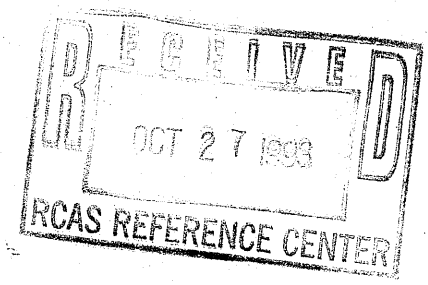
AR 608-10 cy.1

Army Regulation 608–10

Personal Affairs

Child Development Services



All Changes 1
15 July 1997

Headquarters
Department of the Army
Washington, DC
12 February 1990

SUMMARY of CHANGE

AR 608-10
Child Development Services

This revision--

- Incorporates existing HQDA policy directives and field requests for specific guidance on Child Development Services (CDS) construction design criteria, the United States Department of Agriculture Child Care Food Program, staff training, management practices to minimize the risk of child abuse occurring in a CDS setting, health policies, staffing requirements, priorities for service, developmental programming, and quality assurance procedures.

- Expands Family Child Care (FCC) to include certification requirements, special endorsements, and claims (chap 6).

- Expands Supplemental Programs and Services (previously Supplemental/Outreach Care Options) to include the School-Age/Latch Key Program; delineates common support services provided to the FCC and Child Development Center delivery systems; and lists optional care available to meet new mission requirements (chap 7).

- Adds consolidated criteria to include child abuse prevention standards necessary to meet CDS Standards (app C).

Headquarters
Department of the Army
Washington, DC
12 February 1990

*Army Regulation 608–10

Effective 12 March 1990

Personal Affairs

Child Development Services

This UPDATE printing publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

By Order of the Secretary of the Army:

CARL E. VUONO
General, United States Army
Chief of Staff

Official:

MILTON H. HAMILTON
Administrative Assistant to the Secretary of the Army

Summary. This regulation prescribes policies, procedures, and standards for establishing and operating Child Development Services delivery systems: Child Development Centers, Family Child Care Homes, and Supplemental Programs and Services.

Applicability.

a. This regulation applies to—

(1) The Regular Army.

(2) The U.S Army Reserve (USAR) on active duty, active duty for training, or special active duty for training (30 days or more duration).

(3) The Army National Guard of the United States (ARNGUS) on active duty, active duty for training, or special active duty for training under title 10, United States Code (30 days or more duration).

(4) Members of other uniformed services (and their families) assigned to Army installations.

(5) Others entitled to care in medical treatment facilities (MTFs).

b. This regulation does not apply to members of the USAR performing inactive duty training or to members of the ARNGUS performing duty in a State status under title 32, United States Code.

Internal control systems. This regulation is subject to the requirements of AR 11–2. It contains internal control provisions but does not contain checklists for conducting internal control reviews. These checklists are contained in a DA Circular 11–88–1.

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from the United States Army Community and Family Support Center (USACFSC) (CFSC–FSC), 2461 Eisenhower Avenue, Alexandria, VA 22331–0521.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration date unless sooner superseded or rescinded.

Suggested improvements. The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, USACFSC ATTN: (CFSC–FSC), 2461 Eisenhower Avenue Alexandria VA 22331–0521.

Distribution. Distribution of this publication is made in accordance with the requirements on DA Form 12–09–E, block number 3636, intended for command level D for Active Army, ARNG, and USAR.

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Glossary

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Chapter 1
Structure and Policy

Section I
General

1–1. Purpose
This regulation prescribes policy and procedures for establishing and operating Army Child Development Services (CDS). The format of this regulation is as follows:

a. Chapters 1 through 4 apply to the following three CDS delivery systems: Child Development Centers (CDC), Family Child Care (FCC), and Supplemental Programs and Services (SPS).

b. Chapter 5 applies specifically to CDC and selected SPS programs in center-based settings.

c. Chapter 6 applies specifically to FCC and selected SPS programs.

d. Chapter 7 applies to the SPS delivery system.

e. Appendix C contains additional guidance specific to program areas.

1–2. References
Required and related publications are listed in appendix A. Prescribed and referenced forms are also listed in appendix A.

1–3. Explanation of abbreviations and terms
Abbreviations and special terms used in this regulation are explained in the glossary.

