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OPNAVINST 1700.9E
N135
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OPNAV INSTRUCTION 1700.9E

From: Chief of Naval Operations

Subj: CHILD AND YOUTH PROGRAM (CYP)

Ref: (a) Title XV of Public Law 101-189, Military Child Care Act of 1989 of 29 Nov 89
(b) DoD Instruction 6060.2 of 25 Aug 98
(c) DoD Instruction 6060.3 of 19 Dec 96
(d) DoD Instruction 6060.4 of 23 Aug 04
(e) DoD Directive 1015.14 of 22 Nov 05
(f) DoD Instruction 1015.10 of 31 Oct 96
(g) DoD Directive 1342.17 of 30 Dec 88
(h) DoD Instruction 6440.2 of 20 Apr 94
(i) OPNAVINST 1740.4C
(j) OPNAVINST 5380.1A
(k) DoD Instruction 1000.15 of 20 Dec 05
(l) DoD Directive 5500.7 of 2 Nov 94
(m) Executive Order 12564, Drug Free Workplace, of 15 Sep 86
(n) DoD Directive 1010.9 of 20 Jan 92
(o) SECNAVINST 5720.42F
(p) SECNAVINST 5211.5E
(q) DoD Instruction 1402.5 of 19 Jan 93
(r) Unified Facilities Criteria (UFC 4-740-14) of 1 Aug 02 (NOTAL)
(s) Unified Facilities Criteria (UFC 4-740-06) of 12 Jan 06 (NOTAL)
(t) BUMEDINST 6240.10A
(u) NAVMED P5010-1 CH-1, Manual of Naval Preventive Medicine of 26 May 04
(v) National Fire Protection Association (NFPA) 101, Life Safety Code, 2006

Encl: (1) Child and Youth Program (CYP) Standards
(2) Definitions

1. Purpose. This instruction implements policy, assigns responsibilities, incorporates changes in organizational responsibility, and prescribes procedures under references (a)

through (v) for the operation of Child and Youth Programs (CYPs) on naval installations and in government housing to ensure a healthy, safe environment, and promote quality programs. Navy CYPs include Child Development Centers (CDCs), Child Development Homes (CDHs), School-age Care (SAC), Youth Programs (YPs), and supplemental programs. This instruction is a complete revision, which incorporates school-age care and youth programs as defined in references (c) and (d) with child care programs, and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 1700.9D and BUPERSINST 1710.21.

3. Discussion. The composition of the Navy is changing rapidly and is largely reflective of trends in our society. Increasingly, Navy families consist of two wage earners as well as families that are headed by a single parent, either male or female. These personnel experience a need for child and youth services which is heightened by the mobility of military service. Recognizing the significance of quality CYPs to military and civilian personnel, it is the Navy's intent to assist in providing child care and youth services to support operational readiness, mission accomplishment, and retention. The extent to which this is feasible is a factor of funding availability as well as positive commitment to quality child and youth services.

4. Policy. It is the Navy's policy to provide CYPs, which assist military and authorized civilian employees in balancing the competing demands of family life and contributing to mission accomplishment. In this regard, enclosure (1) and the following policies apply:

a. CYPs are offered as a supplement to, not a substitute for, the family, which is the primary agent for care and development of the child or youth. It is the responsibility of the parents to plan for child care arrangements that meet work schedules.

b. Child care is neither a right nor entitlement, but a service that can be provided to a finite portion of the population in order to promote operational readiness, mission accomplishment, and retention.

c. A primary goal of CYPs shall be to assist authorized patrons in locating at least one affordable option for the care

of children and youth. The type and extent of assistance provided will necessarily vary among Navy installations. It will depend upon such factors as availability and cost alternatives within the local community, the demographics of base population, and the appropriated fund (APF) resources available to the regional or local commanding officers (COs).

d. The primary goal of CYPs shall be to assist employed parents, both military and civilian, and spouses of active duty members who are full-time students in locating at least one affordable option for the care of children age 12 and under. The type and extent of assistance provided will necessarily vary among Navy installations, depending upon such factors as availability and cost alternatives within the local community, the demographics of base population, and the APF resources available to the regional or local CO.

e. The scope of child care services, including types of care, hours of operation, etc., shall be based on a needs survey. Unmet demand may be met by referral to licensed programs in the local community and/or the use of lesser cost, on-base options, including CDHs as authorized by reference (b) and governed by this instruction.

f. Priority for access to CYPs will be supportive of operational readiness, mission accomplishment, and retention. Each CYP shall establish a delivery system for resource and referral services (R&R) to assist parents in locating on or off-base child and youth services. In all cases, the choice of a caregiver and consequences of accepting on or off-base child and youth services rest with the parent. The R&R program shall publicize patron eligibility and priority for care requirements as detailed in Chapters 2 and 3 of enclosure (1) of this instruction.

g. Quality assurance in Department of the Navy (DoN) sponsored CYPs will be ensured by a minimum of four annual inspections, one of which will be conducted by qualified CYP program management personnel (Commander, Navy Installations Command (CNIC)). All programs operating on DoN installations or in facilities receiving DoN funding or oversight shall comply with all supporting service facility, health, and safety standards (including child/staff ratios, group sizes, and

required background checks for personnel). All programs shall be included in the required local inspections.

h. CYPs are established to meet the needs of working parents. Services may be established to provide care for children 6 weeks to 12 years of age for full-day, part-day, and hourly care. The need for school-age programs shall be met through the use of youth facilities, schools and other appropriate community facilities. When school-age programs (including before and after school and summer camps) are operated and supervised by CYP personnel, the standards established in this instruction apply. When possible, personnel needs for hourly care for children six weeks through the age of six and for part-day, preschool programs will be met by expanding the use of other suitable facilities.

i. CYPs shall be operated as a program under the management of CNIC. Any exceptions require prior approval by Chief of Naval Operations (CNO) (N135) via the chain of command.

j. Regardless of sponsor, all CYPs operating on Navy installations, or in facilities receiving Navy funding or oversight, shall comply with all facility, health, and safety standards. All CYPs operating on Navy installations that are the result of long-term facilities contracts (under authority of title 10 U.S.C., sections 2809 and 2812, or other contract agreements) shall comply with operational and safety standards outlined in this instruction regardless of patron population or sponsor. These include child/staff ratios, group sizes, and required background checks. All programs shall be included in the annual, multi-disciplinary team inspection (see Chapter 21 of enclosure (1)). Any exceptions require written approval by CNO (N135) via the chain of command.

(1) Programs operating under the sponsorship of private organizations or contracts shall be insured as specified in title 10 U.S.C., section 1799.

(2) This instruction does not apply to programs operated for sporadic or occasional care such as that provided by chapels in support of religious services.

(3) The requirement to comply with the caregiver wage plan does not apply to contract personnel. Contracted centers

shall comply with fees established by the Office of the Secretary of Defense (OSD). Contract operations established prior to the date of this instruction shall come into compliance with fee policies when contracts are renegotiated. The requirement to fund programs with APF at least equal to the amount of user fees collected does not apply to facilities operating under title 10 U.S.C., sections 2809 and 2812 authority.

k. Parents shall be surveyed annually to determine satisfaction with hours of operation, type of care available, and quality of care provided.

l. CYPs operating on Navy installations shall be operated without discrimination as to race, color, sex, special needs, national origin, or the grade and rank of the sponsor.

m. Priority for access to CYP will be supportive of operational readiness, mission accomplishment, and retention. Patron eligibility and procedures to determine priority for care are detailed in Chapter 3 of enclosure (1) of this instruction. These priorities shall be made known to all eligible patrons.

5. Funding. CYPs staffed and operated by Department of Defense (DoD) personnel shall be operated, maintained, and funded by APF as specified in references (e) and (f). Regional or installation commanders shall ensure that:

a. Direct APF support for center-based programs is, at a minimum, equal to the amount of user fees collected.

b. APF shall be used for facility construction and renovation of CDCs. APF or non-appropriated funds (NAF) are authorized for construction and renovation of SAC and youth facilities.

c. APF shall be used for operating costs, equipment, supplies, utilities, custodial and maintenance services, administrative and supervisory personnel, training, travel, food-related expenses not paid by the United States Department of Agriculture (USDA), and other authorized uses. APF shall also be used for as many caregiver personnel as required to accomplish APF and NAF break-even status.

d. Income from parent fees shall be used only for compensation of child care employees who are directly involved in providing child care, for food-related expenses not paid by the USDA or APF, and for consumable supplies.

6. Responsibility

a. Deputy Chief of Naval Operations (DCNO) (Fleet Readiness and Logistics) (N4) shall serve as resource sponsor for CYPs within Navy.

b. DCNO (Manpower, Personnel, Training and Education) (MPTE) (N1) shall develop and coordinate overall CYP policy. CNO (N135), as executive agent for DCNO (MPTE) (N1), shall:

(1) Establish policy to ensure CYPs meet command, servicemember, and family member needs and that quality of life (QOL) for the servicemember is enhanced by the availability and quality of child and youth services.

(2) Periodically assess the adequacy of supply versus demand for child and youth services and represent the Navy family to higher authorities in addressing requirements.

c. CNIC, as program manager for the Navy's CYP, is responsible for implementing this instruction. The program will be administered by CNIC (N912) who shall:

(1) Develop standards and provide criteria for the operation of CYPs.

(2) Promulgate guidance to regional and installation commands for management and implementation of the Navy CYP.

(3) Certify compliance with standards established in this instruction through annual, unannounced inspections and issue annual DoD certificates to operate.

(4) Monitor operations and provide training in the areas of programs, supervision, staff development, funding and administration.

(5) Provide technical assistance to ensure CYP quality programs and effectiveness are maintained to meet mission requirements and the expressed needs of command and patrons.

(6) Review and validate standards for facility space criteria, scope, siting, and equipment to ensure that functional design criteria are fully incorporated. Review the plans and specifications for all military construction (MILCON) and Operations, and Maintenance, Navy (O&M,N) projects.

(7) Conduct fire and safety inspections as specified in enclosure (1).

d. Commander, Naval Facilities Engineering Command (COMNAVFACENGCOM) shall:

(1) Review and validate standards for space criteria and siting. Ensure functional design of CYP facilities follows Joint Services Design Criteria. Coordinate review and validation of progress drawings and specifications for all MILCON and O&M,N renovation and repair projects.

(2) Provide technical assistance and interpret standards for commands to ensure compliance with fire protection and safety standards on an as-needed basis.

e. Chief, Bureau of Medicine and Surgery (BUMED) shall:

(1) Develop standards concerning health and sanitation.

(2) Provide technical assistance to commands to ensure compliance with health and sanitation standards, as specified in enclosure (1).

(3) Provide training for CYP food service personnel.

(4) Provide training for CYP programs in the areas of personal hygiene, sanitary food preparation, administering medication, and identifying communicable diseases.

f. Regional or installation commanders shall:

(1) Provide oversight of CYPs within their respective commands.

(2) Ensure adequate APF for support of CYPs are programmed, budgeted, and executed to comply with CNO's direction and policies contained in this instruction.

(3) Determine the need for Navy operated CYPs to support operational readiness, mission accomplishment, and retention.

(4) Assess availability of affordable child care services in the private sector and the impact of inadequate child care services on the command mission, military and civilian employee productivity, and absenteeism.

(5) Establish divergent child care options including center-based care, CDH, R&R to local community services, alternative on-base locations for short-term care, interagency initiatives, etc.

(6) Provide CYPs consistent with mission requirements and priority of access that is consistent with policy guidance specified in enclosure (1).

(7) Request and apply APF to CYPs as authorized.

(8) Establish local policies and Standard Operations Procedures (SOPs) governing day-to-day operation of CYPs to include operating procedures to accommodate the needs of Navy families for drop-in care at the local child development center due to emergent or urgent situation requirements (e.g., medical emergency).

(9) Include CYPs in contingency planning and exercises.

(10) Establish personal oversight through regular, formal, documented inspections of CYPs and ensure compliance with established Navy policy, standards and guidance provided in this instruction. Ensure prompt, appropriate action is taken to correct deficiencies, request waivers, or close facilities as required. Provide annual confirmation of compliance with standards established in enclosure (1) to CNIC (N912) via the chain of command.

(11) Develop a plan of action at the conclusion of each CNIC inspection which properly addresses all deficiencies.

Ensure appropriate action is taken in a timely manner to make corrections, request waivers, or close facilities as required.

(12) Ensure CYP personnel and CDH providers are qualified in compliance with policy defined in enclosure (1).

(13) Report all allegations of child sexual and physical abuse, child neglect, outbreaks of contagious disease or serious accidents in CYPs to CNIC (N912), copy to CNO (N135).

(14) Ensure all child care providers living in government housing, owned or leased, are certified and monitored as required.

(15) Submit required annual reports to CNIC (N912).

7. Forms and Reports

a. Titles, numbers, and location of pertinent forms, reports, and checklists that may be obtained on various Web sites are:

FORM	TITLE	LOCATION
FD-258 (12-82)	FBI APPLICANT FINGERPRINT CARD	obtain from command security office
OF-612 (12-02)	OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT	www.gsa.gov
SF-85P (12-90)	QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS	www.dtic.ml/whs/ directives

b. The following forms shall be utilized by Navy CYPs. CNICCYP forms can be obtained from CNIC (N912) at the Navy CYP Web site www.mwr.navy.mil. DD forms can be downloaded from the DoD Forms website http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm

(1) CNICCYP 1700/01, Child Development Home Visit Record

(2) CNICCYP 1700/02, Navy CYP Volunteer Hours Tracking Form

(3) CNICCYP 1700/03, CDH Provider Home Assessment Form

(4) CNICCYP 1700/04, Navy CYP Registration Form

(5) CNICCYP 1700/05, Volunteer Information Form

(6) CNICCYP 1700/06, Navy CYP Background Clearance Form

(7) CNICCYP 1700/07, Navy CYP Child and Family Profile

(8) CNICCYP 1700/08, Navy CYP Medical Authorization Form

(9) CNICCYP 1700/09, Navy CYP Statement of Admissions Form

(10) CNICCYP 1700/10, Navy CYP Individual Development Plan and Training Record

(11) CNICCYP 1700/11, Application for Navy CDH Certification

(12) CNICCYP 1700/12, Navy CDH Individual Development Plan and Training Record

(13) CNICCYP 1700/13, Navy CDH Health and Sanitation Checklist

(14) CNICCYP 1700/14, Navy CDH Fire/Safety Checklist

(15) CNICCYP 1700/15, Navy CDH Developmental Program Checklist

(16) CNICCYP 1700/16, Navy CYP English Reading Comprehension Form

(17) CNICCYP 1700/17, CDH Back-up Provider Training Record

(18) CNICCYP 1700/18, Navy CDH Provider Exit Form

(19) CNICCYP 1700/19, Navy CDH Provider Performance Summary

(20) CNICCYP 1700/20, Navy CDH Provider Transfer Checklist

(21) CNICCYP 1700/21, Navy CYP Medication Log

(22) CNICCYP 1700/22, Navy CYP Parent Fee Agreement

(23) CNICCYP 1700/23, Volunteer Training Record

(24) CNICCYP 1700/24, Navy CYP Module Training Course Evaluation

(25) CNICCYP 1700/25, Accident/Child Abuse/Neglect Notification

(26) CNICCYP 1700/26, Pre-trip Vehicle Inspection Form

(27) CNICCYP 1700/27, Navy CYP Comprehensive Fire/ Safety Checklist

(28) CNICCYP 1700/28, Navy CYP Comprehensive Health/Sanitation Checklist

(29) CNICCYP 1700/29, Navy Child Development Center (CDC) Daily Checklist

(30) CNICCYP 1700/30, Navy School-age Care (SAC)/Youth Programs (YP) Daily Checklist

(31) DD 2606, Department of Defense Child Development Program Request for Care Record

(32) DD 2652, Application for Department of Defense Child Care Fees

(33) DD 2793, Volunteer Agreement

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CHILD AND YOUTH PROGRAM (CYP)

STANDARDS

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DEFINITIONS - ENCLOSURE (2)

CHAPTER 1

INTRODUCTION TO THE NAVY CHILD AND YOUTH PROGRAM

1. Navy Child and Youth Program (CYP) Philosophy and Goals

a. The following philosophy and goals shall be adopted and used worldwide for all Navy CYPs:

(1) Philosophy. Navy CYP provides high-quality educational and recreational programs for children and youth. Caring, knowledgeable professionals plan developmentally appropriate programs that are responsive to the unique needs, abilities, and interests of children. CYP staff foster a sense of independence, trust, and responsibility within each child through understanding and respectful interactions. Likewise, through positive relationships, our programs respect and support the ideals, cultures, and values of families in their task of nurturing children and youth. We are advocates for children, families, and the child and youth professionals within our programs and surrounding communities.

(2) Goals. All Navy CYPs shall incorporate the following goals into daily activity plans and long-term planning of the organization:

(a) Build physical development and skills.

(b) Promote social competence and positive relationships with others.

(c) Foster emotional well-being and a sense of trust and respect for self and others.

(d) Encourage children to think, reason, question, and experiment.

(e) Develop initiative, problem-solving and decision-making skills.

(f) Advance creative expression, representation and appreciation for the arts.

(g) Promote language and literacy development.

(h) Develop self-discipline and the ability to seek out and complete self-selected tasks.

(i) Cultivate respect and appreciation of differences and the uniqueness of diverse cultures and traditions.

(j) Support sound health, safety, and nutritional practices.

b. The Navy CYP philosophy and goals shall be posted in all CYP facilities, child development homes, and included in all CYP professional and parent handbooks.

c. CYPs shall be provided to assist personnel in balancing the competing demands of family life and mission requirements. In offering CYPs, commands should consider available resources and support, mission requirements of assigned personnel, and availability of off-base services.

d. CYPs are offered as a supplement to, not a substitute for, the family, which is the primary agent for care and development of the child or youth. It is the responsibility of parents to plan for child care and to make child care arrangements that meet work schedules. Special consideration should be given to parents who are required to work hours that do not coincide with traditional child care hours. CDH is considered the best alternative for parents who work shifts, stand watch, etc. The CYP should provide additional subsidies for CDH providers who provide child care during nights and weekends.

2. CYP Marketing Plan

a. Each CYP activity shall have an established marketing plan to ensure that all authorized patrons are well informed of programs and services. The plan shall ensure that responsible commanders, COs, tenant commanders, ombudsman, senior enlisted personnel, Fleet and Family Support Program (FFSP) managers and other key personnel are well informed of CYP services, including after-hours and emergency respite child care.

b. Periodic, ongoing marketing is essential with rotation of personnel.

c. The following are suggestions to include in the local marketing and publicity plan:

(1) Submit news articles to base newspapers and command bulletins.

(2) Provide the FFSP and housing office with brochures and information about the CYP. Ensure CYP information is included in welcome packages to all servicemembers and their families moving to the command.

(3) Plan an open house celebration. Invite local COs, department heads, contacts from the civilian community, and all CYP professionals.

(4) Offer to brief personnel at the following activities: ombudsman groups, new parent awareness classes, command indoctrination, spouse support groups, enlisted and officer organizations, etc.

3. Accreditation/Affiliation

a. CDC and SAC. All CDC and SAC programs are required to meet the standards and achieve accreditation status by a nationally recognized organization consistent with references (a) through (d). The National Association for the Education of Young Children (NAEYC) is a nationally recognized accrediting organization and sets standards for CDC programs. The National After School Association (NAA) is a nationally recognized accrediting organization and sets standard for SAC programs. Navy CYPs are required to meet these standards and achieve accreditation through NAEYC or NAA. Justification of non-accreditation shall be submitted to CNIC (N912). The justification must include an aggressive plan of action for achieving accreditation as quickly as possible. Monthly updates must be submitted to CNIC (N912) until accreditation is achieved.

b. CDC and SAC. All Navy CYPs conducting programs for children attending kindergarten are required to meet the standards of NAA. It is recommended that once children enter kindergarten, age appropriate services are offered through the SAC program.

c. SAC. SAC programs offering services only during school breaks, i.e., vacation and summer camps, are required to meet NAA standards, however, are not required to achieve accreditation status through NAA.

d. CDH. All CDH programs shall encourage the certified CDH providers in their programs to obtain accreditation status with the National Association of Family Child Care (NAFCC). Although accreditation for CDH providers is not required, there is a proven benefit to military members utilizing accredited CDH providers. Programs shall develop an incentive program to encourage CDH providers to meet the standards set by NAFCC and achieve accreditation certificates.

e. SAC and Youth Programs (YP). All SAC and YPs are required to be affiliated with the Boys and Girls Clubs of America (BGCA).

4. Financial Support

a. The CYP shall receive resources necessary to comply with this instruction. The CYP shall be supported with a combination of APF, NAF and parent fees. The amount of direct APF support used for operation of facility-based CYPs shall not be less than the amount of parent fees received.

b. The responsible commander shall ensure that parent fee receipts are used only for compensation of CYP professionals who are directly involved in providing child care in facility based programs, for food-related expenses not paid by USDA or APFs, and for consumable supplies. The responsible commander shall ensure that, to the maximum extent possible, parent fee receipts cover the NAF cost of care at facility-based CYPs. NAF costs, not covered by parent fee receipts, are to be minimized. Each regional CYP should operate at or above a NAF profit break-even. The CYP shall not be required to generate a profit or support adult programs.

c. The NAF fund administrator shall have complete administrative and fiscal responsibility for the operation of the CYP. All receipts and disbursements of funds shall be handled per DoD 7000.14-R, Financial Management Regulation Volume 13, Nonappropriated Funds Policy and Procedures.

d. The CDH program is a service provided to authorized patrons and shall not generate NAF income. The CYP may use APF for the CDH program, including salaries of CDH directors, CDH monitors, administrative personnel, training and curriculum (T&C) specialists, marketing, CDH direct cash subsidies and incentives, supplies, and equipment. Additionally, the CYP may use APFs to establish and maintain lending libraries and training materials for use by CDH providers, as well as for travel expenses of program monitors using their private vehicles to perform Government functions.

e. CDH providers are private contractors certified and monitored by the Navy. Matters regarding the establishment of fees, fee policies, and collection of fees are between the CDH provider and the parent, unless the CYP is providing a direct monetary subsidy to the CDH provider as authorized in this instruction. When direct monetary subsidies are provided, the responsible commander shall regulate fees charged by the CDH providers.

f. The cost incurred by the CYP shall be reduced by utilizing other on-base services, such as the Commissary, Navy Exchange, and MWR activities.

g. Programs that support contingency and/or war operations and Geographically Separated Units are authorized 100 percent APF funding consistent with references (e) and (f).

h. The CYP shall be encouraged to utilize the existing community resources of non-profit organizations that provide services to children and youth, such as the BGCA. Resources may include in-kind services, pass-through resources, and awards consistent with DoD 5500.7-R, Joint Ethics Regulation (JER). Navy CYPs are authorized to apply for and receive BGCA grants as an incidental membership benefit available to BGCA organizations.

i. The USDA Child and Adult Care Food Program (CACFP) shall be used, where available, to defray the cost of food programs. Chapter 18 provides additional guidance.

j. To maximize income and cost efficiencies, CYP directors shall explore and identify other funding sources and opportunities, some of which may be installation specific. Examples may include:

(1) Combined Federal Campaign (CFC) donations.

(2) Commissary donations.

(3) Special interest group donations.

(4) Partnerships with community colleges and universities for training resources, intern programs, and job fairs.

(5) Partnerships with military community and commercial vendors for bulk purchasing rebates and other in-kind services such as medical supplies, arts and crafts materials, and training.

(6) Partnerships with Head Start, local schools, State programs, etc., to expand availability of care, maximize facility utilization, and share training space/resources.

k. The CNIC (N912) Child Development Functionality Assessment Guidebook shall be followed for authorized staffing and program expense levels.

5. Parent Fees

a. References (a) through (c) require DoD to prescribe uniform fee regulation for all CDC and SAC programs. Fees are based on total family income (TFI) and apply to all children and youth who attend the program on a regular basis.

b. CNIC (N912) shall establish a Navy-wide uniform fee structure to standardize all parent fees. The uniform fee structure will be within fee regulations revised annually (due to inflation) by DoD. CNIC (N912) shall issue annual guidance updating the fee structure for all Navy installations, based on the DoD update. CNIC (N912) guidance shall include additional fee guidance on part-day programs, hourly fees, late pick-up fees and calculation of TFI. The responsible commander shall issue a similar CYP fee policy letter.

c. The standardized fee structure will apply to all CDC, SAC, and subsidized CDH care. If CDH providers receive cash subsidies to reduce the cost to parents, parents will pay the same rate as they would in the on-base CYP with APF subsidizing the difference.

d. CDC and SAC. All CYP parent fees must be paid in advance of the child care service. Late payment fees may not be charged for parents who do not pay their fees on time.

(1) Vacation discounts are not authorized for CONUS installations. OCONUS installations may authorize up to two weeks of free vacation periods.

(2) Sick leave discounts are not authorized.

(3) The CYP may charge parents a registration deposit at the time a space is accepted by the parents. However, the registration deposit must be credited towards the first week's child care fees. The deposit may be non-refundable. The amount of the deposit may not exceed more than one week of the published fee of the applicable income category.

(4) The CYP may not charge additional fees for field trips, transportation, or CYP provided meals and snacks.

(5) Programs are encouraged to implement payment due dates in conjunction with military pay dates.

e. CDH

(1) Fees are determined by the provider and the parent and shall be agreed upon in writing prior to children being left for the first time. Parents shall receive a written copy of fees and charges in the parent/provider contract. Additional guidance on provider/parent contracts is included in Chapter 6.

(2) Programs shall offer CDH subsidies to equalize parent fees between military CYP and local market rates. When CDH subsidies are offered, the fees shall not exceed the on-base CYP facility fee. The CDH program must update local market rates annually and establish, in writing, a subsidy cap based on the market rate. Local market rates shall be available for review during the annual CNIC (N912) inspection. Subsidies

shall be used to the fullest extent possible in areas where center-based programs are full to capacity and have a waiting list for specific age groups.

f. CDC, CDH and SAC. TFI shall be verified annually and individual fees adjusted accordingly using CNIC (N912) annual fee guidance. For CDH, this requirement only pertains to parents receiving a CDH subsidy. Parents not providing required income documentation will be required to pay the maximum amount. DD 2652, Application for Department of Defense Child Care Fees, shall be used to determine TFI and shall be maintained per Chapter 9. Records of parent income (such as leave and earning statements, and pay stubs) will not be kept on file. CYP professionals are responsible for handling confidential information when calculating CYP fees.

g. CDC, CDH and SAC. All parents are required to sign a CNICCYP 1700/22, Navy CYP Parent Fee Agreement, following each annual TFI and fee review. The parent fee agreement shall be maintained per Chapter 9 and shall list the parent's fees for child care, fee policies, and an annual reminder to parents of the requirement to provide a two-week notice to cancel child care services. Parents participating in a CDH program are only required to sign a parent fee agreement if they are participating in the CDH subsidy program.

h. YP registration and annual membership fees are not authorized. Youth recreation programs and activities shall be offered free or at a reasonable cost.

i. Responsible commanders are authorized to grant hardship waivers to the established fee ranges on a case-by-case basis. Some families may qualify for child care financial assistance from agencies of local, Federal and/or State assistance programs. External program assistance information shall be made available to parents.

j. Support to family events (e.g., parent's night out, special event care) will not be included in the standard weekly fees. There will be an additional charge for such services. These services shall be self-sustaining. Cost may be reimbursed by commands, other associations, or by assessing a parent fee.

k. Patrons must provide two weeks notice when terminating care to avoid paying for care that is not needed and enable expeditious filling of vacancies. Chapter 3 provides additional guidance.

CHAPTER 2

RESOURCE AND REFERRAL (R&R)

1. General

a. Each CYP shall have a system for delivering R&R services to parents providing a one-stop location for all available child and youth resources. The R&R program should be a parent's first and final stop for information on all CYP services available in the area.

b. This service can be delivered through a contract or agreement with a civilian agency or other military program, collateral duty for other CYP personnel, or a separate position in the CYP program. A detailed analysis of local demand and a general idea of local resources will determine the best method to deliver R&R services. It is recommended that if installations are located within one geographical commuting area, that only one R&R location be established to meet the needs of the military community.

c. The service shall be free to all authorized patrons.

d. All R&R services shall include the following:

(1) Referral assistance for on and off base child and youth options.

(2) Consultation with parents to assist parents in choosing child care that meets the needs of the family.

(3) Liaison with all family services available.

(4) Marketing and publicizing all CYP services.

(5) Coordination of parent surveys for all Navy CYP in the commuting area.

(6) Coordination of the Navy CYP Central Enrollment Registry (see Chapter 3).

e. R&R programs shall maintain statistical information on the number of requests for care received each month.

f. All Navy CYP professionals shall be aware of the military CYP options available for parents and should be able to answer general questions (i.e., type of program, age groups served, location).

2. Parent Consultations and Referral Assistance

a. All R&R services shall include parent consultations to assist families in selecting child care that best meets their specific needs (days, hours, type of care, special needs) and identify options that are available.

b. The CYP shall educate and inform parents, but not guide parents, in any particular direction. Parents are encouraged to act on their own knowledge as they select from the alternatives. The responsibility for selecting a specific child care setting rest with each parent. Parents shall be urged to carefully interview and check references prior to leaving a child in care.

c. The R&R area should provide a comfortable, quiet area that allows space for completing paperwork and private conversation if necessary.

d. During the parent consultation, a CYP professional shall be able to provide the following:

(1) Detailed information and description of all Navy CYP available in the commuting area (e.g., ages, location, telephone number, hours, costs, type of program).

(2) Advantages and disadvantages of each type of program.

(3) Identification of interim or alternate options if there is a wait list for the parent's first option for child care.

(4) Referrals to CDH providers that meet the parent's specific needs and currently have openings.

(5) Explanation of the Navy CYP fee structure.

(6) Listing of off-base, center-based care that meets Navy requirements if no space in Navy CYP is available.

(7) Contact information and encouragement for patrons to keep in contact, if further assistance is needed.

(8) Resources and information regarding other related Navy and community-based programs, including Fleet and Family Support Program (FFSP), Exceptional Family Member Program (EFMP), and health and social service agencies.

e. If a military CYP is not available that meets the needs of the family, information regarding licensed civilian child care centers may be provided. State licensing agencies are a direct source for obtaining civilian child care resources. If a printed list of civilian child care resources is provided, it must include the following disclosure statement: "This information is provided for your personal use in seeking child care. The information is as current and accurate as possible. THESE ARE REFERRALS ONLY. Although background and periodic checking is completed by the civilian licensing agent, this listing does not in any way imply endorsement of the program."

CHAPTER 3

PATRON ELIGIBILITY AND CENTRAL WAITING LIST (CWL)

1. Patron Eligibility

a. CDC, CDH and SAC. The status of the sponsor determines enrollment eligibility. Eligible patrons include active duty military personnel, DoD civilian personnel paid from APF or NAF, reservists on active duty or inactive duty for training, DoD contractors and active duty Coast Guard. In the case of legally separated or divorced parents meeting the above criteria, the child is eligible only when they reside with the military sponsor.

b. YP. Kindergarten through grade twelve children and youth of DoD military members, civilian employees, and other eligible patrons of MWR programs (as authorized in DoD Instruction 1015.10) are eligible for participation in YP.

(1) Youths who have graduated from high school are eligible to participate until the commencement of the quarter or semester immediately following their high school graduation.

(2) Recreation activities for preschool aged children may be included in this program, e.g., organized classes, sports leagues.

c. Title 10 U.S.C., section 1799, authorizes children and youth, who are not otherwise authorized under the above eligibility criteria, to participate in child and youth services if the situations in which participation promotes attainment of the following objectives:

(1) Supports the integration of children and youth of military families into the civilian community.

(2) Makes more efficient use of DoD facilities and resources.

(3) Establishes or supports a partnership or consortium arrangement with schools and other youth services organizations serving children of members of the armed forces.

d. Navy programs granting eligibility to non-DoD users must charge the entire cost to the patron participating in the program, unless there is an agreement with a community organization that states the Navy is providing facility space at no charge in exchange for providing the supported community an allotted number of spaces within the military fee structure and the DoD APF subsidy associated with the agreement does not exceed fair-market lease rates for the facility square footage, utilities, etc.

e. Approval to accept otherwise ineligible users must first be granted in writing from CNIC (N912).

f. A child, other than a sponsor's biological or adopted child, who is residing in a sponsor's home and whose care, comfort, education, and upbringing have been entrusted to the sponsor on a temporary or permanent basis by a court or civilian agency, is an authorized patron of the CYP.

2. Priority for Care (CDC, CDH and SAC)

a. The following priorities for care shall be utilized when placing children in programs that have a waiting list.

(1) Active duty single parents with custody and active duty dual military parents.

(2) All other active duty with a full-time working spouse or spouse who is a full-time student. Spouses who are unemployed may be included in this priority, however, they must show proof of employment within 90 days of placement in the CYP. CYP employees may receive priority within this group.

(3) Reservists on active duty or reservists in training.

(4) DoD civilian personnel.

(5) DoD contractors working full-time.

b. These priorities shall be published locally and available to all patrons.

c. Installations/regions may request an adjustment to these priorities, based on mission requirements, from CNIC (N912).

3. CYP Central Enrollment Registry

a. The CYP central enrollment registry consists of two distinct functions: the Central Waiting List (CWL) and the central registry of enrolled children. One CYP central enrollment registry and a standardized waiting list process provides fast, efficient and fair service to patrons and is key to maximizing utilization of CYP spaces. Standard procedures also ensure that accurate information regarding excess demand and unmet need is reported to CNIC (N912) and the DoD Office of Child and Family Policy. Too often, there is double counting of children who are on more than one waiting list. This inflates the demand numbers for Navy child care, which, in turn, increases the projected cost that is needed to meet the unmet demand.

b. The CYP central enrollment registry is a registry of all children enrolled or requesting space in the installation or regional CYP. When installations are located in the same geographical vicinity, one central enrollment registry shall be maintained by the R&R office. Information about the Navy CYP registration procedures, waiting list status, and R&R assistance is provided to patrons. The purpose of the central enrollment registry is to:

(1) Ensure that all CYP vacancies are tracked centrally, monitored closely, and filled quickly in order to maximize utilization of child spaces.

