counter" medications administered?	—	—
26. Are toys and equipment clean, in good repair and free of sharp corners, splinters or other safety hazards?	—	—
27. Are safety gates provided at stairways if infants or toddlers are enrolled?	—	—
28. Is the outdoor play area free of tools, insecticides or other hazards?	—	—
29. Are garbage and refuse containers tightly covered and away from children's play area?	—	—
30. Are all requirements for Day Care Homes, enclosure (8) of OPNAVINST 1700.9A, followed?	—	—

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FAMILY DAY CARE HOMES
FIRE/SAFETY CHECKLIST

	<u>YES</u>	<u>NO</u>
1. Do rooms used by children provide sufficient space to accommodate them comfortably?	___	___
2. Does facility have at least two exits which discharge directly to the outside?	___	___
3. Are exits free from obstruction?	___	___
4. Are exits free from hazardous areas such as boiler rooms, kitchens, etc.?	___	___
5. If the children must go up and down stairways, are they wide enough to adequately accommodate their travel?	___	___
6. Does stairway have handrails?	___	___
7. Is stairway well lighted?	___	___
8. If facility has elevated walkways, porches, ramps, or play areas, are there barriers to prevent falls?	___	___
9. If facility provides care for physically handicapped children, are the grounds graded to the same level as the primary entrance to the building for easy access for such children?	___	___
10. If there are children in wheelchairs, are entrances/exits appropriately designed to accommodate a wheelchair?	___	___
11. Has staff been trained in emergency procedures in event of fire?	___	___
12. Are children familiar with procedure and evacuation plans?	___	___
13. Do all electrical receptacles have hard-to-remove protective caps or other protective mechanisms to prevent child contact?	___	___
14. Did any outlets appear to be overloaded, or are several extension cords in use?	___	___

Attachment 3 to
Enclosure (5)

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	<u>YES</u>	<u>NO</u>
15. If clear glass panels are used in sliding doors, shower stalls, tub enclosures, storm doors, etc., do they meet architectural glazing safety standards, and are they clearly marked to avoid accidental impact?	—	—
16. Does facility maintain first aid kit in readily accessible location?	—	—
17. Are the following emergency telephone numbers conspicuously posted?		
a. Fire department?	—	—
b. Police?	—	—
c. Emergency medical resource (such as doctor, clinic, ambulance, etc.)?	—	—
18. Is operable flashlight readily available in case of power failure?	—	—
19. Is outside play equipment safe?	—	—
20. Did you observe any peeling paint in the rooms or on the equipment used by the children?	—	—
21. Are open flame heaters used in violation of NAVMATINST 11320.14?	—	—

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A SUGGESTED FAMILY DAY CARE DAY

(The times given are only approximate and will depend on the situation)

	<u>'INFANTS</u>	<u>'TODDLERS</u>	<u>'PRESCHOOLS</u>	<u>'SCHOOL AGE</u>
0700	'All children and their families are greeted warmly as they arrive. Many of the 'children will require some nourishment now, depending on their needs.			
	'Babies will be 'changed, fed and 'allowed to rest.	'Some children may want to "cat nap" or be 'rocked or cuddled for a while. Quiet 'toys--beads to string, puzzles, dolls, 'books--can be available.		'After eating, the 'children can read, 'finish homework, 'watch TV, or play a 'quiet game until 'time for school.
		<u>Special Activities</u>		
0900	'When the baby 'wakes, and feeding 'is completed, a 'game of peek-a-boo 'or other play is 'enjoyed. Put the 'baby's seat or 'playpen near the 'activity of the 'children so he/she 'can watch.	'An activities--painting, drawing, modeling 'or other activity--cooking, playing with 'water or sand, and making puppets might be 'prepared for the children for in or out- 'door play. 'A light snack is enjoyed midway through 'the morning.		
1100	'Some time for outdoor play--a walk around the block, to the store, or playground-- 'can be planned, following this period of active play, the children prepare for 'lunch by washing, helping with the food preparation or reading stories.			
1200	'Babies may be fed 'earlier, and may 'be ready for an 'afternoon nap.	'Toddlers can learn 'to feed themselves. 'After lunch, help 'the children brush 'teeth and prepare 'for nap. Toddlers 'will probably re- 'quire a full nap.	'Preschools can set 'the table, help to 'prepare the meal and 'help and clean up. 'Preschoolers can 'brush their own teeth 'and prepare for rest. 'Many will nap, others 'will rest by playing 'quietly.	'Lunch is ready for 'the children.
1300	'The children are allowed to sleep as long as they wish. Usually a refreshing 'drink or snack is welcome after napping.			