1–4. Child Development Services (CDS) program objectives
The objectives of Army CDS are to—

a. Promote the quality of the force by—

(1) Supporting readiness by reducing lost duty time due to conflict between parental responsibilities and unit mission requirements.

(2) Promoting military retention by providing services that increase soldier satisfaction with the Army as a way of life.

(3) Contributing to the quality of life and well-being of families in the command with young children.

b. Support parental child-rearing responsibilities by providing developmentally appropriate quality care options for children.

c. Operate using measurable standards and compliance assurance procedures to ensure that continuity and consistency of CDS operations exist Army-wide.

d. Contribute favorably to the growth and development of children while they are in the Army's care.

e. Support Service families in their effort to attain economic self-sufficiency by providing accessible and affordable child care for working parents.

f. Provide employment and career advancement opportunities within CDS programs for military and Department of Defense (DOD) civilian family members.

g. Support community activities in their effort to improve the quality of life by providing accessible and affordable child care for community volunteers.

1–5. Criteria for establishing CDS delivery systems
a. The need for CDS for military members and DOD civilian employees shall be determined by local needs and such factors as—

(1) The number of military and civilian personnel needing child care services.

(2) The need to support readiness and to address military child care during deployments, mobilization, and other missions of the military installation.

(3) Problems in recruitment or retention of military and civilian personnel resulting from a lack of child care services.

(4) Absenteeism or productivity problems that could be alleviated by reliable child care services.

(5) Availability of comparable services at comparable rates in the private sector.

b. Army CDS delivery systems should be established at installations that—

(1) Are not tenants or satellites of a host installation.

(2) Authorize families to join their sponsors.

(3) Have a total installation population of 1,000 or more (DA Pam 570–551).

c. The establishment of a CDS delivery system(s) is strongly recommended and is authorized at installations that may not meet one or more of the conditions in *a* above if—

(1) Off-post child care resources are limited.

(2) The complexity of social problems require special programming.

(3) Off-post child care is too costly.

d. With the exception of required CDS adult/child ratios in chapel settings, this regulation does not apply to the care given to children—

(1) In the home of, or by the parent, guardian, or relatives.

(2) By individuals providing short-term intermittent care in their homes when care does not exceed a total of 10 child hours per week on a regular basis.

(3) By an individual in the child's home.

(4) By DOD schools.

(5) In public school programs.

(6) In chapel settings where care is limited to short periods while parents are in attendance at religious services or related functions on the premises or immediately accessible to child activity spaces where care is being given.

(7) In religious education programs of limited duration such as vacation Bible school.

1–6. Child eligibility criteria
a. Children of sponsors eligible to use morale, welfare, and recreation (MWR) activities (AR 215–2) may use services provided by CDS delivery systems.

b. Where there are waiting periods for program services, the following priorities for care needed to meet mission requirements will be in effect:

(1) Children of sole parent active duty military personnel assigned or attached to the installation.

(2) Children of married military couples (both members on active duty) assigned or attached to the installation.

c. Where waiting periods for program services exceed 30 days, the following priorities for care needed to meet mission requirements will be in effect after the needs of sole/dual active duty military personnel have been met:

(1) Siblings of children currently enrolled in full-day care or part-day programs used to meet mission requirements when the active duty sponsors are assigned or attached to the installation.

(2) Children of active duty military personnel assigned or attached to the installation.

(3) Children of active duty military personnel not assigned or attached to the installation.

d. A child already attending a program generally should not be displaced to allow room for a child with higher priority.

e. Written installation policies are available which address priorities for service and procedures for filling child care spaces.

Section II
Overview

1–7. CDS concept
a. CDS is a network of child care delivery systems through which the Army provides quality child development options that reduce the conflict between parental responsibilities and unit mission requirements. Increasing numbers of sole and dual military parents, coupled with an increase in working spouses and the frequent relocation of Service families, have combined to increase demand for child care.

b. Soldiers look to the military establishment to provide services that assist parents in their child-rearing responsibilities. The military family does not have the stability of an established neighborhood or the proximity of relatives to allow for a constant and

reliable child care plan. Off-post civilian programs are often inaccessible, unaffordable, and have limited operating hours. Most private child care operations do not provide care for infants or toddlers, have no hourly services, and have waiting lists for vacancies. Off-post family day care homes are often not licensed or certified and may be unmonitored for health, safety, and quality of service factors.

c. CDS is designed to assist commanders in fulfilling their morale and welfare responsibilities to soldiers and their families. CDS should identify child care needs and coordinate installation resources to meet service demand. To effectively accomplish this task, command commitment to and involvement in CDS operations is essential.

d. CDS is offered as a supplement to, not a substitute for the family as the primary agent for the care and development of the child. Quality CDS options can strengthen and sustain child and parent relationships. However, the Army and parents should work together to ensure that these options for care will exist.

e. CDS offers care options with various types of service, locations, hours of operation, and fee schedules that are responsive to the needs of military families living both on and off-post.