(2) Provide convenient and efficient customer service to patrons at a central location.

(3) Maintain demographic data for all Navy CYP in the geographical area.

(4) Maintain a standardized waiting list system that provides fast, efficient, and fair service to patrons.

(5) Ensure that accurate information regarding current enrollment, excess demand, and unmet need is reported to CNIC (N912) and DoD.

c. The requirement for a CYP central enrollment registry does not require all program registration and enrollment to be completed at one location. The CYP shall develop local procedures for registration and enrollment that will best meet the needs of the CYP and parents.

4. CWL

a. There shall be a single CWL for ages zero-twelve for the entire CYP program or for the entire geographical vicinity (when installations are located in close proximity). The CWL shall be under the administrative control of the regional or installation CYP. The CYP directors will work together to ensure successful implementation and execution of the CWL process.

b. All patrons requesting care must complete DD 2606, Department of Defense Child Development Program Request for Care Record. Parents may complete this form to request child care on the Navy CYP Web site at www.mwr.navy.mil. This form shall be maintained as required in Chapter 9.

c. To ensure that vacancies in CYP full-day and part-day programs are filled in a consistent and equitable manner, the following three-tiered waiting list procedure will be followed:

(1) Projected demand waiting list (Tier I). This sub-waiting list includes unborn children and transfers. Children on this waiting list are not considered excess demand.

(a) A projected demand waiting list of unborn children is maintained by sponsor priority and date of application. At birth, the child's name is moved to the excess demand waiting list, which is also based on sponsor priority and original application date. If available, a space may be offered to a parent prior to the child reaching minimum enrollment age of six weeks. By accepting the space, the parent is required to pay for the space until the child is enrolled. The parent may decline the space and remain at the top of the excess demand waiting list until a space is available.

(b) Children transferring to the region, whose parents have requested care prior to arrival, are placed on this sub-waiting list. When the child arrives in the area, they are moved to the excess demand waiting list based on the sponsor priority and the original application date.

(2) Excess demand waiting list (Tier II). This sub-waiting list maintains the names of patrons who are not enrolled in a Navy CYP. Patrons who are offered a viable care option in CDC, CDH, or SAC and decline the offer are not counted in excess demand. Also, patrons who are enrolled in one Navy program type and waiting for another (e.g., enrolled in CDH and waiting for SAC space) are not included in excess demand.

(a) Patrons will be offered the first viable care option that becomes available.

(b) If the available space is not the patron's preferred care option, the patron may take the space offered until the preferred option is available or decline the space offered until the preferred option is available. Either way, the patron is removed from the excess demand waiting list and placed on the preferred care waiting list.

(3) Preferred care waiting list (Tier III). This sub-waiting list consists of patrons who have been offered a viable care space but have requested a preferred space in another CYP. Children on the preferred care waiting list are not considered excess demand.

(a) When a patron accepts a viable care option space that is offered but prefers other care options, the patron's name is placed on the preferred care waiting list as of the date they accept the viable option space offered.

(b) When a patron declines a viable care option space because they prefer a different program type or location (e.g., CDH instead of CDC, a specific SAC, a specific housing area or provider instead of what is offered), the patron's name is moved to the preferred care waiting list effective the day they decline the space.

d. The CYP director will fill vacancies with age developmentally appropriate internal moves before children are placed from the CWL.

e. Children currently enrolled in CYP, ages zero-five, are given first priority and placement into SAC programs when a child is eligible for SAC. CYP directors shall work together to ensure that children transitioning to the SAC receive information promoting the SAC program. A marketing strategy shall be developed specifically aimed at these patrons.

f. An available space in the CYP is first offered to patrons on the preferred care waiting list. If there are no children on the preferred care waiting list, patrons on the excess demand waiting list will be offered the space. If a patron on the preferred care waiting list vacates a space, this vacated space will be offered to a patron on the excess demand waiting list.

g. Local procedures shall be developed for contacting parents when a space is available so ensure each space is filled quickly, minimizing the amount of time a space is vacant. The CYP may require the parents to make a monetary deposit to hold the space; however, the deposit must be credited towards the first week's child care fee. The deposit may be non-refundable.

h. When a CDH provider leaves the program or if a CYP facility is closed, children in care will be placed at the top of the preferred care waiting list to ensure priority placement.

i. All children placed in a CYP must be processed through the CWL.

j. Special consideration should be given to placing siblings in the same location when possible.

k. Every 90 days, parents are required to update their child's Request for Care Record in order to maintain an accurate, up-to-date list of children requiring care.

5. Termination of Care

a. Patrons must provide written notification to the CDC, CDH provider, or SAC two weeks prior to the final day of care. This procedure is critical to ensure internal changes can be made without leaving a space vacant.

b. The CYP shall require two weeks payment if patrons do not inform the CYP of their departure date. The CYP shall work with their local financial office to collect unpaid amounts.

c. Patrons who leave a CYP with an unpaid account shall not be accepted in another Navy CYP until the account is paid in full. For example, if a patron leaves a CDH without paying their balance in full, the patron shall not be accepted at the CDC or SAC program.

CHAPTER 4

GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS

1. General

a. No child who meets the basic age and eligibility requirements may be excluded, solely based on handicap, from Navy CYP when reasonable accommodation can be made to meet the special needs of the child. The Americans with Disabilities Act (ADA) protects the civil rights of individuals with disabilities and special needs such as chronic illness. Commonly asked questions about child care centers and the ADA are available on the Navy CYP Web site.

b. Children with special needs would include, but are not limited to:

(1) Any child with a current medical condition that might affect the child's health, produce symptoms, or affect the child's ability to participate in the classroom. Common examples include asthma, gastro esophageal reflux, milk protein intolerance, food allergy, and diabetes.

(2) Any child with a past history of a medical condition that might produce symptoms in the future. Examples include children with a medical history of seizures, medical problems due to premature birth or newborn illness, and anaphylaxis (severe allergic reaction).

(3) Any child with a psychiatric, psychological, or behavioral diagnosis such as autism, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder, bipolar disorder, depression, and others. However, a child who is a danger to themselves, other children, or staff may be excluded if reasonable attempts have been made through the guardian and health provider to devise a plan of accommodation.

(4) Any child with a developmental delay (expressive or receptive speech, gross, or fine motor), socialization or cognitive delay, or learning disability.

(5) Any child that fits the definitions above that requires medication or a modification of the physical and/or educational environment.

(6) Any child that requires adaptive equipment such as apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, home ventilator.

(7) Any child that requires assistive technology devices (such as communication devices) or services.

(8) Any child that requires environmental/architectural considerations (such as limiting numbers of steps, wheelchair, accessibility/housing modifications, and air conditioning.)

c. The goal of all CYP is to provide services to children with special needs without limiting or seriously affecting the availability of care.

d. Military parents of any special needs child enrolled in CYP shall be informed of the mandatory enrollment requirement for the Exceptional Family Member Program (EFMP). EFMP contact information shall be provided.

e. The EFMP manager shall assist with coordination of local policy. Coordinating procedures ahead of time will help commands assist parents as soon as care is requested.

f. Training in the care for, and the understanding of, children with special needs shall be included in the CYP training plan as outlined in Chapter 14.

g. A list of children with allergies and/or potentially life threatening condition shall be posted in an location accessible to the direct care staff. The list shall include the child's name and medical condition and/or allergy. Additionally, a list of children with food allergies shall be posted in the kitchen. Measures shall be taken to ensure the privacy of the information.

2. Special Needs Review Board (SNRB)

a. The EFMP manager, R&R coordinator, and CYP professionals will identify children with special needs. A SNRB shall be established for the purpose of determining the ability of the

program to reasonably accommodate these children. The SNRB should meet on a monthly or quarterly basis, whichever timeframe best meets the needs of the CYP. Efforts shall be made not to delay admittance/attendance of children with special needs due to delays in SNRB meetings. Most children can begin attendance pending review by the SNRB.

b. The responsible commander shall assign an SNRB chairperson to coordinate the efforts of the team. The following team members may be assigned, as appropriate, to meet the needs of the local command:

(1) CYP manager.

(2) Members of the CYP professional team (e.g., CDC director, CDH director, youth director).

(3) MWR director.

(4) Naval Hospital (NAVHOSP) pediatrician, family or pediatric nurse practitioner, or other medical liaison.

(5) Additional personnel may attend meetings to discuss a particular child's case as needed and/or replace departing or absent members. The local activity legal office should also be consulted as needed.

3. Reasonable Accommodations

a. The SNRB will make an assessment and report to the responsible commander on the program's ability to accommodate the special needs child. By definition, a child with special needs requires services that are different and sometimes beyond those offered other enrolled children.

b. The report to the commander shall include the following information:

(1) A statement from the child's physician or nurse practitioner specifying the child's medical or educational requirements and an action plan should symptoms occur. A copy of this statement shall be kept on file in the child's records.

(2) Special accommodations which the CYP facility, CDH and/or CYP professionals must make to accept the child.

(3) Impact of required accommodations on the program.

(4) Specific training required before placement to ensure the child's safety and well-being.

(5) Recommendation to the commander as to whether the accommodations are reasonable or would impose an undue hardship on, or fundamentally alter, the operation of the program.

c. Accommodations may include, but are not limited to, ramps, accessible bathrooms, drinking fountains, etc.

d. The cost of providing additional accommodations may not be charged solely to the parents of the special needs child. Parents must acknowledge in writing their understanding the program is not responsible for providing the child with services that would be considered skilled nursing or behavioral, occupational, or physical therapy.

e. The responsible commander will issue a decision to accept the child if they determine that the accommodations can be provided without imposing an undue hardship on the operation of the program. Note that a child with diabetes or anaphylactic food allergy generally should be accepted, and center personnel trained, if the only special requirement is glucose finger-stick testing and epipen storage and administration. In all cases, the CYP must work closely with the SNRB and the child's parents.

4. Undue Hardship

a. If it is determined that accommodation of the special needs child would impose an undue hardship on the operation of the CYP, approval to not provide service must be requested from the Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN) (M&RA), via the chain of command and CNIC (N912). The request shall include the following information:

(1) The overall size of the CYP,

(2) Number of employees,

(3) Number and type of facilities,

(4) Budget, and

(5) Nature and cost of the required accommodation.

b. Examples of undue hardship are:

(1) Additional staff requirement or staff training in highly specialized areas (e.g., physical therapy).

(2) Significant facility improvements or changes.

(3) Additional equipment or other requirements that involve significant expenditures or impose an undue administrative or operational burden on the CYP or jeopardize the safety of other children.

c. A permanent record of the responsible commander's decision and CNIC (N912) action will be maintained on file and will be subject to inspection review.

5. Medical Treatment

a. Navy CYP professionals shall not provide individual or group therapy or perform medical procedures, customarily performed by licensed medical professionals, regardless of the CYP professional's individual qualifications.

b. Such services may be provided in the CYP by other qualified agencies (Navy or civilian) when approved by the EFMP case management team.

c. When collecting and testing bodily fluids of any kind (blood, urine, etc.) is necessary, DoD policy is that all entities register with the Clinical Laboratory Improvement Program. CYP shall comply with the Clinical Laboratory Improvement Amendments (CLIA) of 1988, implementing guidance, and DoD Instruction 6440.2 of 20 April 2004.

6. Dietary Substitutions

a. Parent(s) with children who have special dietary needs shall be provided with the CYP menus at least two weeks in advance. It is the parent's responsibility to make appropriate substitutions when necessary.

b. Each special dietary request must be supported by a statement, signed by a recognized medical authority, which explains the food substitution that is requested. The medical statement must include:

(1) An identification of the medical or other dietary condition which restricts the child's diet,

(2) Food(s) to be omitted from the child's diet, and

(3) Food or choice of foods to be substituted.

c. If the substitution is for religious or family preference (e.g., vegetarian), the parent must provide a note in the same format as the medical statement required in paragraph 6b.

d. When a substitution is normally found in the CYP, and does not require additional expense, the program will provide the food. Examples include the following substitutions:

(1) Fresh apples for canned peaches.

(2) Chicken nuggets for fish sticks.

(3) Saltines for wheat bread.

e. It is the parent's responsibility to make appropriate substitutes when the CYP cannot provide an adequate substitution. Examples where substitutions are required by the parents include the following:

(1) Pedialyte for juice.

(2) Tofu burgers for hotdogs.

(3) Glutamate dinner roll for wheat bread.

f. Children with severe food allergies (anaphylaxis) should be accommodated, absent other extenuating circumstances. The Epipen will be stored and administered by a trained CYP professional. Before providing care to a child with severe food allergies, at least two CYP employees at each CYP facility, or the CDH provider and back-up provider, shall be trained in the use of Epipen.

g. It is not normally reasonable to modify the menu of an entire center for one child, in order to exclude an item that is present in many foods, such as eggs or milk. Acceptable accommodations for children with severe food allergies include:

(1) Excluding the allergen from that child's daily food offering. (The parent must understand that some inadvertent cross-contamination during food preparation may occur.)

(2) Having the parent bring in appropriate food substitutes. (The parent must understand that some inadvertent sharing of food among children occurs.)

(3) Securing placement of the child in a CDH where stricter dietary preparation and monitoring is possible.

h. Peanut allergy is the most severe and life-threatening allergy. Centers may elect to remove peanuts and peanut products, however, this is not a requirement and the decision should be made with consultation from the SNRB.

7. Administering Medication

a. When possible, parents and physicians should be requested to adjust prescription medication schedules so that CYP professionals need not administer medication. However, some children, specifically children with special needs, may require medications with every meal or on schedules as frequent as every four hours.

b. Parents shall not be required to leave their worksite to provide medications during normal work hours.

c. If medication is required to be administered while the child is in care, Chapter 19 of this instruction will be followed.

8. Specialized Training

a. General training on the care for and the understanding of children with special needs will be included in the CYP professional's training as outlined in Chapter 14.

b. Additional training that is required as a result of the SNRB approved treatment plan will be coordinated between the CYP and the child's physician or therapist. All specialized training will be documented in the CYP professional's training file.

9. Facility Renovations

a. The public works officer will recommend whether construction and renovation of existing CYP facilities to reduce architectural barriers is appropriate and fiscally possible. All new construction and renovation of existing CYP facilities will meet ADA specifications.

b. The need to modify government quarters will be considered when determining the suitability of a CDH for a special needs child. The decision to modify government quarters will be coordinated between the public works officer and the housing officer.

c. The responsible commander will have final approval for any facility/quarters modifications.

10. Emergency Support

a. Those children who have potentially life-threatening conditions (e.g., diabetes, seizures, or anaphylactic food allergy) shall have a written action plan clearly defining the signs and symptoms for which an ambulance is necessary. Emergency care for these children shall not be delayed if a parent does not respond to a phone call.

b. The written action plan shall be maintained in the child's file with a copy maintained in an accessible location in the classroom.

c. Liaison shall be established with a nearby medical facility capable of providing support in the event of an emergency. CYP professionals must be knowledgeable in how to reach and obtain this help with minimum difficulty. Availability of emergency support shall be a factor in assessing the CYPs ability to care for a special needs child.

CHAPTER 5

CHILD DEVELOPMENT CENTERS (CDC)

1. Curriculum

a. The Creative Curriculum shall be used in all CDCs as the curriculum foundation.

b. All CDCs will meet Standard 2, Curriculum of the NAEYC Accreditation Criteria. The criteria includes the following requirements:

(1) Curriculum: Essential Characteristics.

(2) Social-emotional Development.

(3) Physical Development.

(4) Language Development.

(5) Early Literacy Development.

(6) Early Mathematics.

(7) Science.

(8) Technology.

(9) Creative Expression and Appreciation for the Arts.

(10) Health and Safety.

(11) Social Studies.

c. Specific curriculum information can be found in the Orientation Handbook for Navy Child Development Center Caregivers and the Orientation Handbook for Navy Child Development Center Caregivers, Training and Curriculum Specialist Version.

d. Curriculum includes daily schedules, activity plans, use of media, and materials necessary for each age group. Activities must be offered that foster self-concept and social development.

Developmentally appropriate hands-on activities to encourage children to think, reason, question, and experiment must be part of each day.

e. Activities will be based on documented staff observations of children and reflect the interests, needs, and developmental levels of the children. Curriculum shall be responsive to individual differences in ability and interests.

f. Television time shall be limited to 30 minutes per month, per child activity room and must be part of the classroom activity plan. Children shall not be required to view the program and an optional activity shall be available. CYP professionals shall discuss what is viewed with children to develop critical viewing skills.

g. Computer time is limited to 30 minutes per day, per child. Children shall not be required to use the computer and an optional activity shall be available. Technology shall be used to extend learning within the activity room and integrate and enrich the curriculum.

h. Multi-cultural and gender diverse activities and materials shall be provided to enhance individual children's self-esteem and to enrich the lives of all children with respectful acceptance and appreciation of differences and similarities.

i. The daily schedule and program of activities shall be posted on the Parent Information Board and available to parents and substitute caregivers. The schedule provides a balance of indoor/outdoor, quiet/active, individual/small/large groups, and child/adult initiated activities. Hourly care programs shall be planned so children can easily move in and out of activities.

j. Each age group, including infants, shall have an opportunity to spend a portion of the day outdoors. During inclement weather, the daily schedule should include indoor activities which foster large muscle development.

2. Assessment

a. Assessment is the process of observing, recording and otherwise documenting what children do and how they do it as a basis for a variety of educational decisions that affect the child. Assessment is integral to curriculum and instruction in early childhood programs.

b. Each child shall be assigned a primary caregiver. The primary caregiver is responsible for completing a Navy CYP Observation Form for each assigned child at least weekly. The results are used for weekly activity planning and to document the child's growth and development on the Navy Child's Record of Progress form at least twice a year. The Navy Caregiver Orientation Handbook details the required assessment plan.

c. The CDC program is informed by ongoing, systematic, formal, and informal assessment approaches to provide information on children's learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results benefit children and help teachers make decisions about teaching practices and curriculum development. All CDCs will meet Standard 4, Assessment of Child Progress of the NAEYC Accreditation Criteria, which includes the following:

(1) Creating an Assessment Plan.

(2) Using Appropriate Assessment Methods.

(3) Identifying Children's Interests and Needs.

(4) Describing Children's Progress.

(5) Adapting Curriculum, Individualizing Teaching, and Informing Program Development.

(6) Communicating with Families and Involving Families in the Assessment Process.

d. Observations of children shall occur throughout the day. Caregivers shall continually respond to children with open-ended questions and interactions that encourage further exploration and allow the caregivers to scaffold children's learning. Caregivers not assigned as a primary caregiver for a group of

children shall record, at a minimum, one formal observation each day of any child in their care and provide the child's primary caregiver a copy of the completed observation and appropriate input.

e. Decisions that have a major impact on children, such as room assignments, shall be made based on a combination of relevant information, particularly observations by the T&C specialist, caregivers, and parents.

f. Room assignment transitions must be well planned to allow the transitioning child to adjust. Continuity of care is a primary consideration when deciding to move children to a new room. Group assignments shall be age appropriate and generally not be changed more than once in a twelve-month period.

g. The T&C specialist shall spend time weekly in each classroom. Documentation of classroom observations, classroom training, and role modeling will be maintained.

h. The T&C specialist shall, with the coordination of the caregivers in each classroom, review and rate each classroom annually using the NAEYC Classroom Observation Tool.

3. Caregiver Relationships

a. The program must promote positive relationships among all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member. All CDC programs will meet Standard 1, Relationships of the NAEYC Accreditation Criteria, which includes the following:

(1) Building Positive Relationships Among Teachers and Families.

(2) Building Positive Relationships Between Teachers and Children.

(3) Helping Children Make Friends.

(4) Creating a Predictable, Consistent, and Harmonious Classroom.

(5) Addressing Challenging Behaviors.

(6) Promoting Self-Regulation.

b. Caregivers are responsible for all children under their supervision at all times and should plan for increasing independence as children acquire skills.

c. Caregivers shall demonstrate successful transition activities so children do not wait in line or sit for long periods of time. Children shall not be required to move from one activity to another as a group.

d. Interactions between CYP professionals and children shall be frequent and promote the child's self-esteem, self-confidence, and positive feelings toward learning.

e. CYP professionals shall facilitate the development of self-control in children by using positive guidance techniques. Caregiver's expectations should match and respect the child's developing capabilities.

f. Caregivers shall be supportive of children as they acquire skills and develop independence. Caregivers shall watch carefully, allow the children to accomplish tasks according to their ability, and offer supportive assistance with tasks that are frustrating. Caregivers must respect children's developing preferences for familiar objects, foods, and people.

g. Caregivers shall talk with children in a pleasant voice and make frequent eye contact.

h. Caregivers shall engage in conversations with children to expand the child's language development and use simpler or more complex language based on their observations and knowledge of the child's abilities. Children are asked questions to encourage them to give longer and more complex answers.

i. Caregivers shall be especially responsive to infants and pre-toddlers regarding routines and accommodate feeding and sleeping schedules.

j. Caregivers shall engage in many one-to-one, face-to-face interactions with infants. All interactions are characterized by gentle, supportive responses to promote the beginning of communication.

k. Caregivers will provide infants with a wide variety of experiences to include holding and cuddling, floor time, exposure to different experiences every 30 minutes and shall talk to the infant before, during, and after moving them. Infant seats are used on a limited basis and not placed in cribs.

l. Infants should only be placed in positions which are physically supportive. Body support shall not be achieved by improper use of equipment, i.e., propped up with cushions.

m. The program shall establish and maintain collaborative relationships with each child's family to foster development in all settings. These relationships shall be sensitive to family composition, language, and culture. All CDC programs will meet Standard 7, Families of the NAEYC Accreditation Criteria.

4. Indoor Environments

a. Reference (r) provides guidelines on indoor spaces and is required for all new construction, renovation and/or additions to existing CDC facilities. All CDC programs should refer to this instruction when reviewing the indoor environment of all CDC classrooms.

b. All CDC programs shall meet requirement of Standard 9, Physical Environment of the NAEYC Accreditation Criteria.

c. Indoor environments include the following:

(1) Quantity and size of furnishings and equipment. Ample equipment, child sized furnishings, materials and supplies will be available in all child activity areas. Child activity room arrangements must meet the guidelines provided in The Creative Curriculum.

(a) Adequate indoor storage space shall be provided. Closets within the CDC must be clean and organized. Interior cabinets and furnishings shall be kept clean and in good repair.

(b) Sufficient quantities of equipment, toys, and materials shall be maintained to prevent children from waiting for long periods of time or compete for use. Equipment should be rotated for variety and to encourage growth and development of the children. Each CDC child activity room must have adequate indoor equipment, toys, and supplies that are age appropriate, multicultural, gender diverse, well maintained, and properly stored. A variety of toys are provided which are appropriately challenging, encourage exploration, experimentation, and discovery.

(c) Each child over twelve months has one appropriately sized chair, table space, and cot with a sheet. Each child under twelve months has a crib with a sheet. Nap and sleeping requirements are provided in chapter 19.

(d) Furnishings and seating arrangements shall allow children's feet to touch the floor.

(e) Separate storage is required for each individual child's personal items.

(f) Equipment and materials shall be stored on low open shelves and accessible to children. Shelves and interest areas shall be labeled appropriately for the age group using pictures, symbols or words. The use of toy boxes is not acceptable in any age group.

(g) Rocking chairs shall be available for caregivers in the infant, pre-toddler and toddler activity rooms.

(h) Restraining devices such as playpens, mechanical swings, walkers, exersaucers, and infant jump-ups shall not be used.

(2) Uninterrupted activity space/usable space. Useable floor space is that which can be used by the child for activities or to play. A minimum of 35 square feet of usable space per child in each activity room is required.

(a) If a child cannot play in an area without interruption by traffic, the space is considered dedicated circulation and not considered usable space.

(b) Useable floor space does not include closet or storage spaces, corridors, kitchen, toilets, diaper changing areas, administrative or support spaces. Administrative areas shall not be located in the child activity rooms.

(c) An additional 30 square feet (65 square feet total) per child is required in infant areas for cribs.

(3) Interest areas. Reference (r) provides a list of ten interest area requirements. This list shall be followed for all CDC programs and provides guidance per age group.

(4) Routine care areas. Specific information on sinks, toilets and other routine care type equipment is provided in chapter 19.

(5) Areas other than classrooms. Adequate space must be provided for a reception area, administrative office space, staff lounge, food preparation, storage and laundry areas.

5. Outdoor Environments

a. Reference (r) provides guidelines on outdoor spaces required for all new construction, renovation and/or additions to existing CDC facilities. All CDC programs should refer to reference (h) when reviewing the outdoor environment of CDC play areas. Playground renovations design shall be approved by CNIC (N912) prior to purchase of equipment.

b. All CDC programs shall meet the Standard 9, Physical Environment of the NAEYC Accreditation Criteria.

c. The Consumer Product Safety Commission (CPSC) Handbook for Public Playground Safety and the American Society for Testing and Material (ASTM) standards shall be followed. The CPSC Handbook is updated on a regular basis and shall take precedence if conflicting guidance exists.

d. Outdoor environments include the following:

(1) Space requirements. A minimum of 75 square feet of outdoor play area is required for each child on the playground.

(a) In existing CDCs where playground square feet requirements are not met, use of the playground shall be scheduled to allow maximum usage of space by minimum number of groups at one time.

(b) The outdoor play environment shall be divided into at least three play areas: one for infants, one for toddlers, and one for preschoolers. Pre-toddlers will use the infant play area or the toddler play area, as appropriate.

(c) Shaded areas for children to play out of the sun shall be provided.

(d) The play area shall be enclosed with at least a five-foot high fence to define the play area, allow ease of supervision of children, and protect them from unauthorized individuals or stray animals. The fence is one of the most visible elements in the center, black or dark green vinyl-coated chain link is the preferred fence material. Horizontal slat fencing shall not be used. All fencing shall be kept in good repair, free of rust, and peeling paint or coating.

(e) To prevent unauthorized entry or exit and allow emergency evacuation, playground gates shall be secured and at least one gate per outside play area shall have working panic hardware that is installed per guidelines in chapter 20.

(f) Outdoor play areas will directly adjoin the CDC facility. Playgrounds for supplemental program options are not required to adjoin the facility but must be accessible, via a route free from hazards, and within 1/8 mile from the facility.

(g) The outdoor play area shall be free of all potential safety hazards, i.e., free of trip, fall, and health hazards such as stones, gullies, drop off areas, holes, weeds, animal waste and trash. The outdoor play areas shall be inspected daily. Chapter 21 provides guidance on daily inspections.

(2) Equipment. Provide a sufficient range of equipment to accommodate every type of play engaged in by the age group served, e.g., exercise, dramatic, construction, organized games, social, sensory, literacy, math, social studies.

(b) Surface shall be well maintained and replaced as necessary.

(c) Fall zones shall comply with CPSC requirements.

(4) Design and aesthetics. The play environment shall be designed to allow a wide range of movement; stimulate the senses; offer novelty, variety, and challenge; and be safe and comfortable.

(a) A variety of wood, metal, and plastic as well as natural items such as sand, water, grass, flowers, trees, smooth rocks, and other artifacts of nature shall be incorporated within the natural environment.

(b) The play environment shall be designed to provide opportunities for children to engage in open-ended play, actively manipulate the environment, develop their curiosity, explore properties, and investigate the world. Do not design the environment to impart preconceived notions of how to act or respond to the surroundings.

(c) Walkways shall be constructed of asphalt, concrete, or other suitable material which will not become muddy or slippery in wet weather.

(a) Traditional playground equipment designed for SAC such as swings, freestanding slides, seesaws, merry-go-rounds, and monkey bars are often associated with serious injury in young children and shall not be used. Tire swings are permissible. The CPSC Handbook provides a list of equipment prohibited for use by children under the age of five.

(b) A variety of age-appropriate equipment for riding, climbing, balancing and individual play shall be accessible for children. Adequate outdoor equipment shall be age appropriate, multi-cultural, gender diverse, well maintained, and properly stored.

(c) Enclosed, weather-tight, vandal-proof storage shall be provided in each play area and used for outdoor toys and equipment, as needed, to protect them from the elements and/or possible loss. Storage should be located to be readily accessible by children and CYP professionals.

(d) Sandboxes that are part of a program facility shall be constructed to allow for drainage, covered when not in use, and cleaned of foreign matter on a regular basis. Sand shall be replaced as often as necessary to maintain cleanliness.

(e) Bolts, screws, and edges shall have rounded surfaces. If possible, bolts shall be recessed or countersunk.

(f) Playground equipment with hazardous moving parts, opening, or angles which can trap fingers, hands, feet or heads shall not be used.

(g) Equipment shall be structurally sound with no bending, warping, rusting or splintering, and inspected daily.

(3) Playground surfacing requirements. A variety of playground surfaces, including grass, sand, asphalt, concrete, and soil should be provided on all playground areas. Use a variety of surface materials, with varying finishes, patterns, textures, and colors to stimulate interest and increase play opportunities.

(a) All playground equipment shall be installed over a resilient, impact-absorbing surface that meets ASTM and CPSC guidelines.

CHAPTER 6

CHILD DEVELOPMENT HOMES (CDH)

1. General

a. The CDH program provides home-based child care services for eligible patrons by Navy certified independent private contractors in their government or non-government owned or leased residence, located on or off base. CDH is not foster care.

b. Responsible commanders must send a request to CNIC (N912) for approval to establish a new CDH program.

(1) Requests must identify the procedure for screening, certifying, and monitoring the CDH program.

(2) Requests shall include an organizational chart showing the CDH program and responsibilities of each position.

c. Responsible commanders must send a request to CNIC (N912) to disestablish a CDH program. The request shall include the reason the program is being cancelled and the plan of action for meeting the need for child care in their area.

d. The CYP shall notify CNIC (N912) when establishing off-base programs and forward a copy of the Memorandum of Understanding (MOU), if required by the State therein. Where State and Navy regulations conflict, use of Navy standards take precedence and will be followed. Certification responsibility is dependent on the type of jurisdiction over the Government property where the housing unit rests.

(1) If the property is subject to exclusive jurisdiction, whereby the Federal Government holds all authority, offenses are handled only by the military or other elements of the Federal justice system. In this instance, Federal CDH certification would apply.

(2) If the property is subject to partial jurisdiction, whereby the Federal Government holds close to exclusive jurisdiction but the State has reserved some authority over and above civil and criminal matters, certification authority is

treated in the same fashion as if subject to exclusive jurisdiction. Therefore, Federal CDH certification would apply here.

(3) If the property is subject to concurrent or shared jurisdiction, whereby both the Federal Government and State share jurisdictional authority, the responsibility for CDH certification will depend on whatever agreements exist between the Federal and State governments concerned.

(4) If the property is subject to proprietary jurisdiction, whereby the Federal Government retains the right of ownership and use of the land, however legal authority is assigned to the State, CDH certification shall be coordinated through the State in cases limiting proprietary jurisdiction.

e. Navy owned, leased, or public private venture (PPV) housing units in which CDH is provided shall not be subject to activities which will cause accelerated deterioration of the units due to any type of child care activity. Any negligent action which causes damage or accelerated deterioration of a housing unit may result in revocation of the CDH certification.

f. CDH providers shall acknowledge, in writing, their responsibility for property damage to family quarters determined to be beyond normal wear and tear.

g. To ensure the health and safety of children is protected, procedures for inspecting and monitoring CDHs shall be established and in keeping with this guidance.

2. Unauthorized Care

a. Responsible commanders shall establish policy to effectively prevent unauthorized care in Navy owned, leased or PPV housing. Responsible commanders or the housing authority (if separate) shall issue a letter to residents explaining CDH regulations to ensure unauthorized care does not occur and explaining that government housing privileges may be revoked for providing unauthorized care.

b. Any individual caring for other families' children for a total of ten or more hours per week on a regular basis, paid or unpaid, must be a certified CDH provider. One child for one hour equals one child care hour.

c. The following is not considered unauthorized care and does not require CDH certification:

(1) Individuals who occasionally provide care for an individual for less than ten child care hours per week.

(2) Individuals providing in-home babysitting on an occasional basis for other families. This shall not be on a regular basis or exceed ten child care hours per week, per child care provider.

(3) Teenagers providing evening or weekend babysitting for families.

(4) Child care provided in parent's own home for their children.

(5) Parent cooperatives where one of the parents provides supervision for the other parent's children on an exchange basis and no fees are involved.

(6) Temporary full-time care of a child during parent's absence or temporary duty or deployment by the person listed on a Family Care Plan.

(7) Individuals caring only for relatives or foster children are not required to be certified. For the purpose of this instruction, relatives are defined as grandchildren, sisters, brothers, nieces, and nephews.

d. All reports of persons operating unauthorized child care within housing areas must be investigated. The individuals shall be provided information on the CDH certification process and the benefits of becoming a certified CDH provider.

3. Program Oversight

a. Monitoring visits are intended to give programmatic support to CDH providers and are not to be solely policing or inspecting in nature. Monitoring visits are used to assess the provider's relationships with children and families, appropriateness of the environment, goals for learning, planned activities, routines, safety and health of the home, professionalism, and business practices. Monitoring visits will be used as part of the process to determine eligibility for annual recertification and/or proposed revocation of certificate.

b. At least one unannounced visit will be conducted to each home on a monthly basis.

(1) A CYP professional shall complete a CNICCYP 1700/01, Child Development Home Visit Record, and review the findings with the provider.

(2) The CYP professional conducting the visit shall note any deficiencies and discuss a time line for corrections with the CDH provider. Corrections will be made in the time frame agreed upon by the CYP professional and CDH provider. All corrections must be made within 90 days.

(3) A copy of CNICCYP 1700/01 shall be left with the provider. It is recommended that CDH providers post their most current home visit record on the parent information board.

