U.S. Department
of Transportation
**United States
Coast Guard**

CHILD DEVELOPMENT SERVICES MANUAL

COMDTINST M1754.15

U.S. Department of Transportation
United States Coast Guard

Commandant
United States Coast Guard

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COMMANDANT INSTRUCTION M1754.15

Subj: CHILD DEVELOPMENT SERVICES

1. PURPOSE. This manual sets forth policy, standards, and procedures to establish and administer the Coast Guard Child Development Services delivery systems. Intended users of this manual are Child Development Center Directors, Family Child Care Coordinators, Dependent Resource Coordinators, and commands who provide Child Development Services.

2. ACTION. Area and district commanders; commanders, maintenance and logistics commands; commanding officers of Headquarter units; Superintendent, Coast Guard Academy; and chiefs of offices and special staff divisions at Headquarters shall ensure compliance with the provisions of this manual.

3. DIRECTIVES AFFECTED. COMDTINST 1754.1 and 1754.6 are cancelled.

4. CHANGES. Recommendations for changes to this manual are solicited. Submit them to Commandant (G-HPW-2) on the postpaid forms provided at the end of this manual or by phone to (202) 267-6727 or 6728.

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NON-STANDARD DISTRIBUTION:

5. INTERNAL GUIDANCE DISCLAIMER. This manual establishes internal policy and guidance for Coast Guard personnel and Family Child Care Providers in the administration of Child Development Services Programs. It is not intended to confer any right or benefit nor create any obligation or duty of care binding upon the United States to others. Further, this manual is not intended for use by private parties in litigation.

6. FORMS/REPORTS.

a. Forms. The following forms may be locally reproduced:

(1) CG-5484 (Rev 4/94) Child Development Services Registration Form

(2) CG-5484A (Rev 4/94) Child Health Form

(3) CG-5484B (Rev 4/94) Field Trip Permission

(4) CG-5485 (Rev 4/94) Medication Permission

(5) CG-5486 (Rev 4/94) Log of Medication Given

(6) CG-5484F (Rev 4/94) Application to Provide Family Child Care

(7) CG-5485B (7/94) Authorization for Release of Information

(8) CG-5485G (Rev 4/94) Family Child Care Inspection Checklist

(9) CG-5487 (Rev 4/94) Memorandum of Understanding for Volunteer Service

(10) CG-5590 (5-95) Subject Interview for Child Care Providers

b. Reports. The following required reports shall be submitted as prescribed:

(1) CG-5484C Annual Child Development Center Report (due 1 November annually), RCN 1754-4 applies.

(2) CG-5484E (Rev 12/93) Child Development Center Financial Statement. (Submit quarterly to COMDT (G-HPW-2) by the 15th of the following month), RCN 1754-5 applies.

(3) CG-5485A, Family Child Care Quarterly Report. (Submit to Commandant (G-HPW-2), by 2 weeks after the close of each quarter), RCN 1754-6 applies.

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ENCLOSURE (20).....AGREEMENT BETWEEN PARENT/FAMILY CHILD CARE PROVIDER

RECORD OF CHANGES			
CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	BY WHOM ENTERED

CHAPTER 1. GENERAL

A. Purpose. This manual establishes policy and guidance for Coast Guard child development centers, family child care services, other child care programs and resources.

B. Background. Originally child care at Coast Guard units was spouse-sponsored. It was organized so that children could play with others of their own age and to provide care so that mothers could keep doctor's appointments, volunteer their services to community projects, and socialize with other spouses.

C. Discussion. As the Coast Guard work force has become more diverse, there is a greater demand for child development services to meet the needs of working parents. At the same time, child care issues have become a vital concern to public and private employers across the country as the United States is undergoing an explosive increase in the demand for child care services. The current need for child development services far exceeds the availability of quality, affordable military and civilian child development centers. The need for Coast Guard support of child development facilities and services is increasing in response to the rising cost and decreasing access for Coast Guard dependents at other military and civilian child care facilities. The growing number of single parents and dual-career families impacts the need for services. The Coast Guard will continue to explore all options to assist employees find access to needed child development services at an affordable cost. The Coast Guard requires that facilities used to provide care for children (centers and family child care homes) are maintained in a safe, healthy, and clean manner which safeguards the health of young children. Children must be protected from hazards, potential injuries, and from potentially serious infectious diseases, and must be provided a setting for nurturing and affection to promote their potential in both physical and psychological health. The standards in this manual are the minimum standards that shall be used to plan quality, healthy, and safe programs for children.

D. Exclusions. This manual does not apply to:

1. Au Pairs or Nannies who provide child care services only for the child(ren) of the family in whose home they are employed;

2. Babysitters who go to the residence of the child(ren) to provide care **only** for the child(ren) who live in the home;

3. Persons living in Coast Guard-controlled housing who provide less than 10 hours of care a week. If the care provided for ANY child exceeds 10 hours in any one week, the provider must become certified under the Coast Guard Family Child Care Program; and

4. Members of cooperative babysitting services who have a formal organization and are certified by the Command. Standards for establishing a co-op are listed in enclosure (1).

E. Definitions.

1. Alternative Care. Child care programs and services that, in lieu of or in addition to child development centers and family child care programs, increase the availability of and access to child care for both military and civilian employees. These may include, but are not limited to, resource and referral services, parent co-ops, consortia, and interagency agreements.

2. Appropriated Funds (APF). As used in this manual are funds provided from Allotment Fund Code (AFC) 30, 43, and 56 to support the Coast Guard's Child Development Services Programs and AC&I funds for construction.

3. Caregiving Personnel. Civilian employees of Child Development Services Programs who are directly involved with the care and supervision of children and are counted in the staff-child ratios.

4. Child Development Center (CDC). A facility that offers, on a regularly scheduled basis, developmental services designed to foster social, emotional, physical, creative, and intellectual growth to groups of children. The centers may provide services for drop-in care when space is available.

5. Child Development Services (CDS). Developmental services provided in child development centers, family child care homes, and a variety of alternative sites. The program provided is designed to protect the health and safety of children and to promote their physical, social, emotional, creative and intellectual development.

6. Dependent Resources Coordinator (DRC). A member of the Work-Life Staff responsible for identifying, recruiting, providing access to training, certifying, and monitoring family child care providers. In addition, the DRC provides resources and services for families seeking child development services, enrolls special needs dependents, and assists families in locating needed services. See COMDTINST 5400.15 (series) for a more detailed description of the DRC's duties.

7. Developmental Program. A planned program of developmentally appropriate activities that promotes the social, emotional, physical, creative and cognitive development of children. Activities include child-

initiated as well as adult-directed activities. The program shall recognize individual differences of children and provide an environment that builds self-esteem, encourages curiosity, and promotes self-discipline.

8. Family Child Care Coordinator. An individual who has the responsibility for identifying, recruiting, training, certifying, and monitoring family child care providers.

9. Family Child Care Home. A Coast Guard-controlled housing unit in which an individual provides child care services.

10. Family Child Care 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 his or her Coast Guard-owned or -leased 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 and growth.

11. Family Child Care (FCC) Services. Child care provided on a reimbursable or bartering system and on a regularly scheduled basis for 10 hours or more a week by an individual certified by the Coast Guard and who resides in Coast Guard-controlled housing.

12. MWR Program Funds. As used in this Manual, refers to both the appropriated and non-appropriated funds used to support MWR programs.

13. Non-Appropriated Funds (NAF). Government funds derived from sources other than those appropriated by Congress. These funds are generated from Coast Guard Exchange System profits and Morale, Welfare and Recreation revenue generating activities.

14. Parent Committee. A group of persons with an interest in child development programs, the majority of whom are parents of children attending Child Development Services programs. The committee chair, elected by the group or appointed by the command, shall submit written summaries of any suggestions, needs, or concerns of the committee to the unit commanding officer. This is not a policy making body, but a group that provides recommendations for improving the operation of a center. The committee shall meet periodically with the center director and key staff personnel who will be available to answer parents' questions and concerns. This committee also may conduct fund raising activities for special projects for the center. Acceptance of such projects is subject to approval under applicable laws and regulations. Federal employees may only engage in fundraising as authorized under the

Standards of Ethical Conduct, 5 CFR §2635.808. Members of this committee should encourage all parents to participate in field trips, holiday events, playground improvement, and other special activities.

15. Preschool Program. A half-day (four hours or less) developmental program. This program may be conducted one to five days per week for children three to five years old. Preschools are component activities of child development centers and operate under the direction of the child development center director.

16. Resource and Referral (R&R). A service that provides information about child care services on and off Coast Guard units to meet parent's child care needs and maximize use of available existing sources of child care.

17. Support Staff. Persons responsible for providing services not directly related to providing child care services, such as, but not limited to, janitorial, food service, clerical, and administrative duties.

18. Total Family Income. The earned income for adult members of family, including wages, salaries, tips, long-term disability allowances, subsistence allowances and basic quarters allowances or the in-kind equivalent. Geographic cost of living allowance (COLA) and variable housing allowance (VHA) are not included. This definition shall be used in determining total family income for sliding fees scales.

CHAPTER 2. CHILD DEVELOPMENT SERVICES POLICY

A. General Policy.

1. The policies in this chapter pertain to all Coast Guard child development programs, including both center-based and home-based.

2. The Coast Guard will assist its personnel and their dependents in accessing affordable, quality child care services and facilities. The purpose for Child Development Services Programs is to assist Coast Guard personnel, military and civilian, in balancing the competing demands of family life and the accomplishment of the Coast Guard mission, and to improve the economic viability of the family unit.

3. Parental involvement is encouraged. Parents shall be able to visit any Coast Guard child development services program (center or home-based) whenever their child is in attendance.

4. Coast Guard-wide dependent care needs assessments shall be conducted every four years by the Dependent Resource Coordinators and coordinated by Commandant (G-PWL-2). If the demographics of a unit or area change dramatically, requests for a needs assessment may be directed to the Headquarters Program Manager.

B. Parental Responsibility.

1. Child Development Services are not an entitlement, but are intended to assist the family who must bear the ultimate responsibility for the care and development of the child.

2. The responsibility for proper child care continues to rest with the parent; however, the guidelines (enclosure (2)) may be distributed to parents to assist them in making informed decisions about accessing quality care for their children.

C. Coast Guard Responsibility.

The primary goals of the Child Development Services Programs are:

1. First, to assist personnel who are parents of children under the age of six in locating at least one affordable option for quality child care.

2. Second, to increase the supply of child development services by recruiting and training additional family child care providers.

3. Third, to assist personnel who have school-aged children in locating child care.

4. Fourth, whenever possible, to support the needs of personnel for half-day and hourly care.

5. Every effort shall be made to assist Coast Guard employees with special needs children in accessing child care services.

D. Delivery Methods. Access to needed resources cannot focus on any one delivery method. Methods of meeting child care needs must focus on local needs and the availability of community resources. The following alternatives should be explored to assist our employees in obtaining quality child care services.

1. Resource and Referral. The Dependent Resource Coordinator at each district and some major commands is the primary point of contact to assist employees in locating services to meet the child care needs of their families. In addition, local public or private agencies can select, screen, and refer Coast Guard parents to area child care providers meeting State or local standards.

2. Ten Percent Discount. The Department of Transportation (DOT) has negotiated discounts with national child care chains to offer discounted rates, up to 10 percent, to all DOT employees. The Dependent Resource Coordinators can supply additional information and names of participating chains.

3. Family Child Care Services. As used in this manual, family child care services are those child development services provided by an individual in Coast Guard-controlled housing. Family child care may be especially useful for infants and toddlers. Persons may choose to provide night care for children of watchstanders or others whose hours make care difficult to obtain.

4. GSA Child Care Centers. District commanders and officers-in-charge of space in General Services Administration (GSA) buildings may be able to create a GSA private, nonprofit child care center at these work sites per 40 U.S.C. §490b. GSA and DOT provide policy for these centers. Guidance is available from Commandant (G-HPW-2) or the regional GSA office.

5. Cooperative Efforts with Other Federal Agencies. In situations where the Coast Guard is located close to other Federal agencies, it may develop cooperative agreements for child development programs. These efforts require Coast Guard legal review.

6. Consortia with Private Organizations. Under certain conditions, Coast Guard units may enter into a memorandum of agreement with a private organizations for child care services. Contact Commandant (G-HPW-2) for further information. Consortia agreements also require Coast Guard legal review.

7. Nannies and Au Pairs. It is permissible for a family in Coast Guard housing to hire a live-in child care provider to care for the children of that family only.

8. Head Start. Some Coast Guard families may be eligible to use Head Start services in the local community. For additional information, contact your Work-Life Staff.

9. Coast Guard Child Development Centers. Commands shall fully explore the above alternatives before preparing planning proposals to build Coast Guard centers. Currently, the Coast Guard operates child development centers at worksites across the country and OCONUS. These are discussed in Chapter 3 and listed in enclosure (3).

E. Eligibility. All Coast Guard Child Development Centers will accept infants at six weeks of age, on a space available basis, following the priorities listed below. Dependent children of Coast Guard military personnel and civilian employees, other military personnel, other Federal employees living or working at or near the unit, and members of the civilian community (contact Commandant (G-HPW-2) for guidance) may use Coast Guard Child Development Centers and family child care services. Congress has directed that children be accepted at Coast Guard CDC's according to the following priorities as determined by the status of the parent(s):

1. Single parents, whether active duty Coast Guard or civilian Coast Guard and Department of Transportation employees (paid from either appropriated or nonappropriated funds);

2. Other Department of Transportation parents, active duty Coast Guard or civilian employees;

3. Active duty DoD parents;

4. Civilian parents employed by DoD or other Federal agencies.

5. DOT contractors; and

6. Community members.

7. Children will be admitted in the order of a completed application within each of the six categories. Children already enrolled will not be removed to make space available for another child.

8. The Coast Guard does not discriminate on the basis of sex, race, age, handicap, color, religion, or national origin.

F. Discipline Policy.

1. Discipline in Coast Guard child development programs is intended to provide positive guidance, use redirection, and set clear behavior limits. It shall assist the child in the development of self-control, self-respect, and consideration for the rights and property of others.

2. Corporal punishment and any humiliating or frightening punishment are forbidden, e.g., spanking, hitting, slapping, pinching, shaking, biting, or any form of physical punishment. Verbal abuse, threats and placing the child in a confined space are also forbidden. This does not preclude "time out" or removal from the group for brief periods (five minutes or less) when peer group attention contributes to unacceptable behavior. Children shall not be punished for a lapse in toilet training.

3. The discipline policy (F.2) shall be in writing and provided to all CDC staff and parents of children enrolled in CDS programs. Additional guidance for staff members is provided in enclosure (4), "Minimizing the Risk of Child Abuse". A copy shall be provided to each CDC staff member and FCC provider.

G. Child Abuse Prevention and Reporting.

1. It is Coast Guard policy to prevent child abuse by promoting early identification and reporting of cases of alleged child abuse. State regulations and Coast Guard policies require child development services personnel to report all instances of alleged child abuse or neglect. Parents shall be informed of child abuse prevention, identification, and reporting requirements.

2. All child development services personnel, both CDC and FCC shall complete the required background check specified in the appropriate chapters in this manual for CDC and FCC personnel.

H. Fire Safety Standards.

1. The Coast Guard requires that facilities used for child care (centers, family child care homes) provide a safe and clean environment which safeguards the health of young children.

2. Child care fire safety standards shall meet or exceed the requirements of National Fire Protection Association (NFPA) Life Safety Code 101, Safety and Environmental Health Manual, COMDTINST M5100.47 (Series), and National Model Fire and Building Code, whichever is more stringent.

3. Specific requirements for centers and family child care homes will be found in the appropriate chapters.

CHAPTER 3. CHILD DEVELOPMENT CENTERS

A. Purpose. Child Development Centers shall operate as elements of the unit Administration Division at bases, support centers, air stations, or training centers in accordance with this manual.

B. Program Responsibilities.

1. The Commandant (G-HPW), through the Individual and Family Support Branch in the Work-Life Division at Headquarters will:

   a. Provide policy and technical assistance to commands;

   b. Conduct onsite program reviews of child development centers, family child care, and dependent resource programs annually.