(1) CDC services within centralized installation facilities offer closely monitored, structured group experiences relevant to the age and development of the child.

(2) FCC homes within government owned or leased quarters, or privately owned housing on an installation offer a family atmosphere with a limited number of children, flexible hours, and the capability of addressing special requirements.

(3) SPS increase child care capabilities by providing on and off-post alternative child care programs and support services.

1–8. CDS policy

a. CDS is a basic family program.

b. Services offered will support mission requirements and Army quality of life standards.

c. Installation commanders are authorized to provide full-day, part-day, and hourly services in CDCs, FCC homes, and in SPS delivery systems as needed. Services provided should reflect assessed needs for infant, toddler, preschool-age, and school-age care.

d. Services will be responsive to needs of patrons living on and off-post.

e. All FCC within Government owned or leased quarters or privately owned housing located on an installation must occur in CDS certified FCC homes.

f. Facilities used by center-based programs, designated SPS settings, and family housing units certified for quarters-based care must meet DOD and Army CDS standards.

g. All CDS program operations will be developmental in nature with appropriate staff, facilities, equipment and materials, and program experience. Care provided to children will foster and develop a child's physical, intellectual, social, and emotional capabilities regardless of the setting or length of time in care.

h. All programs offered within CDS will be staffed with professionally qualified child development management personnel, trained caregiving employees, FCC providers, and other caregiving adults.

i. The dissemination of religious information (e.g., grace) or materials is prohibited as well as providing program activities that teach or promote religious doctrine. (Programs operated by chaplains are exempted from this restriction.)

j. Services within the CDS delivery systems will be available and affordable to all eligible patrons.

k. All program operations within CDS delivery systems will be evaluated annually by an internal review and evaluation process.

l. Delivery of services will be provided directly through Army operated or regulated programs and/or through public agencies and independent contractors. Regardless of the nature of service delivery provided, the CDS coordinator position will be maintained at the installation to monitor all services for compliance with pertinent regulations.

1–9. CDS organization

a. CDS will be established as a separate, but equivalent, program to Army Community Service (ACS) and Youth Services (YS) located within the Family Support Division within the standard installation organization.

b. Installation programs and services should be organized within the service delivery systems shown in figure 1–1.