(4) A follow-up of corrections will be noted on CNICCYP 1700/01 during the next month's visit or per the timeline for corrective actions.

c. The CDH director, CYP Director, or designee shall visit at least ten percent of each CDH monitor's caseload on a monthly basis for quality assurance.

d. CDH staffing patterns, listed in the CNIC Child Development Functionality Assessment Guide, shall be followed to ensure proper oversight of the CDH program is maintained.

e. A CDH director or CDH monitor shall not have a caseload of more than 30 CDH providers. This includes certified or in-process CDH providers. An in-process CDH provider is defined as an applicant who has submitted the application and has started

work to become certified (e.g., childproofing the home or attending CPR). To be considered in-process, the CDH staff must spend time working with the in-process CDH provider, e.g., conducting background check, home interview, and orientation training. If necessary, the caseload may be adjusted for extenuating circumstances such as unusually high turnover rate, long commute required for home visits, or similar situations.

f. The CDH director's maximum caseload shall be reduced by five for each additional CDH monitor under the CDH director's responsibility. For example, if the CDH director supervises two CDH monitors, twenty would be the maximum number of homes the CDH director may have.

g. The CDH director shall participate in orientation training and ensure all re-certification requirements are met.

h. The CDH director shall participate in the Parent Involvement Board (PIB) and recruit parents of children enrolled in CDH to attend PIB meetings.

i. Systems shall be developed to communicate with CDH providers and families, such as a monthly newsletter.

j. A CDH subsidy based on local need and market rates that meet the needs of the military community shall be established. Local market rates shall be reviewed annually and a subsidy cap based on market rates established in writing. Chapter 1 of this instruction contains additional information.

k. A CDH incentive program to attract and retain qualified providers shall be established. The CDH program should consider both monetary and non-monetary incentives. The CNIC Child Development Functionality Assessment Guide provides additional guidance and ideas on subsidy and incentive programs.

l. All CDH provider files shall be maintained at the CDH office as outlined in Chapter 9.

4. Types of CDH and Group Sizes

a. Multi-age Homes. Provide child care for children six weeks to twelve years of age. Children thirteen-eighteen years of age with special needs may be cared for in a multi-age home.

(1) The maximum group size shall be six children.

(2) There shall be no more than two children under two years of age.

(3) Providers children, under eight years old, are counted in the maximum group size.

(4) Enrolled school-age children six-twelve years old and special needs children thirteen-eighteen years old are counted in the maximum group size.

(5) If, in the opinion of the CDH director or any inspecting officer, the home is too small for the maximum number of children allowed or there are special needs of the children enrolled, the number of children allowed in the home shall be reduced.

b. Infant Homes. Provide care for infants from six weeks old to two years of age. The CDH is considered an infant home if all children are within this age group.

(1) There shall be only one child under two months of age.

(2) The maximum group size shall never exceed three children.

c. School-age Homes. Provide care for children five to twelve years of age and children thirteen-eighteen years of age with special needs.

(1) If a home is a school-age home, there shall be no more than eight children present at a time.

(2) All children must be over five years of age, including the CDH provider's children.

(3) If, in the opinion of the CDH director or any inspecting officer, the home is too small for the maximum number of children allowed or there are special needs of the children enrolled, the number of children allowed in the home shall be reduced.

d. Extended-hours Homes. Provide care for children whose parents are shift workers, watch standers and/or need child care outside traditional child care hours.

(1) Extended hours care serves parents who have occasional mission-related child care needs up to or exceeding 24 hours, but not to exceed 72 continuous hours. Care for children beyond 72 hours should be regarded as loco parentis.

(2) Children in evening care shall have a routine with the necessary furnishings provided.

(3) Evening meals shall be served for children attending during meal times.

(4) Children shall be able to take a bath with warm fresh water. The tub and/or shower must be cleaned and disinfected after each use.

(5) Children shall be given a bed, crib, couch, or cot that meets the requirements in Chapter 19. Children receiving regular overnight care should not regularly sleep on a cot overnight but be provided a bed.

(6) Children shall have clean night clothing and a toothbrush marked with their name.

(7) A change of clean clothes for each child shall be available.

(8) An additional subsidy is recommended for CDH providers who accommodate the schedule of shift workers and watch standers due to limited alternative child care options for these hours.

e. 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. The CYP shall work closely with the local preventive medicine office to

establish policy and procedures for operating a Mildly-ill Home. The local preventive medicine office shall provide additional training for CDH providers who operate this type of CDH.

f. Special-needs Homes. Offer appropriate care to one or more children who meet the definition in Chapter 4.

(1) These homes offer respite (relief) child care to parents of special needs/handicapped children.

(2) CDH providers who wish to care for children with special needs shall attend additional specialized training.

(3) Where one or more special needs child(ren), requiring more than usual care is enrolled, the ratio of adult to child shall not exceed one to three or as recommended by the SNRB.

(4) After review by the SNRB and prior to admission, the provider shall be given information about the special needs from the parent, the physician, and the State or local education agency about any special problems or needs that may affect the child's participation in the program. Programs may provide an additional subsidy to CDH providers who meet special requirements or the number of children that can be enrolled is limited due to the acceptance of a child with special needs.

g. Child Development Group Homes (CDGH). Provide care for children ages six weeks to twelve years.

(1) Each child will be assigned a primary CYP professional. For each primary CYP professional, there can be no more than six children and no more than two children under two years of age.

(2) CDGH may operate between the hours 0600 and 1800.

(3) CDGH is authorized in certified Navy housing (government owned, leased, or PPV) and civilian Navy-certified off-base housing.

(4) The CDGH must provide adequate space for play and routine care for the number of children enrolled. The local fire prevention inspector will determine the maximum occupant

load for the CDGH. Determination can be based on actual square footage, arrangement of home furnishings, space available for meals, naps, and bathroom routines, as well as, space available for play (e.g., extra bedrooms, family room, a screened patio or porch, or converted garage). The maximum number of children that can be cared for at one time at a CDGH is twelve. A fenced yard immediately adjacent to the CDGH, when possible, is recommended or a playground within reasonable walking distance.

(5) Costs for improvements to meet CDGH requirements, maintenance and repair, and utilities are the responsibility of the CDH provider's home being utilized.

(6) If a CDGH is operated, a local SOP shall be developed and address responsibilities of maintenance of the outdoor area, parking, cleaning, and upkeep of the facility and other concerns locally identified. The local housing authority shall be consulted when the CDGH is in Navy-owned housing units.

(7) A CDGH lead provider will be designated within each CDGH and must meet the following requirements:

(a) Minimum age of 21,

(b) One year experience as a CYP professional,

(c) Child Development Associate (CDA) Credential, Associate or Bachelor's Degree in Early Childhood, Elementary Education, or related field preferred, and

(d) Locally trained in supervision, team building, budgeting, and financial management of a CDGH business.

(8) CDGH providers shall develop common operating policies and a common contract for use with all enrolled families.

(9) Two CYP professionals must be present whenever seven or more enrolled children are present. When six or fewer children are present, only one CYP professional is required.

(10) CDGH shall maintain a family atmosphere. The CDGH shall include adult furnishings (e.g., couch, table, chairs) as well as child sized furniture and equipment.

(11) The CDH director or CDH monitor shall conduct home visits at least two times per month and contact the CDGH by telephone on a weekly basis.

(12) Each CDGH provider must be insured per paragraph 5 of this chapter. CDGH providers must notify their private insurance provider they are a group home provider. The back-up providers shall be listed on all CDH providers' policies.

(13) CDGHs are eligible for CDH subsidies and incentives. CDGH provider's children are not eligible for subsidies.

h. 24/7 CDGH. Provide care for children ages six weeks to twelve years in Navy CYP facilities that are open 24 hours a day, 7 days a week.

(1) Each child will be assigned a primary CYP professional. For each primary CYP professional, there can be no more than six children and no more than two children under two years of age. There must be two CYP professionals present at all times when children are in the facility.

(2) The 24/7 CDGH must provide adequate space for play and routine care for the number of children enrolled. The local fire prevention inspector will determine the maximum occupant load for the 24/7 CDGH. Determination can be based on actual square footage, arrangement of home furnishings, space available for meals, naps, and bathroom routines, as well as, space available for play (e.g., extra bedrooms, family room, a screened patio or porch, converted garage, etc.) A fenced yard immediately adjacent to the 24/7 CDGH, when possible, is recommended or a playground within reasonable walking distance.

(3) The CYP professionals shall be Navy CYP employees and must meet all of the qualifications listed in Chapter 13.

(4) The 24/7 CDGH shall maintain a family atmosphere and include adult furnishings (e.g., couch, table, chairs) as well as child sized furniture and equipment.

(5) The 24/7 CDGH is subject to all of the inspection requirements of Navy CYP facilities listed in Chapter 21. Periodic inspections should take place during the night and weekend hours.

5. CDH Liability Insurance

a. CDH providers are required to maintain personal liability insurance to protect themselves and the Navy as additional primary insured against potential liability claims for negligence that might arise from their operations. CDH providers must purchase insurance coverage immediately following completion of certification requirements and before accepting children in care.

b. Liability insurance is required because CDH providers are independent private contractors and not CYP government employees. As independent private contractors, CDH providers may be held personally liable for claims in the absence of any insurance.

c. CDH providers shall be advised in writing when certified that they may be held personally liable for negligent damage claims/awards for damages that exceed insurance policy limits and for any personal acts and omissions that are specifically excluded by their liability insurance policy.

d. The Government will not furnish CDH providers legal representation in court, nor will the Government pay any claims arising from any CDH provider's actions or omissions.

e. CNIC (N912), as CDH program manager, will monitor CDH programs to ensure that both CDH providers and the DoN are insured against potential liability claims that may arise out of the operation of the CDH program.

f. Currently, the minimum limit of general liability insurance required, which includes products and completed operations, personal and professional liability loss exposures, is $500,000 for each claim and policy aggregate.

g. Sexual abuse and molestation liability coverage must be for a minimum of $100,000 for each claim and policy aggregate.

h. Fire liability for the damage to non-owned property, which is in the provider's care, custody, and control, must be insured for a minimum of $50,000 per claim and policy aggregate.

i. CNIC (N912) sanctions minimum limits and coverages that individual commercial insurance companies must provide, for the purpose of ascertaining the providers have available to them appropriate and comprehensive insurance coverage. Minimum limits and coverage may change upon expiration of each policy year, depending on insurance market considerations.

j. The individual provider's insurance limits, premiums, and types of coverage may change from one insurance policy period to the next. Accordingly, CNIC (N912) will provide each Navy activity, authorized to operate a CDH program, details regarding the levels of coverage and related matters specific to CDH providers insurance and claims filing procedures as changes dictate.

k. Actual claims related to the CDH program, as well as accidents and incidents that may potentially give rise to a claim, shall be reported immediately to CNIC (N912), the regional legal counsel servicing subject command, and to the insurance representative that has brokered the individual CDH provider's policy using the company prescribed loss-reporting procedures. Copies of this information should also be provided to a claims attorney serving with the command's Regional Legal Service Office (RLSO).

l. CDH providers who transport children in their privately-owned vehicles (POVs) must provide documentation that their insurance provides proper coverage. The documentation will be maintained in the CDH provider's file.

6. CDH Provider Standards

a. The CDH provider shall manage a well-run, responsive program in a safe and healthy environment which meets the requirements of this instruction.

b. The CDH provider shall complete a CNICCYP 1700/03, CDH Provider Home Assessment Form, within the first three months of certification. Upon successful completion of Caring for Children in Family Child Care, Volumes I and II, the CDH

provider must meet all of the quality standards of NAFCC accreditation. Where Navy and NAFCC standards differ, the CDH provider shall meet Navy standards, e.g., supervision, ratios.

c. All CDH providers and 24/7 CDGH employees shall implement developmentally appropriate programs and curriculum regardless of the type of home or length of time the child is in care.

d. The CDH provider shall have a parent/provider contract that is signed by the parent and the CDH provider and is maintained on file. The parent shall receive a copy of the contract. Each CDH provider's parent/provider contract must state the following:

(1) The CDH provider services are a private, independent enterprise.

(2) The Navy will not be party to any liability claims incurred by the CDH provider.

(3) Fees charged are a private matter between provider and parents. If the Navy provides a CDH subsidy, the parent shall be provided information by the CDH program on what services they should be receiving from the CDH provider.

(4) Two-week trial period and causes for termination of the contract.

(5) Hours and days of the week that care will be provided. If the CDH provider is receiving a CDH subsidy for full-time care, the hours of care offered shall be at least 50 hours a week.

(6) Vacation time (child and provider).

(7) Plan for illness and absence.

(8) Responsibility for approved back-up care.

e. The CDH provider's attention shall be focused on the children. Telephone calls, errands, and personal demands shall be kept to a minimum and shall not take priority over the

children's needs. CDH providers may not operate another business or home-school children during child care hours.

f. CDH providers must notify their CDH monitor of any absences, changes to the household, or any other pertinent information that affects the program. Additionally, the CDH provider shall notify the CDH office when a back-up CDH provider is caring for the children.

g. CDH providers shall display their CDH certificate and the CDH plaque inside their home. The CDH flag shall be displayed outside their home.

7. CDH Program Requirements

a. Caring For Children in Family Child Care, Volumes I and II, shall be used by all CDHs as the curriculum foundation.

b. Television viewing shall be used only in a way that enhances the development of young children and shall not exceed 30 minutes a day. Children shall not be required to view the program and an optional activity should be available. CDH providers shall discuss what is viewed with children to develop critical viewing skills. Technology shall be used to extend learning within the activity room and integrate and enrich the curriculum. The television shall not be left on to provide background noise.

c. If computers are available, they shall be limited to developmentally appropriate programming and shall not be used for more than 30 minutes per day. All software shall be previewed by a CYP professional prior to use. Children shall not be required to use the computer, and an optional activity should be available. Technology shall be used to extend learning within the activity room and integrate and enrich the curriculum.

d. The indoor environment shall be arranged for developmentally appropriate hands-on activities that encourage children to think, reason, question, and experiment. Materials include items such as books, other learning materials, art, math, science, dramatic play, and real toys.

e. Sufficient quantity and variety of equipment/toys and materials shall be maintained to prevent children from having to wait for long periods of time or compete for use. Equipment should be rotated for variety and to encourage growth and development of the children. Each CDH home must have adequate indoor equipment, toys, and supplies that are age appropriate, multicultural, and gender diverse. A variety of toys are appropriately challenging, encourage exploration, experimentation, and discovery.

(1) All materials shall be stored on low, open shelves.

(2) Toy shelves and containers shall be labeled age-appropriately (e.g., pictures, symbols, words) to encourage children in development of self-help skills.

(3) The use of toy boxes is not acceptable in any age group.

f. Providers shall develop and post a daily schedule on the parent information board to include, at a minimum, the following items:

(1) Routines (naps, meal times, toilet use, etc.),

(2) Story times,

(3) Outdoor play,

(4) Creativity,

(5) Music, and

(6) Cooking and similar daily living experiences.

g. Daily activities shall be provided that are a balance of child-initiated and adult-directed. CDH providers shall post a weekly activity plan with planned activities based on individual children's needs and interests.

h. Each child shall be shown respect and be given opportunities to develop self-esteem and self-discipline. CYP professionals shall facilitate the development of self-control in children by using positive guidance techniques. Caregiver's

expectations should match and respect children's developing capabilities.

i. The CDH provider shall be actively involved with children in their play and learning.

j. CYP professionals are warm, nurturing, talk with children in a pleasant voice and make frequent eye contact.

k. Naptime is scheduled appropriately for the age of children. Infants and pre-toddlers are allowed to follow their own schedules.

l. Each age group, including infants, shall spend a portion of the day outdoors. During inclement weather, the daily schedule should include indoor activities which foster large muscle development. Children shall be under direct supervision at all times while playing outdoors. Child safe fencing shall be in compliance with the local command housing requirements. Nearby parks and playgrounds may be used.

m. CYP professionals greet parents at drop off and pick up times and talk to them about their child.

CHAPTER 7

SCHOOL-AGE CARE (SAC) AND YOUTH PROGRAM (YP)

1. School-age Care (SAC) Program of Activities

a. SAC programs shall provide safe, supervised, healthy, accountable and age-appropriate activities and environments for children in kindergarten through sixth grade, ages five through twelve, consistent with reference (c).

b. SAC programs will comply with National After School Association (NAA) guidelines described in The NAA Standards for Quality School-age Care.

c. SAC programs shall compliment, rather than duplicate, the school day.

d. Children can choose from a wide variety of activities.

e. The daily schedule shall be flexible; offer enough security, independence, and stimulation to meet the needs of children in care; offer a wide variety of age-appropriate activities based on the participant's abilities and interests; and regular opportunity for active and physical play, creative arts, dramatic play, quiet activities, enrichment activities, and socializing. Field trips, special activities, and use of other recreational facilities shall be scheduled. The activities provided should promote the following:

(1) Physical fitness.

(2) Positive self-esteem.

(3) Intellectual, social, and physical achievement.

(4) Leadership skills and initiative.

(5) Lifelong recreation skills.

(6) Positive use of leisure time.

(7) Moral development and community membership.

(8) Self-reliance and independence.

(9) Respect for diversity.

f. Program calendars shall be posted and available for distribution.

g. Movie viewing is limited and not a regularly scheduled activity. Other activity choices should be offered at the same time. The Navy Motion Picture Services is used for all movie viewing.

h. Television viewing is not offered as an activity.

i. All SAC programs will be affiliated with the BGCA and, at a minimum, required to offer BGCA core programs. These core programs are listed on the Navy CYP Web page and shall be updated when BGCA makes changes to their programs and/or introduces new programs.

j. Children should have at least 30 minutes outdoor play out of every three-hour block of time at the program (weather permitting).

k. Open recreation for children under the age of twelve shall not operate during SAC program hours. Open recreation for children thirteen and above may operate at any time and should operate with appropriate teen activities.

2. Youth Program (YP) of Activities

a. YPs shall be established for children kindergarten through grade twelve as prescribed in reference (d). Programs offered shall meet the needs of the military community and are offered during hours youth can utilize the activities.

b. YPs shall provide children and their families with programs that are responsive to the developmental, recreational, social, physiological, psychological, and cultural needs of youth. Reference (d) requires Navy YPs to offer opportunities at each installation for youth to participate in programs that encompass the following five basic/core programs:

(1) Character development and leadership development, including positive adult role models/mentors.

(2) Education support and career development.

(3) Health and life skills, including substance abuse prevention.

(4) Arts.

(5) Sports, fitness, and recreation.

c. All Navy YPs will be affiliated with the BGCA and offer BGCA core programs at Navy YPs. These core programs will meet the above requirements and are listed on the Navy CYP Web page which will be updated as BGCA makes changes and/or introduces new programs.

d. A system shall be in place that allows for youth input into the development and implementation of policies and programs. Youth will be involved in meaningful roles focused on decision-making, planning, and implementation of community and youth issues.

e. Programs and events shall be regularly scheduled with youth to include parents and other family members.

f. Programs shall be accessible to all eligible youth, whether living on or off the installation.

g. The youth program shall establish a system, which ensures achievements of children and youth are recognized through a variety of informal and formal recognition programs.

h. If movie viewing is offered, the Navy Motion Picture Services is used.

i. Partnerships and collaborative efforts with local schools, community-based youth serving organizations, and other DoD programs may be implemented to enhance and expand opportunities for children and youth. Examples of such organizations are the BGCA, Cooperative Extension, 4-H, Armed

Services Young Men's Christian Association (YMCA), Drug Education For Youth (DEFY), Drug and Alcohol Resistance Education (DARE), local law enforcement, and healthcare clinics.

j. A youth sponsorship program will be established at each military installation to facilitate the integration of dependent children of DoD military personnel into new surroundings when moving to a new military installation as a result of a parent's permanent change of duty station. This sponsorship program will be primarily directed to preteen and teenage youth. Per reference (d), a Youth Sponsorship Program will be established and include the following:

(1) Outreach component. Identifying incoming youth and providing them with information and opportunities before they arrive.

(2) Newcomer Orientation Component. Providing information and materials on programs and services available on the installation and in the surrounding community.

(3) Peer-to-peer Component. Connecting current youth with incoming youth.

3. Relating Positively with SAC and YP Patrons

a. CYP professionals shall:

(1) Make children feel welcome and comfortable.

(2) Treat all children with respect and listen to what they say and match their response to the children's age and abilities.

(3) Respond to the individual needs of children with acceptance and appreciation.

(4) Engage and interact with children positively and children are positive and promote each child's self-esteem and self-confidence.

(5) Set appropriate limits for children and use positive techniques to guide the behavior of children and youth.

(6) encourage children to resolve their own conflicts and assist if needed to discuss the issues and work out solutions.

(7) Respond to the range of children's temperaments and assess children's feelings before attempting to solve a problem.

(8) Work well together and plan activities as a team to meet the needs of children and youth.

b. Youth programs shall use appropriate guidance techniques that encourage positive social interactions, promote conflict resolution, and develop self-control, self-motivation, and self-esteem.

4. SAC and YP Indoor Environment

a. Reference (s) provides guidelines on indoor spaces required for all new construction, renovation and/or additions to existing CDC facilities. All SAC and YP programs should refer to this instruction when reviewing the indoor environment of all SAC and YP facilities.

b. Space shall be included for programs offered, such as self-directed activities, fitness and large motor skill building activities, homework and tutoring activities, arts and crafts, computer labs, instructional classes, club meetings and special events. Ensure space is provided to meet the programming needs for pre-teens and teens with a separate space provided for program administration.

c. The following BGCA space allocations should be used as general guidance when developing program activities:

(1) 35 square feet (SF) per youth for arts and crafts activities.

(2) 25-30 SF per youth for drama and music activities.

(3) 40-45 SF per youth for game rooms.

(4) 100-125 SF per youth in gymnasiums and/or large motor areas.

(5) 20-25 SF per youth in library learning centers.

(6) 30-35 SF per youth in computer rooms/centers.

(7) 45-50 SF per teen in teen centers.

(8) 15 SF per youth in meeting rooms.

(9) 20-25 SF per youth in multipurpose rooms.

d. Indoor equipment, toys, and supplies are developmentally appropriate, multi-cultural, and gender diverse. The indoor environment should reflect the work and interests of children.

e. Sufficient materials are available so that several activities can occur at the same time. Children can arrange materials and equipment to suit their activities.

f. Materials shall remain in good repair and be stored properly. All broken equipment shall be removed from the areas utilized by the children.

g. Facilities shall have sufficient, state-of-the-art technology to enhance programs. Programs for youth shall be implemented that directly teach technology skills and that integrate technology into other areas of the program, to include, but not limited to, affording youth the opportunity to stay connected with deployed or duty-separated parents and complete homework. Technology areas shall be in good repair and include computer stations with internet connectivity. Parental control software shall be installed on all computers connected to the internet and utilized by children.

h. Equipment and materials will be available in sufficient amounts to provide for the needs and interests of all age groups.

i. Sports equipment used in formal sports leagues shall be appropriate for the age of the participants and of a quantity to support the number of teams and participants.

j. Consideration will be given to the selection of age appropriate equipment that meets minimum safety standards and is of suitable quality to accommodate heavy usage.

k. Furnishings will be appropriate and durable for all age groups served and shall be maintained in safe, clean, and attractive condition.

l. Individual storage shall be available for the personal belongings of children enrolled in before and after school programs and day camps.

m. Adequate and convenient storage for equipment and materials shall be provided. Closets and storage areas shall be kept clean and organized.

5. SAC and YP Outdoor Environment

a. Playground equipment, fall zones and impact surfaces used by the CYP must comply with the Consumer Product Safety Commission (CPSC) guidelines and American Society for Testing and Materials (ASTM) standards. The CPSC Handbook for Public Playground Safety is updated regularly and shall take precedence if conflicting guidance exists.

b. The outdoor play area shall meet the needs of children. A variety of outdoor equipment and games for both active and quiet play that are developmentally appropriate shall be available.

c. Fences are not required for SAC and YP facilities. If fences are provided, the fence shall be in good repair. At least one playground gate must be secured with panic hardware to allow emergency evacuation, as prescribed in Chapter 20.

d. Adequate storage space shall be provided and used for outdoor toys and equipment to protect them from the elements and/or possible loss.

e. The outdoor space shall have no observable safety hazards, be well maintained, and free of litter. A shade structure or shaded area shall be available in or around the outdoor play area.

f. Playgrounds will not be the center of youth outdoor programs. Playgrounds should complement a well-rounded outdoor youth program consisting of activities, such as sports, outdoor games, biking, hiking, and walking.

g. Picnic tables should be provided for additional outdoor activities.

6. Youth Sports Program

a. Youth sports is an element of youth programming that plans, organizes, and conducts sports leagues, skills clinics, fitness classes, or special sporting events for eligible patrons. A comprehensive sports program includes a variety of sport activities, events, and league seasons scheduled throughout the year.

b. Participants must submit a completed CNICCYP 1700/04, Navy CYP Registration Form, a copy of birth certificate, field trip and transportation authorization (as needed), photo release authorization, and other forms required by the local command.

c. Sports equipment and supplies shall be the proper type and size for the age and physical capabilities of the participants. Sports equipment and supplies shall be properly stored.

d. The sports rules, regulations, by-laws, structure of competition, and method of recognition shall be developed by each command. However, the principles and administration of the youth sports program shall be consistent with the values and philosophies supported by National Association for Youth Sports (NAYS) or other recognized organization.

e. Leagues and sporting events may be co-ed in nature.

f. Parents (or authorized designee) must accompany children younger than the established self-care policy age (see Chapter 9) to and from practices and games.

g. Parents bringing other children to the sporting events are responsible for their safety and supervision.

h. Youth sport coaches must always work within line of sight of another youth coach or be accompanied by a parent of a participating youth.

i. Registration fees must be paid at time of registration.

j. All coaches and sports volunteers must meet the requirements in Chapter 11. A file must be maintained in the youth sports office for every coach or sports volunteer as outlined in Chapter 11.

k. The youth program prohibits the use of tobacco products, alcoholic beverages, or other illegal drug substances in, near, or around any CYP sponsored function.

l. Parents, coaches, sports volunteers, CYP professionals, and players are responsible to show good sportsmanship and mature conduct during games and practices. Anyone acting inappropriately at games and practices will be asked to leave the premises. Persons failing to leave the premises may be turned over to security or local authorities for removal. A CYP director will closely review the incident for possible disciplinary action.

m. All youth sports coaches must maintain CPR and First Aid certification. A copy of certifications must be maintained on file in the youth sports office.

n. All injuries must be documented and reported to the CYP director immediately.

7. Recreational Preschool Programs

a. Recreational preschool programs are an element of youth recreational programming that plans, organizes and implements a recreational program for youth ages three to five years. These programs are sometimes referred to as Mom's Day Out, Tiny Tot Programs, or Play Pals. Recreational preschool programs shall include planned, age-appropriate activities that are recreational in nature. Programs may not meet for more than five hours per age group, per week, on a drop-in basis.

b. A 1:12 (child to adult) ratio shall be maintained. Existing staff should be utilized to implement the program. The recreational preschool program should be conducted during the school year so as not to conflict with summer and school breaks.

c. A small fee may be charged for the activity.

CHAPTER 8

SUPPLEMENTAL CHILD AND YOUTH PROGRAMS

1. General

a. Supplemental programs are services that augment and support installation CYPs to increase the availability of care. Supplemental child care programs go beyond the normal child care settings addressed in this instruction. The following types of care are covered in this chapter:

(1) Type III child care programs.

(2) Hourly care programs.

(3) Part day preschool programs.

(4) Navy contracted CYP.

(5) Partnerships.

b. Hourly-care programs offered by CYP are not considered supplemental child care programs. If hourly care is offered as part of a Navy CYP, all sections of this instruction apply to the operation. The only exception is hourly-care programs offered as part of patient services at naval hospitals.

2. Type III Child care Programs

a. Type III child care programs are defined as child care programs provided by private organizations on Navy-owned property. Private organizations must obtain command approval to operate and are governed by the guidance provided in reference (k). An MOU shall be established between the command and the private organization. Type III programs may provide full-day or part-day child care and are required to meet the requirements of this instruction.

b. All eligible Type III child care programs shall be accredited from a nationally recognized organization.

c. All commands wanting to utilize a private organization to deliver child care services on naval property are required to

send a request to CNIC (N912) for approval. Type III programs shall supplement the Navy CYP, and may not compete with the CYP for patrons.

d. CNIC (N912) will conduct unannounced yearly inspections of all Type III programs and are required to maintain DoD certification.

e. Private organizations covered by reference (k) shall be self-sustaining through parent fees. There shall be no financial assistance to a private organization from a non-appropriated fund instrumentality (NAFI) in the form of contributions, repairs, services, dividends, or other donations of money or assets.

3. Activity Sponsored Hourly-care Programs

a. Activity-sponsored hourly care offers command organizations and activities the opportunity to provide safe, flexible, low or no cost options to meet child care without following the operational requirements of this instruction. Activity-sponsored hourly care allows the activity to provide on-site, hourly child care when parents of the children in care are attending a command function. Children shall be cared for in the same facility or in a building immediately adjacent to the facility where the activity is taking place. Common sense precautions shall be taken to safeguard the safety and well-being of children in care. Individuals providing care for children shall be 18 years or older. Individuals sixteen to seventeen years of age may provide care if they have received a babysitting certificate from a recognized source (i.e., American Red Cross). Additionally, the individuals shall receive written instructions on how to handle emergencies and two adults shall be present at all times. CYP equipment may be loaned for activity sponsored hourly care.

b. Child Waiting Centers (CWC) are hourly-care programs offered at medical facilities as a patient service. Children are provided child care while their parents attend medical appointments. CWC hourly-care programs are required to follow the guidelines of this instruction, except for the requirement to be accredited through a national accrediting agency (i.e., NAEYC). However, if the CWC provides regular full and/or part-

time child care, accreditation is required. The CWC shall, in conjunction with the hospital, establish procedures to ensure parents are attending a medical appointment.

c. It is recommended that children attending an hourly-care program remain in care for no more than five hours per day.

4. Part-day Preschool Programs

a. Part-day preschool programs may be established as a sub-activity of the CYP. The purpose of these programs is to enhance school readiness by providing enrichment activities that help children develop the knowledge, skills, abilities, and social skills necessary for entry into school.

b. Part-day preschools shall follow the educational occupancy for existing facilities as required by the National Fire Protection Association (NFPA) 101, Life Safety Code, 2006.

c. An installation may only use CYP space for a part-day preschool program when there is no waiting list for authorized patrons for full-time child care for parents employed outside the home or the waiting list is a minimum number that does not justify operation of a full-time classroom.

5. Contracted Civilian Center Spaces

a. To increase the availability of affordable, quality child care for military members, programs may contract available spaces in civilian centers. The Navy contracts with the civilian center to buy down rates for families using those spaces. The parents will pay the same fee as they would for Navy CYP based on their total family income, and the Navy subsidizes the difference between the parent fee and the contract price.

b. In order to be eligible, civilian centers must meet the following criteria:

(1) State licensed.

(2) Accredited by a nationally recognized organization.

(3) Properly insured.

(4) Fall within the established geographic location.

(5) Serve the appropriate ages.

c. A request must be submitted to CNIC (N912) prior to any region or installation entering into a contract for CYP services. CNIC (N912) may conduct unannounced inspections of the civilian center and issue a DoD certificate to operate, if necessary.

d. The program must be made available to all active duty military members assigned to the Navy region or installation where the services have been contracted.

e. A system shall be in place to ensure all employees at contract centers have completed criminal history background checks.

6. Partnerships

a. Partnerships and collaborative efforts with local schools and community-based youth serving organizations may be implemented to enhance and expand opportunities for children and youth. Examples of such organizations are the BGCA, Cooperative Extension, 4-H, Armed Services YMCA, local law enforcement, and healthcare clinics.

b. Internal partnerships should be established with organizations and individuals, such as chaplains and other Morale, Welfare and Recreation activities, to enrich the CYP with expertise, assistance, experiences and diversity.

c. Partnerships shall be established in order to foster the integration of children and youth of military families into civilian communities. The CYP should establish and support a partnership or participation in consortiums with off-base local, State, or Federal agencies that support parents, children, and youth.

CHAPTER 9

CYP MANAGEMENT AND ADMINISTRATION

1. Instructions and Standard Operating Procedures (SOPs)

a. Regional/installation instructions and SOPs shall be developed and updated (as necessary), in coordination with the appropriate regional/base offices, to ensure cost-effective management, safe facilities, healthy environments, and developmentally appropriate programs.

b. Instructions and SOPs shall be available to all patrons, CYP professionals, and command representatives.

c. Reference (d) requires each installation to develop a self-care policy that addresses the ages and circumstances under which a child under the age of twelve, residing on or using services provided on an installation or facility may be left without adult supervision. This policy shall take into consideration applicable laws and ordinances of the States or countries in which they are located. The CYP shall coordinate the self-care policy with applicable command departments (housing, legal, etc.) to ensure the safety of the children and to protect liability against the Navy. The self-care policy must include at what age a child is authorized to sign themselves in and out of the SAC or YP.

d. Instructions and SOPs shall be written per Navy standardized format procedures and at a minimum, cover the following areas:

(1) CWLs, to include patron eligibility and priorities, waiting list management procedures, enrollment process, and referral procedures.

(2) Child release procedures, to include who is authorized to pick up children, what to do if a parent is suspected to be intoxicated, procedure if a child is not picked up at closing time, and child sign-in and out procedures.

(3) Medication administration, to include who is designated to administer medication, procedures, and forms to be completed.

(4) Accident reporting, to include emergency point of contact (POC), transportation, parent notification, and chain of command notification.

(5) Child abuse reporting requirements, to include DoD hotline number, POC, and chain of command notification.

(6) Background checks, to include POC responsible for processing required paperwork, required documentation and procedures to identify individuals without completed background checks.

(7) Special needs guidelines, to include SNRB specifics, POC designated as the SNRB chairman, EFMP contact information, dietary substitutions, specialized training, and emergency support.

(8) Parent involvement, to include parent communication, parent participation plan, and parent involvement boards (PIBs).