2. Commanding officers and officers-in-charge of units sponsoring child development centers will:

   a. Ensure the development of local policies and standard operating procedures consistent with this Manual, including center philosophy, operating hours, acceptance and registration procedures, disenrollment policy and parents' right to appeal disenrollment to the commanding officer, fees and service charges, holiday and weather closing policy, financial management and bookkeeping practices, discipline policy, medical and health requirements, emergency procedures, acceptance of special needs children, fire prevention, and evacuation procedures;

   b. Establish a parent committee for the child development center composed of enlisted, officer, and civilian personnel and spouses who have an interest in child development services. The majority of the committee should have children in the center. The purpose of the committee is not to provide recommendations, but to provide suggestions on improving the operation of the center within the bounds of current policy;

   c. Report any outbreak of a serious contagious disease by message via the chain of command to the appropriate MLC (k) as required by the Medical Manual, COMDTINST M6000.1, paragraph 7.B, and to Commandant (G-HPW);

   d. Report Coast Guard civilian employee job-related accidents or injuries under the mishap reporting system via the chain of command in accordance with the Safety and Occupational Health Manual, M5100.47 (series). Guidance in submitting the subject report is outlined in enclosure (7), of the instruction;

e. Report all charges of child abuse in accordance with Family Advocacy Program, COMDTINST 1750.7 (series) and as required by State laws;

f. Provide and maintain adequate facilities;

g. Conduct an annual inspection of facility;

h. Ensure that health and safety inspections are held at least bi-monthly;

i. Ensure that monthly fire inspections and fire drills are conducted;

j. Ensure that Coast Guard personnel are aware of the child development services available to them;

k. Provide to the center director the results of the FBI fingerprint and background checks;

l. Regularly review the facility operation to ensure compliance with the requirements of this chapter;

m. Provide support to the center director in procuring facility needs, equipment, and supplies;

n. Provide the director with a monthly financial statement of income and expenses;

o. Review and audit the financial records of the program, complete and forward CG Form 5484E, Child Development Center Financial Statement (enclosure (5)), via the chain of command to Commandant (G-HPW) quarterly by the fifteenth of the following month;

p. Conduct a midterm review and complete an annual evaluation of the center APF personnel as outlined in the Performance Management System, COMDTINST M12430.6 (series);

q. Consistent with regulations promulgated by the Occupational Safety and Health Administration (OSHA) in 29 CFR § 1910, offer Hepatitis B vaccine to employees who may administer first aid involving exposure to bodily fluids;

3. The Child Development Center Director will:

a. Operate the Child Development Center according to this manual and COMDTINST 1754.8 (series), Child Development Center Management Handbook;

b. Recommend for hiring, evaluate, and train center staff using appropriate professional certification standards;

c. Draft and revise as necessary standard operating procedures including at a minimum: center philosophy, hours of operation, acceptance and registration procedures, disenrollment policy and parent appeal procedures, fees and service charges, holiday and weather closing policy, financial management and bookkeeping practices, discipline policy, medical and health requirements, emergency procedures, acceptance of special needs children, fire prevention, and evacuation procedures;

d. Provide for the health and safety of the children entrusted to the center;

e. Prepare an annual budget for supervisor's approval;

f. Recommend to the command a sliding fee structure based on yearly total family income;

g. Establish and maintain financial records;

h. Establish and maintain children's files, including the appropriate forms listed at the beginning of this manual;

i. Establish and maintain appropriate staff records (training attended, medical and tuberculin (TB) exams, Hepatitis B immunizations and exposure incidents, record of completion of background checks, counseling sessions);

j. Establish a written bloodborne pathogens exposure plan following the guidelines of this manual and of Caring for Our Children published by the American Public Health Association and the American Academy of Pediatrics;

k. Establish a method to safely dispose of contaminated articles;

l. Provide personal protective equipment, such as gloves, and require its use as defined in G.2.e.;

m. Ensure that employees wash their hands and that contaminated surfaces are decontaminated;

n. Develop a contingency plan to close the center in case of extreme weather conditions, plumbing problems, or other emergencies. Children's health and safety are the primary consideration. This includes the requirement of necessary staffing;

o. Advise the unit commanding officer, via the chain of command, of significant center events, accomplishments, and needs;

p. Report immediately all allegations, suspicions and substantiated incidents of family violence in accordance with local laws and Coast Guard Family Advocacy Program policy, COMDTINST 1750.7B (series) to the command and relevant Family Program Administrator and Commandant (G-HPW);

q. Recommend to the unit commanding officer appropriate improvements to facility operations and develop a corrective action plan that addresses any deficiencies found during health, fire and safety, or program inspections;

r. Complete annual CDC Report (enclosure (6)) and submit via the chain of command by 1 November annually to Commandant (G-HPW); and

s. Maintain a working relationship on child development issues with the regional Work-Life Staff through the Dependent Resource Coordinator.

4. For units with a Family Child Care Coordinator, this person will be a member of the Child Development Center Staff under the Center Director's supervision. See Chapter 5.E.1 for duties.

C. Child Development Center Personnel.

1. Professional Standards. All child care providers, including management staff, shall meet the standards described below.

2. Leadership Positions. All directors or assistant directors hired after 1 January 1994 shall have at least a baccalaureate degree in child development, early childhood education, home economics (early childhood emphasis), elementary education, special education or other degree appropriate to the position from an accredited college or an Associate of Arts (AA) degree and at least 2 years' experience as a center director.

3. Caregiver Selection. All caregivers must be at least 18 years old; speak, read, and write English well enough to understand parent directions and written instructions; and hold a high school diploma or equivalent certificate. Caregivers will be selected on their ability to work with groups of children and their understanding of children's needs.

4. Personnel Management. NAF personnel management policies are contained in COMDTINST M12271.1 (series), Non-Appropriated Fund Personnel Manual. A copy shall be provided to each center director.

5. Background Check. Public Law 101-647, codified at 42 U.S.C. 13041, requires all personnel working in child development services programs to have a background check that includes a fingerprint check, a check through the ID division of the FBI, and a check of State criminal history respositories where the applicant has lived. Personal, professional, and educational references will be checked by the child development center director or personnel officer prior to employment. In addition, a check will also be conducted via the Coast Guard and DoD Family Advocacy Central Registry.

   a. At the time of hiring, **all** employees shall be interviewed by the Child Development Center Director using the questions in enclosure 18 and fingerprinted on form FD-258 by a law enforcement official. The local personnel office shall send one original Fingerprint Card to Commandant (G-HPW-2) for processing. Send requests for additional cards to Commandant (G-HPW-2).

   b. Employees may start work after references have been checked and prior to the completion of the FBI fingerprint and repository checks, **IF** they work under the direct and continuous line-of-sight supervision of an employee with a completed background check. Employees will **NOT** be left alone with children until the background check is completed. Persons shall be determined unfit for employment if their history includes any conviction of a sexual offense, a drug felony, a violent crime, a criminal offense involving children, or information reflecting adversely on their ability or suitability to work with children. Further guidance is given in enclosure (18), which is applicable to center-based, as well as Family Child Care.

6. Child Abuse Allegations. If a staff member is accused of child abuse, that person shall be removed from direct contact with children until the allegations are found proven or not proven by the local Child Protective Services Agency or the equivalent agency with jurisdiction. The staff member may be put on administrative leave, assigned temporarily to another position in the command, or put on leave without pay. The staff member may be eligible for Department of Justice representation as outlined in the Claims and Litigation Manual, M5890.9 (series).

7. Identification. Staff members shall be easily identifiable to parents and visitors by wearing smocks or shirts that indicate they are CDC staff members. An

alternative is to use felt or pelon name tags. Those who wear name tags with pins must take care not to scratch children.

8. Medical Evaluations. Each caregiver will undergo a pre-employment evaluation including a general physical examination, a tuberculin (TB) test or chest X-ray, and appropriate immunizations. Female caregivers with child bearing potential shall be screened for Rubella Antibody Titer and immunized as needed. Local disease profiles may require additional screening. These evaluations shall be repeated every two years.

9. Training and Development. All caregivers are encouraged to continually improve their knowledge and skills through classes and workshops leading to certification. Monthly training will be provided to all child development center personnel, who all must attend at least 20 clock hours of annual training, either center-sponsored or provided by an approved community resource.

   a. All child care personnel shall be certified in basic first aid and cardio-pulmonary resuscitation. The Center Director will keep evidence of current certification in each employee's personnel file.

   b. All new personnel will attend an orientation on center regulations, including health (bloodborne pathogens standard), safety, fire, and emergency procedures, child guidance policy, and procedures for reporting abuse. These topics will be reviewed at least annually.

   c. Using community resources for training programs is encouraged. The local fire department, medical facility, USDA Extension Service and early childhood organizations are good sources of training materials and trainers.

   d. Coast Guard Child Development Center Directors shall attend annual training provided by Headquarters staff and the National Association for Education of Young Children to obtain the most recent state-of-the-art information on child development theory, practice, staff training, and facilities.

10. Child Development Associate Program (CDA). Child care providers with a CDA credential have met the competency standards established under the National CDA Program. Coast Guard Child Development Center staff and family child care providers are encouraged to acquire this certification. A training program has been developed to assist caregivers, who must apply to the CDA Assessment System for consideration. For further information about

the CDA and the availability of scholarships contact the CDA National Credentialing Program, 1718 Connecticut Avenue, N.W., Washington, DC 20009.

a. Candidates must be at least 18 years old, have a minimum of 640 contact hours with children in a group over a minimum period of 10 months, attend a minimum of three workshops or courses in early childhood education or child development, and have access to a child care center with at least 10 children enrolled, 5 years of age or younger, who are not related to the candidate.

b. The registration, assessment and credentialing fees vary. For more information write to the CDA National Credentialing Program at the above address.

11. Volunteers. Under the authority of 10 USC § 1588 volunteers may supplement the paid staff, but are not counted in staff:child ratios. Volunteers must work under the direct supervision of a paid staff member and must not be left alone with children. In each case, the volunteer must sign a Memorandum of Understanding, (enclosure ((7)). All volunteers must show proof of a negative TB test taken within the last 12 months.

D. Center Staffing.

1. Staffing Ratios. Caregiver-to-child ratios must be sufficient at all times to maintain constant supervision, indoors and outdoors, and to quickly evacuate children during an emergency. The ratios below fall within the guidelines established by the National Association for the Education of Young Children. Minimum caregiver to child ratios for child development centers and preschools are:

Age	Ratio of Staff to Children
Birth to 12 months	1:4
12 to 24 months	1:5
24 months to 3 years	1:7
3 to 5 years	1:12
5 years and older	1:15

2. Staff Restrictions. Staff will not be counted in the ratios while performing duties other than child care. A minimum of 2 adults will be present during center operating hours, regardless of the number of children present. Children will **never** be left alone. The ratio of children to staff may increase during naptime to allow staff to attend training, provided the ratio does not exceed twice that for the age group and the staff remains in the building and available in case of emergencies. This reduced staff policy shall not apply to children younger than 24 months of age.

3. Staff Funding. Administrative staff (Director, Assistant Director, Lead Teachers, Clerk, Cook, and Bookkeeper) may be appropriated fund employees. Normally other teachers and caregivers will be compensated from non-appropriated funds generated by user fees. Non-appropriated funds provided to units for overall MWR purposes may be used on a case by case basis at the discretion of the unit commanding officer. Under no circumstances may Coast Guard Exchange System (CGES) activities directly compensate child care employees. The exact pay grades for each position will be determined in accordance with Office of Personnel Management or NAF job grading standards, as appropriate.

4. After Hours Usage. A center employee **must** supervise the center when outside groups are present during non-operating hours. The center director will determine the number of caregivers during such outside usage based on group size, age mixture, and the amount of time services are needed. All center caregivers will be compensated at their regular pay rates by user groups. The staff:child ratio established in D.1 must be met.

E. Accreditation.

1. All child development centers shall begin the process of gaining national accreditation by 1 January 1997. Newly opened centers should begin the process within 2 years after their opening.

2. Accreditation shall be by the National Association for the Education of Young Children.

3. Within the next year any centers for whom accreditation is deferred shall correct the necessary items required to complete accreditation.

F. Facility Requirements.

1. Submit Planning Proposals to Commandant (G-CPP) and coordinate with Commandant (G-ECV-2) and (G-HPW-2). All planning proposals shall include the results of needs assessments, a survey of available local resources, and a business plan. The business plan shall include a proposed budget indicating anticipated income, based on a sliding fee scale, and expenses.

2. To ensure adequate, properly equipped facilities, planning for construction or major center alteration will include interior design, furnishings, and equipment. Design criteria for permanent construction will be used to renovate or remodel structures. Before occupancy, all safety, health, and environmental reports must be completed and delivered to the unit commanding officer.

3. Provide ramps, or ramps in conjunction with steps, where entrances are not at ground level. Exit doors and ramps shall be sufficiently wide (minimum clearance of 32 inches) to allow handicapped access and for cribs to be rolled outside away from hazards. Civil Engineering Manual, COMDTINST M11000.11 (series), Chapter 12, contains the Uniform Federal Accessibility Standard for handicapped accessibility and will be used for construction standards.

4. Proper lighting will be provided in all work and play areas to prevent eye strain and accidents.

5. Separate rooms or areas will be provided for children under 1½ years of age.

6. Children, except for infants, should not be permitted to sleep and play in the same area at the same time.

7. The facility shall be designed to ensure that others can easily view interactions among children and between children and adults from both inside the room and from the hallway. See enclosures (8) and (9) for further guidance on designing facilities for young children to lesson the possibility of abuse.

8. Maximum Child Development Center Capacity.

   a. Interior Space. Provide at least 35 net square feet of usable indoor space (excluding corridors, toy storage, sleeping areas, and similar nonusable areas) for each child. Provide an additional 25 net square feet of floor space for each infant, segregated from the sleeping and play area for older children.

b. Exterior Space. Provide at least 100 square feet (10' x 10') of fenced outdoor play area for each child using the space. At least one-third of the children should be able to use this area at one time. Provide a minimum of 2 different surfaces: 1 hard and 1 soft (e.g., asphalt, cement, grass, bark, ground rubber, rubber mats or sand). Surfaces under equipment shall conform to the guidelines contained in the Handbook for Public Playground Safety issued by the Consumer Product Safety Commission.

G. Health, Safety, and Fire Standards.

1. Applicable Regulations. Child Development Centers will meet or exceed these sanitation, fire, and safety requirements:

a. Paragraphs 7-B-1 through 7-B-6, and 7-B-8 of the Medical Manual, COMDTINST M6000.1 (series);

b. Standard No. 101, Life Safety Codes in the National Fire Prevention Association National Fire Codes;

c. Chapters 1, 3, 6, and 9, of the Safety and Environmental Health Manual, COMDTINST M5100.47 (series); and

d. National Model Fire and Building Codes.

e. The next sections are the current fire, safety, and sanitation regulations.

2. Health Requirements. The following health requirements will be met:

a. The center must have one flush toilet and lavatory for each 15 children 3 years or older. Lavatory and toilet facilities in child development centers will be located adjacent to playrooms and easily accessible from the playground. Toilets and other fixtures should be scaled to the children's size (pediatric size). The use of portable nonflush toilets is discouraged. If unavoidable, thoroughly clean them with disinfectant solution after each use;

b. The center must have handwashing facilities with liquid or powdered soap, water, and disposable paper towels readily available in diaper changing areas of the infant care areas, children's bathrooms and staff bathrooms. Adults will wash hands with soap and water after changing each child's diaper, after using the restroom, and before food preparation or service. Do not use bar soap in the center. If the staff uses disposable gloves during diaper changes, they must discard them immediately and wash their hands;

c. To reduce the spread of gastrointestinal disease, only disposable diapers shall be used unless a physician indicates in writing that a medical condition exists which requires using cloth diapers.

d. Immediately clean up spills of body fluids (e.g. urine, feces, blood, saliva, nasal discharge, and injury or tissue discharges), as follows:

(1) Clean and disinfect spills of vomitus, urine, and feces on floors, walls, bathrooms, table tops, toys, kitchen countertops, and diaper changing tables using ¼ cup of household liquid chlorine bleach in 1 gallon of tap water. Make this solution fresh daily;

(2) Clean and disinfect with the same solution spills of blood or blood containing body fluids, injury and tissue discharges; the cleaner must wear disposable gloves at all times;

(3) Persons who clean contaminated surfaces shall avoid exposuring open skin sores or mucous membranes to blood or blood containing body fluids and injury or tissue discharges by wearing gloves to protect hands when cleaning contaminated surfaces;

(4) Clean mops, rinse them in sanitizing solution and wring them as dry as possible and hang to dry; and

(5) Blood contaminated material should be secured in a red biohazard bag and taken to the local clinic for disposal. Used diapers shall be placed in a plastic bag and securely tied before disposal.

e. If the CDC prepares meals, food service operation must comply with Food and Nutrition Service (U.S. Department of Agriculture) Publication FNS-64 and Food Service Sanitation Manual, COMDTINST M6240.4 (series). See enclosure (10) for USDA meal patterns. Parents will prepare formula, juices, and baby food at home, identify with child's name, and date. Any food requiring refrigeration will be brought unopened to the center and refrigerated until used. Only plastic baby bottles are permitted. All infants taking a bottle will be held for feeding.

f. Parents must complete and update annually a Child Development Services Registration Form and the Child Health Form (see enclosure (11)) for each child before enrollment. They also must sign the CDC Medical Consent Authorization Form and the Field Trip Permission Form, enclosure (11)).

(1) No child will be admitted to a child care center without current, age-appropriate immunizations against tetanus, diphtheria, whooping cough (pertussis), poliomyelitis, and hepatitis B.

(2) No child 15 months or older will be admitted without current immunizations against measles, mumps, and rubella. There are no exceptions, unless a physician explains in writing why it is medically indicated.

(3) Parents must provide certification from the local medical department or physician that immunizations are current prior to admission, including the physician's name and telephone number. Local disease profiles may necessitate additional immunizations, as the local medical department indicates.

g. Whenever possible, parents are encouraged to come to the center to administer any necessary medication. If this is not possible, center staff may administrater oral or topical medication. This is a local decision. Administration is limited to the director or specified designee and only under these conditions:

(1) A signed statement from the prescribing physician certifying the need for medication, the dosage, and the times for administration accompanies the medication;

(2) The medicine is in the original container with the child's name on it;

(3) No over-the-counter medicine, including aspirin, shall be given without written, dated instuctions from a physician;

(4) The parent signs a Medication Permission Form (see enclosure (12)); and

(5) The Center maintains Log of Medication Given, USCG-5486, (see enclosure (13)).

h. The Center will arrange with a nearby medical facility to provide emergency care of an unexpected health problem or injury to any child enrolled at the center. Staff should know how to reach and obtain this help quickly; and

i. The center may care for mildly ill children but should deny admission or send home a child when one or more of the following conditions exists:

(1) The illness prevents the child from participating comfortably in the center activities;

(2) The illness requires greater care than the center staff can provide without compromising the health and safety of others;

(3) The child has any of these following conditions:

(a) Temperature: Oral temperature 101° (degrees) or higher; rectal temperature 102° or higher; armpit temperature 100° or higher; accompanied by behavioral changes or other signs or symptoms of illness until medical evaluation indicates inclusion in the center. The center staff shall not take oral temperature in children younger than 4 years (or younger than 3 years if using a digital thermometer). Only persons with specific health training shall take rectal temperatures;

(b) Symptoms and signs of possible severe illness, such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs, until medical evaluation allows inclusion;

(c) Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper, until the diarrhea stops;

(d) Vomiting illness (2 or more episodes of vomiting in the previous 24 hours) until vomiting ends or health care provider determines the illness noncommunicable, and the child is not in danger of dehydration;

(e) Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious;

(f) Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;

(g) Purulent conjunctivitus (defined as pink or red conjunctiva with green or yellow eye discharge), until 24 hours after treatment has begun;

(h) Scabies, head lice, or other infestation, until 24 hours after treatment has begun;

(i) Tuberculosis, until a health care provider or health official states that the child can attend child care;

(j) Impetigo, until 24 hours after treatment has begun;

(k) Strep throat or other streptococcal infection, until 24 hours after initial antibiotics treatment and cessation of fever;

(l) Chicken pox, until 6 days after rash begins or until all sores have dried and crusted;

(m) Pertussis, until 5 days of appropriate antibiotic treatment to prevent an infection have been completed;

(n) Mumps, until 9 days after parotid gland swelling begins;

(o) Hepatitis A Virus, until 1 week after illness begins or as directed by the health department when passive immunoprophylaxis has been administered to appropriate children and staff;

(p) Measles, until 6 days after rash begins; and

(q) Rubella, until 6 days after onset of rash;

(4) The center must immediately notify the parents, legal guardian, or other person authorized by the parent when a child has a sign or symptom requiring exclusion from the center.