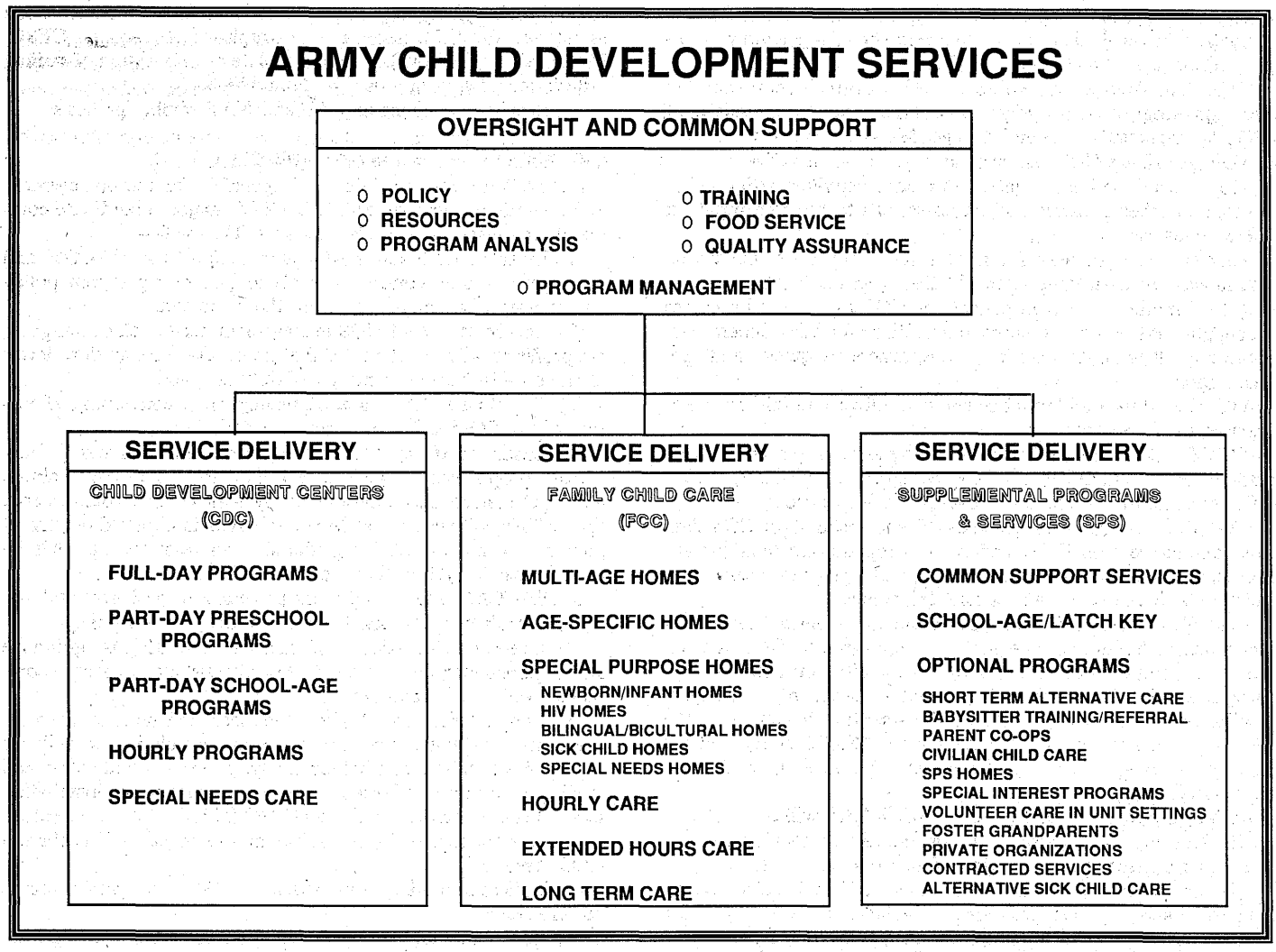


Figure 1–1. Army Child Development Services

Chapter 2
Program Oversight

Section I
Responsibilities

2–1. Headquarters, Department of the Army (HQDA)

a. The Deputy Chief of Staff for Personnel (DCSPER) has overall responsibility for policy guidance in implementing CDS. The Commander, USACFSC will perform the following functions for the DCSPER:

(1) To the extent permitted by law, formulate DA policy on CDS using the criteria shown below:

(a) Does the action strengthen or erode the stability of the family and, in particular, the marital commitment?

(b) Does the action strengthen or erode the authority and rights of parents in the education, nurture, and supervision of their children?

(c) Does the action help the family perform its functions or substitute governmental activity for the function?

(d) Does the action increase or decrease family earnings? Do the proposed benefits of the action justify the impact on the family budget?

(e) Can the activity be carried out by a lower level of Government, or by the family itself?

(f) What message, intended or otherwise, does the program send to the public concerning the status of the family?

(g) What message does the program send to young people concerning the relationship between their behavior, their personal responsibility, and the norms of our society?

(2) Ensure HQDA CDS personnel are professionally qualified.

(3) Identify CDS needs and resource requirements to Army leadership.

b. The Chief, Family Support Directorate, CDS Division within the USACFSC will—

(1) Establish and maintain plans, policy, administrative procedures, program materials, and operational guidance for CDS delivery systems.

(2) Define professional standards for CDS program development and operation.

(3) Develop and publish minimum standards as defined by appropriate Department of Army (DA) staff proponents for fire, health, facilities, safety, and prevention of child abuse.

(4) Develop and approve functional design requirements for CDS facilities in coordination with the Office of the Chief of Engineers (CEEC–EA) and the DA Facility Standardization Subcommittee for CDS Facilities.

(5) Exercise program oversight of CDS Military Construction, Army (MCA) Program and upgrade or waiver status of existing facilities.

(6) Develop and approve program materials to address special needs programs, nutrition, health, and child abuse in child development settings from a CDS operational perspective.