(9) Food service, to include policy for food brought from home, food delivery to the activity room, menu posting guidelines, and any additional local USDA procedures.

(10) Field trips, to include field trip authorization procedures, emergency procedures, contact information, parent involvement, and volunteer participation.

(11) Transporting children, to include emergency procedures, child safety restraint requirements, vehicle inspection requirement and head counts.

(12) Inspections, to include a copy of the current CNIC inspection checklist, multi-disciplinary team inspection procedure, daily facility inspection requirements, and command inspections.

(13) Facility access control, to include key control, opening/closing procedures, visitor registration, and alarm checks.

(14) Cash handling and control, to include local cash handling procedures, transporting cash, and local daily activity record (DAR) process.

(15) Mobilization and contingency (MAC) Plan, to include provisions for extended hours, long-term care, respite care, and hourly care for command requirements and family support programs. A sample MAC plan is available from the Navy CYP Web site at www.mwr.navy.mil.

e. CDH SOP Topics. Additional topics required for CDH programs:

(1) Administrative procedures, to include unauthorized care policy, certification procedures, parent involvement and communication process with providers, e.g., e-mail, monthly newsletter.

(2) Recruitment/marketing, to include publicity and program incentives.

(3) Required liability insurance coverage to include automobile and pet requirements.

(4) Quality Review Board (QRB), to include denial, suspension, revocation, and appeal procedures.

(5) CDH Lending Library, to include hours of operation, borrow and return procedures, and equipment accountability.

(6) Accreditation resources.

(7) Subsidy program policies and procedures.

2. CYP Professional and Parent Handbooks

a. Program policies and procedures shall be made available to all personnel in the form of a CYP Professional Handbook, which, at a minimum, covers the following:

(1) Navy CYP philosophy and goals.

(2) Chain of command with titles and phone numbers.

(3) Code of ethics.

(4) Staffing requirements.

(5) Screening and health requirements.

(6) Employee training requirements.

(7) Pay and time keeping.

(8) Leave policy.

(9) Probation and evaluation information.

(10) Grievance and appeal procedures.

(11) Work schedules and meal breaks.

(12) Food service policy.

(13) Dress code.

(14) Smoking, alcohol, and illegal drug use policy.

(15) Opening and closing procedures.

(16) Child abuse reporting requirements.

(17) Curriculum.

(18) Guidance/touch policy.

(19) Sick child policy.

(20) Playground procedures.

(21) Inclement weather procedures.

(22) Fire, health, and safety policies.

(23) Required inspections.

(24) Emergency and disaster plan procedures.

(25) List of emergency phone numbers to include fire department, medical treatment facility, family advocacy point of contact, poison control center, child protective services, and DoD child abuse hotline.

b. CDH programs shall use the Navy CDH Provider Handbook for orientation training and an overview of procedures, including child abuse protection. A copy of the handbook shall be accessible in each provider's home.

c. CDC programs shall use the Navy CDC Caregiver Handbook for orientation training and an overview of procedures, including child abuse protection. A copy of the handbook shall be accessible in each child activity room.

d. Parents shall be provided a handbook, which includes, but is not limited to, the following areas:

(1) Navy CYP philosophy and goals.

(2) Title and phone numbers of key personnel.

(3) Patron satisfaction and concern procedures.

(4) Description of all Navy CYP available.

(5) Fee policies.

(6) Admission and withdrawal procedure.

(7) Hours of operation.

(8) Sign-in and out procedures.

(9) Self-care policy.

(10) Inclement weather.

(11) Late pick up.

(12) Sick child policy.

(13) Medication administration.

(14) Available resources for children with special needs (SNRB and EFMP).

(15) Parent involvement.

(16) Guidance and touch policy.

(17) Child abuse prevention, identification and reporting requirements with DoD hotline number.

(18) Inspection requirements (quality assurance).

(19) Emergency and disaster plan procedures.

3. Record Keeping and File Maintenance

a. Administrative procedures shall include a record keeping and file maintenance system that assists in making information organized, accurate, and readily accessible.

b. All documentation listed in this section shall be maintained for a minimum of two years, unless otherwise specified.

c. The following files shall be maintained and include the specified information:

(1) Child Administration File. A separate file shall be maintained on each child. The child administration file shall be maintained at the front desk administrative area or at the CDH provider's home in a locked file cabinet or locked file box. The information maintained in the file shall be available on a need to know basis only and shall include, at a minimum, the following documents:

(a) CNICCYP 1700/04, Navy CYP Registration Form. The original shall be maintained in the child's administrative file and a copy shall be kept in the CYP child registration form file. This card must be updated annually or as needed.

(b) Copy of the child's immunization record (required for children ages birth through five only).

(c) CNICCYP 1700/07, Navy CYP Child and Family Profile, required for children ages birth through twelve only.

(d) Approved Family Care Plan, if applicable. (CDC, SAC, and CDH only)

(e) Parent Fee Agreement, to be updated annually or as needed. (CDC, SAC, and CDH children receiving subsidy only).

(f) Field Trip Permission Form.

(g) Photo Permission Form.

(h) Incident/Accident Reports.

(i) CNICCYP 1700/08, Navy CYP Medical Authorization Form, if applicable.

(j) Special needs information, if applicable.

(k) Parent Provider Contract (CDH only).

(l) Medical Power of Attorney or In Loco Parentis, (CDH only).

(m) Copy of Birth Certification (for Youth Sports only).

(2) Child Portfolio. A separate file shall be maintained on each child age zero-five years. The child portfolio shall be maintained in the child's classroom or the provider's home. This file shall transition with the child as they move through the program. A minimum of one-year documentation shall be maintained in the file.

(3) CYP Child Registration Card File. A copy of each child's Navy CYP Registration Form shall be maintained in an easily accessible file. The file shall be taken outside with the day's sign-in sheet during an evacuation drill or in the event of an emergency. Duplicate cards can be kept in the vehicle for field trips as applicable. The CDH office shall maintain an alphabetized current copy of each child's Navy CYP Registration Card.

(4) DD 2652 File. The original DD 2652 shall be maintained in a locked file cabinet in the CYP director's office. Because of the information disclosed on this form, only the CYP professional responsible for calculating the parent's

fees and the CYP director shall have access to this information. This form will be kept on file at the CDH office for parents receiving subsidies.

(5) CYP Employee File. A separate file shall be maintained for each CYP employee. The file shall be maintained by a member of the CYP management team and kept at the work site of the employee. The information shall be available on a need to know basis only. The file shall include the following documents:

(a) CNICCYP 1700/09, Navy CYP Statement of Admission Form.

(b) Verification of Personal and Education Reference Checks.

(c) CNICCYP 1700/06, Navy CYP Background Clearance Form.

(d) Annual Health Screening.

(e) CNICCYP 1700/10, Navy CYP Individual Development Plan and Training Record.

(f) Copy of High School diploma or equivalent.

(g) Verification of education beyond high school.

(h) Copy of required certificates (CPR, First Aid, Food Handler's, etc.).

(i) Driver's license and copy of driving record as required in Chapter 17 (for CYP employee's who transport children).

(6) CDH Provider Files. A separate file shall be maintained for each CDH provider at the CDH office. The information maintained in the file shall be available on a need-to-know basis only. The file shall include the following documents:

(a) Family Interview.

(b) Annual Health Screening.

(c) CNICCYP 1700/11, Application for Navy CDH Certification.

(d) CNICCYP/1700/09, Navy CYP Statement of Admissions Form.

(e) Current Liability Insurance Coverage.

(f) Self Assessment Agreement.

(g) CNICCYP 1700/01, Child Development Home Visit Record.

(h) CNICCYP 1700/12, Navy CDH Individual Development Plan and Training.

(i) CNICCYP 1700/13, Navy CDH Health/Sanitation Checklist.

(j) CNICCYP 1700/14, Navy CDH Fire/Safety Checklist.

(k) CNICCYP 1700/15, Navy CDH Developmental Program Checklist.

(l) Current CPR and First Aid Certification.

(m) CNICCYP 1700/16, Navy CYP English Reading Comprehension Form.

(n) Copy of High School diploma or equivalent.

(o) Verification of education beyond high school.

(7) Waiting List Documentation. A current DD 2606, DoD Child Development Request for Care Record, shall be on file for each child currently on the waiting list. This file will be maintained at the CYP responsible for CWLs.

(8) Attendance and Staffing Records. The following information shall be maintained:

(a) Staff schedules and time reports.

(b) Parent sign-in/sign-out sheets with times.

(c) Daily attendance records.

(d) Visitor's log with times in and out.

(9) Facility Maintenance Log. The CYP manager shall maintain documentation of trouble calls and facility maintenance completed.

(10) Inspections. Results of inspections and corrective actions taken shall be maintained and available at each center. Required inspections are outlined in Chapter 21.

(11) Certificates. Each CYP facility must post their current DoD Certificate to Operate in a visible location. CDH providers shall post their CDH Certificate on their parent information board. Additionally, the NAEYC, NAA, and NAFCC accreditation certificates shall be posted in a visible location.

4. Family Care Plans for CDC, CDH, and SAC

a. A copy of the current Family Care Plan on each child enrolled on a regular basis (whose sponsor is required to have such a plan) shall be maintained. Per reference (i), this requirement applies to active duty single parents and dual military couples.

b. Family Care Plans shall be submitted within 60 days of the first day of the child's enrollment.

c. The requirement to maintain a current copy of the servicemember's Family Care Plan is to ensure responsibility for child care during deployment, mobilization, temporary duty and other duty requirements, e.g., extended working hours, watches, weekend duty. Per reference (i), single parents and dual military couples with minor children shall designate a person who, in the event of their death or incapacity, will assume temporary responsibility of their minor children until a legal guardian is appointed by a court of competent jurisdiction or the non-custodial natural parent assumes custody.

d. The only exception to maintaining a file copy of the signed Family Care Plan is under the following conditions:

(1) The command provides documentation that the sponsor has submitted a request for discharge and is awaiting a decision, or the request for discharge has been denied, and

(2) The responsible commander and sponsor sign a written statement that in the event of unforeseen deployment it is the responsibility of the active duty member on shore duty to find appropriate child care well in advance of deployment.

e. If the parent does not submit the required documentation within 60 days, the CYP will give the parent a two-week notice that their child is not eligible for Navy CYP.

5. CYP Forms

a. All CYP forms are available at the Navy CYP Web site at www.mwr.navy.mil, click on Child and Youth Programs.

b. The following is a list of Navy CYP forms that shall be utilized by each Navy CYP:

(1) CNICCYP 1700/01, Child Development Home Visit Record.

(2) CNICCYP 1700/02, Navy CYP Volunteer Hours Tracking Form.

(3) CNICCYP 1700/03, CDH Provider Home Assessment Form.

(4) CNICCYP 1700/04, Navy CYP Registration Form.

(5) CNICCYP 1700/05, Volunteer Information Form.

(6) CNICCYP 1700/06, Navy CYP Background Clearance Form.

(7) CNICCYP 1700/07, Navy CYP Child and Family Profile.

(8) CNICCYP 1700/08, Navy CYP Medical Authorization Form.

(9) CNICCYP 1700/09, Navy CYP Statement of Admissions Form.

(10) CNICCYP 1700/10, Navy CYP Individual Development Plan and Training Record.

(11) CNICCYP 1700/11, Application for Navy CDH Certification.

(12) CNICCYP 1700/12, Navy CDH Individual Development Plan and Training Record.

(13) CNICCYP 1700/13, Navy CDH Health and Sanitation Checklist.

(14) CNICCYP 1700/14, Navy CDH Fire/Safety Checklist.

(15) CNICCYP 1700/15, Navy CDH Developmental Program Checklist.

(16) CNICCYP 1700/16, Navy CYP English Reading Comprehension Form.

(17) CNICCYP 1700/17, CDH Back-up Provider Training Record.

(18) CNICCYP 1700/18, Navy CDH Provider Exit Form.

(19) CNICCYP 1700/19, Navy CDH Provider Performance Summary.

(20) CNICCYP 1700/20, Navy CDH Provider Transfer Checklist.

(21) CNICCYP 1700/21, Navy CYP Medication Log.

(22) CNICCYP 1700/22, Navy CYP Parent Fee Agreement.

(23) CNICCYP 1700/23, Volunteer Training Record.

(24) CNICCYP 1700/24, Navy CYP Module Training Course Evaluation.

(25) CNICCYP 1700/25, Accident/Child Abuse/Neglect Notification.

(26) CNICCYP 1700/26, Pre-trip Vehicle Inspection Form.

(27) CNICCYP 1700/27, Navy CYP Comprehensive Fire/ Safety Checklist.

(28) CNICCYP 1700/28, Navy CYP Comprehensive Health/Sanitation Checklist.

(29) CNICCYP 1700/29, Navy Child Development Center (CDC) Daily Checklist.

(30) CNICCYP 1700/30, Navy School-age Care (SAC)/Youth Programs (YP) Daily Checklist.

(31) DD 2606, Department of Defense Child Development Program Request for Care Record.

(32) DD 2652, Application for Department of Defense Child Care Fees.

(33) DD 2793, Volunteer Agreement.

CHAPTER 10

PARENT INVOLVEMENT

1. Parent Involvement Boards (PIB)

a. Parents have the primary responsibility for the health, safety, and well-being of their children. In an effort to facilitate a parent/CYP partnership for the welfare of the child(ren), CYP shall establish a PIB composed of parents of children enrolled in each type of CYP and conduct, at minimum, quarterly meetings.

b. Each installation CYP shall conduct a combined PIB meeting which will include parents and representatives from CDH, CDC, SAC, and Youth (as applicable to the installation). Meetings shall be widely promoted/advertised to ensure maximum attendance.

c. One parent shall be selected as chairperson.

d. The majority of the members of the PIB should be parents. Other members may include family advocacy, medical, safety, fire, and preventive medicine departments.

e. Meetings shall be open to all parents. Minutes of the meetings shall be forwarded to the responsible commander or designated representative for signature and approved minutes posted in the lobby area.

f. The PIB shall act only in an advisory capacity and shall not engage in the management and operation of the CYP.

g. A function of the board is to provide recommendations for improving services.

h. The board shall meet quarterly with CYP management and the responsible commander's representative for the purpose of discussing problems and concerns and ensuring frequent communication.

i. The PIB shall assist with coordination of the parent participation plan described in paragraph three of this chapter.

j. A member of the board should participate in the multi-disciplinary team inspection. Information on this inspection is contained in Chapter 21.

2. Advancing School-Age Care Quality (ASQ) Team (SAC Only)

a. An ASQ team shall be established per NAA procedures to assist with the NAA accreditation process. ASQ team meetings may meet the quarterly requirements for the PIB while the program is working on accreditation; however, in order to meet the PIB requirement, all parents must be given the opportunity to attend ASQ meetings.

b. ASQ team meetings shall be held as often as necessary to assist the SAC program through the accreditation process. ASQ team meeting minutes must be maintained in the facility.

3. Parent Participation Plan

a. Each CYP shall have a plan that encourages parent participation in their child(ren)'s CYP. A CYP director or management designee shall be assigned as parent participation coordinator with primary responsibility for the parent participation plan and will coordinate schedules, agendas, and topics of interest for parents. The plan shall include the following:

(1) Parent participation policy statement.

(2) Goals and objectives.

(3) Parent education, including ages and stages of children's development, parenting skills, child abuse awareness.

(4) Parent communication with staff, e.g., conferences, newsletters, handbooks, and daily interaction.

(5) Initiatives to involve parents in the PIB.

b. The parent participation plan shall encourage parents to spend time in CYP activities. These opportunities include, but are not limited to, the following:

(1) Field trips.

(2) Family culture/special events.

(3) Special curriculum programs.

(4) Small group activities.

(5) Special projects.

(6) Parent education programs.

(7) Training workshops.

(8) Parent Involvement Board.

c. Parents shall be provided opportunities to observe children and participate in activities in the classroom or program.

d. Parent participation is strictly voluntary, and shall not be required as a condition of enrollment. However, parent participation shall be highly encouraged. Responsible commanders may establish lower child care fees for parents participating in an approved parent participation plan.

4. Parent Communication

a. CDC. The parents of children under the age of three years shall be provided with written information on the child(ren)'s sleeping and eating habits as well as other pertinent information on a daily basis. Parents of children ages three-five will receive verbal, informal communication every week.

b. CDH. The parents of children under the age of three years shall be provided with written or verbal information on the child(ren)'s sleeping and eating habits as well as other pertinent information on a daily basis. Parents of children ages three-five will receive verbal, informal communication every week.

c. Parent conferences shall be held throughout the year as needed to meet the needs of individual children. CYP staff shall provide a written assessment specific to each child's growth and

development. Conference documentation must be maintained and available in the child's portfolio. At a minimum, the parent conferences shall be offered at the following periods:

(1) CDC - Parent conferences are offered twice a year.

(2) CDH - Parent conferences are offered once a year.

(3) SAC - Parent conferences are offered as needed.

d. CYP management shall provide a timely and appropriate response to parent complaints, allegations of child abuse/neglect, and inquiries to any aspect of the program.

e. The CYP shall maintain a reference library of resource material for parents that covers a wide range of child and youth information to include, but not limited to, special needs, child abuse awareness, and nutrition. Additionally, each CYP shall have a location, preferably in the reception area, which is dedicated as a parent resource center. This area will include brochures for various parent support resources. The size of this area will depend on space availability.

f. Parents shall be provided a Parent Handbook as specified in Chapter 9.

g. A copy of this instruction and local SOP shall be made available to parents.

h. Each CYP shall survey parents on an annual basis to determine satisfaction with staff, programs, facilities and services. It is recommended that the survey be conducted in correlation with the annual multi-disciplinary team inspection.

i. A parent information bulletin board shall be maintained with current parent information in each CDC classroom, SAC/Youth facility, and CDH. At a minimum, this board shall include a weekly activity plan, daily schedule, DoD child abuse hotline number, local child abuse reporting procedure, menus, guidance, and touch policies. In addition to these items, CDH providers are required to have their CPR and First Aid certificates, back-up provider information, fire drill log, and proof of liability insurance on their parent information board.

j. The CYP shall ensure parents are informed of various Navy CYPs in their area. Specifically, the following information shall be available to parents at each CYP.

(1) Brochures regarding CDC, CDH, SAC and/or Youth, as applicable, on the installation.

(2) CYP professionals knowledgeable of various Navy CYPS in the area shall communicate this information to parents when requested.

(3) CYP directors shall work together to ensure parents of preschool age children entering kindergarten are provided specific information on the SAC program. It is recommended that the SAC program offer an open house for these children and their families.

CHAPTER 11

VOLUNTEERS

1. Utilization of Volunteers

a. A volunteer is an unpaid person who offers their time, talents, or skills to enhance CYP activities. This does not include parents who, on an irregular basis, are assisting in a parental role.

b. The use of volunteers to supplement, complement, and assist with the implementation of Navy CYP is encouraged. Volunteers shall not serve as a replacement for paid personnel.

c. Volunteers shall be screened according to the personnel background check guidelines required in Chapter 16 of this instruction.

d. Volunteers shall be closely monitored and supervised when working with children.

e. Volunteers shall receive sufficient training, to include:

(1) Volunteer orientation and training required to familiarize volunteers with the activity, the command's procedures to document the type and number of voluntary services provided, and other pertinent information.

(2) The following training must be completed and documented prior to individuals volunteering in a Navy CYP activity:

(a) Child abuse identification and reporting.

(b) Age appropriate activities, guidance and touch.

(c) Child health and safety.

(d) Applicable regulations and local policy.

(e) Role of or documented function of volunteer.

(f) Fire safety and evacuation.

(3) Youth sport coaches must receive additional training before working with children. This training must include, but is not limited to, the psychology of coaching youth sports, safety and first aid, organization of games and practices, and skill and technique development. All youth sport coaches are required to be CPR and First Aid certified.

(4) Although not required, volunteers shall be given the opportunity to complete applicable Navy Training Program modules.

f. Volunteers must never be left alone with a youth program participant. Except for youth coaches, volunteers must always be within line of sight supervision of a paid employee. Youth sport coaches must always work within line of sight of another youth coach or be accompanied by a parent of a participating youth.

g. Volunteers shall not be placed in a policy-making position, role, or situation; or a supervisory position, role or situation over compensated government (APF or NAF) employees or military personnel; or receive salary, cash awards, bonuses, or compensation of any kind for services rendered.

h. Volunteers shall not perform duties for which there is an unfilled manpower requirement; circumvent the NAF or civil service personnel systems; or for which funding has been provided to hire staff or obtain services by contract; or perform dangerous duties that render them unusually susceptible to injury or to causing injury to others. This prohibition is not designed or intended to prevent properly licensed and certified volunteers from assisting qualified employees in providing athletic or adventure-type outdoor recreation activities.

i. Volunteers shall be certified, licensed, privileged, or otherwise appropriately credentialed, as would an employee performing the same or similar assigned duties. All youth sports coaches and assistant youth sports coaches shall be certified by an independent youth sports organization, such as the National Alliance of Youth Sports (NAYS) or the American Youth Soccer Organization (AYSO).

j. Supervision of volunteers must be to the same extent as a compensated employee providing similar services. The supervisor must be a paid employee, a military member, or another volunteer who is so supervised.

k. Volunteers are authorized reimbursement for incidental expenses incurred as a result of the services rendered. Reimbursement may be from APF or NAF that is authorized for use in support of the services involved. Examples of incidental expenses include parking fees and tolls, general admission costs, and subsistence and lodging expenses incurred by the volunteer during the provision of volunteer services.

l. Volunteers will be provided with a clear, written description of the duties and scope of responsibilities to be performed.

m. Reference (j) provides additional information on utilizing volunteer services at Navy installations.

n. The CYP activity shall establish a system to recognize and reward volunteer contributions. Monetary awards are not authorized.

2. Teen Volunteers

a. The use of teen volunteers is encouraged. However, a background check, to include personal and school references, must be conducted and documented.

b. Written parental consent is required for all unmarried volunteers less than 18 years of age. Volunteers under sixteen years of age shall not be accepted. Additional State and local law requirements may also apply.

c. The volunteer chapter of this instruction does not pertain to children and teens who are participating in a BGCA program that requires participation in volunteer activities as a requirement of the program. In this case, the children and teens are volunteering in a patron status.

3. Required Documentation

a. A DD 2793, Volunteer Agreement, shall be completed for all volunteers.

(1) Volunteers shall sign the DD 2793 and volunteer services accepted in part III of the agreement before an individual is allowed to provide volunteer services. The responsible commander shall sign as the accepting official.

(2) A copy of the DD 2793 shall be given to the volunteer prior to commencing volunteer services.

(3) DD 2793, part IV shall be completed at the end of the volunteer's service in order to document the dates of the service. The original DD 2793 shall be retained by the activity and a copy of the completed form shall be given to the volunteer upon termination of service.

b. Additionally, all volunteers must complete the CNICCYP 1700/05, Volunteer Information Form. References on volunteers must be checked prior to assisting in the program.

c. A file for each volunteer shall be maintained at the activity containing, at a minimum, the following information:

(1) DD 2793 (signed by the responsible commander).

(2) CNICCYP 1700/05, Volunteer Information Form.

(3) CNICCYP 1700/06, Navy CYP Background Clearance Form.

(4) CNICCYP 1700/23, Volunteer Training Record.

(5) Proof of required certifications.

(6) CNICCYP 1700/02, Navy CYP Volunteer Hours Tracking Form.

d. Volunteer records shall be retained by the activity receiving the service for three years following the termination of service. After that period, the activity shall electronically maintain a summary of each volunteer's service per SECNAV M-5210.1 of December 2005.

CHAPTER 12

CYP STAFFING RATIOS and GROUP SIZES

1. CDC and SAC Staff/Child Ratios

a. The ratio of staff to children shall be met at all times to maintain constant supervision and to quickly effect evacuation in the event of fire or other emergencies.

b. The following minimum staff/child ratios shall be fully implemented and apply at all times:

IF CHILDREN ARE AGES:	THEN THE RATIO OF STAFF PER CHILDREN IS:
6 wks. - 12 mos.	1 staff member per 4 children
13 mos. - 24 mos.	1 staff member per 5 children
25 mos. - 36 mos.	1 staff member per 7 children
37 mos. - 5 yrs.	1 staff member per 12 children
6 yrs. - 8 yrs.	1 staff member per 15 children
9 yrs. - 12 yrs.	1 staff member per 15 children

Table 12-1

c. For mixed-age groups, staffing requirements shall be met for the age of the youngest child in the group, as follows:

IF:	THEN:
Children in an age category make up 20 percent or more of the group	Use the staff/child ratio for that group.
Children in an age category make up less than 20 percent of the group	Use the staff/child ratio of the next higher group.

Table 12-2

d. Only CYP professionals whose responsibility is to provide direct care to children shall be counted in the ratios. Staff performing duties other than child care will not be counted in ratios. For example, the operations clerk or CYP director may be counted in ratio if at that time their only assignment/duty is to provide care for the children.

e. Teen employees under eighteen years of age and volunteers shall not be counted in determining compliance with staff/child ratio. Teen employees under eighteen years of age and volunteers must work under direct supervision at all times.

f. Ratios must be followed at all times, including on the playground, taking walks, etc.

g. CDC.

(1) At least two staff members shall be present with each group of children at all times. When this is not possible due to limited room capacity, closed circuit television or other comparable observation measures must be taken to ensure oversight by more than one adult. This does not alter the required staff/ child ratios.

(2) Except for infants and pre-toddlers, the ratio may be doubled during rest times to allow staff to attend training. The required number of staff must remain on the premises and be readily available in case of emergency.

(3) If toilets are located outside the room in which care is provided, no child may leave the room without adult supervision.

(4) To promote consistency and meet program objectives, at least one full-time staff member shall be available to each age group throughout program hours.

h. SAC. At least two paid staff members must be present in the facility at all times when children are present. When transporting SAC children to and from school, only one paid CYP professional is required to be present in the vehicle as long as there are less than 15 children in the vehicle.

i. If special needs children are enrolled, the staff/child ratio will be adjusted, if needed, to comply with the SNRB action plan.

2. CDC and SAC Group Size

a. The following group size requirements shall be met at all times of the day, except during social activities such as field trips.

IF CHILDREN ARE AGES:	THEN MAXIMUM GROUP SIZE IS:
6 wks. - 12 mos.	8
13 mos. - 24 mos.	10
25 mos. - 36 mos.	14
37 mos. - 5 yrs.	24
6 yrs. - 8 yrs.	30
9 yrs. - 12 yrs.	30

Table 12-3

b. Group assignments should be based on children's developmental and maturity levels and age. It is not required that children be moved to the next age group on their birthday. Exceptions may be made for children with special needs. For SAC children, enrollment should be looked at from a school year perspective.

c. Mixed age groups. Groups may be mixed during arrival and departure times for efficient staff scheduling. The group size shall meet the requirements for the youngest child in the group as shown in table 12-4.

IF:	THEN USE:
Children in an age category make up 20 percent or more of the group	The maximum group size requirement of that age category found in table 12-3.
Children in an age category make up less than 20 percent of the group	The maximum group size requirement of the next highest age category found in table 12-3.

Table 12-4

d. CDC. More than one group may occupy a room; however, each group must have its own clearly defined space, assigned staff, equipment, furnishings, and primary interest centers.

e. A management-level staff member shall be in the facility at all times. Management level is defined as the program administrator, director, assistant director, training and curriculum specialist, lead staff, or person qualified and designated to function in the absence of the director.

f. Staff (full time regular and management) should be rotated for evening and weekend care to ensure adequate supervision of flexible staff.

g. During their first 30 working days, new staff members shall be closely monitored by management staff.

3. YP Staff and Adult/Youth Ratios

a. Adequate supervision by paid staff and adult volunteers of youth shall be maintained based on the type of program or activity offered. When youth programs and services are offered, there shall be a minimum of two adults present at all times. The following staff and adult/youth ratios shall be as follows:

TYPE OF SUPERVISION	PAID STAFF TO YOUTH RATIO
PROGRAM ACTIVITIES (excluding instructional classes, organized team sports, and occasional special events that involve parents or other volunteers as chaperones, such as dances)	1:15 (Staff to Youth)
RESIDENTIAL CAMPS	Follow staff ratios as defined by nationally certified camping organizations, such as the American Camping Association.
INSTRUCTIONAL CLASSES	Paid staff (adult employee/contractor) ratios according to professionally accepted practices, as defined by nationally recognized, certified programs, such as Dance Masters of America. NOTE: Additional consideration should be given to room size, number and ages of participants, and the skill level of the participants.

TYPE OF SUPERVISION	ADULT TO YOUTH RATIO
YOUTH TEAM SPORTS	1:15 (Adult to Youth) or follow ratios as defined by nationally recognized sports organizations, such as the National Alliance for Youth Sports (NAYS) and the American Youth Soccer Organization (AYSO), for each sport.
FIELD TRIPS, OVERNIGHT TRIPS, AND HIGH ADVENTURE ACTIVITIES (e.g., water sports, mountain climbing)	1:8 (Adult to Youth) ratio or lower if required by the nature of the event. Staffing Pattern: At least one paid staff shall be present for each activity with up to 30 youth participants, e.g., one staff member for 1-30 youth; two staff members for 31-60 youth NOTE: The remainder of the required ratio may be achieved by use of adult volunteers. If overnight trips involve male and female participants, special consideration shall be given to the number and gender of the adult chaperones.

Table 12-5

b. Only staff that has direct supervisory responsibility for youth shall be counted in the staff to youth ratios. Staff performing director, cleaning, laundry, food service, or operations clerks' duties will not be counted in ratios. Junior staff and volunteers may supplement, but not substitute for paid staff.

4. CDH Group Size

a. Size of home, number of bedrooms, and space available to children shall be considered when determining group size.

b. Multi-age CDH shall provide care for no more than six children at one time.

c. In a multi-age CDH, no more than two children under the age of two years may be cared for in one home.

d. If all children are under the age of two years, the maximum group size is three children.

e. In a before and after-school CDH, there shall be no more than eight children present at a time. All children must be at least 5 years of age, including the CDH provider's own children.

f. In a CDGH, the above CDH group sizes are applicable for each CDH provider present in the home. Each child in a CDGH will be assigned a primary CDH provider. For example, each primary CDH provider can have no more than six children at one time with no more than two children under the age of two or no more than three children under the age of two. Chapter 6 provides additional guidance for types of CDH programs.

CHAPTER 13

CYP PROFESSIONAL QUALIFICATIONS AND CERTIFICATION

1. CYP Professional Health Requirements. All CYP professionals shall:

a. Be in good physical and mental health and free from communicable disease.

b. Have a pre-employment/pre-certification health screening prior to certification or within two weeks of employment and annually thereafter.

(1) Screening shall include a test for tuberculosis and any other tests deemed necessary by appropriate medical personnel.

(2) Screening for the presence of HIV antibody prior to employment is not warranted or recommended.

(3) Certification of screenings shall be documented per locally approved means and kept on file per Chapter 9 of this instruction.

c. Be immunized, except where religious beliefs preclude, against poliomyelitis, tetanus, diphtheria, rubella measles (rubeola), and mumps. Specific vaccine requirements include the following:

(1) A primary series of either oral polio vaccine or enhanced potency inactivated vaccine.

(2) A primary series of tetanus and diphtheria, toxoid, and appropriate booster series.

(3) One dose of rubella vaccine given after twelve months of age or serologic evidence of immunity to rubella.

(4) Two doses of measles vaccine given after twelve months of age (given at least one month apart), written documentation of physician-diagnosed measles or serologic evidence of immunity to measles. If the person was born before

1957, only one dose of the vaccine is required, should the vaccine be indicated.

(5) One dose of mumps vaccine given after twelve months of age, written documentation of physician diagnosed mumps or serologic evidence of immunity to mumps.

(6) The use of a combined measles-mumps-rubella vaccine is strongly recommended to meet these requirements should an individual require one of these three vaccines.

(7) Immunization or documented evidence of immunity against these childhood diseases meets the requirement.

(8) The local medical authority may require other immunizations.

d. Wear clean outer garments and maintain a high degree of personal cleanliness. Personal hygiene shall be a high-priority topic during the orientation training given to all new CYP professionals.

e. Maintain the personal hygiene standards required by Navy Environmental Health Center when working in food preparation areas.

2. CYP Drug Testing Requirement

a. All CYP professionals are required to refrain from using illegal drugs. The use of illegal drugs by CYP professionals, whether on duty or off duty, is contrary to CYP efficiency and endangers the health and well-being of the children in care.

b. All CYP employees whose positions have been identified as Testing Designated Positions (TDP) are subject to the requirements of references (m) and (n). This requirement applies to both APF and NAF employees. All CYP directors should work with the appropriate APF or NAF personnel offices to ensure all employees are drug tested per personnel policies.