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A SUGGESTED FAMILY DAY CARE DAY (CONT'D)

	<u>'INFANTS</u>	<u>'TODDLERS</u>	<u>'PRESCHOOLS</u>	<u>'SCHOOL AGE</u>
1500	'Floor play--with 'baby placed on a 'blanket or in a 'playpen--can be 'planned. ' ' ' ' ' ' ' '	'Active indoor and/or outdoor plays follow 'nap. Some special activity, a game, 'story, or walk can be arranged. ' ' ' ' ' ' '		'A snack is ready 'for the children or 'they can fix their 'own. The children 'decide what to do 'with their time-- 'building, sewing, 'painting, doing 'homework, going to 'clubs, listening to 'records, playing 'with friends. '
1700	'Preparing the children for going home helps them to make a smooth transition 'from your home to theirs. This is a good time for story reading, to gather 'together the things that each child will take home, or perhaps for a light 'snack to tide the children over until their parents prepare dinner. ' ' ' '			

GUIDELINES FOR ESTABLISHING
FEES AND CHARGES

Fees and charges should be sufficient to permit the center to be self-supporting, considering both appropriated and nonappropriated funding and operating costs. Fees should be lower than those charged by commercially operated child care centers offering comparable facilities and care.

Fees may be on a sliding scale which offers discounts for more than one child from the same family. The recommended discount is not more than 20% with the youngest child paying the full rate. Fees may vary by age groups to recognize more intensive care. Weekly rates should be 20% less, on an hourly basis, than hourly rates. The weekly rate is based on a 10 hour day. Hourly rates should not be discounted. The following illustrates a good spread of rates. Dollar amounts shown are for representative purposes only, and are not to be considered as recommended charges.

<u>4 weeks - 18 mos.</u>	<u>Weekly Rate</u>	<u>Part-Day Rate</u>	<u>Hourly Rate</u>
1st child	\$50.00	\$30.00	\$1.20
Additional child	40.00	24.00	
<u>18 mos. - 3 years</u>			
1st child	\$45.00	\$27.50	\$1.15
Additional child	36.00	21.60	
<u>3 years - 5 years</u>			
1st child	\$40.00	\$24.00	\$1.10
Additional child	32.00	19.20	
<u>6 years - up</u>			
1st child	\$35.00	\$21.00	\$1.05
Additional child	28.00	16.00	

A fee structure which is discounted for junior enlisted personnel and hardship cases would be appropriate.

Centers which offer part-day care as well as full-day care may charge proportionately more for a part-day in order to cover administrative cost. A rate of 60% of the full-day weekly rate is suggested.

Charges for breakfast and lunch or supper shall cover both the cost of the food plus extra labor required to prepare it.

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GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS

1. Children with special needs include, but are not limited to, gifted children, children with physical handicaps, audio-visual disabilities, mental retardation, children with chronic illness such as asthma or other conditions, including epilepsy, heart and kidney problems, special dietary needs, emotional and perceptual disabilities.

2. Every effort shall be made to provide child care services to active duty military families with special children. Prior to admission for full-day care, the statement of a physician or other specialist licensed or certified in the area of the child's disability shall be submitted. This statement should specify the child's requirements in terms of diet, medication, appliances, communication aid, and self-care assistance and should also include the following:

- particular nature of the handicap or need
- special requirements needed by the child
- special accommodations which the facility must make to accept the child
- physician's/specialist's opinion that the child will benefit from the type program offered

A copy of this statement should be kept on file in the child's records.

3. After determination that the child will be accepted for full-day care, there shall be a pre-admission conference among the parent, center director and other pertinent staff, at which time the appropriate age group will be determined and the center will plan for the child's developmental needs. Families should be allowed the option of having a knowledgeable professional accompany them to the pre-admission conference.

4. In cases where extra staff may be required, a volunteer system should be established with the assistance of family support organizations to assist in the child's care. For children requiring specialized care that is beyond the capability of the child care center, or after a child is admitted it is determined that the facilities or program cannot meet the developmental needs of the child without incurring significant additional expense, a referral shall be made to an appropriate agency to assist the family in locating accommodating programs.

5. 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 a special child is accepted for full time care 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.

Enclosure (7)

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b. The specifics of type of medication and schedule should be individualized at the time pre-admission 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 knowledgeable of procedures or requirements. There shall be a written daily record of the date, 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).

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

g. A "hold harmless" statement shall be signed by the parent(s) regarding the staff's administration of medication.

6. Parents with children who have special dietary needs will be provided with the center's menus in advance. It will be the responsibility of the parents to make appropriate substitutes when necessary.

7. As a part of the staff development plan, training should include caring for and understanding children with special needs.

8. New construction and renovations of existing child care facilities should include reduction of architectural barriers to the minimum necessary (i.e., entrances/exits, stairs, narrow doorways, and heads which cannot accommodate wheelchairs, etc.).

9. Liaison should be established with a nearby medical facility capable of providing emergency support in the event of an unexpected health problem or injury to any child--including the child with special needs. Staff should be knowledgeable in how to reach and obtain this help with minimum difficulty.