(7) Develop an Army-wide comprehensive CDS standard training plan for all levels of CDS employees and FCC providers.

(8) Support training workshops sponsored by major Army commands (MACOMs) for installation CDS personnel.

(9) Visit, monitor, and provide technical assistance to MACOMs and installations.

(10) Approve and monitor CDS programs and facilities for participation in the United States Department of Agriculture (USDA) Child Care Food Program (CCFP).

(11) Coordinate and submit CDS resource requirements through program and budget channels to include oversight of CDS Management Decision Package (MDEP) execution.

(12) Distribute CDS resources as required to MACOMs.

(13) Consult and coordinate with related activities within DOD as well as other agencies and organizations to broaden input on CDS policy issues.

(14) Develop guidance for statements of work for contracting the management and operation of CDS Programs.

(15) Function as the proponent for CDS issues and initiatives in support of the Army Family Action Plan (AFAP), General Accounting Office (GAO) studies, Congressional inquiries and special actions.

(16) Coordinate and monitor research efforts and initiatives impacting on CDS programs.

(17) Develop and implement a quality assurance system in coordination with MACOMs to assess program effectiveness, quality of service, and the efficiency of overall CDS operations.

(18) Collect and analyze MACOM and installation CDS data for compliance with DOD and Army program and facility standards, and determine resource requirements, program trends, and initiatives that have an impact on CDS policy.

(19) Conduct periodic announced and unannounced on-site inspections with ARSTAF regulatory proponents to determine installation compliance with policy fire, health, nutrition safety, program, child abuse, and facility structural standards; and report findings as directed to DCSPER, the Assistant Secretary of the Army for Manpower and Reserve Affairs ASA(M&RA), and the Deputy Assistant Secretary of Defense (Family Support, Education and Safety).

c. The Surgeon General (TSG) (DASG–PSP) will—

(1) Develop CDS health standards and related health aspects of CDS and oversee implementation of nutrition standards.

(2) Provide professional services and technical assistance required to support CDS programs to include preventive medicine and community health nursing personnel, pediatricians, and child psychiatrists.

(3) Staff policy related to health, nutritional, environmental, and sanitation aspects of CDS facilities and program operations.

d. The Director of Army Safety (DACS–SF) will—

(1) Develop CDS safety standards.

(2) Provide technical assistance relative to the safety aspects of CDS facilities and operations.

e. The Judge Advocate General (TJAG) (DAJA–ALG) will provide legal advice as necessary. The center Judge Advocate, U.S. Army Community and Family Support Center, will provide primary legal advice and assistance to CDS.

f. The Chief of Engineers (HQ,USACE) (CEEC) will—

(1) Develop CDS facility and fire standards.

(2) Provide technical guidance on all design and construction matters concerning CDS facilities including site, building, and utilities.

(3) Issue design guides, standard designs, and supplementary criteria as issued in the Architectural and Engineering Instruction (AEI) design criteria and requirements for constructing and renovating CDCs.

(4) Review and approve projects submitted on DD Form 1391 (Fiscal Year Military Construction Project Data) for technical accuracy and conformance with prescribed criteria, cost engineering requirements and DA policy and guidance.

g. The Commander, U.S. Army Command Criminal Investigation (USACIDC) will—

(1) Support requirements for background investigations for CDS personnel.

(2) Monitor the process for thoroughness, effectiveness, and prompt response.

h. The Commander, United States Army Force Integration Support Agency (USAFISA) will—

(1) Provide manpower management and TDA documentation assistance for CDS programs throughout the Army (CFSC, MACOM, installations) including update or publication of staffing criteria for CDS programs (DA Pam 570–551).

(2) Provide guidelines on APF and NAF staffing patterns.

2–2. Major Army commands (MACOMs)

a. MACOM commanders are responsible for the management and operational supervision of MACOM, major subordinate command, and installation CDS programs. They will—

(1) Establish CDS staff positions or designees at MACOM and major subordinate command levels to interpret program policy and oversee CDS programs within the command.

(2) Ensure MACOM CDS management personnel, or designees are professionally qualified and that grade level ratings show levels of responsibility and complexity of duty assigned.

(3) Coordinate with resource management concerning allocation of MACOM CDS resources to installations.