3. CYP Employee Staffing Levels and Qualifications

a. The Navy Child Development Functionality Assessment Guide provides guidance for CYP staffing levels. These levels have been benchmarked and approved for CYP operations to achieve a Most Efficient Organization (MEO), leading to effective, well-supervised programs.

b. CNIC CYP standardized position descriptions (PDs) shall be used for all CYP operations. If duties are not described by the standard PD, a new PD may be written. However, CNIC (N912) must approve the new PD prior to a formal request for classification.

c. All CYP employees shall be hired based on their qualifications, knowledge, and skills to work with children in a group, and on the applicants understanding of children's needs. Prior to employment, the CYP director shall ensure all applicant references are verified and documented.

d. SAC and YP. The NAA prescribes education and experience requirements for programs providing services for SAC. All youth program directors should refer to these standards when reviewing candidates for positions in the SAC and Youth programs.

e. CDC. The NAEYC prescribes education and experience requirements for CDC programs. All program directors should refer to these standards when evaluating applications for CDC positions.

f. CYP directors shall encourage employees to continue their education in order to meet the requirements of NAA and NAEYC. Where funding is available, the CYP shall provide funding for employees to further their education by attending classes relating to their positions. Additionally, the CYP should assist employees in completing their Child Development Associate (CDA) or equivalent for youth and SAC employees.

g. The CYP director shall ensure that all newly hired CYP program assistants working directly with children are at least 18 years of age; hold a high school diploma or equivalent; and have the ability to speak, read, and write English. All CYP employees shall be able and willing to undergo prescribed training.

h. Training, education, and experience shall influence progression from entry level to positions of greater responsibilities as required by references (b) and (d). CYP employees may be hired at full performance (GS/GSE-4) level if the employee has completed their CDA or equivalent for youth and SAC employees. CYP employees hired at full performance level shall be required to complete the Navy standardized modules for the applicable age group or test out as explained in Chapter 14.

i. Responsible commanders shall ensure that all CYP management staff and applicable contractor performance is measured by the accomplishment and compliance with CNIC (N912) inspection criteria detailed in Chapter 21. This includes, but is not limited to, performance standards, performance appraisals, and individual development plans.

j. All CYP employees shall be paid at a rate of pay and shall receive benefits equivalent to the rates of pay for other employees at the installation with similar training, seniority, and experience. All entry-level employees shall be paid at rates of pay competitive with the rates of pay for other entry-level employees at the installation who are drawn from the same labor pool under BUPERSINST 5300.10A and DoD 1400.25-M of December 1996 guidelines. The DoD Child Development Program (CDP) employee wage plan was established to meet the requirements of reference (a) and shall be utilized for all CYP employees.

k. CDC and CDH. All CDC directors hired after 23 March 1991 and CDH directors hired after 1 October 1993 shall meet the minimum qualification and experience requirements of reference (b).

l. SAC and YP. All program directors hired after 1 October 2006 shall meet the minimum qualification and experience requirements of references (c) and (d).

m. Per references (a) and (b), at least one employee shall be a T&C specialist who is paid from APF. The T&C shall meet the professional qualifications of reference (b).

4. CDH Certification Requirements

a. All CDH provider applicants must meet the following requirements prior to receiving CDH provider certification:

(1) Complete a CNICCYP 1700/11, Application for Navy CDH Certification, and CNICCYP 1700/09, Navy CYP Statement of Admissions Form.

(2) Be at least eighteen years of age. The CDH office must verify age requirement is met.

(3) Possess a high school diploma or equivalent. The CDH office will maintain a copy of education requirements as required in Chapter 9.

(4) Have the ability to speak, read, and write English. The applicant must complete the CNICCYP 1700/16, Navy CDH English Reading Comprehension Form to demonstrate competency.

(5) Applicant and their family members must meet the health requirements listed in this chapter.

(6) Successfully complete the orientation training outlined in Chapter 14 and be willing to meet all training requirements.

(7) Successfully pass all required criminal history background check requirements listed in Chapter 16.

(8) Must participate (with their family) in an in-home family interview with a CDH staff member to evaluate suitability and appropriateness for CDH certification.

(9) Be a responsible, emotionally stable individual who is physically and mentally capable of caring for children and meeting the requirements of the CDH program.

(10) Applicant's home must meet the fire and preventive medicine inspection requirement outlined in Chapter 21 and complete the CNICCYP 1700/15, Navy CDH Developmental Program Checklist. A CYP professional must verify all requirements.

(11) Be a military family member or an approved civilian if there is an off-base program. The applicant must be an authorized resident of government-owned or leased housing, own the residence, or provide written documentation of property owner approval if the home is rented.

(12) Meet any additional State licensing requirements if applicable.

(13) Have an approved written plan for responding to emergencies. This document must include a plan of action for fire evacuation, serious injury, poison ingestion, and severe weather/national disasters.

(14) Have at least one hardwired working telephone. In overseas locations where telephones are not available, an emergency response plan coordinated through the CDH program and base security must be developed.

b. When all CDH certification requirements have been met, the CDH director shall sign the CNICCYP 1700/11, Application for Navy CDH Certification, verifying all of the requirements have been met. The CNICCYP 1700/11 and a CDH certificate will be sent to the responsible commander for final approval and signature.

c. If the applicant fails to meet all requirements of CDH certification, the CDH director will present the information to the Quality Review Board (QRB) for review. The QRB will forward their recommendation to the responsible commander as outlined in Chapter 13.

d. After the applicant is approved, the CDH provider must meet the following requirements prior to caring for children:

(1) Obtain CDH liability insurance as detailed in Chapter 6.

(2) Display their CDH certificate and CDH plaque inside their home. The CDH flag will be displayed outside their home.

(3) Arrange for another approved adult to be available to provide back-up support during emergencies or to provide substitute care during vacation or illness. The back-up provider shall have appropriate medical power of attorney authorization in case of an emergency. It is recommended that the back-up provider be another certified CDH provider. If the back-up provider is NOT a certified CDH provider, the following requirements must be met:

(a) The back-up provider must be a military family member who is at least eighteen years of age.

(b) The back-up provider must complete CPR and First Aid training, Child abuse/neglect, identification, reporting, prevention and touch policy training and successfully complete an Installation Records Check (IRC). The CNICCYP 1700/17, Navy CDH Back-up Provider Training Record shall be completed and maintained in the CDH office.

e. CDH provider's certifications expire after 1 year.

f. CDH providers must be recertified on an annual basis. The following annual re-certification requirements must be met prior to issuing a new CDH certificate:

(1) Complete a new CNICCYP 1700/11, Application for Navy CDH Certification and a CNICCYP 1700/09 Navy CYP Statement of Admissions Form.

(2) Participate (with their family) in an in-home family interview with a CDH staff member to evaluate suitability and appropriateness for CDH recertification.

(3) Successfully complete an IRC and a record re-verification as outlined in Chapter 16.

(4) Meet the annual fire and preventive medicine home inspection requirements outlined in Chapter 21 and complete CNICCYP 1700/15, Navy CDH Developmental Program Checklist. A CYP professional must verify all requirements.

(5) Meet all training requirements outlined in Chapter 14.

(6) Provider and their family members must meet the health requirements listed in Chapter 13.

(7) Provide proof of current CDH provider liability insurance as detailed in Chapter 6.

(8) Complete CNICCYP 1700/03, CDH Provider Home Assessment Form. The CDH monitor will review the results of this assessment with the CDH provider.

g. When all CDH recertification requirements have been met, the CDH director shall sign the CNICCYP 1700/11, Application for Navy CDH Certification verifying that all requirements have been met. The CNICCYP 1700/11 and a CDH certificate will be sent to the responsible commander for final approval.

h. If the applicant fails to meet all requirements of CDH recertification, the CDH director will present the information to the QRB for review. The QRB will forward their recommendation to the responsible commander as outlined in this chapter.

i. Certified CDH providers may go into an inactive status for up to 90 days. If the CDH provider does not re-activate their status within the 90 days, their CDH certification shall be terminated.

(1) If certification is terminated, the individual must reapply for certification and meet all initial CDH certification requirements.

(2) It is recommended that a CDH provider in an inactive status continue to attend monthly training.

(3) If the CDH provider has not completed their required Navy modules, it is recommended that they continue to work on the modules. CDH providers must still complete their modules within the required timeframe from their original certification date.

j. The CDH provider shall notify the CDH office at least two weeks before ceasing operation of a CDH. The CDH provider shall complete a CNICCYP 1700/18, Navy CDH Provider Exit Form.

k. Upon notification from a CDH provider who is relocating to another Navy installation, the CDH staff at the losing command will complete a CNICCYP 1700/19, Navy CDH Provider Performance Summary and CNICCYP 1700/20, Navy CDH Provider Transfer Checklist. The losing command will make copies of the items listed on CNICCYP 1700/20 and forward the original to the gaining command via certified mail or e-mail. Documentation of receipt by the gaining command will be maintained by the losing

command and will be made available during the annual CNIC (N912) inspection. CDH providers are placed in an inactive status during relocation.

1. Upon receipt of CNICCYP 1700/19 and CNICCYP 1700/20, the gaining command will contact the CDH provider as soon as possible, but no later than 30 days after the CDH provider's arrival at the gaining installation. It is critical the gaining command re-certify the inactive providers before their 90-day grace period elapses. The transferring CDH provider must meet the following requirements at the new command prior to caring for children:

(1) Complete a 20-hour orientation training covering local policies and procedures.

(2) Provider's new home must meet the fire and preventive medicine inspection requirements outlined in Chapter 21, and complete the CNICCYP 1700/15, Navy CDH Developmental Program Checklist. A CYP professional must verify all requirements.

(3) Complete State licensing requirements as applicable.

(4) Provider and their family members must complete an IRC.

5. CYP QRB

a. A CYP QRB shall be established at each region or installation. The objectives of the board shall be to:

(1) Assist the command in ensuring that only those who are best qualified are given the opportunity to operate a CDH program or to volunteer in the CYP.

(2) Provide recommendations for approval or denial of initial certification, annual recertification, or revocation of certification for CDH providers or CYP volunteers. The CYP QRB is also the mechanism for hearing appeals made by these individuals.

b. It is recommended that the QRB meet regularly on a basis that meets the needs of the CYP.

c. The QRB shall include a chairperson (chosen by the group), the CDH director, the CYP director (for volunteers), representative from Fleet and Family Services Center (FFSC), preventative medicine, security, housing, and the fire prevention department. Additional members may be included as needed.

(1) It is recommended that the Command Master Chief (CMDCM) act as the chairperson for the QRB.

(2) The Family Advocacy Representative (FAR) shall be available for consultation and to provide relevant information.

d. All QRB minutes shall be forwarded and approved by the responsible commander. A copy of the signed minutes shall be kept on file in the CDH office.

e. All decisions of the QRB to deny/revoke/recertify must reflect the consensus of the group. All decisions of the QRB shall be given to the applicant/CDH provider/volunteer in writing.

f. Becoming a CDH provider or a CYP volunteer is a privilege and not a right. The QRB members are responsible for ensuring only highly-qualified applicants are given the opportunity to operate a CDH or provide volunteer services. The members of the QRB must always remember that the children receiving care are always the top priority. If any doubt of the individual's competency to care for children arises, the decision shall always be made which will best protect the children.

g. An applicant may be denied certification based on, but not limited to:

(1) Failure to submit all required information and forms.

(2) Failure to meet all background clearance requirements.

(3) Failure to meet minimum health, fire, and safety standards.

(4) Failure to successfully complete required training.

h. The suspension of a CDH certificate (home is closed until investigation is completed and case is reviewed by the QRB) may be based on, but not limited to:

(1) Suspected child abuse/neglect by the CYP volunteer, CDH provider, or a family member.

(2) Suspected or reported domestic violence by the CYP volunteer, CDH provider, or a family member.

(3) Any violations of regulations which may endanger the life, health, or safety of children in care which must be corrected within a specified timeframe.

(4) Leaving children unattended.

(5) Not meeting the requirements for recertification.

(6) Any act, omission, or violation of regulations that shows poor judgment, irresponsibility, or emotional instability and results in placing children in an at-risk situation.

(7) Failure to provide an environment, which meets each child's social, physical, intellectual, and emotional development.

i. A certificate may be revoked based on, but not limited to, the following:

(1) Substantiated child abuse/neglect by the CYP volunteer, CDH provider, or a CDH provider's family member.

(2) Substantiated domestic violence by the CYP volunteer, CDH provider, or a CDH provider's family member.

(3) Failure to provide a healthy and safe environment or failure to correct violations in a specified time frame.

(4) Failure to provide an environment which meets each child's social, physical, intellectual, and emotional development.

j. In cases of suspension, the CDH director, along with a witness, if necessary, (e.g., other CYP staff, MWR director, or security) will personally and verbally inform the CDH provider, remove the CDH certificate, plaque, and CDH flag. The CDH director shall assist the parents in finding alternative care for the child(ren).

k. The CDH director will sign and deliver written notification of suspension on CDH letterhead to the CDH provider within 48 hours of verbal notification. Written notification will include information on appeal procedures including the right to appeal in person at the QRB meeting.

(1) Once the CDH provider receives written notice of suspension, they have five working days to submit a written statement to the CDH director along with any supporting documentation of the situation. The statement may include a request to appear in person before the QRB.

(2) The QRB will meet and review all information and, if requested, invite the CDH provider into the room to provide a verbal summation of the situation. The CDH provider will be dismissed and the QRB will determine the final recommendations.

(3) The CDH provider will receive written notice of the decision to revoke or reinstate within ten working days.

(4) The CDH provider may appeal the decision to the responsible commander in writing within ten working days of notification. The responsible commander will respond in writing within 10 days of receipt of appeal documentation. This decision is final.

l. The CDH director shall forward information to CNIC (N912), via email, for all CDH provider applicants who have been denied certification or CDH providers who have had their certification suspended or revoked for inclusion in the CNIC (N912) database (see chapter 16). If a CDH provider has been suspended and their name included in the central database, the CDH director is responsible for providing the outcome from the QRB review (revoked or reinstated). If a CDH provider is suspended for cause and then decides to voluntarily leave the CDH program, the QRB shall still review the reasons for the

suspension and make a final decision concerning the individual's suitability as a CDH provider. This information shall be forwarded to CNIC (N912).

CHAPTER 14

CYP PROFESSIONAL TRAINING

1. CYP Employee Training

a. Ongoing CYP employee training shall be provided to all personnel on a regular basis in order to promote the intellectual, social, emotional, and physical development of children.

b. An individual development plan (IDP) shall be developed for all employees regardless of the position. The IDP and completed training shall be documented utilizing the CNICCYP 1700/10, Navy CYP Individual Development Plan and Training Record, or the training module in Child and Youth Management System (CYMS). This form shall be maintained as required in chapter 9 of this instruction. IDPs shall be reviewed annually, preferably in conjunction with the employee's evaluation.

c. Training, education, experience, and performance shall influence progressions from entry level to positions with greater responsibility. Training requirements are linked to the DoD employee wage plan.

d. All CYP professionals working in DoD operated programs shall receive ongoing training and periodic updates on the latest child care techniques and procedures for providing safe and healthy developmental care for children.

e. Copies of training records shall be made available to personnel upon termination of employment or transfer to another duty station.

f. An initial training orientation shall be provided to all CYP employees prior to beginning their duties at the CYP activity. The training shall include, at a minimum, the following topics.

(1) Position responsibility and performance standards specific for the employee's position. Employees will be provided a copy of their position description.

(2) Child abuse/neglect, identification, reporting, prevention, and touch policy. Personnel shall be given a verbal and written explanation of the positive guidance and touch policy.

(3) Fire prevention, protection, emergency evacuation and safety procedures.

(4) Child health and safety.

(5) Visitor requirements and child sign-in and sign-out procedures.

(6) Applicable local instructions and SOPs.

(7) An orientation to familiarize the employee with the entire CYP available to parents in the area. It is suggested that all employees are given an opportunity to visit and tour the other CYP facilities.

(8) Facility control.

g. The following training must be completed within 60 days from the date of hire for all employees working in the CYP.

(1) Infant, Child, and Adult CPR.

(2) First aid basics as prescribed by American Red Cross or other certification program. Note: First aid and CPR training shall be updated annually or as required by the certification agency. If the certification extends over one year, an annual refresher course is required. First aid and CPR training can best be accomplished if a designated employee receives first aid and CPR trainer certification.

(3) Navy child abuse modules.

(4) Local training requirements, such as Material Safety Data Sheet (MSDS), personal protective equipment, etc.

h. Satisfactory and timely completion of the training program is a condition of employment for all CYP professionals.

2. CYP Direct Care Staff Training

a. In addition to the above training requirements, all paid CYP personnel working directly with children shall successfully complete a minimum of 36 hours of training within six months from date of hire. This training shall include the following:

(1) Communicable diseases, medication administration, hygiene, hand washing, diapering, facility sanitation, etc.

(2) Nutrition and food service. A food handler's card shall be acquired during this period if required by local regulations.

(3) Growth and development, ages and stages.

(4) Family and family relations.

(5) Developmentally appropriate practices and age-appropriate activities and lesson planning.

(6) Orientation to the Accreditation and Classroom Observation Tool.

(7) Orientation to Navy Standardized Training Program.

(8) Health and sanitation procedures, including personal hygiene and sanitation principles, back injury prevention, and HIV and blood borne pathogens. Personal hygiene shall be a high-priority topic during the orientation training given to all new staff members.

(9) Age-appropriate guidance, techniques, policy and procedures and classroom management.

(10) Special needs awareness.

b. All paid staff who are responsible for the direct care of children must complete the Navy Standardized Training Program specific for the age group of children they are assigned. Modules must be completed within 24 months of date of hire. If an employee is initially hired at the CC-I/GS-3 or CC-II/GS-4 position, the modules must be completed within eighteen months.

c. The Navy Standardized Training Program should be made available to regular volunteers and all personnel working within the CYP.

d. A CYP professional who has completed a set of Navy Training Modules shall be encouraged to complete additional modules pertaining to different CYP age groups and/or programs. A CYP professional who has completed a set of modules may test out of additional modules by completing the following steps:

(1) Read the module.

(2) Pass a closed book Knowledge Assessment with a score of 80 percent or higher.

(3) Successfully pass the Competency Assessment.

e. In addition to initial training, each direct care staff member shall participate in a minimum of 48 hours of training annually. For direct-care staff that has not completed modules, 24 of the 48 hours of annual training will be devoted to completing the modules at the rate of two hours per month. SAC and youth staff may be exempt from the two-hour monthly module requirement during summer camp; however, modules must still be completed within 24 months of hire. Staff meetings and individualized training sessions may be counted toward this requirement when properly documented. Staff meetings may be counted as in-service training when the specific purpose is to provide program information vice administrative information. Additional training to be included in the 48 hours per year must include, at a minimum, the following:

(1) Child growth and development.

(2) Age-appropriate practices and activities.

(3) Daily activity plans and curriculum implementation.

(4) Use of physical space, designing the environment, and room arrangement.

(5) Parent participation.

(6) Child guidance techniques.

(7) Child abuse/neglect, identification, reporting, prevention, and touch policy.

(8) Fire prevention, protection, and emergency evacuation, and safety procedures.

(9) Family and public relations (customer service).

(10) Blood borne pathogens.

(11) Healthy food and sanitation.

(12) MSDS.

(13) Back injury prevention.

(14) CPR and first aid refresher course.

(15) Accreditation and classroom observation.

f. All personnel completing the Navy Standardized Training Program shall complete the CNICCYP 1700/24, Navy CYP Module Training Course Evaluation.

g. Training provided shall include a variety of materials and techniques. Reading articles or viewing videos can be used if there are accompanying objectives and outcomes and shall be limited to a maximum of 30 minutes per month training credit.

3. CYP Food Service Personnel Training

a. In addition to the training identified in other sections of this chapter, food service personnel shall receive a minimum of six hours initial training on the following topics:

(1) Food preparation and handling.

(2) Sanitation practices.

(3) Child nutrition.

(4) Menu planning.

b. Within the first six months of employment, training in food preparation, handling, and sanitation practices and shall be completed per NAVMED P5010-1, Manual of Naval Preventive Medicine, chapter 1, Food Safety.

c. The following training shall be accomplished within the first six months of employment:

(1) Family style dining.

(2) USDA Child and Adult Care Food Program (CACFP).

(3) MSDS.

(4) Local safety and preventive medicine requirements.

d. Training to be conducted annually shall include the following:

(1) Food sanitation/food handlers card (three hours minimum).

(2) Child abuse/neglect, identification, reporting, prevention.

(3) Back injury prevention.

(4) Blood borne pathogens.

(5) CPR and first aid.

(6) Fire safety per local regulations.

(7) Customer service (family and public relations).

4. CYP Program Management Training

a. CYP management professionals shall also participate in initial training on the following topics:

(1) Computer usage and current software used by CYP, including programs used for timekeeping, safety, finance and business.

(2) Leadership skills

(3) Management and supervision of personnel.

b. Annual training will include the following topics (attendance at the annual Navy CYP professional conference shall meet this requirement):

(1) Latest research in child and youth development.

(2) Curriculum development.

(3) CYP administration and management.

(4) Leadership skills.

(5) Management and supervision of personnel.

(6) Budgeting and finance.

5. Administrative Personnel Training

a. In addition to the training identified in other sections of this chapter, personnel responsible for administrative duties shall receive the following additional initial training:

(1) Cash handling.

(2) File maintenance.

(3) Computer usage and current software used by CYP.

(4) USDA CACFP documentation requirement (if applicable).

(5) Professionalism and confidentiality.

b. Training to be conducted annually shall include the following:

(1) Cash handling.

(2) Child abuse/neglect, identification, reporting, prevention.

(3) Back injury prevention.

(4) Blood borne pathogens.

(5) CPR and first aid.

(6) Fire safety per local regulations.

(7) Family and public relations - Customer service.

6. CDH Provider Training

a. All CDH providers shall receive initial orientation training prior to caring for children. The Navy CDH Provider Handbook shall be used for orientation training and shall provide applicants training on the following topics:

(1) Applicable Navy regulations, local instructions, and SOP.

(2) Fire prevention, protection, emergency evacuation and safety procedures.

(3) Food sanitation, communicable disease, medications and hygiene.

(4) Nutrition and meal planning.

(5) Business practices.

(6) Child growth and development and activity planning.

(7) Toys, equipment, and material.

(8) Child guidance techniques.

(9) Child abuse/neglect prevention, identification, and reporting.

(10) Parent and family relations, customer service, and professionalism.

(11) First aid basics.

(12) Infant, child and adult CPR.

(13) Introduction to the Navy CDH Provider Assessment Tool.

b. CDH providers shall complete the following training annually as part of re-certification process.

(1) Infant, child and adult CPR.

(2) Child abuse/neglect prevention, identification, and reporting.

(3) Fire prevention, protection, and emergency evacuation.

(4) Blood borne pathogens, including HIV.

(5) Food sanitation, nutrition and meal service, family style dining and USDA CACFP requirements.

(6) Safety requirements, including back injury prevention.

c. CDH providers shall complete, at a minimum, two hours of approved training each month.

d. Navy standardized module training shall be completed within 24 months of original certification date.

e. Training shall be documented on the CNICCYP 1700/12, Navy CDH Individual Development Plan and Training Record and maintained in the CDH provider's file per Chapter 9.

f. All CDH providers shall complete the CNICCYP 1700/24, Navy CYP Module Training Course Evaluation, upon completing the Navy standardized training modules.

g. Individual CYP professional training plans shall be reviewed annually, preferably in conjunction with provider re-certification.

CHAPTER 15

CHILD ABUSE

1. Child Abuse Prevention Precautions

a. Child abuse/neglect cases are often identified in CYP settings. The suspicion or identification of child maltreatment or abuse carries significant responsibilities for program personnel.

b. It is Navy policy to provide comprehensive and coordinated programs to prevent child abuse and promote early identification and intervention in cases of alleged abuse.

c. All CYP professionals (including volunteers) shall receive annual training in child abuse/neglect reporting laws of the State, territory, or country where the CYP is located. CYP professionals shall be able to articulate prevention requirements and clearly outline reporting procedures for suspected abuse and neglect.

d. Each CYP SOP shall include procedures for reporting cases of suspected abuse and neglect.

e. A certified clinical provider at the nearest FFSC is designated as local FAR and is the point of contact for all family violence (including child abuse) questions and reports.

f. CDC, SAC, and YP. The following CYP facility guidance shall be followed to help prevent child abuse and neglect in Navy CYP.

(1) All areas, except bathrooms for staff and patrons five years and up, shall have a window, vision panel, or other means of visual access to allow viewing. Closets that are not possible for an adult or child to enter do not need a vision panel. Places and opportunities for removing children from the view of others shall be limited.

(2) There shall be no artwork, draperies, or blinds placed over windows that impede viewing.

(3) Doors on toilet stalls for children under five years of age shall be half doors or be removed to permit visibility.

(4) Diapering areas shall be located so they are visible to other adults.

(5) Outdoor play equipment shall have vision panels to permit visibility. If the facility has play equipment that was installed prior to this instruction and includes tube slides or areas with limited visibility, the equipment must be modified, if possible. If the equipment cannot be modified, CYP professionals must ensure children are carefully supervised while playing on the piece of equipment. Outdoor play and storage areas shall be visible from indoors.

(6) No rooms shall be completely darkened during periods when children are present in the building, including nap time. This includes closets and unoccupied rooms where visual access is required. This does not include closets where it is not possible for an adult or child to enter.

(7) Convex mirrors and/or closed circuit television (CCTV) equipment shall be installed to improve supervision in low-visibility areas.

(8) Renovations and new construction shall include large vision panels in rooms used for care. Panels in fire-rated walls must conform to fire protection requirements.

(9) A reception desk will be located and staffed to permit viewing of main entrances. Exterior doors, other than the main entrance, that do not open to a fenced area shall be properly secured with panic hardware and alarmed to alert staff of unauthorized entry or exit. All rooms used for child care shall remain unlocked during hours of operation. Playground gates shall be secured by panic hardware to prevent unauthorized entry. Panic hardware requirements are outlined in Chapter 22.

g. Children may only be signed out and released to individuals (with written authorization) who present a valid picture identification card. The following sign-in and sign-out procedures shall be followed for the CYP:

(1) CDC. Parents must sign-in and out or swipe their child's registration card at the front reception area. Parents must also take their child to and pick up their child from the room in which the child will receive care. Additionally, parents are required to sign-in and out of their child's classroom.

(2) CDH. Parents sign their child(ren) in and out on a daily basis. SAC may sign themselves in and out of the CDH consistent with the command's "self care policy;" however, a self-release form signed by the parent or guardian must be on file.

(3) SAC and YP. Parents must sign in and out or swipe their child's registration card at the front reception area. SAC and youth may sign themselves in and out of the program consistent with the command's "self care policy"; however, a self release form signed by the parent or guardian must be on file. Youth enrolled in open recreation programs must show their membership card upon entering the facility.

h. All visitors shall be required to sign in and out of the CYP and all visitors will be required to wear a visitor's badge while in the CDC, SAC or Youth Center. Parents visiting the center for reasons other than dropping off or picking up their child are required to sign in and out of the center (e.g., viewing an instructional class, participating in a classroom activity, attending a conference) Parents attending sporting activities and special events are NOT required to sign in and out of the center.

i. Parents shall be permitted access, at all times, to the areas in which their child is receiving care.

j. Staff and volunteers shall wear nametags and/or identifying apparel while working.

k. CDC. At least two CYP professionals shall be present in each classroom at all times, or comparable measures, such as video surveillance, shall be taken. CCTV cameras shall not substitute for oversight by two adults unless the activity room square footage does not allow for an entire group. When room square footage allows for a full group size, staff and groups of children shall combine (e.g., combine groups of children early

and late in the day when attendance in each room is lowest) to meet the requirement for two caregivers and allow for cost efficient operations.

l. SAC. At least two CYP professionals shall be present in the facility at all times when children are present.

m. CDC, SAC and YP. Staff members with a completed IRC, but without a completed national agency or State criminal history check, shall work in line of sight of staff with completed background investigations. A system for identifying staff without completed background checks (e.g., different colored nametags, smocks, shirts) shall be implemented until all background checks are completed.

n. CDC. Extra precautions shall be taken when providing weekend and evening care. Utilize rooms located near the front entryway to facilitate supervision and allow visual access of children by parents when entering and leaving the facility.

2. Child Abuse Reporting

a. The DoD child abuse and safety hotline telephone number shall be posted in all CYP facility lobbies and parent information boards where parents have easy access to the telephone number and will be published in parent handbooks and brochures.

b. All incidents of suspected child abuse/neglect must be reported to the FAR and command. This is true whether the suspected maltreatment is alleged to have occurred at home or in DoD-sanctioned CYP activities.

c. The following procedures shall be followed and included in CYP SOPs for suspected abuse at home.

(1) CYP professionals may consult with FAP staff prior to making a formal report to determine whether there is cause for concern in a particular situation. However, all suspected child abuse/neglect must be reported.

(2) If the installation is located within the continental United States (CONUS), the person who suspects child abuse/neglect is responsible for reporting directly to State

Child Protective Services (CPS) and the local FAR. Local policy may require an additional report to Naval Criminal Investigative Service (NAVCRIMINVSVC). At locations outside the continental United States (OCONUS), the person will report per applicable treaties or Status of Forces Agreements (SOFA). In most instances OCONUS, the person will report directly to the FAR. The person should then notify their supervisor/director that a formal report of suspected abuse or neglect has been made; however, this is not a requirement and reports may be anonymous.

(3) Once a formal report is made, CPS and/or the FAP assume responsibility for determining whether abuse has occurred and taking appropriate action. FAP staffs are responsible for coordinating efforts with CPS. This information may or may not be disclosed to the reporter, although the report will be acknowledged.

d. The following procedures shall be followed and included in CYP SOPs for suspected abuse in Navy CYP.

(1) At CONUS installations, the person who suspects alleged child abuse/neglect is responsible for reporting directly to State CPS and the local FAR. Local procedures may require an additional report to NAVCRIMINVSVC. FAP staffs are responsible for coordinating efforts with CPS. When OCONUS, the person will report per applicable treaties/SOFA and established instruction procedures. In most OCONUS locations, the person will report directly to the FAR.

(2) FAP staff will review the information provided and take further action if the allegation meets current Navy definitions for abuse. Some behaviors that are prohibited by CYP policy do not necessarily constitute abuse and may not be assessed further by FAP. However, the FAR will notify the CYP program manager of the report, whether the alleged behavior constitutes an allegation of abuse/neglect, and whether FAP will proceed with the case. Allegations of a CYP professional engaging in prohibited behavior that does not meet Navy definitions for abuse will be referred back to the CYP program manager for further action.

(3) When an allegation of abuse/neglect is made, the FAR will notify NAVCRIMINVSVC, as applicable, and assess the allegations further. While the investigation is ongoing,

alleged offenders should be removed from working directly with children. Office of the Judge Advocate General (OJAG) and FAR may provide consultation for additional clarification. In cases of a CDH provider, the CDH director will immediately close the home and suspend the CDH certification pending further assessment. This holds true whether abuse is alleged to have occurred to one of the children living in the CDH provider's home or a child in the CDH provider's care. If the alleged offender is one of the program managers, the FAR will inform their supervisor to ensure proper action is taken.

(4) After the assessment is completed, FAP staff will present all relevant information to the CRC for case status determination. The CRC will communicate final determination to the alleged offender, the cognizant program manager or supervisor, and the responsible commander. A report will also be forwarded to the Navy Central Registry, per current Navy FAP policy. In the case of CDH providers, this information will be forwarded by the CDH director to be presented to the QRB. When allegations are substantiated by the CRC, the CRC will determine the degree of risk to the child(ren), but will refrain from making specific recommendations regarding continued employment or certification of CDH providers. Actions, based upon the CRC determination, are the responsibility of the program manager, the QRB, and the responsible commander.

e. All incidents of suspected child abuse or neglect must be reported to CNIC (N912). This holds true whether the suspected maltreatment is alleged to have occurred at home or in DoD -sanctioned CYP.

(1) The following procedures shall be followed and included in CYP SOPs for reporting allegations of physical abuse or neglect to CNIC (N912):

(a) The local FAR will report all incidents to the responsible commander. Incidents requiring medical treatment shall be reported by SITREP/OPREP message within 24 hours. Incidents not requiring medical treatment shall be reported by official letter within 7 days.

(b) A CNICCYP 1700/25, Accident/Child Abuse/Neglect Notification Form shall be completed in full with detailed information regarding the incident, point of contact (POC), POC

phone number, status of investigation, and actions taken. CNICCYP 1700/25 shall be submitted to CNIC (N912) via fax or e-mail as soon as possible.

(c) The local Public Affairs Office (PAO) is the official media contact for any incidents occurring in the CYP and has overall responsibility for handling inquiries from the press.

(d) In cases requiring medical treatment (e.g., broken limbs, brain damage, or severe injuries), periodic status reports shall be forwarded detailing significant follow-up information until a final report is submitted. For cases in CDHs requiring medical treatment, the provider must inform their liability insurance agency.

(e) Telephone contact by local FAP staff to CNIC (N911) and CNIC (N912) is required in cases of fatal abuse, abuse resulting in major physical injury, or high-visibility cases.

(2) The following procedures shall be followed and included in CYP SOPs for reporting allegations of child sexual abuse to CNIC (N912):

(a) Child sexual abuse in a Navy sanctioned CYP requires an immediate report to law enforcement, CPS, FAP, and installation commander.

(b) The local FAR will report all incidents to the responsible commander. The responsible commander shall ensure that CNIC is notified by SITREP/OPREP message within 24 hours of the initial report of alleged sexual abuse in a Navy CYP.

(c) The message, with information copies to the chain of command, shall include details of the incident along with, and the status of, the case investigation.

(d) CNICCYP 1700/25, Accident/Child Abuse/Neglect Notification Form shall be completed in full with detailed information regarding the incident, POC, POC phone number, status of investigation and actions taken. CNICCYP 1700/25 shall be submitted to CNIC (N912) via fax or e-mail as soon as possible.

(e) Status reports shall be forwarded detailing significant additional follow-up information until a final report is submitted.

(f) Telephone contact by local FAP staff to CNIC (N911) and CNIC (N912) is required within 24 hours (or the next business day following a weekend) when child sexual abuse is alleged in a Navy CYP.

(g) Other allegations of child sexual abuse are required to be reported by FAP staff to CNIC (N911) within 5 working days.

3. Child Guidance Techniques

a. Inappropriate discipline techniques frequently lead to allegations of child abuse against CYP professionals. Each CYP shall have a copy of the local written child guidance policy. Programs shall also have a touch policy that is designed to inform staff of the boundaries for appropriate and inappropriate touch. The touch policy shall be age-specific.

b. The child guidance policy shall be designed to assist the child in developing self-control, self-respect, and respect and consideration for the rights and property of others. Clear behavior limits for children shall be established based on positive guidance (what to do vice what not to do) and redirecting children toward desired activities.

c. Corporal punishment or any humiliating or frightening punishment is prohibited. The use of corporal punishment by any CYP professional is grounds for immediate dismissal or CDH certification revocation. Corporal punishment includes the following:

(1) Spanking.

(2) Hitting or punching.

(3) Slapping.

(4) Pinching.

(5) Shaking.