(5) In cooperation with their unit medical officer, centers should establish any relevant local policies for children who have been ill to return to the program.

3. Fire Safety Standards. These are the current standards based on the references in G.1.

a. Centers must post emergency instructions conspicuously, and must post telephone numbers (including fire, police, rescue, and poison control services) by all telephones care providers use during operating hours.

b. Electrical outlets shall have protective covers or be designed to prevent electrical shock to children.

c. All electrical appliances, fans, and similar apparatus shall be Underwriters Laboratory- or Factory Mutual-listed. If portable electric fans must be used, a protective safety screen or grid must cover the blades to prevent children from touching them.

d. Stairways children use shall have handrails between 34 and 38 inches high. Keep bare floors, stairs, ramps, walks and porches usable and free of tripping hazards.

e. The general evacuation alarm signal shall operate throughout the building and on the playground. Notification signals to evacuate the facility shall be an audible signal. Child Development Centers that care for hearing impaired children shall have a visible signal installed.

f. No child care activities will be permitted in a room containing a furnace, domestic hot water heater or gas meter.

g. Heating elements, including radiators, pipes and heat generating appliances, shall be protected from child contact.

h. Smoking shall not be permitted in areas children occupy. Smoking is permitted only in designated smoking areas approved by the installation/agency fire marshal.

i. Every required exit, exit access, or exit discharge shall be continuously maintained free of all obstructions or impediments to full instant use in care of fire or emergency.

j. No furnishing, decoration, or other objects shall be placed to obstruct visibility or use of exits.

k. No barrier or gates that divide space shall prevent rapid exit from areas children occupy.

l. Flammable liquids or gases, except for heating fuel, shall not be permitted in interior spaces or stored externally near exits.

m. Fire extinguishers shall be provided in accordance with Life Safety Code. The maximum distance to an extinguisher shall not be more than 75 feet. Child Development Center employees shall be trained annually in fire extinguisher use and the hazards involved in incipient stage fire fighting.

n. Doors shall have only one locking or latching device. Bathroom doors will not have locks or latches on them, except those whose use is restricted to adults, unless the lock or latch can be opened from the outside in an emergency.

o. Store combustible liquids in an area secured from entry by children and limit them to the amount used for cleaning, 1 gallon (4 liters) or less.

p. A fire inspector, Coast Guard Safety Supervisor, or a senior member of the Child Development Center Staff shall conduct monthly fire prevention inspections. The Center shall post a copy of the latest inspection report conspicuously near the public entryway.

q. Child Development Center personnel shall take the daily attendance list with them during regular monthly or emergency fire drills or evacuation, and use the list to determine if all children and adults have evacuated the facility.

r. An assembly point, which shall not interfere with fire department operations, will be designated for each group at least 50 feet from the building.

s. All Child Development Center employees shall know how to report a fire using both the fire alarm system and the telephone.

t. The Child Development Center Director or designee shall inspect all facilities daily to ensure that all doors, stairs, and other exits are in proper operating condition.

u. The center shall maintain in proper operating condition the automatic sprinkler system, fire detection and alarm system, smoke control system (if applicable), exit lighting, fire doors, and other items of equipment required to comply with the Life Safety Code 101.

v. When a required automatic sprinkler system is out of service, the Child Development Center Director (or designee) shall notify the local fire department.

w. Exit doors in infant areas, where children less than 24 months of age are cared for, will be sufficiently wide so the staff can easily push out cribs during an evacuation.

x. Infant evacuation exits shall have ramps leading to a hard, level surface extending a safe distance from the building. The ramp shall be wide enough to safely maneuver the cribs, including any turns.

y. Each Child Development Center shall have at least 2 remote exits. Dead end corridors shall not exceed 20 feet in length. Travel distance to exits shall not exceed 150 feet from any point in the building.

z. Outside exit doors shall have panic hardware or fire exit hardware which meets Life Safety Code 101 standards.

aa. All means of exit shall have illuminated fire exit signs, as specified in NFPA 101. Battery powered emergency lights shall be provided in all activity areas and exit corridors.

bb. Each Child Development Center shall post the total occupancy loads at its entrance.

H. Special Needs Children.

1. Eligibility. Children with special needs include, but are not limited to, children with physical handicaps, auditory and visual disabilities, mental retardation, emotional and perceptual disabilities, or children with chronic illness, such as asthma, HIV, or cystic fibrosis. As a matter of policy, the Coast Guard extends eligibility to those children with special needs who may not be considered handicapped within the meaning of the Rehabilitation Act of 1973 § 7(6), Pub. L. No. 93-172, 87 Stat. 355, 361 (Sept. 26, 1973), codified at 29 U.S.C. § 701(7).

2. Admission Requirements. Courts have construed the Rehabilitation Act of 1973 to stand for the broad principle that the Federal government cannot discriminate against the handicapped. Consistent with the Act, Coast Guard Child Development Centers shall make reasonable efforts to accommodate handicapped children from eligible families. Child Development Centers also may admit children with special needs who are not considered handicapped within the meaning of the Act. In making the appropriate decisions, the Center Director shall obtain medical advice and consider the guidelines described below. Prior to admitting any child with special needs the director shall require a signed statement from a physician or specialist licensed or certified in the area of the child's special need. This statement shall be put in the child's file and shall include requirements for diet, medication, appliances, communication aids, and self-care assistance, in addition to the following:

a. Nature of the handicap or special need;

b. The child's special requirements;

c. Special accommodations which the facility must make to accept the child; and
d. Physician's opinion that the child will benefit from the type of program offered.

3. Special Needs Development Plan. After determining to accept the child for care, the center director, other pertinent staff, the parents, and a medical representative shall hold a pre-admission conference in which they will determine the child's appropriate age group and create a plan to meet the child's developmental needs. Families shall be allowed to have a knowledgeable professional accompany them to the conference, at their cost.

4. Special Needs Staffing. In cases which may require extra staff, the center with the assistance of family support organizations should establish a volunteer system to assist in the child's care. For children requiring specialized care beyond the child development center's ability to provide, or if after a child's admission it is realized that the facilities or program cannot meet the child's developmental needs without incurring significant expense, the center shall refer the family to an appropriate agency to assist them in locating services to meet the child's needs.

5. Medications. For reasons of safety, child care staff should not administer certain types of medications such as injections. However, some special needs children may require medication with every meal or on schedules as frequent as every 4 hours. In such instances, when a special needs child is accepted for full-time child care, staff may administer medication when it is determined that parents, other family members, or a trained health professional cannot be available to administer medication on schedule. The specific medication type and schedule should be individualized at the pre-admission conference based on information provided by a physician or other knowledgeable health care provider. When a physician indicates a need for special instructions in medication administration techniques, the availability of such training for staff shall be a legitimate issue in deciding whether to accept the child. A minimum of 2 staff persons should be designated to administer medication and know procedures or requirements, including those specified in paragraph G.2.g. above. The center must always obtain parents' written authorization on the Medication Permission Form, CG-5485 (enclosure (12)) and the Log of Medication Given CG-5486 (enclosure (13)) must always be maintained.

6. Dietary Needs. Parents with children who have special dietary needs will be provided with the center's menus in

advance. The parents are responsibile for bringing appropriate substitutes when necessary. Notification of all food allergies shall be provided in writing by medical personnel and given to the center director.

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

I. Parent Committees and Parental Involvement.

1. Commands shall establish a Parents' Committee for child development programs consisting of parents with children who are enrolled in the child development programs. The board will elect one person, active duty or civilian, with a child using a program as chairperson for a one-year-term. The child development center director and key staff, while not members of the committee, will participate in meetings and be available to answer parents' questions and concerns. The committee will afford parents an opportunity for direct input to the commanding officer concerning the facility operation and provide a means for the parents to get together to support the center. The committee chairperson shall summarize in writing any suggestions, needs, or committee concerns to the unit commanding officer. This committee shall **NOT** set policy for child development programs, nor is the committee an advisory committee within the meaning of the Federal Advisory Committee Act. Its role is not to provide advice to the Coast Guard or the local command regarding policy formulation.

2. The Parent Committee may raise funds to purchase materials for the child development center or to fund special projects, acceptance of which is subject to approval under applicable laws and regulations. Federal employees may only engage in fundraising as authorized under the Standards of Ethical Conduct, 5 CFR §2635.808.

3. In cooperation with the child development center staff, the director will develop a method to evaluate the progress of children regularly enrolled in the program and to report this information to parents. Usually, this should be a quarterly parent/caregiver conference or as requested by either center director or parent.

4. The center director shall maintain liaison with Family Support Programs staff, the Work-Life Staff, and community resources to refer parents when special needs arise which are beyond the capability of the center to provide. Coast Guard Family Special Needs Program, COMDTINST 1754.7A (series), applies.

J. Insurance.

1. Eligible non-appropriated funds (NAFA) employees may participate in NAFA employee benefit plans (e.g., Group Insurance and Retirement Plans). Workman's Compensation coverage is provided by law and paid for under the NAFA Consolidated Insurance Program.

2. Although the government is a self-insurer, individual employees are personally liable for their actions. Individual employees may want to procure liability coverage through a non-profit professional organization, such as the National Association for the Education of Young Children; 1834 Connecticut Avenue, N.W., Washington, DC 20009.

3. Unemployment expenses for NAF employees will be billed to the child development center account.

CHAPTER 4. FINANCIAL MANAGEMENT OF CHILD DEVELOPMENT CENTERS

A. Purpose. This section assists the director and/or designate in the proper financial management of the Child Development Center (CDC) and concentrates on budgeting, cost control, and reading and verifying financial statements.

B. Introduction.

1. First, running a CDC is running a business. The goal is to have a positive cash flow with parent fees covering NAF salaries and consumable supplies. Even though many operational costs are supported by appropriated funds, a director must make every effort to control the remaining costs and maintain tight control on expenses, paying particular attention to salary and salary benefits expense categories. A CDC is labor-intensive and payroll is the major variable expense to monitor and control in child development centers.

2. Good record keeping, a constant and detailed knowledge of expenses, income, profit and loss, is the first step toward efficient financial management of a child development center.

3. A director must rigorously track and analyze all costs and take corrective action as the single most important step in controlling costs and maintaining a break-even status at CDCs.

4. The center director ultimately is responsible and accountable for fiscal matters, including collecting, handling, and ensuring fees are deposited promptly. The director shall submit procurement requests for center equipment via the chain of command.

C. Budgeting. A budget is a list of every item or expense connected with a program for which payments must or may be made. It also projects or estimates what it will cost to get from point A to point B in operating a program.

1. Purposes.

a. Budgeting is a planning process which forces a manager to think out exactly what is planned to happen over time in the program and how much each part of the plan will cost for staff, supplies and other expenses as compared with the projected revenue.

b. Second, an annual budget is a benchmark against which to measure expectations with actual events. Monthly financial statements are compared with the budget as a "yardstick" of actual performance in both revenue and expense categories versus planned.

c. Third, tracking the center's operational costs against a budget estimate enables a manager to become aware of any possible problems early and take corrective or preventive action. Waiting until later or the end of the fiscal year is too late to take effective corrective action.

2. Expense Categories.

a. Staff salaries and fringe benefits include all personnel paid from non-appropriated funds. Employee fringe benefits are those for which the program pays, such as social security, retirement, unemployment insurance, medical insurance, or sick leave.

b. Equipment includes all of those purchased items which are not regularly used up or consumed, including everything from office machines to cribs for the infant room. Large play equipment, garbage cans, books, vacuum cleaners and tables are considered equipment.

c. Supplies and materials include all those items which are used up in the daily center operation. Housekeeping supplies, paste, paper, and office supplies are included in this category.

d. Food and snacks include all food costs except labor for center meals and snacks.

e. Miscellaneous costs are expenses which do not fit easily into more specific categories.

3. Each year the director shall compare the percentage of the center's gross income consumed by each expense category in the budget, e.g., did the amount spent on salaries comprise a larger proportion of the total center income last year than it did the year before?

4. The director shall compare the percentage of change from one year to the next in the amount spent for the same budget items, e.g., how much did expenses for consumable supplies increase from one year to the next?

5. Center directors must complete and submit annual budgets before the beginning of each NAF fiscal year. Budget line items should include, at least the categories listed on Form 5484E (enclosure (5)). Send the budget via the chain of command for approval and submit to Commandant (G-HPW) with a copy to Commandant (G-PXM) for review.

D. Expenses.

1. Fixed costs are expenses which continue at the same level, no matter how many children attend the CDC, including rent, utilities, essential equipment, and administrative staff. Military child development centers such as the Coast Guard's centers have a considerable advantage over civilian child care centers because appropriated or non-appropriated funds (fees), which support the installation's overall facilities pay many fixed costs. The following fixed costs of a CDC may be paid from appropriated funds:

   a. Free rent or facility use on the installation;

   b. Utilities (light, water, heat, and telephone expenses);

   c. Salaries of the director, assistant director, nutritionist or cook, and lead teachers;

   d. Accounting services; and

   e. Purchasing and contracting services.

2. Variable costs over which management has some control, vary with the number of children in child care. If attendance and resulting income decrease, fixed costs consume a higher percentage of CDC earnings. The director must make every effort to keep variable costs as close as possible or below the percentage projected in the budget. If income fluctuations occur and variable costs are not adjusted downward the center will be in immediate financial difficulty.

   a. The most common mistake in child care is to consider salaries as fixed costs, whereas they are variable costs. When income goes down trim payroll to prevent overspending.

   b. Historically, employee payroll benefits average 30 percent of total labor costs; when added to payroll costs, they can exceed revenue.

   c. The cost of supplies fluctuates with the number of children enrolled, including the necessary replacement of toys, play equipment, and food for meals and snacks for varying numbers of children.

   d. Accrued costs such as unemployment that may be paid quarterly should be indicated on the monthly statement in which they are accrued to provide a true picture of the financial situation of the center.

E. Staffing.

1. A child development center is a service; therefore, the major expense in providing child care is the salaries of the personnel who provide the service. In commercial CDCs personnel costs make up at least 80 percent of the operational expenses. Because appropriated funds cover facility and other costs, the percentage of personnel costs in Coast Guard CDCs is even higher than 80 percent; therefore, the managing personnel efficiently is essential.

2. Since children arrive and leave at various times, staffing levels must be adjusted accordingly to reflect this fact. Staffing levels must include a healthy mix of intermittent or part time employees to adjust the workforce size rapidly to respond to changing numbers of children during the operating day. As one military officer observed, "This is the toughest management position on the installation,...you are essentially hiring and firing people all day long" and, that is precisely what happens.

3. While some believe it is not possible to hire "good" caregivers without guaranteeing them full-time positions, this need not be the case. In fact, some people may prefer part-time or intermittent work. An additional benefit of part-time employment: working with children all day is physically, mentally, and emotionally exhausting. It is a rare person who can perform at his or her best with children for an eight-hour time period.

4. Full-time staff requirements depend largely on the size of the center, the number of operating hours per day, and the number of predictable full-time children for whom care is provided. The "core" staff work schedule -- full or part-time supervisors, receptionists, lead teachers, and assistants -- should remain relatively unchanged from week to week. Specific schedules for full or part-time teachers can change, if necessary, in accordance with civilian personnel policies. For example, sometimes staff schedules must change during holiday periods.

5. With a little thought and some experience, it is possible to manage "intermittent" or "on-call" staff, to anticipate their probable work schedule. When possible, prepare work schedules for intermittent employees 2 weeks in advance. If they are at home and available to come in on this standby status, they are a reliable resource in time of need.

6. Maintain required staff-to-child ratios in the center from hour to hour, using these U.S. Coast Guard staff ratios:

AGE	STAFF
Birth to 1 Year	1 to 4
1 Year to 2 Years	1 to 5
2 Years to 3 Years	1 to 7
3 Years to 5 Years	1 to 12
5 Years and Older	1 to 15

7. Accurately staffing the center is vital to the children's well-being, to staff morale, and to effectively manage the center's costs. Monitor ratios closely. Analyze daily to see clearly the staffing needs of the center. If the center is overstaffed, adjust staffing.

8. Caregivers must be flexible and willing to shift rooms. For example, if an overstaffing situation occurs in the infant room because several parents have taken their babies home but an understaffing situation has occurred in the school-age room because the children have just arrived from morning kindergarten class, caregivers shall be moved from the infant to the school-age room to maintain adequate staff:child ratios.

9. Seek to maintain the maximum recommended number of children in each age group, but make sure that the center's maximum capacity is not exceeded.