(4) Ensure MACOM CDS management personnel and the regulatory proponents for health, facilities, fire, safety, child abuse, and legal matters coordinate regularly with HQDA counterparts. (Note: This will ensure that MACOMs remain apprised of current policies and have access to guidelines and resource materials issued for use in interpreting program policy.)

b. MACOM CDS management personnel or designees will—

(1) Establish and review MACOM CDS program policy.

(2) Oversee installation implementation of HQDA guidance and requirements; and provide technical assistance to ensure compliance with CDS standards.

(3) Conduct periodic on-site announced and unannounced inspections with regulatory proponents for installation compliance with policy fire, health, nutrition safety, program, child abuse, and facility structural standards; and report findings to the installation MACOM commanders and USACFSC (CFSC–FSC) as directed.

(4) Sponsor training opportunities and resources for installation CDS personnel.

(5) Collect and analyze installation CDS reports and resource requirements.

(6) Coordinate and submit installation and MACOM CDS resource requirements through program and budget channels to HQDA.

(7) Review requirements for installation CDS services through needs assessment and demographic surveys and realign or expand services as reflective of installation needs.

(8) Coordinate installation CDS pilot projects and research studies with USACFSC (CFSC–FSC).

(9) Inform USACFSC (CFSC–FSC) of innovative MACOM and installation program efforts.

c. MACOM Chief of Engineers will—

(1) Review and approve functional requirements, project formulation control data, initial project design data, and concept and project design control data.

(2) Ensure that economic analysis of all feasible alternatives is prepared to justify and identify construction projects before the projects are presented to HQDA in the MACOM submission. Ensure that the required economic analysis is included in the special requirements paragraph 1 (SRPI) of the DD Form 1391 with projects submitted to HQDA.

(3) Review installation DD Form 1391 to ensure that proposed sitings are consistent with the approved MACOM master plan.

2–3. Installation commanders

a. Installation commanders are responsible for the management and operational supervision of all programs and services within CDS delivery systems. They will—

(1) Ensure authorization and assignment of qualified installation personnel to provide effective CDS delivery systems to accomplish the mission.

(2) Ensure that CDS management personnel at the installation level are professionally qualified, that management personnel have child development related administrative program experience, and

that personnel grade level ratings reflect level of responsibility and complexity of duty assignment.

(3) Identify installation CDS needs and resource requirements to MACOM.

(4) Provide installation CDS report data and resource requirements to MACOM and USACFSC ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521.

(5) Allocate resources and approve priorities for the allocation of resources within CDS to meet installation needs.

(6) Ensure that CDS personnel receive training as required.

(7) Ensure that all programs and activities falling under CDS are monitored by the CDS coordinator and assessed for regulatory compliance.

(8) Approve installation nominees for participation on the Developmental Assessment Team (DAT) and support DAT recommendations to improve CDS programs.

(9) Ensure that installation agencies support CDS oversight and technical assistance requirements including actions needed for CDS personnel background clearances.

b. The CDS coordinator will—

(1) Supervise, monitor or function as a contracting officer representative for all activities, contractors, and individuals, providing child care on property controlled by the U.S. Army unless exempted by this regulation.

(2) Verify compliance with CDS program and facility standards on DA Form 4841–R (Child Development Services (CDS) Program/Facility Report) annually to MACOM and USACFSC (CFSC–FSC).

(3) Report noncompliance with standards to the installation and MACOM commanders.

(4) Act as the point of contact (POC) for all issues and actions concerning CDS.

(5) Develop and execute budget documents to address short and long term CDS program needs.

(6) Review community demands for child care services through periodic needs assessments, surveys, and operational data studies; and establish a full range of systems to address requirements.

(7) Act as the final CDS authority for CDC, FCC, SPS, Education Program Specialists (EPS), administrative, and resourcing actions.

(8) Act as POC and assist Director of Engineering and Housing (DEH) in preparation of the DD Form 1391, a project development brochure (PDB), and economic analysis to adequately support and validate construction requirements.

(9) Coordinate the annual internal assessment conducted by the installation DAT.

c. The health consultant(s) as designated by Medical Department Activity (MEDDAC) or Medical Center (MEDCEN) (usually the health nurse for nutrition and health, and the environmental science officer for environmental and food sanitation) will—

(1) Consult on standing operating procedures (SOPs) developed by the CDS coordinator to meet program health requirements.

(2) Monitor the health, nutritional, environmental, and food sanitation aspects of child development programs in coordination with the appropriate Medical Treatment Facility (MTF) staff on a monthly basis in centers; and conduct FCC home inspections as specified in paragraph 6–40.