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CHILD ABUSE/NEGLECT

Child abuse/neglect cases are often identified at child care centers. The suspicion or identification of child maltreatment carries with it significant responsibilities for child care center personnel. The following guidance on child abuse/neglect is provided.

1. Child care center staff shall be trained in the identification and dynamics of child maltreatment.
 - a. Training should include a thorough awareness of indicators to look for in cases of child abuse/neglect.
 - b. Child care centers should have a library of resources (e.g. books, pamphlets, etc.) addressing child abuse/neglect for use by staff and parents when appropriate.
2. Child care center staff shall have a knowledge of the Navy's Family Advocacy Program (FAP) as outlined in SECNAVINST 1752.3 and BUMEDINST 6320.57. Staff shall also be familiar with the child abuse/neglect reporting laws of the state, territory or country where the center is located.
3. Suspected cases of child abuse/neglect shall be documented by appropriate individuals.
 - a. Any situation or condition where there is reasonable cause to suspect endangerment to the needs of the child shall be reported.
 - b. Reporting requirements for suspected cases of child abuse/neglect shall be carefully followed according to the local base Family Advocacy protocol.
 - c. The child care center director is responsible for ensuring that there is a complete follow-through on any suspected cases reported by the staff and shall work in coordination with the Family Advocacy Representative (FAR) and the appropriate military and civilian agencies.

DEFINITIONS*

1. Abuse. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child.
2. Child. An unmarried person, whether natural child, adopted child, foster child, stepchild, or ward, who is a dependent of the military member or spouse and who either:
 - a. Is 18 or under; or

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b. Is incapable of self-support because of a mental or physical incapacity for which treatment is authorized in a medical facility of the Military Services.

3. Child Abuse/Neglect. Abuse/neglect in which the abuser or neglecter is responsible for the child's welfare. This includes parents, guardians, or other individuals or agencies charged with the welfare of the child.

4. Family Advocacy Program. A program designed to address prevention, evaluation, identification, intervention, treatment, and reporting of child and spouse maltreatment, sexual assault and rape.

5. Family Advocacy Representative (FAR). A person designated by medical facility commanding officers to implement and manage the FAP at medical facilities.

6. Harm. Includes, but is not limited to:

a. Physical, emotional, or mental injury, including physical injury resulting from otherwise lawful corporal punishment of children (i.e., customarily accepted parental discipline) which may be unlawful when it disfigures, impairs, or otherwise traumatizes an individual.

b. A sexual offense, whether assaultive or non-assaultive, accomplished or attempted (as defined in state statutes).

c. Failure to supply a child or dependent 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. (Adequate health care includes any medical or non-medical remedial health care permitted or authorized under state statutes).

d. Abandonment of a child, as defined by state statute.

e. Failure to provide a child with adequate care, supervision, or guardianship.

7. Maltreatment. A general diagnostic term referring to abuse and/or neglect. Specific types of maltreatment are:

a. Physical Abuse of Child - Intentional, non-accidental physical injury to a child inflicted by a parent, guardian or other person responsible for the child's welfare.

b. Sexual Abuse of Child - Includes 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; all sexual activity between a caretaker and child is considered sexual abuse.

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c. Neglect (or deprivation of necessities) - Includes neglecting to provide the following when able to do so: nourishment, clothing, shelter, health care, education, and supervision.

d. Emotional Maltreatment of Child - 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 caretaker which causes low self-esteem in the child, undue fear or anxiety, or other damage to the child's emotional well-being.

e. Child Abuse/Neglect - A situation in which any combination of categories (a) through (c) above are present.

f. Death of Child - Child fatality as the result of abuse or neglect.

*Definitions taken from SECNAVINST 1752.3

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This enclosure contains the rules and procedures for one form of a parent's co-op. The babysitters' club is very effective in meeting the need for sporadic child care, especially during the evening. The club operates on the principle of credit in lieu of money as parents exchange babysitting services.

BABYSITTERS' CO-OP
RULES AND PROCEDURES

1. Membership Requirements

a. A prospective member should live in (name area). She/He should be referred by a member and must have read the rules. The club may elect to have each member sign an agreement to abide by club rules.

b. Members may elect to use the club for daytime sitting only, but such members will be limited to fifteen, with a waiting list if necessary.

c. Total club membership is not to exceed forty, with a waiting list when necessary.

d. A fee of _____ will be collected annually for each member by (date) to cover mailing, duplicating and bookkeeping costs. The fee will be pro-rated for new members in four-month segments.

e. After joining the club, the member should submit emergency information such as work numbers and the name and telephone number of the pediatrician to the bookkeeper.

f. A meeting shall be called early in the year, at which time rules may be revised, bookkeepers assigned and a new executive committee chosen.