10. Managing the payroll requires knowing the number and location of children and caregivers present in the center.

11. Establish cost-effective hourly work schedules for caregivers.

    a. After tallying attendance for a period of time, a director may see a pattern evolving in which too many caregivers work in the morning compared to the number of children usually in the center then. As a result, the center is overstaffed during this period, which can be expensive. There may be effective, less costly ways to operate. Some caregivers' staffing hours may be changed; e.g., 3 start at 0630 hours, another 2 at 0700, and 2 more at 0730. An added benefit of this type of schedule is the afternoon staff transition becomes easier and less confusing because all caregivers are not leaving at the same time.

b. Until a clear pattern develops, at the end of each hour it is possible to calculate the approximate income by multiplying the number of children in the center by an average hourly fee. If the wage figure is larger than the income, the center operated at a loss. When the income is larger than the wage figure, the center has been profitable during that hour.

c. At the end of each day's operation, total the income and wage figures, which have been entered hourly. The goal is to break even at the end of each day.

F. Income and Fees.

1. Fees are to be charged on a sliding scale based on total family income. In determining these fees, consider these factors:

a. Our requirement is to have a positive cash flow at each CDC with parent fees covering NAF salaries and consumable supplies. If excess funds are generated over operating costs, these funds shall be used within the CDC program.

b. Our program guidelines indicate that fees charged should be between 50 and 75 percent of the commercial child care rates/fees charged in the local center's geographic area. This is only a guideline. The fees charged can and should exceed this guideline to avoid a loss or putting the center in a position where a subsidy is necessary to cover expenses.

c. In setting fees consider these variables.

(1) The number of children of various ages who are enrolled in the center and the related costs providing care for each age. At this time we do not charge a higher fee for infant care than for other age groups so it is important to balance the need for infant care with good business practices.

(2) The types of care that the center provides, e.g., full day only, partial day, before and after school, drop-in care, and the proportion of each.

(3) The ability of parents to pay for the care and mixture of pay grades.

(4) The special, extra cost services that the center may offer, e.g., meals, transportation services, diapers and diaper wipes.

d. Parent vacation days are not authorized. Parents need to pay to keep space for the child whether or not the child attends on a given day.

e. Employees, current and future hires, shall pay full price for their children based on the sliding fee scale.

f. Discounts for additional children in the family should not normally exceed 10 percent. Centers with special conditions, such as geographic location, that would lose business because of this restriction have the authority to implement a higher discount. Please note this fact on your financial report if applicable.

g. Consider charging an annual registration or materials fee.

2. Remember, the test of a fee structure is whether it produces the revenue required while keeping cost to individual families reasonable.

G. Financial Reports.

1. The reporting system must support the level of detail needed for those who receive reports. The director needs to focus on knowing what information is necessary. Weekly information on enrollment, attendance, and waiting lists is needed for planning. Prepare formal cash reports weekly. Deposit checks and cash promptly and as agreed to by supervisor in the chain of command. Deposit cash/checks over $200 daily. Directors should review actual revenues and expenses monthly for consistency with the annual budget. Submit Form CG-5484E, enclosure (5), quarterly to Commandant (G-HPW-2) by the 15th of the following month.

2. The center director, supervisor, and the command should require monthly reports from accounting personnel that summarize the center's status including:

a. Current financial status, including current income and expenses.

b. Comparison of the budget to actual performance.

c. Obligations, payables, and summary of available funds.

d. Attention to any potential problems.

e. Balance sheet.

3. The MWR and/or CGES staff and the center director should review and approve financial reports monthly.

4. Guidelines for directors in using monthly financial reports.

   a. Ask questions if reports are not absolutely clear.

   b. If necessary information is lacking, request what is needed. Describe or define it clearly.

   c. Circulate copies of reports to all who need the information contained.

   d. Irregularities should be reported to, and discussed with accounting personnel. Unresolved discrepancies should be reported through the proper chain of command.

H. Facility Funding. Use of appropriated funds for construction, operation, and maintenance (including contractual services) of child development centers is authorized and shall be utilized to the extent allowed. In addition, purchase equipment and non-consumable supplies with appropriated funds when available. Set user fees aside to cover daily costs of salaries and consumable items, including food, paper, glue, etc. Non-appropriated morale funds may be used on a case-by-case basis for specific purchases. However, do not use them as a regular or recurring source of funds to offset child care costs which user fees should cover.

CHAPTER 5. FAMILY CHILD CARE SERVICES

A. Purpose. This chapter provides policy and guidance on establishing and operating Family Child Care Services in Coast Guard-owned or -leased housing. The Family Child Care Program provides minimum standards for the care and protection of children while being cared for by certified family child care providers, and it expands the availability of dependable services for families. This policy does not apply to homes not under Coast Guard control.

B. Discussion. Family Child Care (FCC) is a cost-effective child care delivery system which provides child care without large expenditures for facilities. FCC reduces the burden on center-based care programs by providing 24-hour and long-term care for children of watchstanders, extended care for children with special needs, and care for mildly ill and newborn infants. Counting DoD, the FCC delivery system provides employment opportunities for thousands of military spouses. FCC services are generally convenient and economical, and are a desirable option for the growing number of civilian and military dual-career and single-parent families.

C. Policy.

1. FCC is defined as child care provided on a reimbursable, or bartering system and on a regularly-scheduled basis for 10 hours per week or more by an individual who resides in Coast Guard-controlled housing. Such housing is defined as on-base housing owned or maintained by the Coast Guard, or off-base housing owned or leased by the Coast Guard. The maximum number of children in care shall be limited to six, including the provider's own children under the age of eight.

2. Uncertified child care is prohibited in Government-owned or -leased housing subject to the exceptions provided in this manual. Policies, procedures, and standards contained in this manual apply to all FCC services in Coast Guard-controlled housing unless noted otherwise.

3. Teenagers under 18 years of age providing child care in the child's own home for only that child; however, do not have to be certified.

4. The primary responsibility for child care rests with the parent; however, guidance in this manual will help parents make informed decisions for the most appropriate care of their children. (See enclosure (2)).

5. Providing FCC services in Coast Guard-controlled housing is a privilege, not a right, extended to family members of military personnel with the written permission of the unit commanding officer. Operation of such services in Coast Guard-leased housing must also be conducted with the written consent of the leased unit's owner or owner's agent. An application for providing family child care is contained in enclosure (14).

6. Active duty military personnel, Federal employees working or living on a Coast Guard unit and other civilians living in the community with the permission of the command are eligible to use on-base family child care. FCC providers in Coast Guard-owned or -leased housing shall give priority to Coast Guard members' children.

7. This manual contains standards for FCC operation in Government-controlled housing. However, family child care services must comply with whichever standards are most stringent: Coast Guard, State or local regulations. The DRC/FCCC shall make this determination. Contact shall be made with the local department of social services or equivalent agency for licensing information. Licensing information from each state will be obtained by the DRC/FCCC and then be compared to the Coast Guard's policy to determine whichever standards are the most stringent.

8. Family child care services in off-base Coast Guard-owned or -leased housing shall be licensed by the State, county, or local authorities where required. The unit commanding officer may require licensing of on-base family child care where a license is available.

D. Authority. The operation of family child care in government quarters (Coast Guard-owned or -leased) is authorized by the Coast Guard Housing Manual, COMDTINST M11101.13 (series). Providing family child care in leased or owned quarters is a privilege extended to family members at the discretion of the local unit commanding officer. Abnormal wear and tear on quarters due to providing family child care can lead to the home's decertification. Individuals providing uncertified family child care in CG-owned or -leased quarters are subject to appropriate measures.

E. Program Oversight. The FCC Program shall be within the administrative and operational oversight of the Integrated Support Command staffs. In view of the responsibility involved, a person with a degree and practical experience in child development or a related field shall be designated as a monitor. In the absence of the Dependent Resource Coordinator/Family Child Care Coordinator (DRC/FCCC), the child development center director may monitor a total of 30 family child care homes. Appropriated funds are authorized to

accomplish program oversight, train child care providers, and to establish lending lockers. Lending lockers materials are are defined as durable equipment such as cribs, playpens, and mats or cots. Reports detailing the use of appropriated funds for the FCC Program are due two weeks after the close of each quarter to include the following: (1) number of family child care providers, (2) number of providers receiving training, (3) the number of providers utilizing materials from lending lockers and (4) date when the home was last inspected. The DRC/FCC Coordinator or persons responsible for child care should complete this report and then send it to (G-HPW-2). (See enclosure (15)).

1. The Dependent Resource Coordinator/Family Child Care Coordinator (DRC/FCCC) listed in enclosure 16, shall:

   a. Act as a focal point for overall child care coordination within their areas of explicit responsibility. A checklist, attached as enclosure (2), shall be provided to all parents to assist them in making informed decisions regarding child care;

   b. Identify, recruit, train, certify, and monitor FCC providers, and prepare a budget for all aspects of the FCC Program;

   c. Ensure all background checks are processed. (See enclosure (17)). Send requests for background checks in accordance with enclosure (18) to Commandant (G-HPW-2). Persons with a history of violence will be excluded as FCC Providers. Review possible exceptions on a case-by-case basis. (See enclosure (18));

   d. Establish procedures to register, approve, inspect, monitor, and terminate family child care in Coast Guard-controlled housing by following the guidance in this Manual. An FCC application is attached as enclosure (14);

   e. Establish relevant local policies for family child care for medical, health, and safety requirements, fire and emergency procedures, and a compliance monitoring/inspection program. The U.S. Department of Agriculture requirements for nutritious meals are attached as enclosure (10);

   f. Report all accidents and/or property damage as COMDTINST M5830.1 (series) requires;

   g. Report immediately all allegations of child abuse or neglect occurring in FCC providers' homes according to local laws and Coast Guard Family Advocacy Program

policy, COMDTINST 1750.7B (series) to the command Family Programs Administrator and (G-HPW-2). Guidance to providers and commands to minimize the risk of child abuse are provided in enclosure (4);

h. Ensure family child care services in off-base Coast Guard-owned or -leased housing are licensed by the State, county, or local authorities where required. The unit Commanding Officer may also require licensing of on-base family child care where available;

i. Contact the local department of social services or equivalent agency for licensing information. Where appropriate facilitate developing a memorandum of understanding for state or local agencies to inspect, license, and monitor family child care, usually at no cost to the Coast Guard. Your memorandum of understanding must be reviewed by a legal official; and

j. Ensure regular, documented visits. Once the FCC Provider has fully met certification requirements, conduct at least one visit per quarter using the Family Child Care Checklist. Ensure at least one of the quarterly visits is unannounced and all are documented. (See enclosures (15) and (19)).

2. To promote a safe, successful Family Child Care Program, unit commanding officers shall:

a. Inform occupants that Family Child Care Services will be allowed only in compliance with this manual;

b. Develop appropriate procedures for closing unauthorized child care services conducted by occupants in government housing. Members could lose housing if uncertified child care is provided in the Coast Guard-controlled quarters;

c. Establish procedures for screening housing records for incidents that create doubt about an applicant's or provider's suitability to operate under the auspices of the FCC Program;

d. Be responsible for conducting the initial inspection of all applicant homes, i.e., owned/leased and noting any discrepancies and directing corrective action;

e. Provide training for the FCC Providers in fire and safety procedures or else train the DRC/FCC Coordinator to provide this instruction for the providers;

f. Approve or disapprove applicants based upon the initial inspections of quarters; and

g. Support the DRC/FCC Coordinator with consultations, resources and technical assistance about fire prevention and any housing-related incidents.

3. Commanding Officers and Officers-in-Charge of units with Coast Guard-controlled housing shall designate a point of contact to work with the appropriate Dependent Resource Coordinator on child care matters.

F. Denial, Suspension and Revocation of FCC Certification. Becoming a FCC provider is a serious undertaking. Policies set forth in this Manual are intended to prevent children from being placed in an "at risk" situation.

1. An applicant may be denied certification based on, but not limited to, the following:

a. Failure to submit all required information and forms.

b. Failure to meet all background clearance requirements.

c. Failure to meet minimum health, fire and safety standards.

d. Failure to successfully complete the required initial 24 hours of training.

2. If an individual fails to complete any of the requirements listed above and is denied certification, the applicant may appeal the decision in writing within 15 days to the district commander. Likewise, if a provider fails to maintain these requirements, certification can be revoked. If revoked, the provider also has 15 days to appeal the decision.

G. Provider Qualifications.

1. The FCC provider must be at least 18 years old, a responsible, emotionally stable person capable of exercising good judgment in caring for children, and have the ability to speak, read and write functional English.

2. The FCC provider shall, before receiving approval to provide family child care, have a physical examination including a tuberculosis (TB) screening test. It is recommended that female providers of child-bearing age have a rubella antibody titer unless they are immune or have been immunized. After their initial physical examination, providers shall have a physical examination every 3 years unless local or State regulations requires

them more frequently. Records of the provider and provider's family physical examinations and immunizations shall be on file in the provider's home. All such examinations and immunizations are at the provider's expense.

3. An FCC provider must be a family member and an authorized resident in Coast Guard-owned or -leased housing.

4. The ultimate responsibility for determining any caregiver's qualifications rests with the child's parents. However, the Coast Guard will process background clearances on each FCC provider to determine if there is any prior history of child or spouse abuse and/or neglect. The commanding officer will be use these methods of gaining information before certifying an FCC provider.

   a. Reference check from former employers.

   b. Check of case files with the Coast Guard Central Registry, and also with the Department of Defense (DoD) for family advocacy will be conduct by Commandant (G-HPW-2). DRC/FCC personnel at the command level shall complete an Installation Records Check (IRC). An IRC may be completed only on an individual who is a military or family member or who lives or works on a military installation. The IRC shall consist of these:

      (1) Checks of local criminal records by the Security Officer and of child and spousal abuse records by the Family Program Administrator;

      (2) Checks with base medical officers and drug and alcohol program personnel; and

      (3) A signed acknowledgement that such information will be sought as part of the FCC application.

5. FCC providers shall be issued a provisional certfication pending approval of the IRC. To obtain full certification the following must be completed.

   a. <u>Background Check</u>. Public Law 101-647, codified at 42 U.S.C. 13041, requires all personnel working in child development services programs to have a Federal Bureau of Investigation fingerprint check and a check of State Criminal History Repositories. Persons shall be determined unfit for employment if their history includes any conviction of a sexual offense, drug felony, violent crime, criminal offense involving

children, or information reflecting adversely on their ability or suitability to work with children. Further guidance is given in enclosure (18), which is applices to center-based and Family Child Care.

b. As part of the precertification process, providers shall be interviewed by the DRC or FCCC using questions in Enclosure (18). A law enforcement official shall then fingerprint the prospective provider and forward one copy of FD 258 to Commandant (G-HPW-2) for processing. Additional FD 258 forms may be obtained from Commandant (G-HPW-2).

6. The FCC provider shall be certified in Red Cross Multimedia first aid or its equivalent and cardio-pulmonary resuscitation (CPR) before certification.

7. The FCC provider shall participate in 24 hours of initial training during the first year; however, the 24 hours does not include CPR and Red Cross certifications. For each year thereafter 16 hours of training is required. The FCC provider should obtain training in the following:

   a. Orientation of FCC program;

   b. Business practices/record-keeping/parent relations;

   c. Child abuse reporting, appropriate touch, prevention;

   d. Basic first aid;

   e. Cardio-pulmonary resuscitation;

   f. Child growth and development;

   g. Food sanitation, nutrition, and meal requirements;

   h. Discipline policies; and

   i. Health, safety, emergency procedures.

8. The DRC/FCC Coordinator may conduct training or providers can obtain it through community colleges, videos from the lending lockers or local libraries, Extension Service workshops, professional organizations, child development center staff training, conferences, and other community resources. The DRC/FCCC shall keep on file certification of such training.

H. <u>Provider Standards</u>.

1. Individuals caring <u>only</u> for relatives do not need certification.

2. Each provider shall arrange for another approved adult (18 years or older) to be available to provide backup support during emergencies. Likewise, each provider is encouraged to arrange for backup support for non-emergencies such as vacations or anticipated hospitalizations. However, the ultimate responsibility for child care continues to rest with the parents.

3. Backup support may be provided in another certified home or in the provider's home as long as the substitute meets minimum requirements. Minimum requirements are CPR and First Aid Training, Child Abuse and Neglect Reporting and Prevention Training, and background check. A substitute provider can be an adult family member or a certified provider. Liability insurance coverage is required if the substitute provides care in his or her home, but not if the substitute provides care in the provider's home,

4. The provider shall notify the parents of her or his absence and the substitute's presence. The provider and the parent may wish to reach an agreement on terms for the care and supervision of their child(ren). (See enclosure (20)).

5. The provider shall have an emergency response plan including fire evacuation, serious injury and ingestion of poisonous substances.

6. The provider shall have a working telephone, with a list of emergency names, telephone numbers, and parents' work numbers posted, or readily available for easy reference in emergency situations.

7. The provider shall receive a basic orientation (as part of the required 24 hours of training), including a review of this chapter of the Manual and applicable state child care regulations.

8. The provider shall have the following information available for parents:

   a. FCC Services are a private independent enterprise;

   b. FCC providers are independent contractors and do not provide a warranty or act as a guarantor;

   c. Fees charged are a private matter between provider and parents;

   d. Fees should be clearly agreed upon before parents leave children the first time; and

e. The provider must give parents a written fee schedule and the provider's operating hours.

I. Certification Requirements.

1. The commanding officer will certify providers after the DRC/FCC Coordinator provides proof that certification requirements are met.

2. FCC Provider homes will be classified as having: (1) provisional certification, or (2) full certification.

3. Provisional Certification can last for up to one year. Providers are required to complete these: (1) complete application; (2) basic orientation, including a review of the Coast Guard child care policy and local and state child care regulations; (3) record of medical evaluation; (4) background clearance information (must be completed within 30 calendar days); (5) CPR and First Aid training (must be completed before provider can care for children); (6) home inspection; and (7) proof of liability insurance.

4. Full Certification may be issued once the provider has completed the initial 24 hours of training and the results of the background check contain no adverse information.

5. Certification means only that the provider met necessary requirements when certified and does not imply a Coast Guard warranty.

J. Program Activities.

1. The provider shall offer activities and experiences that enhance the children's physical, social, emotional, creative, and intellectual well-being.