(3) Act as POCs for all issues and actions regarding the overall health program within CDS.

(4) Verify compliance with CDS health standards on DA Form 4841–R annually.

(5) Coordinate meal planning and nutrition education aspects of CDS programs in collaboration with the MTF dietician.

(6) Provide and/or approve education and instructional content for training of CDS personnel in health related matters.

(7) Serve on the CDS DAT.

(8) Coordinate veterinary services as required for pets involved with CDS.

(9) Ensure all foods are procured from approved sources as prescribed by AR 40–657. (Coordination with the installation veterinarian is required.)

(10) Confirm outbreaks of disease of public health significance occurring in CDS programs and assist CDS coordinator in reporting such cases (para 2–20).

d. The MTF dietician or designated professional will—

(1) Review all menus used in center-based settings and representative menus in FCC and SPS homes to ensure compliance with USDA nutritional and meal component guidance.

(2) Serve on the CDS DAT.

(3) Verify compliance with CDS nutrition standards on DA Form 4841–R annually.

e. The safety officer will—

(1) Consult on SOPs developed by the CDS coordinator.

(2) Monitor the safety of CDS facilities as a special hazard area and conduct required annual and other inspections.

(3) Conduct initial and annual inspections of FCC homes.

(4) Verify compliance with CDS safety standards on DA Form 4841–R annually.

(5) Provide training to CDS personnel on safety related matters.

(6) Serve on the CDS DAT.

(7) Ensure CDCs and FCC homes are entered into installation hazard abatement programs as necessary.

f. The Director of Engineering and Housing (DEH) will—

(1) Develop and submit a CDS construction request (DD Form 1391) as needed.

(2) Coordinate all CDS construction and repair work with the CDS coordinator.

(3) Maintain and repair CDS facilities, installed equipment, and premises according to AEI criteria with appendix G.

(4) Serve on the CDS DAT.

(5) Participate as an advisor on actions involving FCC in Government quarters.

(6) Work cooperatively with the CDS coordinator to identify and eliminate unauthorized child care occurring in Government housing.

(7) Act as an advisor on standards prescribing cleanliness and orderliness in housing units used for FCC homes.

(8) Adhere to the AEI criteria with appendix C for renovation or addition projects.

(9) Conduct annual on-site structural inspection of each CDS facility.

(10) Verify compliance with CDS standards for facility structural/systems, administrative support, and child activity and related areas.

g. The fire marshal will—

(1) Conduct monthly inspections of CDS facilities and annual inspections of FCC homes.

(2) Consult on SOPs developed by the CDS coordinator to meet program fire prevention requirements.

(3) Verify compliance with CDS fire prevention standards on DA Form 4841–R annually.

(4) Serve on the CDS DAT.

h. The staff judge advocate will provide guidance on CDS legal matters including liability issues and the application of State, local, and host nation laws to program operations.

i. The provost marshal will—

(1) Monitor the security of CDS facilities.

(2) Process local civilian law records check.

(3) File DD Form 1731 (Serious Incident Report) and consult with CDS coordinator as needed.

(4) Address situations involving children left in CDCs, FCC homes, or SPS programs after closing time; and release of children under circumstances where children's safety or well being is in question.

j. The installation Criminal Investigation Division (CID) commander will—

(1) Initiate investigations of allegations of child abuse occurring in CDS delivery systems.

(2) Process Crime Records Center checks.

(3) Advise the CDS coordinator of any child abuse or other criminal allegations against any CDS employee or FCC provider

to allow appropriate management decisions to protect the safety and well being of children in care.

k. The Civilian Personnel Officer will—

(1) Obtain a signed release of information for background clearances checks on all applicants for CDS employment.

(2) Initiate and followup on the following:

(a) National Agency Checks (NAC or NACI) for all CDS nonappropriated fund and appropriated fund employees.

(b) Criminal Investigation Division (CID) background information/clearance checks including the Defense Central Investigation Index (DCII).

(c) Military Police background information records checks.

(d) Local civilian law enforcement agency checks.

(3) Advise the CDS coordinator on management actions involving employees involved in suspected child maltreatment cases.

(4) Provide results of checks and references to the Center's program director.

(5) Ensure CDS employees are hired under appropriate grades using standard position descriptions.