(6) Any other form of physical punishment.

d. Verbal abuse, threats, or derogatory remarks are prohibited.

e. Restricting the child's movements or placing the child in a confined space as a form of punishment is prohibited.

f. Withholding or forcing meals, snacks, or naps is also prohibited.

g. Children shall not be punished for a lapse in toilet training.

h. All CYP professionals shall be provided a copy of the child guidance and touch policy prior to working with children. Appropriate personnel actions shall be taken for failure to comply with child guidance and touch policy. The guidance and touch policy shall be posted on the parent information board in each activity room and CDH.

i. CYP professionals shall receive initial and annual training in guidance techniques and reporting procedures, as well as on-going training based on specific incidents and daily observations.

4. Closed Circuit Television (CCTV)

a. CCTV systems can serve as a significant child abuse deterrent and prevention mechanism for individuals working in the CYP. Video monitors provide parents a certain comfort level as it allows them to observe their children adjusting to child care without interrupting or distracting from the child's daily routine and activities. Video recordings can protect staff from false allegations of child abuse and be used to observe behaviors of both staff and children for future training and development purposes.

b. There is a significant and substantial difference between a parent being afforded the opportunity to view their child's activity through a real-time or live-video monitor and being able to view or have access to the government's video recording of past activities within the CYP.

(1) Parents have primary responsibility for the health, safety, and well-being of their child(ren). Parents are allowed to view their children interacting with other children, participating in classroom activities, etc., by viewing their child through CCTV monitors. This is live/real-time monitoring, not a videotaped account. Any requests for viewing of videotapes should be submitted in writing to the responsible commander. Requests should be acted upon by the responsible commander and set for review by the staff judge advocate or Navy legal officer.

(2) When CYP operations are videotaped, those tapes become government property, maintained by the government, for the exclusive use of the government. These videotapes are maintained for several reasons, (e.g., training of staff, to monitor progress of children, deter and prevent child abuse and neglect, and protect the government's interests in the event of a potential claim). Consistent with JAGINST 5800.7C, Manual of Judge Advocate General, if a potential claimant requests to view a CYP videotape for use in litigation against the government, only a Navy attorney can allow the claimant access to the videotape or any other government record. Whenever a claim or litigation is contemplated, it is essential that such information/material be legally protected from unauthorized disclosure to parties whose litigation interests may be adverse to that of the United States. Government employees have an absolute responsibility to the government concerning these matters.

(3) CYP directors and staff may unwittingly be placing themselves in an inappropriate position by allowing parents access to such videotapes. As stated in DoD 5500.7-R, other than enlisted members, whether or not employed for compensation, DoD employees are prohibited from personally acting as an agent or attorney for anyone else before a department, agency, or court in connection with any covered matter in which the United States is a party or has a direct and substantial interest or from prosecuting any claim against the Federal Government or receiving any gratuity or interest in such claim for assistance in prosecuting the claim. "Covered matter" includes any judicial or other proceeding, application, request for a ruling or other determination, contract, claim, controversy, investigation, charge, accusation, arrest, or other particular matter.

c. The DoN seeks balance between providing parents reasonable access to their children at CYP and complying with DoD regulations by protecting the government's interests. If videotapes of CYP operations are maintained and if commands are allowing parents access to recorded videotapes, written procedures are to be established requiring parents to submit a written request identifying the specific times and/or dates of activities they wish to view. Subject tapes should be prescreened by the CYP director and forwarded to the servicing staff judge advocate or Navy claim's attorney for further review and action on subject request. The authorization, if any, must come from the command and not the CYP itself. The CYP director will forward the written request and the videotape concerned to the appropriate command authority. These procedures would not preclude parents from real-time/live observation of their children through CCTV monitoring or any other means at the CYP.

d. Individuals seeking a copy of CYP videotapes should be instructed to submit a written request under reference (o). The cognizant Initial Denial Authority (IDA) should deny the Freedom of Information Act (FOIA) release for reasons of personal privacy. Unofficial release of the videotapes would violate the privacy of all others (children) appearing in the tape. The IDA should provide appeal rights to the requestor, and the matter should be forwarded to the OJAG (Code 14) for final review consistent with guidance provided in SECNAVINST 5720.42F.

e. CYP videotapes are not subject to release under reference (p), as the videotapes are not retrieved by an individual's name, social security number, or other personal identifier. As such, no Privacy Act notice should be written.

f. As a general rule, CYP videotapes should be maintained for a period of not longer than 30 days. This provides a reasonable period of time for CYP staff to review the tapes for any internal business. As an exception, should Navy be aware of a claim against the government or foresees litigation, the specific videotapes should not be destroyed but maintained for a period of 1 year or until completion of litigation proceedings. Ideally, subject videotapes should be turned over to the attorney representing the government's interest in this matter.

g. CCTV is not required in every CYP; however, conduit and wiring must be installed in newly constructed and renovated CYP facilities.

5. Child Abuse Prevention Training Requirement

a. Training in the identification and dynamics of child maltreatment shall be provided to all CYP professionals and parents. The local FAR shall assist with training CYP professionals on recognizing and reporting child abuse/neglect.

b. Training shall be generic in nature and will focus on the following areas:

(1) Definitions of child abuse and neglect.

(2) Types of abuse and risk factors.

(3) Signs and causes of abuse.

(4) Identification, reporting and prevention procedures.

(5) Strong parent partnership programs.

(6) Minimization of risks of abuse.

(7) Touch and guidance policies.

c. CYP professionals shall receive initial training in child abuse identification, prevention, and reporting prior to CDH certification or working with children. Training shall also be provided annually. Parent training sessions will be offered at least annually.

d. The CYP library will include resources (e.g., books, pamphlets) addressing child abuse/neglect that are available to both CYP professionals and parents for check out or review.

e. CYP professionals shall have knowledge of Navy's FAP as outlined in DoD Instruction 6400.1 of 23 August 2004.

CHAPTER 16

CRIMINAL HISTORY BACKGROUND CHECKS

1. Overview

a. Per reference (q), criminal history background checks are required for all providers, regardless of employer, of child and youth programs on Navy installations who have regular contact with children. The categories of providers include the following personnel:

(1) CYP APF employees.

(2) CYP NAF employees.

(3) Government contract employees providing CYP.

(4) CDH providers and their families (on and off base).

(5) Volunteers.

(6) Foreign Nationals.

(7) Type III child care employees.

(8) Temporary employees.

(9) Military members.

b. The CYP may utilize personnel prior to the completion of background checks; however, at all times while children are in the care of an individual without completed background checks, that individual must be within sight and under supervision of a paid employee whose background check has been successfully completed. Additionally, individuals without completed background checks shall be readily identified through some type of visual means (e.g., different color smocks, shirts, or nametags).

2. Types of Criminal History Background Check Investigations

a. Installation Record Check (IRC). Personnel at the installation level shall complete the IRC. IRC consist of a

local record check on an individual for a minimum period of two years before the date of the application, including previous command, if applicable. The IRC is only completed on individuals with prior DoD affiliation. A local law enforcement check should be conducted on non-DoD affiliated providers. Prior DoD affiliation is considered a military member or their family members or an individual who works or lives on a military installation. This record check shall include, at a minimum, the following:

(1) Division officer check (if applicable).

(2) Base military police, security office, criminal investigators, or local law enforcement.

(3) Substance Abuse Rehabilitation Program (SARP).

(4) Family housing (on-base CDH only).

(5) Navy Central Registry Records from local FAP, local FFSC and CNIC (N91).

(6) In-home interviews (CDH only).

b. Child Care National Agency Check and Written Inquiries (CNACI). The CNACI was designed by a group of Federal agencies that offer child care services. The scope of the CNACI includes the basic National Agency Check with Written Inquiries (NACI) and State Criminal History Repository (SCHR) checks for all States of residence.

(1) National Agency Check and Inquiries (NACI). A NACI is a search of the OPM Security/Suitability Investigative Index (SII), the Defense Central Index of Investigations (DCII), Joint Personnel Adjudication System (JPAS), and the Federal Bureau of Investigation (FBI) Identification Division's name and fingerprint files, and other files and indices when necessary. The NACI consists of a basic and minimum investigation consisting of a NAC with written inquiries and searches of records covering specific areas of an individual's background during the past 5 years, such as prior employment, education, schools of record, references, local law enforcement records, credit checks, immigrations and naturalization service (if foreign born), and other sources.

(2) SCHR. A statewide check of Criminal History Record Information (CHRI) searched by fingerprint or by name and personal identifying information, the results which may include, but not limited to, conviction and disposition information, and motor vehicle violations. The results of the Statewide database check may vary by State due to legislative restrictions. If no response from the State(s) is received within 60 days, determinations based upon the CNACI report may be made.

c. Special Agreement Check (SAC). A SAC is a search of the OPM Security/SII, the DCII, JPAS and the FBI Identification Division's name and fingerprint files.

d. Record Re-verification. At a minimum, an investigation conducted every 5 years for the purpose of updating a previously completed background check investigation of individuals. The scope will consist of an IRC and DCII/JPAS name search and any other checks that are appropriate, e.g., host nation check. CDH providers and their family members are required to complete a record re-verification annually as part of the re-certification process. All record re-verification requests should be e-mailed to CNIC (N912). The request should include the person's full name and social security number (last four digits).

e. CNIC (N912) Database Reference Check. The database includes applicants whose certification has been denied and CDH providers whose certification has been revoked or suspended. Information on marginal providers (voluntarily withdrawn from the program) is not included. The certifying CDH office must contact the previous duty station as part of the reference check process. All CDH programs are required to submit an e-mail to CNIC (N912) requesting a reference check for all CDH applicants. The e-mail shall include the applicant's full name and social security number (last four digits). Additionally, CDH programs shall submit the information on CDH providers who meet the criteria to CNIC (N912) as outlined in Chapter 13.

3. Position Requirements and Procedures

a. Prior to selection of an applicant, the IRC consisting of the information available at the current installation and references (employment and education) must be favorably completed for individuals with prior DoD affiliation (e.g., a

military member or their family members or an individual who works or lives on a military installation. Additional checks will begin immediately after an individual has been selected.

b. For applicants without any DoD affiliation, a local law enforcement check should be completed prior to selection, if possible, within the local jurisdiction.

c. Favorable completion of all background checks must be made a condition of employment. CDH providers and their family members are required to have all criminal history checks completed prior to caring for children in their home.

d. A CNICCYP 1700/09, Navy CYP Statement of Admission Form will be completed by every applicant during the initial selection process and whenever a record re-verification is completed. The individual who is applying to provide services for the CYP completes this form. The form asks whether the individual has ever been arrested or charged with a crime involving a child or felony drug abuse. If so, a description of the arrest or charge must be included.

e. It is unnecessary to conduct checks other than the IRC before 18 years of age because juvenile records are unavailable.

f. Table 16-1 identifies the requirements of this instruction for background checks by category of personnel:

CATEGORY	IRC[1]	CNACI	SAC	LOCAL GOVERNMENT CHECK	RECORD REVERIFICATON
APF EMPLOYEE	X	X			X
NAF EMPLOYEE	X	X			X
CONTRACTOR	X	X			X
FOREIGN NATIONAL				X	X
VOLUNTEER WITH DOD AFFILIATION	X		X[4]		X
CDH PROVIDER WITH DOD AFFILIATION & FAMILY MEMBERS[2]	X[3]		X		X[3]
CDH PROVIDER WITHOUT DOD AFFILIATION & FAMILY MEMBERS[2]	X[3]	X			X[3]
TYPE-III BASED STAFF	X	X			X
TEMPORARY EMPLOYEES[4]	X				
MILITARY MEMBERS[5]	X				X

Table 16-1

Table 16-1 Notes

[1]A local law enforcement check in lieu of the IRC is recommended for all non-affiliated DoD individuals.

[2]All family members twelve years and older living in the CDH are included.

[3]CDH providers and their family members twelve years and older must complete an IRC and a record re-verification every year.

[4]Backgound checks are not required for volunteers and temporary employees whose services will be of shorter duration than is required to perform the checks, however, they must work in line of sight of an individual with completed background checks.

[5]An IRC and a current security clearance meet the background requirement. If a current security clearance is not available, a record re-verification is required.

g. APF employee background check information shall be processed using currently established procedures for completing background checks by the local APF personnel office.

h. The IRC shall be processed using currently established local procedures for completing these background checks.

i. The CNACI is conducted for NAF applicants and CDH providers without DoD affiliation. Applicants must complete the required application documentation, and attach SF 87, Fingerprint Chart (completed by a law enforcement officer), SF 85P, SF 86 or 85, Questionnaire for Public Trust Positions. The SCHR is requested by using position code "H" in block "H" of the SF 85P/SF 86 or extra coverage code "8" in block "B" on the SF85.

j. The SAC is conducted for CDH providers with DoD affiliation and volunteers whose services will exceed 90 days. Applicants must complete a SF 85, Authorization for Release of Information, and a FD 258, Fingerprint Card. The FD 258 must be submitted to OPM.

k. Foreign National Employees Overseas, while not expressly included within the law, are subject to the following record checks or those equivalent in scope to checks conducted on U.S. citizens:

(1) Host-government law enforcement and security agency checks at the city, State (province), and national level, whenever permissible by the laws of the host government.

(2) DCII.

(3) FBI checks (when information exists regarding residence by the individual in the United States for 1 year or more since age 18).

(4) When permissible by the laws of the host government, host-government checks are requested directly by the Navy. As an alternative, overseas Military Service investigative elements obtain appropriate host-government checks. Where host-nations' arrangements preclude comparable criminal history background checks, foreign nationals will not be eligible for employment in the CYP.

l. The record re-verification requires a completed IRC and a DCII/JPAS name search and any other checks that are appropriate, e.g., host nation check. The individual's name and social security number (last four digits) shall be submitted to CNIC (N912) for completion of the DCII/JPAS name search.

m. CNIC (N912) Database Reference Check shall be completed for all CDH provider applicants. The CDH office shall submit a reference check request via e-mail to CNIC (N912) for processing.

n. The results of the background checks shall be communicated to the requesting installation/office for appropriate action. The information shall be presented to the QRB for CDH providers and volunteers to determine suitability of the applicant. The information shall be provided to the responsible personnel office for employees who will determine the appropriate personnel action. A criterion for determining disqualifying personnel based on the background checks is provided in paragraph 4 of this chapter.

o. Individuals shall be advised of proposed disciplinary action, CDH certificate denial or revocation or refusal to hire or allow volunteer services based on disqualifying derogatory information obtained from the background check investigation.

(1) The hiring authority or CDH office is responsible for notifying individuals of a derogatory report.

(2) The individual may obtain a copy of the criminal history report through the Privacy Program described in DoD Directive 5400.11 of 16 November 2004. The individual may provide information concerning positive mitigating factors for any adverse information presented.

p. Documentation, including date the background check was initiated and returned and the results, shall be on file with the personnel office and the appropriate CYP professional or volunteer file. This information shall be made available during required inspections. CNICCYP 1700/06, Navy CYP Background Clearance Form shall be utilized and maintained as outlined in Chapter 9.

4. Criteria For Background Check Disqualification

a. Adverse information resulting from a background check shall be evaluated by qualified personnel at the appropriate level of command in interpreting criminal history background checks. The ultimate decision must incorporate a common sense decision based on all known facts. All information of record, both favorable and unfavorable, will be assessed in terms of its relevance, how recent it is, and its seriousness.

b. Any conviction for a sexual offense, a drug felony, a violent crime, or a criminal offense involving a child or children is mandatory disqualifying criteria for individuals from child and youth program services.

c. The following criteria are considered discretionary for disqualification:

(1) Acts that may tend to indicate poor judgment, unreliability, or untrustworthiness in working with children.

(2) Any behavior; illness; or mental, physical, or emotional condition that in the opinion of a competent medical authority may cause a defect in judgment or reliability.

(3) Offenses involving assault, battery, or other abuse of a victim, regardless of age of the victim.

(4) Evidence or documentation of substance abuse dependency.

(5) Illegal or improper use, possession, or addiction to any controlled psychoactive substances, narcotic, cannabis, or other dangerous drug.

(6) Sexual acts, conduct, or behavior that, because of the circumstances in which they occur, may indicate untrustworthiness, unreliability, lack of judgment, or irresponsibility in working with children.

(7) A wide range of offenses such as arson, homicide, robbery, fraud, or any offense involving possession or use of a firearm.

(8) Evidence that the individual is a fugitive from justice.

(9) Evidence that the individual is an illegal alien who is not entitled to accept gainful employment for a position.

(10) A finding of negligence in a mishap causing death or serious injury to a child or family member entrusted to their care.

d. In making determination of suitability, the evaluator shall consider the following additional factors to the extent that these examples are considered pertinent to the individual case:

(1) Kind of position for which the individual is applying or employed.

(2) Nature and seriousness of the conduct.

(3) Recentness of conduct.

(4) Age of the individual at the time of the conduct.

(5) Circumstances surrounding the conduct.

(6) Contributing social or environmental conditions.

(7) Absence or presence of rehabilitation or efforts toward rehabilitation.

(8) Nexus of the arrests in regard to the job to be performed.

CHAPTER 17

TRANSPORTATION AND FIELD TRIPS (CDC, SAC & YP ONLY)

1. Vehicle Requirements

a. The National Highway Traffic Safety Administration (NHTSA) establishes Federal motor vehicle safety standards to reduce the number of fatalities and injuries that result from motor vehicle crashes. The NHTSA believes that school buses are one of the safest forms of transportation in this country, and therefore strongly recommends that all vehicles that are used to transport school children meet the NHTSAS school bus safety standards. Further, using 15-passenger vans that do not meet the school bus standards to transport children could result in increased liability in the event of a crash.

b. All vehicles used to transport children in Navy CYP are required to meet the school bus safety standards recommended by NHTSA and applicable State laws. This requirement applies to all vehicles that have a capacity of eleven or more passengers. The NHTSA standards were written specifically for vehicles used to transport children to and from school. However, to ensure child safety and minimize risk and liability to the Navy, this policy applies to all transportation of children in CYP. Fifteen-passenger vans shall not be used to transport children.

c. All government vehicles are for official use only and shall comply with the requirements of OPNAVINST 5100.12G.

d. CYP professionals and children are required to practice vehicle evacuation procedures monthly. Vehicle evacuation drills shall be documented in the vehicle transportation log.

e. All government vehicles used to transport children shall have regular maintenance checks. Documentation of vehicle checks shall be maintained in the CYP administrative office.

2. CYP Driver Requirements

a. Drivers of vehicles used to transport children participating in the CYP shall be trained, licensed, and meet State, local and installation requirements. Documentation will

be maintained in the CYP employee file as outlined in Chapter 9. Drivers must carry a valid driver's license at all times when operating a government vehicle.

b. CYP professionals who are required to drive children as part of their duties are required to disclose any driving infractions, license revocations, or other serious incidents as they occur to their supervisor.

c. CYP directors shall ensure that Department of Motor Vehicles (DMV) and installation security driving record checks are performed at least annually on all CYP professionals who are required to drive children. Timelines and seriousness of driving infractions will be investigated and a determination made whether to restrict driving privileges.

d. Drivers of CYP vehicles are required to complete pre-vehicle safety checks every time they are required to drive government vehicles. All maintenance concerns shall be reported to the CYP director or designee. The CYP director is responsible for ensuring all required maintenance is completed on the vehicles.

3. Safety Requirements

a. Wearing of portable headphones, earphones, or any listening devices by drivers or passengers is prohibited. Use of vehicle sound equipment or mounted televisions on board the vehicles for passenger use is acceptable as long as the volume levels are kept at a minimum so as to not distract the driver.

b. Vehicle drivers shall have access to cell phones, two-way radios, or other means of communication for emergency purposes and communication with the CYP if necessary. If the driver must use a cell phone, the driver shall pull over the vehicle in a safe location and come to a complete stop. Talking on cell phones shall not be permitted when the driver is operating the vehicle.

c. The CYP shall establish vehicle emergency procedures, per local, State, and installation requirements. Training in vehicle emergency procedures shall be conducted and documented for every driver. During an emergency situation, the safety of

the children shall always take precedence. A copy of the vehicle emergency procedures shall be kept in the vehicle for reference.

d. Children under the age of twelve are not permitted to occupy the front seats of the vehicle. The vehicle must be turned off during loading and unloading. Head counts shall be conducted each time children load and unload the vehicle.

e. All safety and restraint devices, including car seats, must be used per local, State, and Federal laws. All restraint devices must be properly secured prior to turning on the vehicle.

f. A CYP professional shall assist children in getting on and off the vehicle. After the children have exited the vehicle, a CYP professional is required to do a physical walk through of the interior of the vehicle to ensure no children are left behind.

g. Drivers must obey all speed limits, traffic signals, and rules of the road.

h. The following items shall be available during any time children are transported in owned, leased, or borrowed vehicles and maintained in the vehicle at all times:

(1) Vehicle transportation log. The driver must complete this log each time the vehicle is used.

(2) CNICCYP 1700/26, Pre-trip Vehicle Inspection Forms. The driver must complete this form prior to the use of the vehicle.

(3) SF 91, Accident Identification Card.

(4) Copy of vehicle emergency procedures to include; local emergency numbers and base/command recall list for day and night point of contact.

(5) A copy of each child's current CNICCYP 1700/04 CYP Registration Form which includes emergency contact information for each child.

(6) Statement of government vehicle insurance.

(7) DD 518, Motor Vehicle Accident Report.

i. The driver shall have the route for the trip planned out in advance. No unauthorized stops are permitted.

4. CDC Field Trip Requirements

a. When planning field trips, the "Navy Caregiver Orientation Handbook" or "Field Trips: A New World Awaits Handbook" provide additional guidance.

b. Field trips that involve transporting children in vehicles shall be limited to only preschool aged children. For younger children, a simple walk can be a field trip.

c. Ratios for children on field trips shall be doubled (i.e., 1:6 for preschool aged children). Parents may be included as part of the increased ratio if they have completed the requirements for volunteers cited in Chapter 11. Parent volunteers shall be paired with a paid CYP professional during field trips.

d. Field trips should be conducted as part of the overall curriculum and should be selected based on the interests of children.

e. Field trip sites shall be visited prior to taking children on a field trip.

f. Permission slips must be submitted for each child going on a field trip. Field trip permission forms shall be filed in children's file after the trip is completed.

g. A copy of each child's CNICCYP 1700/04, Navy CYP Registration Form with local emergency contact numbers/names will be taken on each field trip.

h. A first aid kit for emergencies shall be taken on each field trip.

i. Check attendance when boarding vehicle(s); when reaching the field trip site; when re-boarding the vehicle(s) for the return trip; and again when back at the CDC.

j. All children and staff members shall wear center identifying name tags. Do not put children's name on nametags. Only CDC contact information shall be on the nametags.

k. All field trip costs will be included in the weekly parent fees. Parents shall not be required to pay any additional fees to cover the costs.

5. SAC and YP Field Trip Requirements

a. All SAC program field trips will be included in weekly parent fees. No additional charge can be required for field trips in the SAC program without a waiver from CNIC (N912). YP activities may charge a fee for field trips. Youth may participate in fundraising activities to offset the cost of the trip.

b. Child/adult ratios in this instruction must be followed on all field trips (see Chapter 12).

c. A field trip permission form (signed by the parent or legal guardian) for children to attend field trips must be on file at the facility. The CYP must notify parents when participants will be traveling on a field trip.

d. During summer camp programs, participants are required to wear t-shirts or other means of identification on off-base field trips.

e. A copy of each child's CNICCYP 1700/04, Navy CYP Registration Form with local emergency contact numbers/names will be taken on each field trip.

f. A first aid kit for emergencies shall be taken on each field trip.

g. When field trips are taken, a CYP professional shall be designated as the trip supervisor. The trip supervisor will be responsible for the following:

(1) Overall responsibility for the field trip.

(2) Ensuring that all necessary supplies and transportation items are brought on the trip (i.e., registration cards, first aid kits, inhalers)

(3) Reviewing emergency procedures with participants and other CYP professionals attending the field trip.

(4) Checking attendance when boarding vehicle(s); when reaching the field trip site; when re-boarding the vehicle(s) for the return trip; and again back at the facility.

h. If a large theme park is visited, the trip supervisor shall notify park officials of the group's arrival and provide them with a cell phone number for emergency contact.

i. Frequent head counts must be conducted throughout the field trip. It is recommended that a "buddy system" be established that pairs the children. The buddy's responsibility is to stay with their partner, report anything unusual that happens during the activity, and make sure they get on the bus at the end of the field trip.

j. When reaching the field trip destination, participants may be broken into smaller groups as long as proper child/adult ratios are maintained per Chapter 12.

k. If a field trip is scheduled at a location outside a 100-mile radius of the facility or an overnight field trip is planned, a CYP director or supervisory level CYP professional shall be in attendance. The gender of children and CYP professionals attending the field trip should be considered when planning an overnight event. If there are male and female participants, than there shall be male and female staff attending the overnight trip.

CHAPTER 18

FOOD SERVICE AND NUTRITION

1. General

a. Nutrition and feeding are a fundamental part of every child development program. A quality child nutrition program will provide the following:

(1) Food which helps meet the child's daily nutritional needs, provided in a clean and pleasant environment.

(2) Recognition of individual differences and cultural patterns.

(3) Promotion of sound physical, social, and emotional growth, and development.

(4) Learning opportunities for children, families, and CYP professionals to understand the relationship of nutrition to health and brain development so that this knowledge can be applied at home as well.

b. CDC, CDH, and SAC. The CYP shall provide nutritionally appropriate meals and snacks that meet USDA Child and Adult Care Food Program (CACFP) guidelines and meal patterns. Each CYP shall participate in the USDA CACFP reimbursement program to the fullest extent possible for the area the program is located. CDH providers shall be encouraged to submit monthly claims for USDA reimbursement.

c. Meals shall be relaxed and served with adequate time allowed for socializing. CYP professionals will be positive role models and encourage conversation. Each CYP offering meal service to children ages one-five years old shall ensure that meals are served family style

d. All food service operations shall be performed per NAVMED P5010-1, Manual of Naval Preventive Medicine, chapter 1, Food Safety.

e. Menus shall be dated and kept on file. Menus shall be posted in the CYP and copies available for parents to take home

if they desire. All substitutions of comparable food values must be recorded on the menus prior to the meal service and in time for parents to be notified.

f. USDA meal patterns shall include regular meals, as well as snacks. For programs with children one-five years old, there shall be no more than three hours or less than two hours between regular meals and snacks. See the following section for SAC required meals. When children attend the CYP during alternative child care hours (nights or evenings), appropriate meals will be provided.

g. Food and drinks shall not be used as punishment or as a reward. Children shall not be excluded from meals or snacks.

h. Children should be encouraged to try food, but not be required to eat or drink.

i. An adequate amount of food shall be prepared to allow for second helpings of the meal components.

j. Food brought from home for sharing among children (i.e., birthday parties, and holidays) must be whole fruits or commercially prepared in factory-sealed containers. The food must include nutritional and ingredient labels and must be in a sealed package. This requirement does not apply to youth programs where parents bring outside food as part of the activity (e.g., parent provided snacks at sporting events or potluck meals).

k. A list of children with allergies shall be posted in the room where the meal is served and in the kitchen. Chapter 4 of this instruction provides guidance for children with special dietary needs.

l. All food preparation and food service surfaces are first cleaned to move debris and surface dirt and then sanitized with bleach and water solution before and after serving food. Cleaning and sanitation information is provided in Chapter 19.

m. Children and adults shall wash their hands before and after meals and snacks or food preparation. CYP professionals shall supervise children to ensure they do not touch serving utensils after sneezing, coughing, putting their hands in their mouths, etc.

2. Drinking Water

a. Sanitary drinking water shall be made available throughout the day for all children. However, it is not necessary to offer water to infants who are only fed breast milk.

b. CYP professionals shall ensure water is available to children participating in outdoor activities. If water fountains are not available at the outdoor play area, fresh water shall be provided to the children. Drinking water shall be brought on field trips. It is especially important that children are encouraged to increase their water intake in hot weather.

3. Infant Feeding and Nutrition

a. The CYP shall work with families and the child's health provider to ensure that the food served is based on the infant's individual nutritional needs and developmental stage.

b. The CYP professional who is familiar with the infant should feed them whenever the infant seems hungry. Feeding shall not be used in lieu of other forms of comforting.

c. Infants requiring bottle feedings shall be held during feedings. Bottles shall not be propped.

d. The use of bottles for children over one year old should be discouraged. Children who have been weaned at home shall NOT be provided bottles at the CYP. Only plastic bottles will be used for children above six months. Ready to serve juices sold in glass bottles may be used for children under six months, providing the infant is held during feeding.

e. The CYP shall support breastfeeding by meeting the following steps:

(1) The CYP shall accept, store and serve breast milk for infant feedings.

(2) Parents shall provide the breast milk in sanitary ready-to-feed containers labeled with the infant's name and date. The breast milk shall be provided on a daily basis. Any leftover milk shall be taken home by the parents or discarded at the end of the day.

(3) CYP professionals shall gently mix, not shake, the breast milk before feeding to preserve special infection-fighting and nutritional components found in breast milk.

(4) Each CYP shall provide a comfortable place for breastfeeding.

f. Except for breast milk, CYP professionals shall serve only formula and infant food that comes to the facility in factory sealed containers (e.g., ready-to-feed powder or concentrated formulas and baby food jars) prepared according to the manufacturer's instructions. Parents shall provide clean bottles each day. All bottles shall be labeled with the child's name and dated. Bottles shall be returned daily to the parents for cleaning. After one hour, CYP professionals shall discard any formula or breast milk that is served but not completely consumed.

g. Bottle feedings shall not contain solid food unless the child's health provider supplies written instructions and a medical reason.

h. Baby food, formula, and breast milk shall be warmed in a bottle warmer or held under warm running water. Microwave ovens shall not be used.

i. Children shall not remain in high chairs for extended periods of time. High chairs shall not be used as a means of restraining children or for play activities. The number of children fed in high chairs by one caregiver at one time shall be limited to two. High chairs shall not be used for children over twelve months of age.

4. Vending Machines and Snack Bars

a. CDC. There shall be no access to vending machines or snack bars by the children.

b. SAC. Vending machines and snack bars shall offer at least equal amounts of healthy and nutritious alternatives to foods and drinks high in sugar, salt and fat. There shall be no access to vending machines or snack bars during USDA CACFP meal service times.

c. Youth. Vending machines and snack bars shall offer at least equal amounts of healthy and nutritious alternatives to foods and drinks high in sugar, salt, and fat.

5. Family Style Dining (CDC and CDH Only)

a. Meals and snacks shall be conducted using family-style meal service to contribute to the overall development and independence of the children being served. To assist with school readiness, three and four year old children may use the option of self-service snacks.

b. The goal of family-style meal service is to create a pleasant experience in which children are both physically satisfied and socially replenished. Adults are present to help generate a peaceful, welcoming experience and assist with child development of self-help skills.

c. Each required food component must be placed on each table in a quantity sufficient to provide minimum portions for all children, as well as adults supervising meal service. The adult portions shall be sufficient for the CYP professional to model good eating habits. CYP professionals shall not be provided adult size meals.

d. The minimum regulatory portion must be offered to the child. When the full, regulatory portion is not initially taken by the child, supervising adults must assume the responsibility of actively encouraging the child to accept service of the full portion during the course of the meal.

e. Age-appropriate utensils, opportunities to set the table, pour liquids, and pass dishes shall be provided.

f. Children over the age of twelve months shall be provided appropriately-sized tables and chairs for meals and snacks.

g. Paper products shall only be used for temporary emergency situations.

h. CYP professionals shall sit at the table and eat with the children during meal service. This is not to be considered the employee's meal period.

i. Children shall be encouraged to serve themselves with consideration to good health and safety practices.

j. The key to a successful family style meal is an organized transition time. Children shall receive at least five minutes notice prior to lunch. The Navy Family Style Meal Service handbook provides additional guidance.

k. Food shall be delivered to the room ready for the children to serve themselves. CYP professionals caring for the children shall not be required to cut or otherwise prepare food for eating except to remove covers or lids from serving bowls.

6. Food Service Guidelines for SAC

a. The SAC program shall provide meals and snacks that are appropriate for the hours the children are at the program and the kitchen facilities that are available. At a minimum, the following USDA meals and snacks shall be provided:

(1) Each before school program that is open for a minimum of 1½ hours shall offer breakfast to children.

(2) Each after school program shall offer a mid-afternoon snack.

(3) Full-day camp programs shall offer a breakfast, mid-morning and mid-afternoon snack. Lunch is usually brought from home due to limited kitchen facilities in SAC facilities.

b. Since the majority of SAC facilities do not have kitchen facilities, programs may purchase individually wrapped single serving size portions. Paper products are authorized in SAC programs.

c. Food brought from home may not be consumed during USDA CACFP meal times when the meal is being claimed under the USDA program.

d. Children are required to sit down while eating during meal and snack times.

e. Programs shall provide guidance to parents suggesting appropriate, nutritious guidelines for parent provided lunches.

f. Children shall be discouraged from sharing food brought from home.

CHAPTER 19

HEALTH AND SANITATION STANDARDS

1. General

a. Each CYP shall promote the health and welfare of staff and children. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide and the Navy handbook Healthy Kids Keep Everyone Healthy provide additional information and shall be followed.

b. All CYP professionals shall be trained on established procedures for handling emergencies and minor health problems. All CYP professionals are required to obtain and maintain current CPR and First Aid certification. Chapter 14 provides additional information on training requirements.

c. Responsible commanders of Navy Medical Treatment Facilities (MTFs) shall, through their Preventive Medicine Services or Environmental Health Offices, provide technical assistance and required health inspection support to the CYP operating under their jurisdiction. Chapter 21 provides specific requirements, including time frames and reporting, of health/sanitation inspections in all CYPs.

d. A medical officer, preferably a pediatrician or a pediatric nurse practitioner, shall be assigned as the point of contact for medical problems which may occur within CYP. This individual shall also serve as a consultant to the SNRB (see Chapter 4).