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

3. All FCC Providers will be given a written discipline and touch policy statement based on Section 2.F.2 of this Manual prior to providing care. The policy will clearly state which disciplinary techniques will be used, e.g., time out" or removal from the group for brief periods (five minutes or less).

4. Corporal punishment is prohibited. Providers shall discipline and guide through constructive methods. Loud, profane, or abusive language shall not be used. Food shall not be withheld as a discipline measure. Punishment by peers is not permitted.

5. Educational television has value, but extended viewing is no substitute for other planned activities.

K. Family Child Care Insurance.

1. Liability insurance is required because FCC providers are independent contractors and not U.S. Government employees. As independent contractors, FCC providers may be held personally liable for claims if they do not have insurance.

2. Family Child Care providers are required to maintain personal liability insurance coverage of $500,000 per occurrence/$500,000 aggregate in personal liability insurance coverage, and $1,000 per person/$5,000 occurrence in medical payment coverage. The Coast Guard shall be named as co-insured. Insurance is required whether caring for one child or the maximum authorized total of six children.

3. To assist FCC providers in obtaining adequate insurance at a reasonable cost, applicable Work-Life Staff points-of-contact and Child Development Center directors (who have family child care responsibilities) have information on competitively priced liability insurance coverage with a commercial insurance company which the FCC provider may purchase. The Coast Guard Mutual Assistance Program will provide financial assistance to obtain the initial fee required for liability insurance. The provider's sponsor should contact their Mutual Assistance Representative to apply for the loan.

4. The DRC/FCCC shall advise providers they may be held personally liable for claims and/or awards for damages resulting from acts, omissions and provisions specifically excluded by their liability insurance coverage or claims which exceed their coverage.

5. The DRC/FCCC will monitor the FCC programs to inform both the FCC providers and the Coast Guard of potential liability claims that may arise from the operations of the FCC Program in accordance with the Claims and Litigation Manual M5890.9.

6. If the FCC provider at any point becomes inactive, he or she should notify the DRC/FCCC, who in turn will notify the insurance company, which will adjust the policy and mail the provider a refund if due in accordance with the terms of the policy. These policies are generally transferable, according to the terms of the specific policies.

L. Child Care Provider Ratios.

1. A single FCC provider may care for a maximum of six children in the home, including the provider's own children under the age of eight. A maximum of 12 children may be cared for if two approved caregivers are present. However, the total number of children cared for cannot exceed the maximum established by State or local regulations.

2. No more than two children under the age of 2 years (only one of these two children under 2 months of age) may be cared for by a single provider in a home. (Exceptions shall be considered on a case by case basis.)

3. The ratio of children to adults shall not exceed three-to-one in special needs homes where one or more children is retarded, emotionally disturbed, or otherwise handicapped and requires more than usual care. Before admitting a special needs child to FCC Services, the caregiver shall obtain specific information from the child's parent and the physician about requirements that may affect his or her participation in the program and which may require immediate emergency medical care.

M. Space Requirements.

1. Indoor Space. There shall be adequate indoor space --- at a minimum of 35 net square feet per child --- for the number of children receiving care. Net space is that which a child may use for activities or play. If, in the DRC/FCC Coordinator's or any inspecting officer's opinion, the quarters are too small for the maximum number of children allowed, they shall reduce the number of children allowed in that home.

2. Outdoor Space. All children shall have the daily opportunity to play outdoors weather permitting.

   a. An adult shall directly supervise children at all times while playing outdoors.

   b. Outdoor play space will be free of hazards including debris, broken glass, water holes, wells and open drainage ditches.

N. Health Requirements.

1. The maximum number of children authorized for care in a Provider's home shall be determined by one of the following: 1) the local fire department inspector, 2) Child Development Center Director, 3) Dependent Resource Coordinator/Family Child Care Coordinator, or 4) Licensing Representative or designee.

2. Each child shall have a separate, clean place to sleep or rest. Mattresses shall have waterproof covers. Bed linens shall be changed promptly when soiled or when used by different children. Crib slat openings shall be less than 2 and 3/8 inches to protect infants from serious injury.

3. Providers shall collect registration and health information on forms required by Coast Guard or State child care regulations and maintain on file these forms and a medical consent authorization for all children enrolled. Forms are provided (see enclosure (11)), and shall be completed for each child prior to enrollment and updated annually. All immunizations must be current.

4. Providers choosing to administer oral or topical medication, (see enclosures (12) and (13)), must assure the following conditions are met for children's protection as well as their own:

   a. Have available a statement signed by the prescribing physician certifying the medication's necessity, its dosage, and the time(s) of administration;

   b. Written parental permission to give medication(s); and

   c. Maintain a written record of date, time and amount of medication administered and by whom.

5. A basic first aid kit shall be readily available to the FCC Provider, but out of the reach of children.

6. Providers are encouraged to care for mildly ill children who ordinarily would not be admitted to a Child Development Center; however, providers are not expected to care for a child with an infectious disease or serious illness.

7. Animals are permitted in the home providing their presence is in accordance with CG housing regulations, they have been inoculated, are certified to be free of diseases that could endanger the health of children, and do not have a

history of violent behavior (written verification by veterinarian is required). Animals are not permitted in the room while food is being prepared.

8. The home shall be maintained in a sanitary manner and personal hygiene standards will be observed. Failure to meet health standards will result in decertification.

O. Fire and Safety Requirements.

1. Functional smoke alarms shall be installed in the kitchen and in areas where children sleep.

2. FCC Providers shall ensure that hazardous heating devices such as radiators and floor furnaces are covered appropriately to prevent injury to children. They shall not use portable heaters in areas where they provide care.

3. Providers shall post emergency telephone numbers (including fire, police, rescue and poison control services) near all telephones used by care providers during operating hours.

4. All electrical outlets accessible to children will be child safe types that prevent electrical shock, or will be shielded by protective covers when not in use.

5. All electrical appliances, fans, and similar appliances shall be listed by Underwriters Laboratory or Factory Mutual. If portable electric fans must be used, they will be covered by a protective safety screen or grid to prevent children from touching the blades. Children should never be left alone in a room when a fan is in use.

6. No child care activities will be permitted in a room containing a furnace, domestic hot water heater, or gas meter. Open flame heaters may not be used in family child care homes.

7. Heating elements, including radiators, pipes and heat generating appliances shall be protected from child contact.

8. All flammable liquids, gases, except heating fuel, shall be stored in accordance with guidelines found in the National Fire Protection Association (NFPA) Life Safety Code 101 and Environmental Health Manual, COMDTINST M5100.47 (series).

9. Matches, medications, power tools, knives, razors other sharp objects, detergents, solvents, cleaning and other hazardous supplies, and flammable or caustic materials will be kept in a secured area inaccessible to children.

10. Fire extinguishers are required in the home, in accordance with the Life Safety Code 101, and shall be approved by the local fire marshal/official. Training in the use of these may be provided by the local Fire Marshal or fire department.

11. Fire prevention inspections shall be conducted quarterly by either a Fire Inspector, Coast Guard Safety Supervisor, or other person designated by the Commanding Officer or Officer in Charge. A copy of the latest inspection shall be posted near the entryway used by patrons.

12. Monthly fire drills shall be held, weather permitting, and a record of such drills shall be completed properly and kept on the premises.

13. Each closet door latch shall allow a child to open the door from inside the closet.

14. Each bathroom door lock shall be designed to permit the opening of a locked door from the opposite side in an emergency.

15. There shall be at least two separate exits to the outside.

16. Areas used for child care should be free of:

    a. Lead-based paint;

    b. Ureaformaldehyde insulation;

    c. Exposed electrical wiring; and

    d. Radon or asbestos hazards.

17. Potential hazards in the home shall <u>never</u> be accessible to children. These include but are not limited to:

    a. Firearms or ammunition;

    b. Household cleaning agents;

    c. Medicines;

    d. Sharp objects or furniture corners;

    e. Matches;

    f. Poisonous plants; and

    g. Alcohol.

18. All windows in rooms used by children should be covered by secure screening.

19. No alcoholic beverages shall be consumed in the home during the hours child care is provided.

20. The FCC Provider may not smoke while engaged in caregiving practices that require direct physical contact with children; e.g., feeding, diapering, dressing, rocking or holding. However, secondary environmental tobacco smoke has been identified as a carcinogen; therefore, parents shall be advised, if the provider or a family member smokes.

INFORMATION ON ESTABLISHING A PARENT CO-OP

This enclosure contains some guidelines for one form of parent co-op. A parent co-op is an arrangement among members and is not an official USCG activity. A babysitters club is very effective in meeting the need for sporadic child care, especially during the evening. A parent co-op shall not be used to meet working parents' child care needs. The club operates on the principle of credit in lieu of money as parents exchange babysitting services.

BABYSITTERS CLUB
(*Rules and Procedures*)

MEMBERSHIP REQUIREMENTS:

* A prospective member should live in (name area), should be referred by a member, and must have read and understood the rules.

* Total club membership may not exceed 40, with a waiting list when necessary.

* A fee of $_____ will be collected annually from each member by (date) to cover mailing, duplicating and bookkeeping costs. The fee will be prorated for new members in 4-month segments.

* After joining the club, the member should submit emergency information such as work numbers and the name and telephone number of the child(ren)'s physician to the bookkeeper.

* A meeting shall be called early in the year, when club members may revise rules, assign bookkeepers, and choose a new executive committee.

PROCEDURES FOR OBTAINING A SITTER:

* A member who wants to employ a sitter should call the bookkeeper and specify the date and time when the sitter is needed. A member may ask for a specific sitter to be called first. Otherwise, the bookkeeper will give preference to those most in debt to the club and to new members. It is the sitter's responsibility to notify the prospective employer immediately after accepting.

* If the time is short (24 hours or less before needed), the bookkeeper will give the employer the names of the members in debt and the employer must find the sitter. If a member desires to contact a sitter directly for any reason, the member must first call the bookkeeper and ask which members most need hours.

* For daytime sits before 5:00 P.M., the employer brings the children to the sitter. For evening after 5:00 P.M., a sitter goes to the employer's house. An employer and sitter may make other arrangements by mutual agreement.

EMPLOYER RESPONSIBILITIES:

* Before arrangements are made, the employer should inform the sitter of illness among the children, especially when there has been fever within 24 hours.

* The employer should notify the sitter if he or she is to care for children other than the employer's. The sitter will charge double should he or she assume this responsibility.

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

* The employer must leave word where to reach him or her, numbers of the family pediatrician, police and fire departments.

* The employer may not extend the time of the sit the same day unless the sitter agrees. The employer who cancels the same day should compensate the sitter with 2 hours time for an evening sit and 1 hour for a daytime sit.

SUGGESTIONS FOR EVENING SITS:

* If possible, parents should bath, feed, and have the child(ren) ready for bed. The bedtime procedures should be explained. Sitters will appreciate refreshments, a pillow and blanket for late hour sits.

SITTER RESPONSIBILITIES:

* Once a sitter has accepted a sitting job, it is his or her responsibility to find a replacement if the sit becomes impossible.

* The employer's approval should be obtained if the husband is to sit.

* Before the sitter leaves the employer's home, he or she and the employer should agree upon the number of hours to report. The sitter then must notify the bookkeeper as soon as possible of the hours, at the latest by the end of the month. The bookkeeper may refuse to record hours earned in the previous month when more than 2 weeks have passed since the sit.

OTHER RESPONSIBILITIES OF MEMBERSHIP:

* A member must use the club either as a sitter or employer at least once during a 3-month period to retain membership. After a 1-month grace period, the member's name automatically will drop from the list. The executive committee will notify members of their months of non-use before their grace period begins.

* A member may not owe or accumulate more than 20 hours. When a sitter has accrued 20 hours, he or she must use the club before sitting again. By the same token, when a member owes 20 hours to the club, he or she may not employ a sitter again until the member has sat and reduced the indebtedness. It is each member's responsibility to keep a personal time record of the running total of hours owed or accumulated.

* A member who resigns from the club should make up any indebtedness to it before leaving. A member is unable to do so, will pay the club a dollar for each hour of indebtedness. If a member has a credit balance, unused credit will lapse.

DUTIES OF THE BOOKKEEPER:

* These duties will rotate monthly to each member in turn as scheduled at the annual meetings. The Executive Committee must approve any changes in the schedule. The bookkeeper will be "paid" with one-half hour credit from each member.

* The bookkeeper will keep accurate records and balance books at the end of the month, calling on the previous month's bookkeeper for assistance, if necessary. The bookkeeper should deliver the books promptly to the successor by the first of the following month. No person shall keep the books for 2 consecutive months.

* Before releasing the books, the bookkeeper will inform members of their balance, and new members' names by mail.

* A bookkeeper WILL NOT accept the books if they are not balanced. If the bookkeeper does not know how to keep the books, the previous month's bookkeeper will explain the procedure before leaving them. It is suggested that the Executive Committee call a meeting early in the year for new members and those who have never kept the books to explain the club's bookkeeping procedures.

* The bookkeeper will notify the Executive Committee when members have not used the club for 3 months and vacancies exist.

DUTIES OF THE EXECUTIVE COMMITTEE:

* At the annual meeting members will choose a committee of three who shall choose a committee head among themselves. The committee shall collect dues from each member at the beginning of

the year, preside over the treasury, provide bookkeepers with the funds necessary to cover costs of mailing and supplies, accept referrals of prospective members and handle the waiting list, contact prospective members to make sure they understand the membership responsibilities, notify members who have not used the club for the specified 3-month period, and inform members when it becomes necessary to remove their names from the membership list.

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

CREDITING SITTERS' HOURS:

* Only hours and half hours are counted. One-half hour is credited as 15 to 45 minutes.

* The time is counted from the sitting time requested or, if the sitter is late, from time of arrival.

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

* Double time is credited after 1:00 A.M. or for sitting during dinner hours from 5:00 to 7:00 P.M.. It is the sitter's responsibility to remind the employer when entitled to double time.

CHILD CARE CHECKLIST FOR PARENTS

This checklist is designed to assist and guide parents in evaluating child care arrangements for their child(ren). While not all-inclusive, it does provide important items parents should consider before deciding who will care for their child(ren). **Parents still have the ultimate responsibility to make appropriate child care arrangements.**

1. Does the caregiver(s) appear warm and friendly? Are the children, including infants, spoken to in a manner encouraging language development?

2. Does the caregiver(s) have child-rearing attitudes and methods similar to your own?

3. Is there a planned program of activities appropriate for the age and development of the child(ren)? Do the child(ren) have the opportunity to make choices?

4. Is there a variety of materials appropriate for the age and development of the child(ren)?

5. Are parents encouraged to visit at any time and participate in the program when possible?

6. Does the caregiver(s) have child care training or experience?

7. Are there enough caregivers to give adequate attention to all the children?

8. If meals are served, are they balanced nutritionally? Are infants held during bottle feeding?

9. Are matches, sharp knives, medicines, household cleaners, and other dangerous items stored out of children's reach?

10. Do electrical outlets have safety caps?

11. Are smoke detectors, fire extinguishers, and a fully stocked first aid kit available?

12. Are toys and equipment children use safe and in good condition?

13. Is the facility clean and sanitary?

14. Does the facility have an up-to-date license, if one is required? Is the family child care provider certified?

15. Is the outdoor play area fenced and free of hazards and litter?

16. Is the caregiver willing to supply references?

17. Are emergency evacuation procedures posted and practiced regularly?

18. Does the caregiver meet State requirements for general liability insurance? If there is no State requirement, does the caregiver have a minimum of $500,000 general liability coverage?

CHILD DEVELOPMENT CENTERS

COMMANDING OFFICER
USCG TRAINING CENTER
CHILD DEVELOPMENT CENTER
CAPE MAY, NJ 08204-5002
(609) 898-6921
FAX: (609) 898-6805

COMMANDING OFFICER
USCG SUPPORT CENTER
CHILD DEVELOPMENT CENTER
P.O. BOX 195091
KODIAK, AK 99619-5091
(907) 487-5481
FAX: (907) 487-5239

COMMANDING OFFICER
USCG TRAINING CENTER
CHILD DEVELOPMENT CENTER
PETALUMA, CA 94952-5000
(707) 765-7334
FAX: (707) 765-7356

COMMANDING OFFICER
USCG AIR STATION
CHILD DEVELOPMENT CENTER
5205 ENT STREET
OTIS AFB, MA 02542-5024
(508) 968-6450
FAX: (508) 968-6443

COMMANDING OFFICER
USCG AIR STATION
CHILD DEVELOPMENT CENTER
AQUADILLA, PR 00604-9999
(809) 890-8494 or 8899
FAX: (809) 890-8493

COMMANDING OFFICER
USCG SUPPORT CENTER
CHILD DEVELOPMENT CENTER
GOVERNORS ISLAND, BLDG. 110
NEW YORK, NY 10004-5000
(212) 668-6499
FAX: (212) 668-7792

SUPERINTENDENT
USCG ACADEMY
CHILD DEVELOPMENT CENTER
15 MOHEGAN STREET
NEW LONDON, CT 06320-4195
(860) 443-2101
FAX: (860) 443-8288

COMMANDING OFFICER
U.S. COAST GUARD BASE
CHILD DEVELOPMENT CENTER
P. O. BOX S-2029
SAN JUAN, PR 00903-3209
(809) 729-7799
FAX: (809) 729-6682

COMMANDING OFFICER
USCG SUPPORT CENTER
CHILD DEVELOPMENT CENTER
COAST GUARD ISLAND
ALAMEDA, CA 94501-5100
(510) 437-2740

GSA CENTER
COMMANDANT (G-CAS)
USCG HEADQUARTERS
OUR KIDS, INC.
2100 SECOND ST., S.W.
WASHINGTON, DC 20593
(202) 267-6118

MINIMIZING THE RISK OF CHILD ABUSE AND NEGLECT IN CHILD CARE SETTINGS

Child abuse is not restricted to instances at home. Abuse may occur in a family day care home, a child development center, or a preschool, on a camping trip, during a sports event, or at a church picnic. The person responsible for the abuse may be a house parent, a scout leader, a caregiver, etc.