2. Procedures for Obtaining a Sitter

a. A member who wants to employ a sitter should call the bookkeeper and specify the date and time of the sit. She/He may ask for a specific sitter to be called first. Otherwise the bookkeeper will give preference to those members most in debt to the club, and new members. It is the sitter's responsibility to notify her/his prospective employer immediately after accepting the sit. Daytime sitters may not arrange for evening sitters through the bookkeeper but private arrangements may be made and hours will be recorded.

b. If the time is short (24 hours or less before the sit) the bookkeeper will give the employer the names of the members in debt and the employer must find her/his own sitters. If a member desires to contact her/his sitters directly for any other reason, she must first call the bookkeeper and ask which members most need hours.

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c. For daytime sits before 1700 the employer brings her/his children to the sitter. For evening, after 1700 sits, a sitter goes to the employer's house. An employer and sitter may make other arrangements by mutual agreement.

3. Employer Responsibilities

a. The employer should inform the sitter of illness among her/his children especially when there has been fever within 24 hours. The sitter then has the right to decline the sit.

b. She/He should notify the sitter if she/he is to care for children other than her/his own. The sitter will charge double if she/he decides to assume this responsibility.

c. The employer should arrange for the sitter's transportation to and from an evening sit if the sitter so desires.

d. An employer must leave word of where she/he may be reached. She/He should also leave the numbers of the family pediatrician and of police and fire departments.

e. The employer may not extend the time of the sit without first calling the sitter to ask permission.

f. If the employer should have to cancel the sit the same day, the sitter should be compensated with 2 hours time for an evening sit and 1 hour time for a daytime sit.

4. Suggestion. If possible, the children should be bathed, fed and ready for bed. Smaller children should have their favorite bedtime procedure explained. Refreshments and a pillow and blanket for late hour sits will be appreciated.

5. Sitter Responsibilities

a. Once a sitter has accepted a sitting job, it is her/his responsibility to find a replacement if it becomes impossible for her/him to sit.

b. The employer's approval should be obtained if the sitters spouse is to serve as substitute sitter.

c. Before the sitter leaves the employer's home, the number of hours to be reported should be agreed upon. The sitter must then notify the bookkeeper as soon as possible of the number of hours sat. Hours must be reported before the end of the month. The bookkeeper may refuse to record hours earned in the previous month when more than 2 weeks since the sit.

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6. Other Responsibilities of Membership

a. A member must use the club either as a sitter or employer at least once during a three month period to retain membership. After a one month grace period, her/his name will be automatically dropped from the list of members. The executive committee will notify members of their three months of non-use before their grace period begins.

b. A member is not allowed to owe or accumulate more than 20 hours. When 20 hours have been accumulated they must be used before sitting again. By the same token, when 20 hours are owed to the club, a sitter must not be employed again until the wife or husband has sat and reduced the indebtedness. It is each member's responsibility to keep a personal time record in order to be aware of the running total of hours owed or accumulated.

c. A member who is resigning from the club should make up any indebtedness to the club before leaving. If this is not possible, a fee of \$1.00 may be paid to the club for each hour that she/he is in debt. If there is a credit balance, unused credit will lapse.

7. Duties of the Bookkeeper

a. The duties of the bookkeeper will be rotated monthly to each member in turn as scheduled at the annual meeting. Any changes in the schedule must be approved by the Executive Committee. The bookkeeper will be "paid" for efforts with a half hour credit to her/his balance from each member.

b. The bookkeeper will keep accurate records and balance the books at the end of the month, calling upon the previous month's bookkeeper for assistance if necessary. If the books have mistakes that have to be corrected, the secretary will be charged for the hours necessary to make the corrections. The books should be delivered promptly to the successor by the first of the following month. No person shall keep the books two consecutive months.

c. Before releasing the books, each member will be informed by mail of the balance, of hours and of the names of new members.

d. DO NOT accept the books if they are not balanced. If the bookkeeper does not know how to keep the books, the previous month's bookkeeper will explain the procedure before the books are left. It is suggested that a meeting be called early in the year by the Executive Committee for new members and members who have never kept the books for the purpose of explaining the club's bookkeeping procedures.

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b. The committee shall be responsible for making decisions affecting the effective operation of the club throughout the year, calling a meeting of the general membership if it becomes necessary. A member will be dropped only through a ruling of the Executive Committee, except as stated by the rules.

9. Crediting Sitters Hours

a. Only hours and half-hours are counted. Fifteen to forty-four minutes is credited as a half-hour.

b. The time is counted from the sitting time requested, or from the time of the sitter's arrival if she/he is late.

c. Any sitting job amounting to less than one-half hour is counted as one-half hour for credit.

d. Double time is credited after 0100. Double time is credited for sitting during the dinner hours from 1700 to 1900. It is the sitter's responsibility to remind the employer when double time is entitled.

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