2. Facilities

a. Requirements for all Navy CYP facilities are provided in references (r) and (s), as applicable. Compliance with current criteria listed in references (r) and (s) and this instruction is required for all new construction, renovation, and/or additions to existing CYP facilities. All new construction, renovation, and/or addition design plans shall be forwarded to CNIC (N912) for review for functional, operational, and technical conformity with Navy standards.

b. The deferment of new criteria and code requirements (also known as grandfathering) is strictly limited to the period prior to the next renovation or addition to an existing CYP facility. Existing facilities built or renovated prior to the date of references (r) and (s) must be in full compliance of the criteria applicable at the time of construction or latest renovation.

c. Floors and walls shall be free from hazards.

d. Smoking and the use of tobacco (including smokeless) are prohibited in or near any CYP facility or playground. Smoking is not permitted in the CDH when children are in care.

e. Only non-toxic paint shall be used on painted surfaces.

f. CDC. Microwave ovens are not authorized in CDC activity rooms. Additionally, refrigerators are not required nor recommended for child activity rooms used for toddler and pre-school-age children. If the facility has built-in refrigerators in these activity rooms, the refrigerators must be kept clean and be inspected by preventive medicine. Free-standing refrigerators shall be removed from rooms used by toddler and pre-school age children. Staff members shall NOT store personal food items in the refrigerators in child activity rooms.

g. Heating, Cooling and Ventilation. The indoor environment shall be maintained at a temperature that protects the health of children.

(1) A draft-free temperature of 65 to 75 degrees F maintained at 30 to 50 percent relative humidity during the winter months is recommended. A draft free temperature of 68 to 82 degrees F maintained at 30 percent to 50 percent relative humidity during the summer months is recommended.

(2) All rooms that are used by children shall be heated, cooled, and ventilated to maintain the temperatures, humidity, and air exchange and to avoid accumulation of odor and fumes. HVAC systems shall be designed per references (r) and (s).

(3) Floor furnaces, open-grate gas heaters, open fireplaces, and electric space heaters shall not be used to heat areas occupied by children. Electric baseboard heating is

acceptable. Steam or hot water radiators shall be effectively screened.

(4) Electric fans shall bear the Underwriters Laboratories, (UL) certification, be childproof, and at a height that is inaccessible by children.

(5) All windows and outside doors shall remain closed unless securely fastened screens are installed for protection against insects.

(6) Food service areas shall have adequate exhaust ventilation to remove excessive heat or humidity.

h. Water Quality. Water shall be of potable quality and meet the standards prescribed in reference (t).

(1) Drinking fountains shall be of sanitary design with a guarded, angled drinking head.

(2) Fountains for use by children shall be installed at suitable height or platform steps provided for children's use.

(3) Where drinking fountains are not utilized, single-service individual drinking cups shall be provided in sanitary dispensers.

(4) A drinking fountain should be available to the children on the playground. In lieu of drinking fountain water, containers of fresh water with cups shall be available.

i. Laundry Facilities. Laundry services shall be operated per reference (u).

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

(2) Laundered articles shall be stored in a clean location and protected against contamination.

(3) Dirty laundry shall be stored in a receptacle with a lid and shall be separate from clean laundry, food, or other supplies and not accessible to children.

j. Toilet, Hand Washing, and Diaper Changing Facilities. All toilet, hand washing, and diaper changing facilities built or renovated prior to the date of references (r) and (s) must at a minimum meet the requirements listed below. If the facility does not meet the minimum requirements, a project must be submitted within 1 year of the date of this instruction. If resources are not available to accomplish the required renovations, a waiver must be submitted to CNIC (N912). The waiver request shall include the scope of the project and the estimated funding required.

(1) For children twelve months to twenty four months, one flush type toilet and two hand-washing sinks for every 10 children shall be provided.

(2) For children two years to three years, one flush type toilet and one hand-washing sink for every seven children shall be provided.

(3) For children three years to five years, one flush type toilet and one hand-washing sink for every twelve children shall be provided.

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

(5) CDC. Separate toilet and hand-washing facilities shall be provided for staff members.

(6) SAC and YP. Facilities shall have separate male/female (child-use only) restrooms shared by SAC/YP children, and separate multiple unisex toilets shared by teens, staff, and visitors. Facilities that do not meet these standards shall have a system that ensures that adults/teens are not using the bathroom at the same time the SAC/YP children are in the bathrooms.

(7) There shall be one diaper changing area with an adult height sink with hot and cold running water for all infant, pre-toddler, and toddler activity rooms. Sinks used for diaper changing shall not be co-located with food service areas or sinks used for dishwashing. Portable sinks are recommended as a temporary measure.

(8) Hand-washing areas have hot and cold mixing faucets with water temperature between 60 and 110 degrees F, liquid soap and disposable towels. Liquid soap and disposable towels shall be at the child's level in hand-washing areas utilized by children.

(9) Ventilation and sanitation shall control diapering and toilet/bathroom odors. Chemical air fresheners are discouraged.

(10) In facilities, awaiting renovation or operating under a waiver, there shall be at least one nursery toilet chair for every four 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. For example, emptied into a toilet, cleaned in a utility sink, sanitized, and stored in toileting area.

3. Diaper Changing Requirements

a. All CYP professionals caring for infants/pre-toddlers/ toddlers shall follow the diapering procedures as outlined by the National Centers for Disease Control and detailed in the Navy Healthy Kids Keep Everybody Healthy handbook.

b. Disposable gloves must be utilized, properly removed, and discarded after each use.

c. When hand-washing sinks are not available in diaper changing areas, waterless hand-washing agents, such as 70 percent isopropyl alcohol or alcohol based hand-washing agents, may be used to remove harmful bacteria, if employees hands are not visibly soiled.

d. Baby powder containing talc is known to cause lung irritation and shall not be used. Baby powder containing cornstarch is acceptable.

e. Disposable paper sheets must be utilized and discarded after each use. Surfaces of diaper changing areas shall be sanitized with an approved solution (1/4-cup household bleach to one gallon of water or one tablespoon to one quart of water) after each use. Wall surfaces adjacent to diaper changing areas shall be disinfected at least daily.

f. Disposable diapers shall be placed in easily sanitized, plastic-lined, hands-free, covered containers. Containers shall be stored away from play, sleep, and food service areas. Containers are to be emptied into the exterior garbage areas at least twice a day.

g. CDC. Cloth diapers are not authorized for use.

h. CDH. Cloth diapers may be used if furnished by and returned to the parents or designated representative at the end of each day. If cloth diapers are used in the CDH, the following procedures shall be utilized.

(1) Diapers shall be marked with the child's full name.

(2) Soiled cloth diapers shall be placed in a securely fastened plastic bag provided by the parent and returned daily.

i. If a child's clothes become soiled, the clothes shall be placed in a fastened plastic bag without rinsing and to avoid handling.

4. Infection Control

a. Good hygiene is the best method of preventing the spread of germs and infections. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide and the Navy handbook, Healthy Kids Keep Everyone Healthy provide additional information and shall be followed.

b. Staff and children must wash hands properly and frequently, using running water and liquid soap, and disposing of towels or tissues after one use. The hand-washing procedures prescribed by the National Centers for Disease Control shall be used by all CYP professionals and children.

c. All CYP professionals and children shall wash their hands at least at the following times, and whenever hands are contaminated with body fluids:

(1) Before food preparation, handling, and serving.

(2) After toileting or changing diapers.

(3) After assisting a child with toilet use.

(4) Before setting the table for meal times.

(5) Before and after eating meals or snacks.

(6) After wiping/sneezing noses (own or child's).

(7) After handling pets or other animals.

(8) Upon arriving for the day.

(9) After playing in water that is shared by two or more people.

(10) After playing in sandboxes.

(11) When moving from one group of children to another.

(12) After cleaning or handling garbage.

(13) When leaving for the day.

d. Tissues, soaps, and towels should be stored where children can reach them without assistance.

e. Bleach solution shall be prepared daily and used to sanitize surfaces and equipment. Bleach solution shall be prepared by mixing ¼-cup bleach with one gallon of water or one tablespoon to one quart of water.

f. Equipment and toys shall be thoroughly cleaned with soap and hot water, sanitized using a chlorine bleach solution, and allowed to air dry for 10 minutes. Table 19-1, Cleaning and Frequency is provided below and provides the frequency requirement.

g. All CYP professionals shall use universal precautions when handling bodily fluids. All CYP professionals shall use protective gloves when cleaning up after a child who is sick, bleeding extensively, or when handling soiled clothing or

linens. Walls, floors, bathrooms, tabletops, and other contaminated surfaces shall be cleaned using a chlorine bleach solution of 1 part bleach to ten parts water.

h. CDC. Adults and children shall remove, replace, or cover with clean foot coverings any shoes they have worn outside the play area before walking on surfaces that infants use specifically for play. As long as their feet are clean and have no sores or warts, children and adults may be barefoot in the play area.

5. CYP Facility Custodial and Housekeeping

a. Custodial services shall be provided for all spaces and contents within the CYP facility.

b. Installation custodial contracts, which incorporate CYP facility cleaning services, shall be reviewed jointly by the CYP director and the health proponents to ensure provision of adequate services as listed herein.

c. All custodial and housekeeping services will be performed per the following guidelines:

(1) Child routines will not be disturbed by custodial activities. The majority of daily cleaning will take place when the CYP facility is not in operation and the children are not present.

(2) Hallways, stairways, entrances, and doorways will not be obstructed by any cleaning or maintenance operations or storage of equipment and materials.

(3) Custodial supplies and equipment will be properly stored in locked cabinets or closets, away from child activity rooms.

d. The following table provides the frequency for custodial and housekeeping requirements:

AREA	CLEAN[1]	SANITIZE[2]	FREQUENCY
Classrooms/child care/food areas			
Countertops/tables/chairs	X	X	Daily and when soiled
Food preparation and service surfaces/highchairs	X	X	Before and after contact with food activity; between preparation of raw and cooked foods
Floors	X	X	Daily and when soiled
Door and cabinet handles	X	X	Daily and when soiled
Carpets and large area rugs	X		Vacuum daily when children are not present. Clean with a carpet cleaning method approved by the local health authority. Clean carpets only when children will not be present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas and when soiled.
Small rugs	X		Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces, and toys that go into the mouth or have been in contact with saliva or other body fluids	X	X	After each child's use; or disposable, one-time use utensils or toys.
Toys	X	X	Weekly and when soiled (3 years and up) Daily and when soiled (0 - 3 years)
Dress-up clothes not worn on the head	X		Weekly
Sheets and pillowcases, blankets, combs and hairbrushes, washcloths, and machine-washable cloth toys	X		Weekly and when visibly soiled (used only by one child) Infants shall be cleaned daily
Cubbies	X		Monthly and when soiled
Hats	X		After each child's use (or use disposable hats that only one child wears)
Cribs and mattresses	X		Weekly or before use by a different child
Mops and cleaning rags	X	X	Before and after a day of use, wash, rinse, and sanitize mops and cleaning rags.
Toilet and diapering areas			
Hand washing sinks, faucets, surrounding counters	X	X	Daily and when soiled
Soap dispensers	X	X	Daily and when soiled
Toilet seats, toilet handles, cubicle handles and other touchable surfaces, floors	X	X	Daily or immediately if visibly soiled
Toilet bowls	X	X	Daily
Doorknobs	X	X	Daily

Table 19-1

AREA	CLEAN	SANITIZE	FREQUENCY
Toilet and diapering areas			
Changing tables	X	X	After each child's use
Potty chairs	X	X	After each child's use. (Use of potty chairs in child care is discouraged because of high risk of contamination.)
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool, or blood	X	X	IMMEDIATELY

Clean - to remove surface dirt and debris by scrubbing and washing with a soap and water solution and rinsing with water.
Sanitize - to eliminate virtually all germs with fresh bleach solution prepared daily by mixing ¼-cup bleach with 1 gallon of water or 1 tablespoon to one quart of water.

Table 19-1 (Cont'd)

6. Waste Disposal

a. Solid wastes, garbage, and disposable diapers shall be kept in durable, leak-proof, non-absorbent waste containers with tight-fitting lids.

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.

(1) Containers shall be emptied and cleaned as necessary and at the close of each workday.

(2) Cleaning shall be done in such a manner as to prevent contamination of the facility.

d. Combustible materials shall not be kept in plastic containers.

7. Inclusion of Pets

a. Any pet or animal present at the facility, indoors or outdoors, shall be in good health, show no evidence of carrying any disease, and be a friendly companion for the children.

b. There shall be no ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), rats, or any wild or dangerous animals kept in a facility.

c. All pets shall be cared for as recommended by the regulating health agency. When pets are kept on the premises, procedures for their care and maintenance shall be written and followed. When immunizations are required, proof of current compliance signed by a veterinarian shall be on file at the facility or CDH where the pet is kept.

d. Animal cages shall be of an approved type with removable bottoms and shall be kept clean and sanitary to reduce the risk of human contact. The living quarters of animals shall be enclosed and kept clean of waste to reduce the risk of human contact with this waste.

e. A CYP professional shall always be present when children are exposed to domestic animals, including dogs and cats. Children shall be instructed on safe procedures to follow when in close proximity to these animals (e.g., not to provoke or startle them or remove their food).

f. Animal food supplies shall be kept out of reach of the children.

g. Live animals and fowl shall be prohibited from food preparation, food storage, and eating areas.

h. Hands shall be washed after handling animals or animal wastes per the Center of Disease Control hand-washing procedures.

i. CDH

(1) No animal litter boxes shall be located in areas accessible to children or food areas.

(2) CDH providers are required to consult with their insurance company for explanation of coverage in relation to pets. CDH providers must adhere to their insurance companies' requirements.

(3) Dogs or cats, where allowed, shall be immunized for any disease that can be transmitted to humans, and shall be on a flea, tick, and worm control program.

8. Nap and Sleeping Provisions (CDC and CDH Only)

a. The CYP shall provide an opportunity for, but shall not require, sleep and rest. For children who are unable to sleep, the CYP shall provide time and space for quiet play. CYP professionals shall include non-napping lesson plans as part of their daily schedule and activity plans. The plans will include a choice of quiet, age-appropriate activities for children who do not nap.

b. All infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS), unless the child has a note from a physician specifying otherwise. When infants can easily turn over from the supine position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer to sleep. Soft surfaces and gas-trapping objects such as pillows, quilts, soft bumpers, etc., shall not be placed with an infant for sleeping. CYP professionals shall ensure that the child's head remains uncovered during sleep.

c. CYP professionals shall check on sleeping infants and toddlers by standing near and looking into the child's crib at least three times each hour. Checking on a sleeping infant should not disrupt the infant's sleep or interrupt the CYP professional's interactions with children who are awake. The frequency of checks should reflect knowledge of an individual child's characteristics (e.g., a child with reflux may need more frequent checks.)

d. Infant cribs shall be spaced at 36-inch intervals laterally or end-to-end if the ends are of solid construction. Crib construction shall preclude wedging or entrapment of child's body between the slats, bars, or other component parts. Distance between crib slats shall not be more than 2 3/8 inches. Cribs shall be made of durable, easily sanitized, non-toxic material and have secured latching devices. The crib finish shall be smooth and free of splinters. Mattresses shall fit snugly to prevent the infant from being caught between the mattress and crib side rail. Crib mattresses shall be waterproof and easily sanitized. A separate crib shall be

assigned to each child in regular attendance and shall be cleaned on a daily basis with bleach solution or whenever used by different children.

e. Cribs shall not be used for pre-toddler, toddler, or pre-school age children. Infants shall not be left in cribs while awake.

f. A separate cot shall be assigned to each child in regular attendance. The use of mats, rugs, or other materials placed directly on the floor is not an acceptable substitute. Cots shall be labeled for individual child use and shall be cleaned with bleach solution at least weekly or when used by different children. Place cots a minimum of three feet apart or when not possible, adjacent children shall be placed in alternating head-to-foot positions for sleeping.

g. Clean sheets and blankets sufficient to maintain comfort should be provided. Linens and blankets used by the same child shall be washed weekly. Infant crib sheets shall be changed and laundered daily or more frequently when soiled. Pillows shall not be used for children under three years.

h. When soiled by body wastes, cribs and beds must be cleaned and sanitized with a bleach solution.

i. Playpens shall not be used.

j. CDH. Each child shall have their own place to sleep or rest that is at least four inches above the floor. Mattresses, sofas, and beds used by family members shall have waterproof covers and clean linens prior to use by children in care.

9. Oral Health (CDC and CDH Only)

a. CYP professionals shall promote the habit of regular tooth brushing and encourage oral health practice.

b. CYP professionals shall provide close supervision while children are brushing their own teeth. The younger the child, the more guidance from the CYP professional required.

c. The following guidance for each age group must be followed:

(1) Pre-toddlers/Toddlers (13 months - three years). After lunch, children shall brush their own teeth with an appropriate sized toothbrush and water.

(2) Preschoolers/Pre-K (three years - five years). After lunch, children shall brush their own teeth with an appropriate sized toothbrush and a pea size amount of fluoride toothpaste.

d. Each child shall have a personally labeled toothbrush and toothbrush holder.

e. Toothbrushes shall be stored so they do not drip on other toothbrushes and allowed to air dry.

10. First Aid Emergency Provisions

a. Each CYP facility, CYP vehicle, and CDH must have a first aid kit present. First aid training will include the proper use of the first aid items. The following items must be included in all first aid kits:

(1) Disposable gloves.

(2) Scissors.

(3) Tweezers.

(4) A non-glass thermometer.

(5) Bandage tape.

(6) Sterile gauze pads.

(7) Flexible roller gauze.

(8) Triangular bandages.

(9) Safety pins.

(10) Pen/pencil and note pad.

(11) Cold pack.

(12) Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide.

(13) Small plastic or metal splints.

(14) Liquid soap.

(15) Adhesive strip bandages.

(16) Plastic bags for cloths, gauze, and other materials used in handling blood.

b. Contents of first aid kits shall be checked monthly and replenished as necessary.

c. A portable first aid kit shall be kept at each facility. The kit shall be brought outside during evacuation drills or emergency situations.

d. Emergency medical care and ambulance telephone numbers shall be posted in a conspicuous place near all telephones.

e. For confirmed injuries that require medical attention a telephone report must be made to CNIC (N912) within 48 hours to be followed by written report. CNICCYP 1700/25, Navy Accident/Child Abuse/Neglect Notification shall be used for the written report and faxed to CNIC (N912) at (901) 874-6823. Follow up reports shall be provided as needed.

11. Immunization Requirement (CDC and CDH Only)

a. The CYP shall require that all children enrolling in child care provide written documentation of immunizations appropriate for the child's age. Children shall be immunized per recommendations from the Advisory Committee on Immunization Practices (ACIP). Current information on immunizations can be found at http://www.cdc.gov/nip/acip/.

b. Parents of enrolled children shall provide a copy of their child's current immunization record from their child's medical record. The immunization record shall be provided prior to admission and updated at least annually. Proof of immunizations shall be maintained in the child's administrative file.

c. If immunizations are not to be administered because of a medical condition, a statement from the child's health-care provider documenting the reason why the child is exempt from the immunization requirement shall be on file.

d. If immunizations are not given because of a parent's religious beliefs, a waiver signed by the parent shall be on file.

e. Children who have not received their age-appropriate immunizations prior to enrollment, and do not have documented religious or medical exemptions from routine childhood immunizations, shall show evidence of an appointment for immunizations. The immunization series shall be initiated within 1 month of enrollment.

f. If a vaccine-preventable disease to which children are susceptible occurs in the facility, un-immunized children shall be excluded for the duration of possible exposure or until the age-appropriate immunizations have been completed (whichever comes first).

g. When more than ten percent of the children in care are not immunized, parents must be notified the risk of spread of preventable disease exists.

12. Child Health Admission Requirements

a. No child may be accepted for care who is obviously acutely ill. A trained CYP professional shall conduct a daily health check of each child. The health check shall be conducted as soon as possible after the child enters the CYP and whenever a change occurs while the child is in care. The health check shall address:

(1) Changes in behavior such as lethargy or drowsiness or appearance from behaviors observed during the previous day's attendance.

(2) Skin rashes, itchy skin, itchy scalp, or (during a lice outbreak) nits.

(3) If there is a change in the child's behavior or appearance or elevated body temperature.

(4) Complaints of pain or not feeling well.

(5) Other symptoms of illness (such as drainage from eyes, vomiting, diarrhea)

(6) Reported illness or injury in child or family members since last day of attendance.

b. The CYP professional shall gain information necessary to complete the daily health check by direct observation, querying the parent or guardian, and, if applicable, conversation with the child.

c. Parents shall certify, as part of the admission registration procedure, that their child is free from obvious illness and is in good health. Allergies and health information shall be completed on the appropriate section of the CNICCYP 1700/04, Navy CYP Registration Form.

(1) Parents shall also note any known allergies to food or other substances.

(2) Parents shall be made aware of policies concerning exclusion or acceptance during admission procedures and in the parent handbook.

d. Parents shall sign the authorization release for emergency medical care section of the CNICCYP 1700/04, Navy CYP Registration Form, as part of the registration procedure and annually thereafter.

e. Appropriate telephone numbers will be kept on file where the parent, or a person designated by the parent(s) to be responsible, may be reached. The parents shall provide the names and contact information of at least two local individuals that may be contacted in case of an emergency. The parents shall be required to keep this information up-to-date, and at a minimum, review their emergency contact information annually.

f. The cognizant, most qualified medical department specialty (i.e., pediatric service) shall be consulted for input into the medical criteria used to admit or refuse admission to CYP.

13. Screening for Illness

a. The parent, guardian, or authorized emergency contact shall be notified immediately when a child has any sign or symptom that requires exclusion from the CYP. The Signs and Symptoms Chart from Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide provided in table 19-2 is an effective screening tool for this purpose. The parent shall be asked to pick their child up immediately and the child removed (excluded) from the child activity area.

b. The CYP shall have a designated area for children who have been excluded where they can receive care and supervision away from the other children while they are waiting on their parents. Proper procedures shall be taken to ensure the sanitation of this area.

c. It is not a requirement that all children excluded see a healthcare provider prior to returning to care. Most excluded children do NOT need to see a healthcare provider. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide and the following table provides information on this issue. If a medical visit is required, the health care provider will need to complete a CNICCYP 1700/31, Navy CYP Illness Notification/ Clearance Form."

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude? (See also "When to Get Immediate Medical Help" on page 27).*	*If Excluded, Readmit When*
Cold Symptoms	*Viruses* (early stage of many viruses) • Adenovirus • Coxsackievirus • Enterovirus • Parainfluenza virus • Respiratory syncytial virus • Rhinovirus • Coronavirus *Bacteria* • Mycoplasma	• Runny or stuffy nose • Scratchy throat • Coughing • Sneezing • Watery eyes • Fever		**Yes**	**No, unless** • Fever accompanied by behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Child has blood red or purple rash not associated with injury. • The child meets other exclusion criteria (see "Conditions Requiring Temporary Exclusion" on page 28).	• Exclusion criteria are resolved.
Cough (May come from congestion anywhere from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.)	• Common cold • Lower respiratory infection (eg, pneumonia, bronchitis) • Croup • Bronchiolitis • Asthma • Sinus infection	• Dry or wet cough • Runny nose (clear, white, or yellow-green) • Sore throat • Throat irritation • Hoarse voice, barking cough		**Yes**	**No, unless** • Severe cough • Rapid and/or difficult breathing • Wheezing if not already evaluated and treated • Cyanosis (ie, blue color of skin and mucous membranes)	• Exclusion criteria are resolved.
Diaper Rash	• Irritation by rubbing of diaper material against skin wet with urine or stool • Infection with yeast or bacteria	• Redness • Scaling • Red bumps • Sores • Cracking of skin in diaper region		**Yes**	**No, unless** • Oozing sores that leak body fluids outside the diaper	• Exclusion criteria are resolved.

Table 19-2 (Cont'd)

Table 19-2 (Cont'd)

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude? (See also "When to Get Immediate Medical Help" on page 27).*	*If Excluded, Readmit When*
Diarrhea	Usually viral, less commonly bacterial or parasitic	• Frequent loose or watery stools compared to child's normal pattern (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.) • Abdominal cramps • Fever • Generally not feeling well • Sometimes accompanied by vomiting	• For one or more cases of bloody diarrhea or more than usual number of children with diarrhea in group	**Yes**	**Yes, if** • Diarrhea not contained in toilet (All infants with diarrhea must be excluded.) • Blood/mucus in stool • Abnormal color of stool for child (eg, all black or very pale) • No urine output in 8 hours • Jaundice (ie, yellow skin or eyes) • Fever with behavior change • Looks or acts very ill	• Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by *Shigella, Salmonella,* or *Giardia.* • Stool is contained in toilet (for toilet-trained children). • Even if stools stay loose, the child is able to participate and the stool consistency has not changed for a week.
Difficult or Noisy Breathing	1. Common cold 2. Croup 3. Epiglottitis 4. Bronchiolitis 5. Asthma 6. Pneumonia 7. Object stuck in airway	1. Stuffy nose, sore throat, cough, and/or mild fever. 2 and 3. Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in. 3. Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down.		**Yes**	**Yes, if** • Hard, fast, difficult breathing that does not improve with any medication the program has been instructed to use for this child's difficult breathing • Barking cough with fever or behavior change • Chest retractions • Breathing problem that makes feeding very difficult • Looks or acts very ill	• Cleared to return by health professional. • Exclusion criteria are resolved.

Table 19-2 (Cont'd)

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude? (See also "When to Get Immediate Medical Help" on page 27).*	*If Excluded, Readmit When*
Difficult or Noisy Breathing, continued		4 and 5. Child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in. 6. Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). 7. Symptoms similar to croup (2).		**Yes**		
Earache	• Bacteria or viruses • Often occurs in context of common cold	• Fever • Pain or irritability • Difficulty hearing • "Blocked ears" • Drainage • Swelling around ear		**Yes**	**No, unless** • Unable to participate. • Care would compromise staff's ability to care for other children. • Fever with behavior change. Note: Ear infections are not contagious. By the time a middle ear infection develops, the infection that causes the ear infection is much less contagious than in the days before the ear symptoms develop.	• Exclusion criteria are resolved.
Eye Irritation, Pinkeye	1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) 2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis)	1. Pink color instead of whites of eyes *and* thick yellow/green discharge. May be irritated, swollen, or crusted in the morning.	**Yes**	**Yes**	*For bacterial conjunctivitis* **Yes** *For other forms* **No, unless** • The child meets other exclusion criteria (see "Conditions Requiring Temporary Exclusion" on page 28).	• *For bacterial conjunctivitis*, on medication at least 24 hours (if indicated). • Exclusion criteria are resolved.

Table 19-2 (Cont'd)

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude? (See also "When to Get Immediate Medical Help" on page 27).*	*If Excluded, Readmit When*
Eye Irritation, Pinkeye, continued	3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)	2. Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection. 3 and 4. Red, tearing, itchy eyes; runny nose, sneezing; watery discharge.			Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If more than 1 or 2 children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.	
Fever	• Any viral, bacterial, or parasitic infection • Overheating • Reaction to medication (eg, vaccine, oral)	Flushing, tired, irritable, decreased activity Notes • Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks. • Rapid elevation of body temperature sometimes can trigger a febrile seizure in young children; this is usually outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures.		**Yes**	**No, unless** • Behavior change. • Unable to participate. • Care would compromise staff's ability to care for other children. Note: Temperatures considered meaningfully elevated above normal, leading to concern of possible disease, for children older than 4 months are • 100°F axillary (armpit) • 101°F orally • 102°F rectally • Aural (ear) temperature equal to oral or rectal temperature ***Get immediate medical attention when*** infant younger than 4 months has an unexplained temperature of 101°F rectally or 100°F axillary. Any infant younger than 2 months with fever should get medical attention within an hour.	• Able to participate. • Exclusion criteria are resolved.

Table 19-2 (Cont'd)

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude? (See also "When to Get Immediate Medical Help" on page 27).*	*If Excluded, Readmit When*
Fever, continued		**Warning:** *Do not* give aspirin to reduce a fever. Aspirin has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).				
Headache	• Any bacterial/viral infection • Other noninfectious causes	• Tired and irritable • Can occur with or without other symptoms		**Yes**	**No, unless** • Child is unable to participate. Note: **Notify health professional** in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at her/his "belly button" (putting chin to chest)—different from soreness in the side of the neck.	• Able to participate
Itching	1. Ringworm 2. Chickenpox 3. Pinworm 4. Head lice 5. Scabies 6. Allergic or irritant reaction 7. Dry skin or eczema 8. Impetigo	1. Itchy ring-shaped patches on skin or bald patches on scalp. 2. Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. 3. Anal itching. 4. Small insects or white egg sheaths (nits) in hair. 5. Severely itchy red bumps on warm areas of body, especially between fingers or toes. 6. Raised, large, circular, mobile rash; reddening of the skin; blisters.	• For infestations such as lice and scabies; if more than one child in group has impetigo or ringworm; for chickenpox	**Yes**	*For chickenpox, scabies, and impetigo* **Yes** *For ringworm and head lice* **Yes, at the end of the day** • Children should be referred to a health professional at the end of the day for treatment. *For pinworm, allergic or irritant reactions, and eczema* **No, unless** • Appears infected Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.	• Seen and cleared by health professional • On medication at least 24 hours (if indicated)

Table 19-2 Cont'd

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude? (See also "When to Get Immediate Medical Help" on page 27).*	*If Excluded, Readmit When*
Itching, continued		7. Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection. 8. Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.				
Mouth Sores	1. Oral thrush (yeast infection) 2. Herpes or coxsackie-virus infection 3. Canker sores	1. White patches on tongue and along cheeks 2. Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips 3. Painful ulcers on cheeks or gums		**Yes**	**No, unless** • Drooling steadily related to mouth sores. • Unable to participate. • Care would compromise staff's ability to care for other children.	• Able to participate. • Exclusion criteria are resolved.
Rash	Many causes 1. Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 2. Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo (bacteria)	• Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks.	• For outbreaks	**Yes**	**No, unless** • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Unable to participate	• Able to participate in daily activities. • On medication at least 24 hours (if indicated). • Exclusion criteria are resolved.

Table 19-2 Cont'd

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude? (See also "When to Get Immediate Medical Help" on page 27).*	*If Excluded, Readmit When*
Rash, continued	3. Severe bacterial infections: meningococcus, pneumococcus	1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance. 2. Skin infections and infestations: See "Itching." 3. Severe bacterial infections: Rare. These children have fever with rash and may be very ill.				
Sore Throat (pharyngitis)	1. Common cold viruses (upper respiratory infection) 2. Strep throat	1. Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness such as runny nose, cough, and congestion. 2. Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection.		**Yes**	**No, unless** • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • The child meets other exclusion criteria (see "Conditions Requiring Temporary Exclusion" on page 28).	• Able to swallow. • Able to participate. • On medication at least 24 hours (if strep). • Exclusion criteria are resolved.

Table 19-2 Cont'd

Symptom	*Common Causes*	*Complaints or What Might Be Seen*	*Notify Health Consultant*	*Notify Parent*	*Temporarily Exclude? (See also "When to Get Immediate Medical Help" on page 27).*	*If Excluded, Readmit When*
Stomachache	1. Viral gastroenteritis or strep throat 2. Problems with internal organs such as intestine	1. Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely. 2. Persistent severe pain in abdomen.		**Yes**	**No, unless** • Severe pain causing child to double over or scream • Abdominal pain after injury • Bloody/black stools • No urine output for 8 hours • Diarrhea • Vomiting • Yellow skin/eyes • Fever with behavior change • Looks or acts very ill	• Pain resolves. • Able to participate. • Exclusion criteria are resolved.
Swollen Glands (properly called swollen lymph nodes)	1. A body defense against viral or bacterial infection in the area where lymph nodes are located (ie, in the neck for upper respiratory infection, pharyngitis) 2. Bacterial infection of lymph nodes	1. Swelling at front and sides of neck; fever; runny nose, sore throat, or other symptoms of respiratory infection 2. Swollen lymph nodes in groin or under arms; boils or redness, pain, and warmth indicating infection in arm or leg on same side as swollen glands		**Yes**	**No, unless** • Difficulty breathing or swallowing • Red, tender, warm glands • Fever with behavior change	• Child is on antibiotics (if indicated). • Able to participate. • Exclusion criteria are resolved.
Vomiting	• Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever	Diarrhea, vomiting, and/or cramping for viral gastroenteritis	• For outbreak	**Yes**	**Yes, if** • Vomited more than 2 times in 24 hours • Vomiting and fever • Vomit that appears green/bloody • No urine output in 8 hours • Recent history of head injury • Looks or acts very ill	• Vomiting ends

Table 19-2 Cont'd

14. Medications

a. When possible, parents and physicians should be requested to adjust medication schedules so that medication need not be administered by CYP professionals. However, medication will be administered if necessary. 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.

b. CYP professionals are authorized to administer topical, non-prescription products such as diaper rash ointment, sunscreen, dry skin cream. The CYP shall request and maintain written permission from the parents to apply topical, non-prescription products.

c. All CYP professionals responsible for administering medication must receive initial and annual training by a health professional on the five right practices of medication administration:

(1) Verifying that the child received the correct medication.

(2) Verifying that the correct medication is given.

(3) Verifying the correct dosage is administered.

(4) Verifying the medicine is administered at the prescribed time.

(5) Verifying the correct method with documentation of each time the medication is given.

d. Medications shall be provided by parents daily with written directions for use. If prescription medication is administered by CYP professionals, the following circumstances must exist:

(1) Only topical, oral medications, inhalers, and simple injectables, such as Epipen, may be administered. The first dose of any medication shall be administered to the child by the parent or healthcare professional.

(2) If the child's health-care provider indicates a need for special instructions in techniques for administering medication, the CYP professionals must be trained by appropriate medical personnel.

(3) There shall be a minimum of two CYP professionals who are designated to administer medication and are knowledgeable and trained in procedures and requirements. If necessary, additional CYP professionals may be designated to meet the needs of the program. If medication is required in the CDH, the CDH provider and back-up provider shall receive proper training.

(4) CNICCYP 1700/08, Navy CYP Medical Authorization Form must be completed by the parent and health care provider.