Current estimates indicate that less than 10% of child abuse occurs in child care settings. Nevertheless, when a care provider is involved, the public is alarmed because it assumes that the perpetrator has easy access to many children in a center setting. The publicity given to these child abuse cases has added the fear of child abuse to the guilt feelings many parents already have about leaving their child(ren) in child care while they work. You are mandated to provide a nurturing atmosphere for the child(ren) in your care, an atmosphere that assures safety from physical and sexual abuse and negligence. Instead of becoming defensive, child care providers need to take a positive, vigorous stance in declaring a strong advocacy for children.

RECOGNIZING AND MINIMIZING CHILD ABUSE AND NEGLECT:

Recognizing and reporting child abuse in child care settings are important ways to prevent abuse from happening. Each of us must look at our own actions to see whether what we do might sometimes and in some ways be considered abusive. We must sharpen our skills, become competent and confident, so that we will never hurt a child in our care or allow a child to be hurt.

In this section you will learn:

* what is appropriate and inappropriate touch versus sexual abuse;
* how adults can control behavior to avoid abusing children; and
* how appropriate guidance keeps children safe and protected.

TOUCH:

Experienced child care providers know how important physical contact with children is for their development, their nurturing, and their guidance. Expressions of affection such as hugs, holding hands, and lap-sitting help to build children's self-esteem. A reassuring touch on the shoulder or a backrub at naptime can help to relax a tense child.

One of the tasks of early childhood is to develop an understanding of what is considered appropriate and inappropriate touch in the child's culture and what constitutes child sexual abuse. Child care providers and parents teach the child appropriate and inappropriate touch by modeling. Inappropriate touch can easily lead to sexual abuse. The sexual abuse of children includes the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person engage in any sexually explicit conduct (or any simulation of such conduct), or the rape, molestation, prostitution, or other such form of sexual exploitation of children, or incest with children. All sexual activity between an offender and a child when the offender is in a position of power over the child is considered sexual abuse. The following behaviors constitute sexual abuse.

1. Exploitation: Forcing a child to look at the offender's genitals, forcing a child to observe an offender's masturbatory activities, exposing a child's genitals, talking to a child in a sexually explicitly manner, peeping at a child while undressed, or involving a child in sexual or immoral activity such as pornography or prostitution. The offender does not have direct physical contact with the child.

2. Rape/Intercourse: Sexual intercourse with a child involving penetration of the child's vagina or rectum, however slight.

3. Molestation: Fondling or stroking breasts or genitals, oral sex or attempted penetration of the child's vagina or rectum.

4. Incest: Sexually explicit activity identified above between a child and parent, a sibling or other relative too closely related to be permitted by law to marry.

5. Other Sexual Maltreatment: Any sexual activity with a child.

Because parents fear that their child could be sexually abused while in a child care setting, it is incumbent on providers to reexamine their understanding and practices of touch with children.

Appropriate touch respects others personal privacy and space. Appropriate touch involves having another's permission to touch. Requiring a good-bye kiss from a child is an example of inappropriate touch. Appropriate touch takes into account the other person's wishes, safety, and well-being.

Because the boundaries of appropriate and inappropriate touch often have been unconscious and undefined, providers need to discuss touch issues openly with other caregivers, supervisors, FCC Coordinators or DRCs.

REMAINING IN CONTROL:

Caring for young children has its special rewards. The warm, positive relationships built with young children and the changes one sees in them almost every day make caregiving a satisfying profession. But caring for young children also can be exhausting and tiring. Young children can try adults' patience to the limit. Their constant need for attention, the spills and messes, the unending soiled diapers, and the defiance can make even the most patient caregiver a little edgy. The job also requires adults to move constantly to keep up with the children. By the end of the day, adults may find themselves exhausted.

Of course, adults have a life outside child care as well. Their life and daily experiences can affect their responses to children in their care. If they start the day tired and distressed about something in their own life, these feelings affect how they relate to the children in their care.

When adults are under stress, they sometimes lose control of their own behavior. They may not mean to hurt anyone, but they sometimes hurt the people they care about most. This can happen at home or in child care. And, even though they didn't mean to hurt anyone, the child whom they injure this way is abused.

Suppose a caregiver, experiencing a lot of stress, feels tired and edgy. It is quite possible that a child could do something actually quite normal, but to which the caregiver responds by striking out at the child.

Infant caregivers need to be aware of typical behaviors that may stress them or push their buttons such as:

* a colicky infant who cries most of the time;
* an infant who is especially messy at meal time, mashing cereal in his/her ears;
* an infant who pulls on a necklace and breaks it;
* an infant who continually throws things on the floor; and
* a rash of biting and hair pulling in the infant room.

Toddlers caregivers may have their buttons pushed by typical but challenging behaviors such as these:

* toddlers who say "no" to requests to throw out their napkins after a snack;
* a toddler who pulls all the toys from the shelf and then goes off to another area to play;
* toddlers who destroy toys and books;
* toddlers who resist toilet training even when they are ready; and
* a toddler who constantly has accidents.

Preschoolers caregivers may be challenged when faced with typical behaviors such as these:

* a preschooler who rides over the adult's toes on a tricycle for the third time;
* a preschooler who deliberately bites or kicks in anger;
* a preschooler who is fresh and talks back; and
* a preschooler who uses a rash of "bathroom words".

Most days, these behaviors would not cause adults serious problems. They would handle them positively and constructively. But, if they have already been pushed to their limit, one more incident like the examples above could push them over the edge. A caregiver might get furious with a baby she has changed many times and shake her hard, as though the baby had soiled again to spite her. A caregiver might kick a toddler who just kicked her hard on her sore ankle. She might slap a preschooler who upset an easel filled with freshly mixed paints. All these actions are unacceptable responses to children's behaviors. If they happen, you could be reported for suspicion of child abuse. **CAREGIVERS CANNOT LOSE CONTROL AND INJURE THE CHILDREN IN THEIR CARE.**

What can caregivers do to avoid losing control? After all, we are only human and all of us have been in situations where we have lost our cool. Here are some strategies for caregivers and teachers to keep in mind:

* Be aware of your own feelings and limits. When you are short of patience and unsure of your ability to remain in control count to 10 or stop and take a deep breath. Don't wait until you lash out at a child.

* Work as a team. Find another care provider and plan joint activities for both groups of children. The more you share caregiving planning and tasks for young children, the more you and others you work with will be able to support each other.

* Take care of yourself. Your health is an important factor in your ability to handle the everyday stresses of caring for young children. Get sufficient rest. Exercise each day and eat a balanced diet.

Stop yourself before it's too late. When you raise your hand to strike a child, **THINK BEFORE YOU ACT!** No matter how trying the child may have been, corporal punishment has no place in child care and puts you in jeopardy.

As you have seen, there is a fine line between abuse and poor caregiving. One of the best ways to protect yourself from being accused of child abuse is to have the skills and strategies to guide children's behavior in positive ways, so you do not have to resort to actions that can be interpreted as abuse.

Learn some basic strategies by heart. Then in the heat of the moment you can act quickly but without being abusive. Among the strategies recommended:

Just talk: When a child hits, swears, or destroys something, the immediate reaction is to stop the behavior right then and there. Yelling usually does that, but it also signals that you are somewhat out of control and that the emotional temperature is already hot. Just speak clearly and firmly.

Respect a child's privacy: Don't bawl out a child in front of his peers. It is embarrassing, and that humiliation may prevent the child and you from straightening things out. Take the child aside and talk privately. This strengthens your relationship with the child productively.

Deal straightforwardly: Remind the child of the rules and explain why you are angry or upset: "No one is allowed to hit other people; it hurts them." Tell the child what the consequences will be: "I want you to sit here in this chair until you feel calm. Then go back to playing." Say what you have to say simply, firmly, briefly. Be careful, however, of how often and for how long you use "time out."

Don't rank: "This is the third time today I have had to speak to you. I warned you. Now this is it. You are going to be punished."

Don't exaggerate: "I don't want you acting like a little animal."

Don't dredge up the past: "Every day you get into some new kind of trouble."

Don't forget who is the adult: "I hate you." "That's two of us."

Don't confuse the child and the behavior: "You are out of hand" or "You bad boy" points a finger at the child when what is really wanted is for the child to understand that what he is doing is destructive or hurtful.

Know personal limits: If an individual child triggers the worst in you, watch out. Ask another caregiver, a center director, or the parent to suggest cool, effective ways to respond. Try to stop trouble early. If you are about to "go over the top", ask another adult to give you a 5-minute break or help you out by dealing with the child.

PUNISHMENT OR GUIDANCE?

When a problem situation arises with children, adults sometimes confuse "punishment" with "discipline" and often do not think of "guidance" at all. "Punishment" implies pain, loss, or suffering for a crime or wrongdoing; it does not correct the behavior. It may stop the behavior but tends to have negative side effects. A child may respond to punishment by being sneaky, refusing to learn or feeling like a "problem child". The "good" behavior probably will be the result from fear rather than of understanding what it is adults want done. "Discipline", on the other hand, can teach the child self-control and help replace the "wrong" behavior with the "right" one.

Child guidance is the process of assisting children to understand and use constructive behaviors. The goal of child guidance is to guide the child towards self-discipline, which includes self-acceptance, self-control, and a positive self-concept. It can take place on a one-to-one basis or with a group of children. By regularly reading books and articles on child rearing and early childhood classroom practice and applying new ideas in our work with children, each of us can develop a positive discipline philosophy.

Children under the age of eight have a difficult time seeing things from another person's point of view. It is, therefore, important that the consequence is logical from the child's point of view. Sometimes the tone of voice the adult uses can make the difference between guidance and punishment. This is why it is suggested we request children to do something after our temper has cooled.

BE ALERT, USE PREVENTIVE TECHNIQUES.

Use foresight. Prevent potential problems. Good planning eliminates many discipline situations before they arise.

* Structure activities and schedules so children can learn actively and will not be bored and disruptive. Effective teachers/caregivers avoid prolonged adult-directed, nonactive "activities" that put children in a passive position.

* Observe, head off trouble before it starts. A preventive approach means reinforcing effort and productive behavior. It means offering encouragement and praise in ways children can accept and understand, and thinking twice about who needs reinforcement the most.

* Function professionally. Don't work by rote, be flexible. Try a course of action, learn from the results, and, if necessary, try another approach.

* Build a relationship with each child. Building a friendship with each child paves the way for sound discipline.

Use other suitable preventive techniques, such as:

* Recognize who needs extra introductions or encouragement to fully participate.

* Change activities when children seem restless.

* Reduce empty waiting times during transitions.

* Consider starting restless children in activities.

Seek to understand the individual child. In an attempt to understand children, adults must take into account ages, needs, and family situations of the individuals in their care.

Ages. Sharing, losing, waiting for turns, sitting for long periods -- these behaviors are difficult for all 3s, most 4s, and 5s, and even some 6s and 7s. Adults should adjust expectations to the child's development.

Needs. Most of the time real needs cause children's behavior. It is important to attempt to meet these needs.

Family Situations. Though a child is in our care for many hours, he or she is in the family environment a good deal more. Family strains and crises affect children's behavior. Continued serious misbehavior almost always is the result of trouble in the child's life that goes beyond the immediate problem in the care setting.

Three levels of mistaken behavior. There are three levels of mistaken behavior. The mildest form is the "experimentation level". At this level the child tries things out to learn how they work and how the environment will respond. There is no sense in needlessly stifling curiosity, problem-solving skills, and developing phonetic abilities. For example, if you overhear a child saying a "bad" word to himself and he doesn't know you heard, ignore the incident. If the child looks at you, smiles, and says the word, respond by saying, "You've discovered a word. Some words we don't use here. There are lots of other words you can use instead."

The second level of mistaken behavior is the "social habit" level. Here children learn and use a behavior because it has a peer payoff or because in another context it was appropriate. The child should not be punished simply for wrongdoing; teach him or her what else can be done.

The third level of mistaken behavior is the "deep emotional needs" level. Children here have trouble in their lives and are reacting to stress. If extreme behavior continues, it is time for collective staff or provider concern. The underlying problem or need should be identified and addressed.

At all three levels of mistaken behavior, it is important to try to understand the child before we intervene. Our most important learning, however, often comes from reflecting after we have tried intervention. The more serious the pattern of mistaken behavior, the harder we need to work to understand the child. The adult's response should be as private as possible to avoid the punishment of public embarrassment.

A SOLUTION ORIENTATION.

Approach discipline problems with a "solution orientation". Help children find solutions to conflict situations, do not just "discipline" them for having conflicts. A solution orientation means providing information so that next time children will know what to do instead, rather than just letting them know what not to do. Caregivers should set understandable limits for the children and reinforce them without using put-downs, threats, or physical punishment. Instead, caregivers should use diversion, alternatives, requests for cooperation, shared jokes, or "I" statements.

A solution orientation means the adult selectively ignores borderline behavior that does not greatly affect the group. It may mean asking a child who reports a grievance to attempt to solve it on his or her own. When two children are having a disagreement, adults may not always want to jump in too quickly because children can solve many problems among themselves. The more opportunities they have to practice social problem-solving skills, the better they become at using them.

Address the situation, do not judge the child. This is important because diminished self-esteem leads to insecurity and even hostility. Assess for yourself which statement better supports the child's self-concept:

* Oh, clumsy Carl, wipe up your spill again.
  or
* It's OK, we all spill. The wipe rag is in the bucket.

* Susie, you are being rowdy; no throwing sand.
  or
* I am upset. Sand is for playing, not throwing.

* Don't try and get out of things. You used the blocks; you put them away.
  or
* All who used blocks need to help put them back. As soon as they are put away, we can go out.

Part of the learning process for children is feedback about their behavior. Child guidance statements that don't label but do reinforce limits are: "This upsets me. What can you do to fix it?" "Hitting hurts Billy." "You may be part of our group activity, or you may read books by yourself; you choose." "I know how hard you are trying, Darcie, and I really appreciate it."

When managing a group, comments that address situations but protect self-concepts might be these: "The puzzles are still on the floor." "I am waiting for just a few now, we are almost ready to start." "You worked so hard today, I am proud of you." Praise that describes and appreciates efforts, not character or personality, tends to be the most honest and effective.

Effective caregivers adjust their use of authority to the degree of mildness, moderateness, or severity of the situation through inviting, requesting, or, if necessary, commanding cooperation. An example of an invitation would be: "I need some helpers who can pick up the blocks and put the tables and chairs back in place." A request would be: "If you are going to work together, you will need to keep the noise down, and show me you are getting a lot done." An example of a command is: "Mary, you choose. Cooperate with the small group, or do the activity on your own. Which will it be?" This use of authority, permissive in situations and authoritative in others, still leaves the responsibility of choice with the child and grants the child humanness.

As a last resort: Remove or restrain. Sometimes words won't work and actions are called for, notably when there is danger of physical harm or a child is too upset to talk or listen. For the good of the child and group, caregivers must act firmly.

Removing the child from the situation or restraining are accepted measures of last resort, coming after words have failed.

The usual method of removal in the preschool and primary years is having a child sit in a specifically designated "time out chair". Isolation outside the room is generally not recommended for younger children, nor are prolonged periods away from the group. Restraining entails use of the nonviolent bear hug. The adult restrains a child only when he or she is emotionally out of control. The adult quietly holds the child on a lap until the tantrum has subsided. Repeated restraint or removal indicates that there is trouble in the child's life and more understanding of both situation and child is needed.

Reconciliation. When using either of the actions of last resort, the adult needs to recognize that the episode is not over until the child is reunited with the group and reconciled with the caregiver. It is the caregiver's responsibility to follow through with the reconciliation process. Some suggestions for this important assistance are:

* After the child (and the caregiver) have cooled down, the two should talk about the situation.

* If a cooling down time is used, the adult can tell the child he or she may rejoin the group.

* A kitchen timer can be used and the child can return by himself or herself.

* A quiet welcome by the caregiver helps. "Here are some magic markers, Carl. We're making a picture of things we do in the summer. It can be anything you would like."

* Children should not be forced to say they are sorry, if they are not ready.

Reconciliation offers the possibility of improved understanding and more productive relationships.

Adapted from Department of Defense, Prevention of Child Abuse and Neglect in Child Care Settings, 1988.

CHILD DEVELOPMENT CENTER FINANCIAL STATEMENT
FOR THE MONTH OF_____, 19____

	MONTH		YEAR-TO-DATE	
	APF	NAF	APF	NAF
INCOME				
TUITION/FEES	_____	_____	_____	_____
LATE FEE CHARGES	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
OTHER INCOME				
USDA FOOD PROGRAM	_____	_____	_____	_____
FUND RAISING	_____	_____	_____	_____
CFC CONTRIBUTIONS	_____	_____	_____	_____
PARENT ADVISORY BOARD	_____	_____	_____	_____
CHILD ABUSE PRE-VENTION	_____	_____	_____	_____
MISCELLANEOUS	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
GRAND TOTAL INCOME	_____	_____	_____	_____
EXPENSES				
SALARIES	_____	_____	_____	_____
PAYROLL TAX & BENEFITS	_____	_____	_____	_____
SUPPLIES AND EQUIPMENT	_____	_____	_____	_____
BLDG SAFETY AND MAINTENANCE	_____	_____	_____	_____

EQUIPMENT MAINT.	_____	_____	_____	_____
UTILITIES (EST. IF NOT METERED)	_____	_____	_____	_____
SNACKS AND REFRESHMENTS	_____	_____	_____	_____
ADVERTISING & PROMOTION	_____	_____	_____	_____
ACCTG/PAYROLL SERVICES	_____	_____	_____	_____
GENERAL & ADMINISTRATIVE	_____	_____	_____	_____
CRAFT ACTIVITY	_____	_____	_____	_____
BOOKS/MAGAZINES	_____	_____	_____	_____
MISCELLANEOUS EXPENSES	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
NET PROFIT/LOSS	_____	_____	_____	_____

CG UNIT _____

PREPARER _____ TELEPHONE _____

APPROVED _____ DIRECTOR _____

REVIEWED _____
COMMANDING OFFICER

DEPT. OF TRANS., USCG, CG-5484E (REV 04-94)

LOCAL REPRO

ANNUAL CHILD DEVELOPMENT CENTER REPORT
FOR CALENDER YEAR 19____
Date:_____

Center Name: _____

Director: _____

Education: _____ Experience: _____

_____ _____

_____ _____

Ass't. Director: _____

Education: _____ Experience: _____

_____ _____

_____ _____

In-Service Training Topics:

_____

_____

_____

_____

Parent Education Meeting Topics:

_____

_____

_____

Highlights of Year's Activities:

_____

_____

_____

ANNUAL CHILD DEVELOPMENT CENTER REPORT (cont'd)

Capacity of Center: _____

Hours of Operation: _____

Number of Children Enrolled (Full-time) _____

" " " " (Afterschool) _____

" " " " (Half-day) _____

Average Daily Attendance: _____

Number on Waiting List: _____

_____

Number of Employees: (F/T) _____

(P/T) _____

(Intermittent) _____

Full Time Equivalent _____

Fees Charged:

Please attach a copy of your current fee schedule.

Other Fees (such as late fees) _____

_____

_____

Ages Served: _____

MEMORANDUM OF UNDERSTANDING FOR VOLUNTEER SERVICE

This agreement is entered into with no promise of reward or compensation for services performed on a voluntary basis at the named Child Development Center:

AGREEMENT

_____
(Date)

I, _____ _____ _____ do
(First Name) (MI) (Last Name)
voluntarily agree to perform volunteer service at the

_____
(Name of Child Development Center)
with no promise of reward or compensation. I understand that my schedule will be determined by the Child Development Center Director, subject to my concurrence. Additionally, I agree that once a schedule is posted, I will endeavor to adhere to the schedule and, in those cases where it is impossible for me to adhere to the posted schedule, I will make prompt notification to the Child Development Center Director. I understand that I am subject to the rules and regulations pertaining to the Child Development Center Director.

_____
(Signature of Volunteer)

_____
(Date)

The above agreement is accepted this date.

_____
(Signature of Child Development Center Director)
Authority to accept voluntary services for child development programs is contained in 10 U.S.C. § 1588.

DEPT. OF TRANSP., USCG, CG-5487 (Rev 4/94)
LOCAL REPRO

DESIGN CRITERIA FOR CHILD DEVELOPMENT CENTERS

User Population

Infants	(00-12 mos)	1:4 adult/child ratio	08 max group size
Toddlers	(12-24 mos)	1:5	10
Preschoolers	(02-03 yrs)	1:7	14
	(03-05 yrs)	1:12	24
School-age	(05 and up)	1:15	30

Building size

*35 net sq.ft./child + 25 additional sq.ft./infant
*Approx. 75-100 gross sq.ft./child (100 for smaller; 75 for larger)
*Administrative and support space (Approx. 9 sq.ft./child)

Site Analysis

*Maintain natural features where possible
*Consider weather and climate -- passive energy conservation (maximum winter sun, overhang or shade trees for summer)
*Set back from traffic -- walkers don't have to cross heavy traffic
*Parking on same side of street as center

Safety

*Constructed of noncombustible materials
*Emergency lighting
*Sprinkler system for fire suppression
*Less than 150 feet from any spot in building to an exit (Avoid dead-end corridors)
*Water thermostats which allow only temperate water (110 or less) in faucets children use
*Visible-signal fire detection alert devices installed throughout the building to accommodate hearing-impaired children

Operating Economy

*Economy of operation -- larger windows for natural light, open feeling
*Ease of maintenance -- durable finishes; appropriate floor covering for specific activity areas (tile or linoleum in art and water areas; carpet in quiet, restful areas); consider custodial time to maintain

Barrier-free for handicapped and evacuation

*On ground level
*Thirty-six inch wide doors (minimum of 32 inch clearance)
*Ramps preferable to steps -- no greater than 1:12 slope;
*Handrails in bathrooms

Developmentally appropriate outdoor play areas
*Infants and toddlers separated from older children
*Equipment has multiple usage
*Outdoor drinking fountains at child's level

Security
*Adequate exterior lighting, especially around entrance

Building Organization
*Areas easily supervised -- open concept with half walls, low dividers
*Bathrooms easily accessible from outside play areas and activity areas
*Kitchen easily accessible to all eating areas -- small kitchen in infant area
*Good traffic pattern -- don't need to cross middle of one room to get to another
*Designed for easy phase-in to accommodate future needs

Environment
*Child-scaled furnishings; drinking fountains, sinks, toilets; mirrors, windows, door knobs appropriate height for children
*Planned areas for active and quiet pursuits
*Sound-absorbing material on walls and ceilings

Storage
*Variety of open and closed, at children's and teachers' levels
*Outdoor storage for large playground equipment

PREVENTION OF CHILD ABUSE THROUGH FACILITY DESIGN

Facility should be designed to ensure that:

Others can easily view the interactions among children and between adults and children.

Access to children by those not employed in the program or who are not parents/legal guardians of the children enrolled is limited.

The number of spaces where a child or children could be taken out of view of others is limited.

It is easy for parents to enter and exit the rooms where their child receives care and to view their child when in the center.

Design features to allow observation:

The doors to activity rooms and other areas where children will receive care shall have a window in them to allow viewing from the outside.

The walls between activity rooms and hallways should have glass to permit viewing of the room from the hallway.

Toilet stalls should have no doors on except those children over five years of age or adults use.

Toilet stalls should have half walls to permit better viewing of area.

Windows should be installed in doors to storage rooms or other closed areas to which children might be taken.

Instead of on/off light switches use dimmer switches so it is possible to dim the lights without shutting them off completely during rest periods.

Hand-washing fixtures should be installed in the activity rooms rather than in the toilet areas so that children can be observed more easily during hand washing.

Consider having the top half of interior walls constructed from glass to increase visibility of children's activities.

Any walls around diapering areas should be half walls or walls with glass in the top half.

Install concave mirrors to improve supervision in low visibility areas.

The walls between activity rooms and outdoor play areas should include windows to permit viewing back and forth between the two play areas.

The doors to outdoor storage areas should be visible from the main building so adults other than those on the playground can visually monitor them.

Play houses and other enclosed play structures should be built so that it is possible to view the children while they play within the structure.

Design features to limit access to children by unauthorized persons:

Locate the reception desk so that the reception desk staff can view the entrance to the building.

Have one central entrance area to serve all wings or modules.

Be sure that playground gates are visible from play yard and adjacent rooms.

Adapted from Department of Defense, Prevention of Child Abuse and Neglect in Child Care Settings, 1988.

MEAL PATTERNS FOR OLDER CHILDREN

BREAKFAST	Ages 1 to 3 yrs	Ages 3 to 6 yrs	Ages 6 to 12 yrs
*Milk, fluid	1/2 cup	3/4 cup	1 cup
*Vegetable, fruit, or full-strength juice	1/4 cup	1/2 cup	1/2 cup
*Bread & bread alternates (whole grain or enriched):	1/2 slice	1/2 slice	1 slice
Cornbread, rolls, muffins, biscuits	1/2 serving	1/2 serving	1 serving
Cold dry cereal (vol. or weight, whichever is less)	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
Cooked cereal, pasta, noodle products, or cereal grains	1/4 cup	1/4 cup	1/2 cup
LUNCH OR SUPPER			
*Milk, fluid	1/2 cup	3/4 cup	1 cup
*Vegetable and/or fruit (two or more kinds)	1/4 cup total	1/2 cup total	1 cup
*Bread and bread alternates(whole grain or enriched):	1/2 slice	1/2 slice	1 slice
Cornbread,rolls,muffins, biscuits	1/2 serving	1/2 serving	1 serving
Cooked cereal,pasta, noodle products, or cereal grains	1/4 cup	1/4 cup	1/2 cup

Meats and meat alternates. Choose one of the following:			
Lean meat, fish, or poultry (edible portion as served)	1 oz.	1-1½ oz.	2 oz.
Cheese (or cottage cheese, cheese food, or cheese spread)	1 oz.	1-1½ oz.	2 oz.
Egg	1 egg	1 egg	1 egg
*Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter, soy-nut butter, or other nut or seed butters	2 tbls.	3 tbls.	4 tbls.
Peanuts, soy nuts, tree nuts, or seeds (Or an equivalent quantity of any combination of above meat and meat alternates)	1/2 oz.**	3/4 oz.**	1 oz.**
Morning or Afternoon Supplement (Select two of these four components)***			
*Milk, fluid	1/2 cup	1/2 cup	1 cup
*Vegetable			
*Bread and bread alternates (whole grain or enriched):	1/2 slice	1/2 slice	1 slice
Cornbread, rolls, muffins, biscuits	1/2 serving	1/2 serving	1 serving
Cold dry cereal (volume or weight, whichever is less)	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
Cooked cereal, pasta, noodle products, or cereal grains	1/4 cup	1/4 cup	1/2 cup

Meat and meat alternates. Lean meat, fish, or poultry (edible portion as served)	1/2 oz.	1/2 oz.	1 oz.
Cheese (or cottage cheese, cheese food, or cheese spread)	1/2 oz.	1/2 oz.	1 oz.
Egg	1/2 egg	1/2 egg	1 egg
Cooked dry beans/peas	1/8 cup	1/8 cup	1/4 cup
Peanut butter, soy-nut butter, or other nut or seed butters	1 tbls.	1 tbls.	2 tbls.
Peanuts, soy nuts, tree nuts, or seeds. Or an equivalent quantity of any combination of above meat & meat alternates	1/2 oz.	1/2 oz.	1 oz.

* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.

** No more than 50% of the requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement. To determine combinations, 1 oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry, or fish.

*** Juice may not be served when milk is served as the only other component.

MEAL PATTERNS FOR INFANTS

Ages 0 to 4 mos	**4 to 8 mos**	**8 mos to 1 yr**
BREAKFAST:		
4 to 6 oz. of formula* breast milk	4 to 8 oz. of formula* or breast milk or	6 to 8 oz. or of formula* breast/whole milk
	2 to 3 tbls. infant cereal** (optional)	2 to 4 tbls. infant cereal
		1 to 4 tbls. fruit and/or vegetable
LUNCH OR SUPPER:		
4 to 6 oz. of formula* or breast milk	4 to 8 oz. of formula* or breast milk	6 to 8 oz. of formula* or breast/whole milk
	0 to 3 tbls. infant cereal**(optional)	2 to 4 tbls. infant cereal**
	0 to 3 tbls. fruit and/or vegetable (optional)	1 to 4 tbls. lean meat, fish,poultry, egg yolk, or cooked dry beans or peas OR 1/2 to 2 oz. cheese or 1 to 4 oz. cottage cheese,cheese food, or cheese spread
		1 to 4 tbls. fruit and/or vegetable

MORNING OR EVENING SUPPLEMENT:		
4 to 6 oz. of formula* or breast milk	4 to 6 oz. of formula* or breast milk	2 to 4 oz. of formula* or breast/whole milk, fruit juice*** 0 to 1/2 slice of bread**** OR 0 to 2 crackers (optional)

* Must be iron-fortified infant formula.
** Must be iron-fortified dry, infant cereal.
*** Must be full-strength fruit juice.
**** Must be from whole-grain or enriched meal or flour.

CHILD DEVELOPMENT SERVICES REGISTRATION PACKAGE

Release of information

Data required by the Privacy Act of 1974 (5 U.S.C. 552a)

Authority:	14 U.S.C. 632
Principal Purposes:	To provide the care providers with authorization for medical treatment in emergency situations, identify children and sponsor, record required immunizations and known allergies, and to provide other information necessary for working with the child.
Routine Purposes:	Form may be furnished to military or civilian doctor or hospitals in the course of obtaining medical treatment for children. Information furnished may be disclosed to any DOT component or part thereof, and upon request to other Federal, State, and local governmental agencies in the pursuit of their official duties.
Disclosure Is Voluntary:	The supplying of requested information is voluntary. Failure to respond will result in the denial of admission of your child to the program.

I release the information on the attached registration forms to the provider of child care services for the purpose of assessing the eligibility of the child(ren) for the program and for the routine uses listed above.

_____ (Date)

_____ (Signature)

CHILD DEVELOPMENT SERVICES REGISTRATION FORM

Child's Name: _____
Last First MI

Address: _____

Home Phone: _____ Birthdate: _____

Parent's Name: _____ _____
(include Rank/Rate) Father Mother

Employers' Name/Address:

Father: _____ Mother: _____

_____ _____

_____ _____

Work Phone: _____ Work Phone: _____

Name of person(s) authorized to remove child from child care (include phone number):

_____

Emergency contact in case the parent/guardian cannot be reached. (Name/phone number)

_____

Doctor's name/phone number: _____

Any other information you believe would be helpful to caregiver in working with your child(ren):

_____

1. The sponsor must complete and sign all parts of this form before the child(ren) is admitted to the child care program.

2. This form will be kept on file for all children enrolled in a child care program.

3. The staff must carry a copy of the Emergency Medical Authorization form if a child is away from the site on a field trip to obtain emergency medical treatment, if needed.

4. Update this form at the beginning of each year.

DEPT. OF TRANSP., USCG, CG-5484 (Rev 4/94) LOCAL REPRO

CHILD HEALTH FORM
(This form renewed annually)

To be completed by child's physician before admission to a child care program:

Child's Full Name:_____
(Last/First/Middle)

1. Brief summary of child's medical history:_____

_____

_____

2. Any mental/physical condition affecting general health? Y N

If "YES", explain:_____

_____

3. Special requirements as to diet, rest, avoidance of certain activities or care:

_____

4. Any known allergies? Y N (If "YES", name them):

_____

5. Immunization record (indicate most recent dates):

DTP _____ _____ _____ _____

POLIO_____ _____

Measles_____ Rubella_____ Mumps_____

Others not named:_____

Name of Physician(print):_____

Hospital/Clinic Name:_____

Work Phone:_____

Signature:_____ Date:_____

DEPT. OF TRANSP., USCG, CG5484A (REV 4/94) LOCAL REPRO

CHILD DEVELOPMENT SERVICES
MEDICAL CONSENT AUTHORIZATION
(TO BE USED FOR MILITARY FAMILY MEMBERS ONLY)

Instructions: Fill out all spaces. If an item is not applicable, put "N/A" in the space. This form is a legal document and must be filled out completely and correctly to be valid.

- -

To: Health Services Clinic,

I, _____, am the parent or legal guardian of the child named below and entitled to medical care at your facility.

Child's Full Name: _____ Age:_____

Address: _____ Phone: _____

_____ ID Card #_____

_____ Exp.Date_____

_____ _____ _____
(Sponsor's name) (SSN) (Duty Station)

_____
OPFAC (if known)

I do appoint the Child Development Center Director to be my Attorney-in-Fact (agent) for the purpose of obtaining medical treatment deemed necessary.

I also appoint:

_____
(name) (phone number)

_____
(signature and date)

_____
(address) (relationship)

to act as my Attorney-in-Fact and to perform, or consent to performance of, any and all medical treatment that I might give my consent to be performed, if I were present.

The person(s) named above may authorize any medical or surgical procedures or treatments deemed necessary by the staff of the _____ Medical Clinic or any duly licensed medical practitioner for the health and well-being of my child(ren) aforementioned. I understand that the staff of the _____ Medical Clinic include, in addition to Physicians and Dentists, Health Service Technicians and Physicians' Assistants who function under the supervision of a Physician and that these staff members may be called to evaluate and/or treat my child(ren).

I give this authorization in advance of any medical care or treatment in order to provide my Attorney-in-Fact the specific authority to consent to said care or treatment.

I understand that this authorization is valid only for the person(s) named herein and that it may be in force for up to one year. It is to take effect on _____, 19_____ and terminate on _____, 19_____.

_____

Date:_____

Approval Date:_____

_____
Chief, Medical Administration Branch
Health Services Division

This form shall be notorized.

The person signing this form is known to me to be the parent/legal guardian of the above named child(ren).

_____
Notary Public

DEPT. OF TRANSP., CG-5484H (REV 4/94) LOCAL REPRO
Previous edition obsolete

CHILD DEVELOPMENT SERVICES
MEDICAL CONSENT AUTHORIZATION
(TO BE USED BY CIVILIAN FAMILY MEMBERS ONLY)

Instructions: Fill out all spaces. If an item is not applicable, put "N/A" in the space. This form is a legal document and must be filled out completely and correctly to be valid.

- -

To: Health Care Provider,

I, _____, am the parent or legal guardian of the child named below, and entitled to medical care at your facility/practice,

Child's Full Name: _____ Age:_____

Address: _____ Phone: (___)_____

Ins. Co. Name:_____

Ins. Co. Address (If available):_____,

_____,_____ _____
City, State, Zip)

Ins. ID Card #:_____

Ins. Effective Date:_____

_____ _____ _____
(Insured's Name) (SSN) (Agency/Work Location)

I do appoint the Director in Charge of the Child Development Center to be my lawful Attorney-in-fact (agent) for the purpose of obtaining medical treatment deemed necessary.

I also appoint:

_____
(Name) (Phone Number)

_____
(Signature and Date)

_____
(Address) (Relationship)

to act as my Attorney-in-Fact and to perform, or consent to performance of, any and all medical treatment that I might give my consent to be performed, if I were present.

The person(s) named above may authorize any medical or surgical procedures or treatments deemed necessary by the staff of the _____ Medical Facility/Practitioner, or any Hospital, Clinic, etc., plus any duly licensed medical practitioner for the health and well being of my child(ren) aforementioned. I understand that the staff of the _____ Medical Facility/Practice may include, in addition to Physicians and Dentists, Nurses and Physicians Assistants' who function under the supervision of a Physician and that these staff members may be called to evaluate and/or treat my child(ren).

I give this authorization in advance of any medical care or treatment to provide my Attorney-in-Fact the specific authority to consent to said care or treatment.