(5) Medications shall be maintained in their original container. The container label must include the following information:

(a) Child's first and last name.

(b) Date prescription was filled and expiration date.

(c) Name of health care provider.

(d) Instructions for administration and storage.

(e) Name and strength of medication.

(6) The CYP shall utilize CNICCYP 1700/21, Navy CYP Medication Log Form to document and maintain a daily written record of all medication provided. The record shall specify the five rights from paragraph 14c and the signature of the person administering the medication.

(7) All medication shall be stored out of sight and inaccessible to children, at the proper temperature, and away from food. Medication containers shall include child-resistant caps. A locked box shall be utilized in all CYP facilities. CDH providers are not required to use a locked box, but must maintain medication in a location out of the reach of children.

CHAPTER 20

FIRE PROTECTION AND SAFETY STANDARDS

1. CYP Facility Building Standards (CDC, SAC, and YP)

a. Fire protection criteria for all Navy CYP facilities is provided in references (r) and (s) as applicable. Compliance with current criteria listed in references (r) and (s) and this instruction are required for all new construction, renovation and/or additions to existing CYP facilities.

b. The deferment of new criteria and code requirements (also known as grandfathering) is strictly limited to the period prior to the next renovation or addition to an existing CYP facility. Existing facilities built or renovated prior to the date of references (r) and (s) must be in full compliance of the criteria applicable at the time of construction or latest renovation.

c. Reference (v) shall be followed for fire protection policy for all CYP facilities. YP and SAC facilities must comply with the Educational Occupancy requirements of reference (v). Multi-purpose rooms located in Youth Centers shall conform to the Assembly Occupancy requirements outlined in reference (v). CDCs and CDHs shall comply with the Day Care Center Occupancy requirements of reference (v). Construction and fire safety criteria applicable to any existing structure are those that were in effect at the time of its construction or most recent renovation.

d. Naval Facilities Engineering Command (NAVFACENGCOM) and CNIC (N912) encourage all commands to upgrade existing CYP facilities to meet revised criteria at the earliest opportunity.

e. After the date of this instruction, a facility assessment to determine compliance with fire protection standards is required prior to the beneficial occupancy of any new or renovated CYP facility. NAVFACENGCOM and CNIC (N912) shall coordinate this assessment.

f. Required inspections are specified in Chapter 21 of this instruction for each CYP facility. Fire and safety deficiencies shall be considered an emergency priority. Chapter 21 provides guidance for violations.

g. NAVFACENGCOM personnel, on a regular basis or within installation requirements, shall perform Fire Protection Engineering Surveys (FPES), an engineering evaluation of facilities with respect to fire protection and life safety. Engineering recommendations on an FPES report represent serious fire protection deficiencies or life safety hazards for which corrective action must be taken. If there is a CYP facility which has not been evaluated during an FPES at an activity, an Engineering Services Request (ESR) should be forwarded to the NAVFACENGCOM Engineering Field Division (EFD) for an FPES of the CYP.

2. CYP Facility Staffing Levels (CDC, SAC, and YP)

a. CYP facility staffing levels shall meet or exceed those listed in Chapter 12 of this instruction.

b. The DoD CYP fire protection and life safety requirements exceed the minimum standards of the National Fire Protection Agency (NFPA) codes of reference (v) because the DoD ratio of children to staff is greater than permitted in the NFPA codes. The additional features required in DoD facilities compensate for the reduced number of direct care staff members.

3. Fire Protection Systems (CDC, SAC, and YP)

a. An automatic sprinkler system shall be provided throughout the entire building containing the CYP. Partial sprinkler systems are not permitted. References (r) and (s) provide specifications of automatic sprinkler systems.

b. A supervised, local emergency fire alarm evacuation system is required throughout the entire CYP facility. The fire alarm evacuation system shall follow the guidelines of references (r) and (s). Audio and visual notifications/strobes shall be installed inside the facility and outside on adjacent playgrounds. The system shall automatically transmit alarms to the fire department. Wherever automatic transmission of alarms

is not possible, an alternate means of transmission, approved by the local Fire Inspector or cognizant installation personnel is required.

4. Exits (CDC, SAC, and YP)

a. Exits shall be provided per reference (v), except that at least one exit door shall lead directly to the outside from each activity room for CDC facilities. YP and SAC facilities will have a fire safety engineer determine suitability of the facility for youth and school-age programs. If direct exits to the outside from every room are not available, design corridor walls to form smoke partitions.

b. Dead-end corridors are not permitted in CYP facilities.

c. Exit doors from any rooms which are to be used for infant care shall be sufficiently wide to permit rolling cribs from their room(s) directly to the outside of the building, away from any danger or hazards. Sufficiently wide equates to 36 inches in clear width, or the width of the evacuation crib plus six inches, whichever dimension is greater.

d. All exit doors shall be clearly marked and easily identified.

e. Provide appropriate escape paths with hardened surfacing (e.g., asphalt, concrete, etc.) leading away from the building.

f. Provide all closet doors with a latching mechanism that can be operated by children from the inside (i.e., hotel style latching where operation of the inside door handle always opens the door, but the door is always locked from the corridor or activity room side).

5. Panic Hardware for Playground Gates (CDC, SAC, and YP)

a. Panic hardware is required for at least one playground gate per play area. Although fences are not required for youth centers and SAC facility playgrounds, if a fence is installed, panic hardware is required.

b. Reference (v) requires unlocked playground gates during operational hours. Reference (r) provides guidance on playground fencing and exit gates for emergency egress. The

hardware is intended to allow safe emergency egress for staff and children, yet prevent unauthorized access to the playgrounds as a child abuse prevention measure. The design must also ensure that a child will be unable to leave the center without the knowledge of the staff. The designer must be sensitive to placement of panic hardware near public areas so there is no ability for someone outside the facility gates to open egress doors.

c. Panic hardware allows gates to be locked from outside to prohibit unauthorized entry, but can be easily opened from within to permit safe evacuation. Panic hardware is any handle that can be opened in one motion. The American with Disabilities Act (ADA) states that hardware required for accessible door passage shall be mounted no higher than 48 inches above the finished floor, and gate shall meet the same specifications. Mount the panic hardware at 48 inches and only on the playground side of the gate. The panic hardware shall not be accessible from outside the playground.

d. If the space between vertical elements on fences is more than 85 mm (3.5 inches), then install a barrier such as Plexiglas or metal plate to prevent admittance.

6. CYP Building Restrictions (CDC, SAC, and YP)

a. Where the CYP is located in buildings containing other occupancies, the CYP shall be completely separated from all other occupancies by one-hour fire-rated construction. Automatic sprinkler protection is a separate requirement and does not constitute a substitute for one-hour fire-rated construction.

b. CDC Site Requirements. The CDC spaces shall be located only on the level of exit discharge, which leads directly to the outside. Programs are not permitted in basements, below first floor levels (assuming the first floor to be the level of exit discharge).

c. CYP facilities are not permitted in buildings that house the following:

(1) Fuel storage shops.

(2) Maintenance shops, including woodworking, painting areas, laundries, and large kitchens (laundries and kitchens relating to CYP are permitted).

(3) Other areas which may be equally or more hazardous.

7. Fire Prevention Requirements (CDC, SAC and YP)

a. Operational fire extinguishers shall be provided per reference (v).

b. Cognizant installation personnel shall conduct monthly fire protection inspections and exit drills. Chapter 21 provides specific requirements, including time frames and reporting of fire/safety inspections in all CYP.

c. Occupancy load based on 35 usable square feet per child, or other designated occupancy codes and evacuation procedures, shall be posted at the entrance of each activity room.

d. The use of highly combustible furnishings and decorations are not permitted (regardless of sprinkler protection).

e. Art work and teaching materials attached to the walls shall not exceed 20 percent of the wall area.

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

g. No hot beverages are permitted in the rooms when children are present, regardless of the type of container.

h. Unvented, fuel-fire room heaters and portable electric space heaters shall not be permitted.

8. Safety Requirements (CDC, SAC, and YP)

a. Children shall not be exposed to any health and safety hazards.

b. Each room utilized as program space shall have at least one window to the building exterior. This window or glazed

opening may be part of the direct exit door from the activity room.

c. Each area, including playgrounds, shall be kept free from protruding nails, splinters, holes, rust, or loose boards.

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

e. Changes in elevation having two or more risers shall be provided with stair railings or handrails appropriate for use by children and CYP staff.

f. Covers/guardrails shall be provided to protect personnel from hazards of openings, falls from elevations, etc.

g. Reducing exposed or unfinished hard surfaces wherever possible shall minimize injury potential of falls.

h. Cubbies, shelves and dividers are arranged to prevent tipping over and endangering the children.

i. Children in SAC and YP should wear appropriate protective gear, i.e., helmets, wrists and knee-guards, when necessary.

j. Any child wearing a safety helmet must remove it before playing on outdoor equipment.

k. Extension cords are prohibited. Use of UL listed extension cords for occasional special events may be permitted with approval from the local fire department.

l. Electrical receptacles located in child activity areas (occupied by children) shall be protected by non-metallic caps in conjunction with the standard grounded receptacle or shall be controlled by a separate switch permitting them to be de-energized when not necessary for use.

m. Tack strips are not permitted in CYP facilities. Clip strips or magnetic holders which do not present puncture or ingestion hazard posed by loose tacks shall be used.

n. Exposure to poisonous, toxic, or other hazardous plants, shrubbery, or trees shall be eliminated by removal and replacement with acceptable materials. References (r) and (s) provide additional information on acceptable landscaping and a list of prohibited plants.

o. MSDSs shall be available on all cleaning products or supplies requiring safety references. This includes, but is not limited to craft products, hand/dish-washing soaps, cleaning supplies, etc. The products requiring MSDS shall be listed on the facilities Authorized User List (AUL). MSDS training shall be provided to all staff and documented on the training record.

p. A locked storage space shall be provided for the storage of cleaning supplies and other chemicals. Cleaning supplies (except for liquid soap and bleach solution) shall not be stored in or directly off the rooms occupied by the children or in the same area as food. Children's bathrooms shall not be used for storage.

9. CDH Fire and Safety Requirements

a. When CDH provider units are located above the third floor, the building should be completely protected by a supervised automatic sprinkler system. In the absence of completely sprinkled buildings, the responsible commander should consider the availability of fire/rescue equipment and response times when authorizing CDH, as well as the ages and number of children cared for.

b. Providers shall practice monthly evacuation drills with all children. A record of such drills and results shall be posted on the Parent Information Board and available to the CYP staff members and inspection personnel.

c. Providers shall post an evacuation plan at the entrance of each activity room, with primary and secondary exits shown for use during drills and emergencies.

d. Exits shall be free from obstructions and in working order. Each home must have at least two fire exits, one of which may be a window, complying with the size requirements in

National Fire Protection Association (NFPA) 101, Life Safety Code.

e. Smoke detectors approved by the fire protection authorities shall be installed and in working condition.

(1) CDH units will be required to have hardwired smoke detectors in the building's electrical system on a circuit which cannot be disabled by a common wall switch. (Does not apply to off base CDH.)

(2) Installations with on-base housing units without hardwired detectors must submit a waiver request to CNIC (N912).

(3) Additional, battery powered or battery powered back-up smoke detectors shall be installed outside of sleeping areas and in all areas where children sleep.

f. At a minimum, one fire extinguisher rated 2A:10BC and approved by local fire inspector shall be readily available. The fire extinguishers shall be inspected and the inspection documented monthly.

g. All potential hazards in the home shall be inaccessible to children. These include but are not limited to:

(1) Firearms.

(2) Ammunition removed from firearms. Both firearms and ammunition are stored separately in locked cabinets in areas inaccessible to children.

(3) Household cleaning agents.

(4) Medicines.

(5) Poisonous plants.

(6) Matches/lighters.

(7) Alcohol/tobacco.

(8) Knives/sharp objects.

h. Certification may be suspended until safety requirements are met.

i. All electrical outlets accessible to child(ren) will be child-safe types or will be covered by protective covers when not in use.

j. Only one power surge strip per outlet may be used and must be UL listed. Use of extension cords is prohibited.

k. Electrical appliances will meet UL standards. Small appliances will be kept out of reach of children.

l. There shall be rails/safety guards to prevent falls from elevated porches, walkways, windows, and ramps.

m. Safety gates shall be provided on stairs when children are in care.

n. Safety guards shall be provided on all windows more than five feet off the ground.

o. Safety guards will be installed on balcony railings and elevated porches to prevent entrapment.

p. Training will be provided on placement of furniture to prevent access to open windows and sliding glass doors to balconies and elevated porches.

q. If special needs/handicapped children are cared for, provisions should be made for easy access in and out of the home.

r. No child care activities will be permitted in a room where a furnace, domestic hot water heater, or gas meter is installed. No open flame heaters are permitted.

s. Only childproof portable electric fans may be used, they will be covered by a protective safety net to prevent child(ren) from reaching into the blades. At no time will child(ren) be left alone in a room where a portable electric fan is in use.

t. When clear glass panels are used in sliding doors, shower stalls, tub enclosures, storm doors, etc., they shall be clearly marked at child's eye level to avoid accidental impact.

u. The following emergency telephone numbers shall be posted on or near the phone at all times:

(1) Fire department.

(2) Police.

(3) Emergency medical resources, (i.e., hospital, doctor, poison control center, or ambulance).

v. Providers shall have an operable flashlight readily available in cases of power failure.

w. Provider shall ensure outside play equipment is safe. Surfaces under family and installation playground equipment are soft and free from stones, debris, and obstructions.

x. Indoor furniture and equipment shall be safe, nontoxic, durable, and in working order free of protrusions, pinch points, and sharp edges.

(1) Toy boxes/chests, and other similar hinged equipment and equipment identified as unsafe by the Consumer Product Safety Commission (CPSC) are prohibited.

(2) Infant walkers, swings, exersaucers, infant jump-up seats, and other restraining devices shall not be used.

y. Upholstered furniture shall be in good repair. Beanbag furniture is prohibited.

z. Rooms and equipment shall not have evidence of peeling paint.

aa. All rooms shall be childproofed. Rooms not used by child(ren) will be made inaccessible or will be inspected monthly.

bb. Swimming pools in off-base housing shall have a locked fence around them. The pool shall be completely inaccessible to

children during child care hours. Wading pools will be drained and shall not be used while children are in care in on-base or off-base CDH. Spas must have locking covers and kept locked at all times when children are present. Ponds and other bodies of water in the landscape are prohibited.

cc. Trampolines shall not be used while children are in care and shall be inaccessible to children during child care hours.

dd. Providers shall conduct a safety walk-through of the home and yard daily, and correct identified problems (e.g., damaged outdoor equipment, broken toys, and tripping hazards) or take appropriate action to ensure the safety of children is not compromised. Written documentation of daily inspection is not required.

ee. Mobile home units used for CDH shall meet the Federal Mobile Home Construction and Safety Standards contained in reference (v), Mobile Home Installations, Sites and Communities and the following:

(1) Walls, partitions, and ceiling interior finishes shall have a flame spread of 75 or less and a smoke developed rating of 100 or less when tested per ASTM E-84. Trim two inches or less in width is exempt.

(2) Exposed interior finishes adjacent to the cooking area shall have a flame spread of 50 or less and a smoke developed rating of 100 or less when tested per ASTM E-84. Material not meeting the above requirements shall be covered with 26-gauge sheet metal (.017 stainless steel, .024 aluminum or .020 copper) on at least 1/2-inch thick gypsum board.

(3) Combustible kitchen cabinet doors, counter tops, exposed bottoms, and end panels shall have a flame spread of 200 or less.

(4) Furnace and water heater enclosures shall be of one-hour fire-rated construction with the openings protected by a 1.75-inch solid wood core door or equivalent. The interior finish of the enclosures shall have a flame spread of 25 or less.

(5) Carpeting shall comply with CPSC-16, CFR 1629.

(6) Each mobile home unit shall have two remote exits that meet the following requirements:

(a) Twelve feet straight-line minimum center to center in single-width units and twenty feet straight-line minimum center to center for double-width units.

(b) Exterior doors (swinging or sliding) shall be a minimum of 28 X 74 inches.

(c) The minimum width of halls shall be 28 inches.

(7) The travel distance from any bedroom door to an exterior exit shall not exceed 35 feet. Unless each bedroom has an exterior door, an opening window shall be provided that meets the following criteria:

(a) Minimum clear opening dimension of 22 inches.

(b) Minimum clear opening of five square feet.

(c) Maximum height of 36 inches above the floor.

(d) Any opening device shall be no higher than 60 inches above the floor.

(8) 120 VAC single station smoke detector shall be installed in all sleeping areas.

(9) Aluminum wiring is not permitted.

(10) Storage facilities shall be detached and constructed of noncombustible material. If the storage facilities cannot be detached, they shall be located outside and lined with 5/8-inch gypsum board if it is located within 15 feet of the unit.

(11) Foamed plastic insulation, if used, shall have a flame spread of 75 or less and separated from the interior spaces with 1/2-inch gypsum board.

(12) There shall not be less than 15 feet separation distance between the unit and other structures.

(13) Consideration shall be given to limiting the number and ages of children cared for in a mobile home.

CHAPTER 21

INSPECTIONS

1. Annual Inspections

a. All CYP operated by or for DoD personnel are required to be inspected four times a year. These inspections are to be unannounced. Three of these inspections shall be conducted locally and the fourth by CNIC headquarters personnel.

b. The required annual inspections include the following:

(1) One annual, unannounced inspection conducted by CNIC (N912) staff using the most current certification inspection checklist. This checklist will be updated as required to reflect current policy. Any exceptions require written approval by CNO (N135) via the chain of command.

(2) One annual, unannounced local inspection conducted by a multi-disciplinary team appointed by the responsible commander. The multi-disciplinary team shall use the current CNIC certification inspection checklist for the program being inspected. Any exceptions require written approval by CNO (N135) via the chain of command.

(3) One comprehensive fire and safety inspection per year conducted by local, qualified fire and safety personnel or designee. CNICCYP 1700/27, Navy CYP Comprehensive Fire/Safety Checklist, will be used for all CYP facilities. This inspection can be one of the monthly inspections required for all CYP facilities. CNICCYP 1700/14, Navy CDH Fire/Safety Checklist will be used for the CDH program. This inspection is required during the initial CDH certification process and then annually during the recertification process for each home.

(4) One comprehensive health and sanitation inspection per year conducted by local, qualified personnel or designee. CNICCYP 1700/28, Navy CYP Comprehensive Health/Sanitation Checklist will be used for all CYP facilities. This inspection can be one of the monthly inspections required for all CYP facilities. CNICCYP 1700/13, Navy CDH Health/Sanitation

Checklist will be used for the CDH program. This inspection is required during the initial certification process and then annually during the CDH recertification process for each home.

2. CNIC (N912) Inspections

a. CNIC (N912) will conduct an initial inspection and issue a DoD Certificate to Operate. Thereafter, CNIC will conduct an annual, unannounced, in-depth inspection using the most current inspection checklist.

b. The inspection will ensure compliance with this instruction and consist of a comprehensive review of the entire CYP, including expansion efforts and implementation of efficient practices.

c. References (a) through (d) require the inspections to be unannounced. CNIC (N912) will notify the responsible commander or designee when arriving at the command and include an in-brief with the commander, if so desired.

d. A summary of the inspection will be left with the responsible commander during the inspection out-brief. Corrective actions should be taken immediately to correct deficiencies. All discrepancies will site the applicable governing instruction (i.e., OPNAV, DoD) for reference. CNIC (N912) will forward the formal report via the chain of command.

e. CYPs with multiple discrepancies/repeat findings may be re-inspected within 90 days to verify corrections of deficiencies. CNIC (N912) will provide assistance as necessary to the program to ensure quality is maintained throughout the Navy.

f. Within the time designated in the formal report, the command must provide documentation that identified deficiencies have been corrected. Documentation shall be forwarded to CNIC (N912) via the chain of command.

g. Upon satisfactory documentation that identified deficiencies have been corrected, CNIC (N912) will send the DoD Certificate to Operate to the region. The DoD Certificate to Operate shall be posted in each CYP facility.

3. Multi-Disciplinary Team Inspections

a. At a minimum, the multi-disciplinary team's procedures will ensure compliance with this instruction and consist of a comprehensive review of CYP operations.

b. The CDH portion shall include ten percent of the certified homes. Homes shall be chosen randomly for an on-site inspection and review of program administration.

c. The CYP director shall coordinate establishment of the team. It is recommended that, when possible, one team is coordinated for all CYP operations at the region or installation.

d. The team will include, but not be limited to, qualified representatives from the following:

(1) Fire/Safety. This inspection can count as one monthly inspection and the annual comprehensive inspection if the Navy CYP Comprehensive Fire/Safety Checklist, CNICCYP 1700/27 and the Navy CDH Fire/Safety Checklist, CNICCYP 1700/14 are used.

(2) Health/Sanitation. This inspection can count as one monthly inspection and the annual comprehensive inspection if the Navy CYP Comprehensive Health/Sanitation Checklist, CNICCYP 1700/28 and the Navy CDH Health/Sanitation Checklist, CNICCYP 1700/13 are used.

(3) Fleet and Family Support Program (FFSP).

(4) Family Advocacy.

(5) Parent Involvement Board (PIB).

(6) CYP director, staff T&C specialists, or any qualified member of the CYP team from another command, if possible.

e. Members of the team will be assigned a section of the CNIC certification inspection checklist for their area of expertise.

f. An inspection team leader will be a designated representative of the responsible commander.

g. The team leader shall forward findings and recommendations of the multi-disciplinary team inspection to the responsible commander for approval.

h. A copy of the inspection findings and recommendations will be given or forwarded to the cognizant department head.

i. A plan of action for correction of all discrepancies will be developed by the cognizant department head and forwarded to the responsible commander. Responsible commander will ensure discrepancies are corrected within 90 days.

j. A copy of the annual multi-disciplinary team inspection findings and recommendations will be available for review during the CNIC (N912) inspection.

k. Any deficiencies not corrected within 90 days shall be noted on the annual CNIC (N912) inspection and will require a waiver request submitted to CNIC (N912), via the chain of command.

l. The multi-disciplinary team inspection shall be conducted approximately six months after the CNIC (N912) annual inspection, whenever possible.

m. Inspections shall be conducted at intervals to ensure that both the SAC summer program and school-year programs are inspected regularly.

n. Programs that operate only summer and holiday camps are not required to conduct multi-disciplinary team inspections.

4. Fire and Safety Inspections

a. CYP Facility Inspections. Local, qualified fire/safety personnel or designee will conduct unannounced inspections to verify compliance with this instruction. The inspection shall include a fire drill. Per reference (v), CDC facilities and SAC/Youth facilities are required to have monthly fire/safety inspections.

(1) A copy of the inspection and drill results will be left on site. The CYP director will ensure that a copy of all inspection results is available for review.

(2) A copy of the report will be forwarded to the cognizant department head who will ensure timely correction of discrepancies.

(3) One inspection a year shall be comprehensive and include facilities and maintenance. CNICCYP 1700/27, Navy CYP Comprehensive Fire/Safety Checklist will be used for all CYP facilities. This inspection can be one of the monthly/ quarterly inspections required for all CYP facilities.

(4) Time of fire drills shall be varied to ensure evacuation is possible during all hours of operation. A daily sign-in and out sheet shall be maintained by the CYP professionals in each activity space and kept readily available for conducting "head counts" of evacuees outside the building in the event of fire or other emergency. A CYP professional assigned to each activity room is required to annotate on the daily sign-in and out sheet that each child is visually accounted for.

b. CDH Inspections. Local, qualified fire/safety personnel or designee will conduct the initial and annual inspection of each CDH. This includes homes located on or off base. The CDH director shall ensure each home is in compliance with this requirement. CNICCYP 1700/14, Navy CDH Fire/Safety Checklist shall be used to conduct these inspections.

5. Health and Sanitation Inspections

a. CYP Facility Inspections. Local, qualified health/ sanitation personnel or designee will conduct unannounced inspections to verify compliance with this instruction. CDC facilities and SAC/youth facilities preparing food are required to have monthly inspections. SAC/youth facilities not preparing food on-site are required to have quarterly inspections.

(1) A copy of the inspection results will be left on site and the CYP director will ensure that a copy of each is available for review.

(2) A copy of the report will be forwarded to the cognizant department head who will ensure timely correction of discrepancies.

(3) One inspection a year shall be comprehensive and include children and personnel files. CNICCYP 1700/28, Navy CYP Comprehensive Health/Sanitation Checklist will be used for all CYP facilities. This inspection can be one of the inspections required for all CYP facilities.

b. CDH Inspections. Local, qualified health/sanitation personnel or designee will conduct the initial and annual inspection of each CDH. This includes homes located on or off base. The CDH director shall ensure each home is in compliance with this requirement. CNICCYP 1700/13, Navy CDH Health/ Sanitation Checklist shall be used to conduct these inspections.

6. Daily Inspections

a. CDC, SAC and YP. The CYP director or designee shall conduct a daily examination of the facilities and playgrounds to identify health, safety, and fire deficiencies and report deficiencies to the appropriate action officer. The CYP director is responsible for insuring corrective action is completed.

(1) CNICCYP 1700/29, Navy CDC Daily Checklist and CNICCYP 1700/30, SAC/YP Daily Checklist, shall be utilized as applicable for the facility.

(2) Documentation of daily inspections shall be maintained at the facility and be available for review for 1 year.

b. CDH. Providers are responsible for conducting a visual inspection of their home and any outdoor play areas used by the children each day and ensuring these areas are safe. Written documentation of daily inspection is not required.

7. Remedies for Violations

a. Life threatening violations to the provisions of this instruction or other health, safety, and child welfare laws identified in an inspection or otherwise shall be remedied immediately or the CYP shall be closed.

b. If the violation is not life threatening, the responsible commander under whom the installation operates may allow 90 days, beginning on the date of the discovery of the violation, for correction. If corrections are not made within 90 days, the CYP shall be closed.

c. If the CYP cannot meet the requirement within 90 days due to extenuating circumstances, the responsible commander may submit a waiver request to CNIC (N912) via the chain of command. The waiver request must be submitted in sufficient time to receive a response prior to the end of the 90 days. Requests shall include a description of the deficiency and a detailed plan of action and milestones including date(s) when the corrections will be completed.

d. The Committees on Armed Services for the Senate and House must be notified by the Secretary of the Navy (SECNAV) when a CYP facility is closed for failure to correct violations. This report shall include notice of the violation that resulted in the closing, cost of remedying the violation, and a statement of why the violation has not been remedied at the time of the report. A copy of the report shall be provided to Assistant Secretary of Defense (Personnel and Readiness) (ASD) (P&R) or designee.

e. If a CDH is closed for failure to correct violations, procedures for certification revocation will be followed.

DEFINITIONS

1. Appropriated Fund (APF) Employees. Civilian personnel hired by DoD Components with APF. This includes temporary employees, 18 years or older.

2. APF Indirect Costs. Indirect costs are those mission costs that benefit two or more outputs but not all outputs. Costs that benefit all outputs are general and administrative expenses.

3. Care Giving Personnel. Civilian employees of the DoD CYP who are directly involved with the care and supervision of children and are counted in the staff-child ratios.

4. Child Development Facility. All or any portion of a facility on a military installation with the primary purpose of providing child care to children of members of the Armed Forces and DoD civilians.

5. Child Development Homes (CDHs). Home-based child care services that are provided for members of the Armed Forces and DoD personnel by an individual who is certified by the secretary of the military department concerned or defense agency director and/or commander concerned as qualified to provide those services, and provides those services for ten hours or more per week per child on a regular basis for compensation. Also referred to as Home Care and Home Day Care.

6. Child Development Home (CDH) Provider. An individual 18 years of age or older who provides child care for 10 hours or more per week per child on a regular basis in certified Navy housing (government owned, leased, or PPV) and civilian Navy-certified off-base housing with the approval and certification of the commanding officer, and has responsibility for planning and carrying out a program that meets the children's needs at their various stages of development.

7. Children with a Disability. Any child or youth who has a physical or mental impairment that substantially limits one or more major life activities or has a record of such an impairment, is regarded as having such an impairment, or otherwise meets the definition of a handicapped person. Programs shall be designed to permit participation of children

and/or youth with special needs with other children and/or youth through reasonable accommodation. These programs may include adapted lessons, contests, and awareness activities.

8. Core Programs. The major areas/categories offered by all DoD YPs including character and leadership development, education and career development, health and life skills, the arts, and sports, fitness, and recreation.

9. CYP Employee. A civilian employed by DoD to work in CYP, regardless of whether the employee is paid from APF or NAF.

10. Developmental Program. A planned program of developmentally-appropriate activities that promote the social, emotional, physical, and cognitive development of children and enhances school readiness.

11. DoD Certificate to Operate. A certificate issued every 15 months to each DoD CDP after the program has been inspected by a representative(s) from CNIC headquarters and found to be in compliance with DoD standards.

12. DoD Child Abuse and Safety Hotline. Continental United States (CONUS) and Outside Continental United States (OCONUS) 1-800 numbers that connect with the Office of the Deputy Under Secretary of Defense, (Military Community and Family Policy) (ODUSD (MC&FP)), Office of Family Advocacy, for individuals to report suspected child abuse.

13. Facility-based Program. Refers to child care that is provided within centralized facilities. Does not include family child care homes.

14. Fees. NAFs derived from fees paid by members of the Armed Forces and other authorized users for child care and youth services provided at a military CYP or other DoD-sponsored, facility-based CYP.

15. Full-day Care. This care meets the needs of parents working outside the home who require child care services five hours or more per day on a regular basis, usually at least four days per week.

16. Hourly Care. Care provided in a CYP that meets the needs of parents requiring short-term child care services on an intermittent basis. Hourly care includes short-term alternative child care.

17. Infant. A child six weeks through twelve months of age.

18. National Academy of Early Childhood Programs (NAEYC). A division of the National Association for the Education of Youth Children (NAEYC) that administers an early childhood program accreditation process designed to set the standards of excellence in early childhood education.

19. Newborn. A child, from birth through five weeks of age.

20. Nonappropriated Fund (NAF). Funds generated by participant fees and charges collected in MWR and/or CYP activities on an installation. Also referred to as Nonappropriated Fund Instrumentality (NAFI).

21. Nonappropriated Fund (NAF) Employees. Civilian personnel hired by DoD components and compensated from NAF funds. This includes temporary employees, 18 years or older.

22. Parent. The biological father or mother of a child; a person who, by order of a court of competent jurisdiction, has been declared the father or mother of a child by adoption; the legal guardian of a child; or a person in whose household a child resides, provided that such person stands in loco parentis to that child and contributes at least one-half of the child's support.

23. Parent Advisory Board. A group composed of parents of children attending DoD CYPs. This board shall act in an advisory capacity, providing recommendations for improving services. The board shall meet periodically with staff of the CYP. The board, with the advice of the program staff, shall be responsible for developing and overseeing the implementation of the parent participation program. Parent advisory boards are not advisory committees and need not comply with the Federal Advisory Committee Act.

24. Part-day Care. This care meets the needs of parents working outside the home who require child care services on a

seasonal or regularly scheduled part-day basis for fewer than five hours per day, usually fewer than four days per week.

25. Preschool-age. Children thirty six months through five years of age. Pre-Toddler. A Child thirteen through twenty four months of age.

26. Preschool Programs. A center-based enrichment program for children three-five years of age that lasts four hours or fewer per day on a regularly scheduled basis.

27. Pre-toddler. A child 13 through 24 months of age.

28. Resource and Referral (R&R). A service that provides information about child care services on and off the installation to meet patrons' child care needs and to maximize use of available sources of child care.

29. School-age Care (SAC) Program. Either facility-based or CDH based care for children ages six through twelve, or attending kindergarten, who require supervision before and after school, during duty hours, school holidays, and during school closures.

30. School-age Children. Children six ages through twelve, or attending kindergarten through sixth grade, enrolled in a SAC program.

31. Self Care. Care when a child is responsible for themselves, including children who are responsible for themselves before or after school, during school vacations, and holidays. Self-care policies shall address the age and circumstances under which a child under age twelve, residing on or using services provided on a military installation or DoD facility, can be left without adult supervision. This policy shall take into consideration applicable laws and ordinances of the States in which the installation or facilities are located.

32. Short-term Child Care. A child care program that provides on-site, hourly, group child care when a parent or guardian of the children in care are attending the same function and are in the same facility.

33. Staff:Child/Youth Ratio. The number of children for whom individual care giving personnel or CDH providers will be responsible. Staff:child ratio varies according to different age groups.

34. Supplemental Child Care Programs. Child care programs and services that augment and support CYP programs to increase the availability of child care for military and DoD personnel. These may include, but are not limited to, R&R services, contract-provided services, short-term, hourly child care at alternative locations, and interagency initiatives.

35. Toddler. Children 25 through 35 months of age.

36. Total Family Income (TFI). Includes all earned income including wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, quarters allowances, subsistence allowances, in-kind quarters and subsistence received by military member, pay for service in a combat zone, and anything else of value, even if not taxable, that was received for providing services. Quarters allowances and subsistence allowances mean the Basic Allowance for Quarters and the Basic Allowance for Subsistence received by military personnel (with respect to grade and status) and the value of meals and lodging furnished in-kind to military personnel residing on military bases.

37. Training and Curriculum (T&C) Specialist. An APF employee who is professionally qualified early childhood educator who meets the professional qualification of the National Academy of Early Childhood Programs' Early Childhood Specialist, who provides training for employees and CDH providers and ensures curriculum development and implementation.

38. Youth Program. A comprehensive series of planned and self-directed activities and events responding to the recreational, developmental, social, physiological, psychological, cultural, and educational needs of eligible youth. These activities support the acquisition of lifelong skills and facilitate transition to adulthood. Youth programs are offered within a physically and emotionally safe environment that includes appropriately trained support staff in designated facilities and locations.

39. Unmet Need. The number of children whose parents cannot work outside the home because child care is not available.

40. Waiting List. List of children waiting for an available CYP space and whose parents have requested space in a CYP.