I understand that this authorization is valid only for the person(s) named herein and that it may be in force for up to one year. It is to take effect on _____, 19_____ and terminate on _____, 19_____.

_____

Date:_____

This form shall be notorized.

The person signing this form is known to me to be the parent/legal guardian of the above named child(ren).

_____

Notary Public

FIELD TRIP PERMISSION

I give my permission for _____

(child care provider) to take my child(ren) _____

_____ (name) on field trips and/or other outings as long as my child(ren) is/are accompanied by competent supervision. These outings may include walking, motor vehicle, or bicycle riding, etc.

The above authorization shall remain in effect for one (1) year from below date, or until cancelled or amended by parent or legal guardian.

_____ _____

(Signature of Parent/Legal Guardian) (Date)

MEDICATION CONSENT AUTHORIZATION FORM

Physician's Order for Administration of Oral or Topical Medication by Child Care Providers

Child's Name: _____

Address: _____

_____ Phone: _____

I have prescribed the following medication for the above child and request that child care personnel administer the dosage below during care hours.

Medication: _____

Prescribed for What Reason: _____

Prescribed Dosage: _____

Medication to Start: _____ To End: _____

Remarks (Reactions, etc.): _____

_____

_____ _____
(Printed Name of Physician) (Signature) (Date)

Work address: _____

_____ Phone: _____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I give my permission for the above medication to be given to my child as prescribed by the above physician.

I release the above child care providers of any and all liability in administering the above medication.

Date: _____ _____
(Parent/Legal Guardian Signature)

DEPT. OF TRANSP., CG-5485 (Rev 4/94) LOCAL REPRO
Previous edition obsolete

LOG OF MEDICATION GIVEN

Date	Child's Name	Medicine	Amount	Time(s)	Given by

DEPT. OF TRANSP., USCG, CG-5486 (REV 4/94)
Previous edition obsolete

LOCAL REPRO

APPLICATION TO PROVIDE
FAMILY CHILD CARE

I request that I be permitted to establish a family child care home in accordance with COMDTINST M1754.15 (series) in my Coast Guard-controlled quarters.

I presently care for, or plan to care for, _____ children, including my own children, and understand that I must abide by the requirements and limitations prescribed in COMDTINST M1754.15 (series). Additionally, I will comply with all rules and regulations established for Coast Guard-controlled family housing and will be responsible for damages to family quarters beyond normal wear and tear. I also will be responsible for any negligence in the operation of my family child care facility.

I understand that my home is subject to inspection for initial and annual certification, or as needed, and agree to immediately correct any discrepancies noted on these inspections.

I further understand that information in medical, criminal, or child abuse records will be released to the unit commanding officer or his/her authorized representative to validate my application as a family child care provider.

I am also aware of my responsibility to purchase insurance with a minimum of $500,000.00 liability.

_____ _____
(Applicant's Signature) (Date)

REVIEWING OFFICE	RECOMMENDED FOR	
	APPROVAL	DISAPPROVAL
Owner or Agent (if house leased)	_____	_____
Fire and Safety Inspection (See enclosure (19))	_____	_____
Housing Office	_____	_____
Licensing Authority (if req'd.) (See 5.C.8)	_____	_____

DEPT OF TRANSP., CG-5484F (REV 4/94) LOCAL REPRO
Previous edition obsolete

Decision	Approval	Conditional Approval	Disapproval

Commanding Officer Date

If conditionally approved or disapproved, requirement(s) for approval or reason for disapproval:

FAMILY CHILD CARE QUARTERLY REPORT
(DRC/FCC COORDINATOR USE ONLY)

1. NAME OF DISTRICT OR UNIT: _____

2. NUMBER OF HOUSING UNITS IN YOUR DISTRICT/UNIT AREA:

   LEASED: _____

   OWNED: _____

3. NUMBER OF NEW PROVIDERS REQUESTING TRAINING: _____

4. NUMBER OF NEW PROVIDERS TRAINED THIS QUARTER: _____

5. TOTAL NUMBER OF LICENSED/CERTIFIED PROVIDERS:

   FULL CERTIFICATION: _____

   PROVISIONAL CERTIFICATION: _____

6. NUMBER OF PARENTS SEEKING REFERRALS TO FAMILY CHILD CARE FOR:

   INFANTS: _____

   PRESCHOOL: _____

   SCHOOL AGE: _____

7. FUNDS USED THIS QUARTER FOR LENDING LOCKER: $_____

8. NUMBER OF PROVIDERS REQUESTING LENDING LOCKER MATERIALS: _____

9. NUMBER OF PROVIDERS ON THE USDA FOOD PROGRAM: _____

10. TOTAL NUMBER OF CHILDREN IN FAMILY CHILD CARE: _____

11. DATE HOME LAST INSPECTED: _____

12. ADDITIONAL COMMENTS: _____

_____

_____

_____

_____

_____

DEPT. OF TRANSP., USCG CG-5485A (7-94) LOCAL REPRO

DEPENDENT RESOURCE COORDINATOR/FAMILY CHILD CARE COORDINATOR

Commander (dwl)
First Coast Guard District
Coast Guard Building
408 Atlantic Ave.
Boston, MA 02210-3350
(617) 223-8270

Commander (dwl)
Second Coast Guard District
1222 Spruce St.
St. Louis, MO 63103-2832
(314) 539-2675

Commander (dwl)
Fifth Coast Guard District
Federal Bldg.
431 Crawford St.
Portsmouth, VA 23704-5004
(804) 398-6579

Commander (dwl)
Seventh Coast Guard District
909 SE First Ave.
Brickell Plaza Federal Bldg.
Miami, FL 33131-3050
(305) 536-5134

Commander (dwl)
Eighth Coast Guard District
501 Magazine St.
New Orleans, LA 70130-3396
(504) 589-2678

Commander (dwl)
Ninth Coast Guard District
1240 East 9th St.
Cleveland, OH 44199-2060
(216) 522-7787

Commanding Officer (s)
USCG Support Ctr. Bldg. 110
Governors Island
New York, NY 10004-5074
(212) 668-3400

Commanding Officer
USCG Support Center
P. O. Box 14
Kodiak, AK 99619-5000
(907) 487-5922

Commander (dwl)
Fourteenth USCG District
1235-B Tampa Dr.
Honolulu, HI 96850-4982
(808) 833-0206

Commander (dwl)
Seventeenth USCG District
P.O. Box 25517
Juneau, AK 99802-5517
(907) 463-2136

Commander (dwl)
Eleventh USCG District
501 W. Ocean Blvd.
Suite 8290
Long Beach, CA 90822-5399
(310) 980-4300

Commander (dwl)
Thirteenth USCG District
Jackson Federal Bldg.
915 Second Ave.
Seattle, WA 98174-1067
(206) 220-7193

AUTHORIZATION FOR RELEASE OF INFORMATION

Date Sent: _____ Date Received: _____

* *

Privacy Act Statement

The authority for requesting social security numbers is U.S.C. § 632 and 42 U.S.C. § 13041. Social security numbers will be used by the Dependent Resource Coordinator or the Family Home Child Care Coordinator in accomplishing background checks to determine if you meet qualifications required by this manual. Disclosure of this information is voluntary; however, failure to do so will result in disapproval of the applicant to provide child care services in government housing.

* *

_____ (Printed Name of Applicant)	_____ (Printed Name of Sponsor)
_____ (Social Security Number)	_____ (Social Security Number)
_____ Signature Date	_____ Signature Date

Name and social security number(s) of other household members over twelve years of age.

_____

_____

_____

_____

_____

_____

CRITERIA FOR BACKGROUND HISTORY SCREENING

The decision to determine how to use information obtained from the background history checks in selecting persons to care for, treat, supervise, or educate children must incorporate common sense. The Family Programs Administrator (FPA), Family Advocacy Committee, or other designee qualified at the appropriate level of command to interprete background history for its relevance, recentness, and seriousness will evaluate adverse information. Likewise, positive mitigating factors should be considered. **The Unit Commanding Officer, after consulting with the FPA/FCCC/DRC, shall make the final suitability decisions.** Criteria that will result in disqualifying an applicant require careful screening of the date and include, these factors, among others:

1. Any conviction for a sexual offense, drug felony, violent crime, or criminal offense involving a child or children;

2. Acts that may indicate poor judgement, unreliability, or untrustworthiness in working with children;

3. Any behavior, illness or mental, physical, or emotional condition that, in the opinion of a competent medical authority, may cause a defect in judgement or reliability;

4. Offenses involving assault, battery, or other abuse of a victim, regardless of the age of the victim;

5. Evidence or documentation of substance abuse and/or dependency;

6. Illegal or improper use, possession, or addiction to **ANY** controlled substances, narcotics, or other dangerous drugs;

7. A wide range of offenses including, among others, arson, homicide, robbery, fraud, or any other offense involving the use of a firearm;

8. Evidence that the individual is an illegal alien who is not entitled to accept gainful employment for a position; and

9. A finding of negligence in a mishap causing death or serious injury to a child or dependent person entrusted to their care.

In determining suitability, the evaluator shall consider these additional factors to the extent they are pertinent to the individual case:

1. The kind of position for which the individual is applying or employed;

2. The nature and seriousness of the conduct;

3. The recentness of the conduct;

4. The age of the individual at the time of the conduct;

5. The circumstances surrounding the conduct.

6. Contributing social or environmental conditions.

7. The absence or presence of rehabilitation or efforts toward rehabilitation.

8. The connection of the arrests in regard to the job to be performed.

For appeal process if certification is denied, suspended or revoked, see 5-5.F.2.

SUBJECT INTERVIEW FOR CHILD CARE PROVIDERS

SUBJECT: _____ SSN: _____

PRIVACY ACT STATEMENT

In accordance with 5 USC 522a(e) (3), the following information is provided when collecting personal information directly from the individual:

1. AUTHORITY: 42 U. S. C. § 13401
2. PRINCIPAL PURPOSE(S): (1) Safety and well-being of children using Federal Government Child Care Services. (2) Compliance with P.L. 101-647 (November 29, 1990), codified 42 U.S.C.§ 13041.
3. EFFECTS OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION: If you do not complete each item, this failure will impede successful processing of your investigation. You cannot be hired or continue employment unless a criminal history background check has been completed.

1. Q: Have you ever been arrested for or charged with a crime involving a child?

   A: _____

2. Q: Have you ever been involved with physical injury or sexual maltreatment of a child?

   A: _____

3. Q: Have you ever been placed on probation or asked to resign from employment for maltreatment of a child?

   A: _____

DEPT. OF TRANSP., USCG, CG-5590 (5-95) LOCAL REPRO

Reverse of CG-5590 (5-95)

4. Q: Have you ever been charged with or convicted of an offense related to alcohol or drugs?

   A: _____

5. Q: Have you in the last 5 years used, possessed supplied or manufactured any illegal drugs?

   A: _____

Comment Section:

_____

CERTIFICATION THAT MY ANSWERS ARE TRUE

I CERTIFY that I have read and understood each question. My statement and any attachments are true, complete, and correct to the best of my knowledge. I understand that a knowing and willful false statement will result in non-selection for employment.

_____ _____

Subject's Signature Date

SUBJECT INTERVIEW

SUBJECT: _____ SSN: _____

AUTHORITY 42 U.S.C. § 13401

Reviewed questionable information and it was found to be:

FAVORABLE _____

QUESTIONABLE for the following: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The subject has been advised that the record check is condition of employment, the subject has a right to obtain a copy of the result of the record check and the employee has the right to challenge the accuracy and completeness of any information contained in this report.

_____	_____	_____
Subject's signature	Interviewer's signature	Date

FAMILY CHILD CARE INSPECTION CHECKLIST

FIRE AND SAFETY

The DRC or the FCC Coordinator shall use this inspection checklist for each individual provider to determine if providers comply and to develop any necessary corrective actions.

	YES	NO	N/A*
1. Does home have at least two exits which open directly to the outside? (One may be a window.)	_____	_____	_____
2. Is/are smoke detector(s) in good operating condition?	_____	_____	_____
3. Is the fire extinguisher accessible and in good working condition?	_____	_____	_____
4. Is an operable flashlight readily available in case of power failure?	_____	_____	_____
5. Does the home maintain a fully stocked first aid kit and is it? readily accessible?	_____	_____	_____
6. Are the following emergency telephone numbers conspicuously posted by the telephone?			
a. Fire department	_____	_____	_____
b. Police	_____	_____	_____
c. Emergency medical resource (e.g., doctor, clinic, ambulance, etc.)	_____	_____	_____
7. Are exits free from any obstruction?	_____	_____	_____
8. If the child(ren) must go up and down stairways, are treads wide enough to adequately accommodate their travel?	_____	_____	_____
a. Does stairway have handrails?	_____	_____	_____
b. Is stairway well lit?	_____	_____	_____
c. Are gates or similar protection provided at stairways inside home?	_____	_____	_____

9. If the facility has elevated walkways, porches, ramps, or play areas, are there barriers to prevent falls? _____ _____ _____

10. Has provider been trained in emergency procedures in event of fire? _____ _____ _____

11. Are the children familiar with emergency procedures and evacuation plans? _____ _____ _____

12. Are fire drills conducted at least monthly and documented in writing? _____ _____ _____

13. Do all electrical receptacles have hard-to-remove protective caps or other protective mechanisms to prevent child contact? _____ _____ _____

14. Are outlets used properly without evidence of overload or extra extension cords in use? _____ _____ _____

15. If clear glass panels are used in sliding doors, shower stalls, tub enclosures, storm doors, etc., are they clearly marked to avoid accidental impact? _____ _____ _____

16. Is the outside play equipment sturdy and safe? _____ _____ _____

17. Are surfaces free of peeling paint in the rooms and on the equipment used by the children? _____ _____ _____

18. Can bathroom doors be unlocked from the outside? _____ _____ _____

19 Have precautions been taken to ensure that children cannot lock doors from the inside? _____ _____ _____

20. Are unvented room heaters or portable heaters in use while children are in your care? _____ _____ _____

21. Care is **NOT** provided in area containing hot water heaters, gas meter or furnace? _____ _____ _____

22. Are windows screened and screens easily removable for evacuation? _____ _____ _____

23. Are potential hazards such as firearms, ammunition, cleaning agents, medicines, sharp objects, matches, and poisonous plants inaccessible to children? _____ _____ _____

24. Are areas used for child care free of the following?

    a. Ureaformaldehyde insulation _____ _____ _____

    b. Exposed electrical wiring _____ _____ _____

    c. Radon or asbestos hazards _____ _____ _____

HEALTH

25. Are meals and snacks served at appropriate times? _____ _____ _____

26. Do children and caregivers wash hands with soap and water BEFORE eating and AFTER using toilet or changing diapers? _____ _____ _____

27. Are paper towels or individual towels available for each child? _____ _____ _____

28. Are ONLY disposable diapers being used, unless otherwise prescribed by a physician? _____ _____ _____

29. Is the diaper changing surface sanitized after EACH use? _____ _____ _____

30. Are used diapers placed in covered containers? _____ _____ _____

31. Are the linens for weekly children changed AT LEAST once a week? _____ _____ _____

32. Are the linens for hourly children washed before being used by another child? _____ _____ _____

33. Are pets immunized and free from disease? _____ _____ _____

ADMINISTRATION

34. Are registration forms completed for all children attending? _____ _____ _____

35. Are the records available for the caregiver's and all family members' TB and physical exam? _____ _____ _____

36. Has the provider completed a basic first aid and a CPR course? _____ _____ _____

37. Is background check completed? _____ _____ _____

38. Has caregiver provided proof of liability insurance? _____ _____ _____

39. Are no more than six children, including the provider's, being cared for at any one time? _____ _____ _____

40. Are the children released to only the child's parents or legal guardian (unless written authorization stating otherwise is given by parents)? _____ _____ _____

41. Do children under 5 years of age have a rest period of at least one hour per day? _____ _____ _____

PROGRAM

42. Are the children supervised throughout the day? _____ _____ _____

43. Is a written daily schedule available? _____ _____ _____

44. Is a variety of games, toys, books, and materials available to meet the various developmental needs of the children? _____ _____ _____

45. Is outdoor play available every day, weather permitting? _____ _____ _____

46. Are toys, games and materials free from hazards and appropriate for the children's age and developmental level? _____ _____ _____

47. Are washable toys provided for infants and toddlers? _____ _____ _____

48. Are discipline and guidance techniques used positively to develop good self-image and self-discipline? _____ _____ _____

*N/A: Not applicable or not observed

_____ _____
(Inspector's name) (Date)

Corrections to be made/other comments:

_____

_____

_____

_____

_____

_____

Date corrections to be completed: _____
(Date)

_____

_____

_____

_____

_____

_____

AGREEMENT BETWEEN PARENT AND FAMILY CHILD CARE PROVIDER

I/We Agree:

1. To inform provider in advance if child(ren) cannot be brought or picked up at the usual time.

2. To have a clean change of clothing for each child available to the provider.

3. To provide special food, clothing or equipment (such as baby food, diapers, toothbrushes) that is requested.

4. To report any change in name, address, phone number, or employment status to provider within _____ days in advance before removing child(ren) from facility.

5. To inform the provider of any illness or contagious disease the child(ren) might have which would affect other children in care.

6. To provide needed physical evaluations and immunizations as required. If not available on enrollment date, indicate appointment dates: _____.

7. That my child(ren) may use all the play equipment and participate in all activities. If limitation, explain:

_____

_____

8. That my child(ren) may accompany the child care group on all supervised field trips, neighborhood walks, and other planned activities involving absence from day care facility.

9. That my children may be transported in vehicles operated by provider, staff members, or volunteers.

10. To consent for provider to secure needed medical care if the parent or guardian cannot be contacted.

11. List any additions or exceptions: _____

_____

_____

AGREEMENT: (Completed by parent or guardian and provider)

Parent's or Guardian's
Signature _____ DATE _____

Child Care Provider's
Signature _____ DATE _____