(6) Ensure CDS employees can receive CPO sponsored training.

(7) Ensure a qualified pool of applicants for CDS positions.

(8) Provide timely response to recruitment actions necessary to meet child/staff ratios and management oversight responsibilities.

(9) Serve on CDS DAT.

l. The Alcohol and Drug Prevention Control (ADCO) Program manager will screen records involving CDS employees, CDS volunteers, FCC applicants, and FCC family members for drug and substance abuse, as permitted pursuant to AR 600–85, chapter 6.

m. The Family Advocacy Program Manager (FAPM) will—

(1) Work with the chairperson, Family Advocacy Case Management Team (FACMT) and FACMT members to develop an installation SOP that designates a reporting point of contact (RPOC) and procedures for addressing all child abuse allegations in CDS settings; or identification of any familial child abuse situation involving a child receiving child care services.

(2) Provide inservice training on the recognition and reporting of child abuse and neglect in both familial and institutional settings.

(3) Coordinate with CDS to provide child abuse prevention training for parents with children enrolled in CDS programs.

(4) Coordinate on all CDS SOPs involving child abuse or neglect.

(5) Serve on the CDS DAT.

(6) Review and make recommendations on any statement about child abuse and neglect in parent and employee handbooks.

n. The Public Affairs Officer (PAO) will—

(1) Handle press releases and publicize special events involving CDS operations (e.g., Month of the Military Child, opening of a new facility).

(2) Inform USACSFC (CFSC–FSC) through the MACOM of all anticipated or actual media coverage concerning CDS operations for press or television, that has the potential for national release.

(3) Provide copies of newspaper clippings of adverse publicity concerning child abuse allegations in CDS settings through the MACOM to the Commander, USACFSC, ATTN: CFSC–FSC 2461 Eisenhower Avenue, Alexandria, VA 22331–0521.

o. The chairperson, FACMT will process requests for Central Registry Background Checks for CDS employees, FCC provider applicants, FCC family members, and CDS volunteers.

Section II
Assessment and Compliance

2–4. General

A copy of this regulation and any local supplements concerning programs within CDS, will be maintained at all CDS delivery system offices, CDCs, and SPS settings; and will be readily accessible to employees, FCC providers, CDS volunteers, patrons, and command representatives. A summary of FCC regulatory requirements will be distributed to each FCC provider.

2–5. CDS Developmental Assessment Team Review (DATR)

a. An annual internal review and evaluation process for all installation CDS programs will be established to substantiate CDS compliance with DOD and Army standards, and to ensure application of regulatory and policy guidance within all CDS delivery systems.

b. The review will be organized and coordinated by the CDS coordinator and conducted by an installation DAT composed of the following: a local command representative, (e.g., DPCA, ADCFA), the CDS coordinator, installation regulatory proponency representatives, (fire marshal, housing officer, health consultant, CPO officer, FAPM, safety officer, facility engineer, dietitian) a parent, and a child development professional from the private sector or from another installation. Additional team members may be designated by the command according to local requirements. The installation (inspector general) IG may participate as an observer if requested by the installation commander.

c. The CDS Single Source Criteria (app C) and materials provided by USACFSC (CFSC–FSC) will be used for the DATR.

d. The DAT will identify the following in writing:

(1) The level and quality of services being provided to fulfill the requirements for meeting CDS standards.

(2) The extent to which installation CDS programs are meeting DOD and Army standards.

(3) The areas of strength and those needing improvement.

e. The DAT will brief findings to the installation commander.

f. The DAT will develop an action plan to be approved by the commander to correct deficiencies and improve or expand program services.

g. Information derived from the DATR will support reporting requirements specified in section IV, paragraphs 2–18 through 2–20.

h. The DATR may occur in conjunction with a MACOM or DA staff assistance visit.

i. DAT findings, recommendations, and corrective action initiatives will be maintained on file at the installation and provided to higher headquarters upon request (paras 5–54 and 6–52).

2–6. CDS program compliance and oversight

a. All programs applicable under this regulation will be monitored through unannounced, on-site inspections by higher headquarters to ensure compliance with DOD standards for child care programs and Army CDS program and facility standards. DOD certification will be accomplished with USACFSC and MACOM guidelines.

b. The quality of service, efficiency, and effectiveness of all operations monitored by CDS will be assessed by higher headquarters for compliance with regulatory guidance.

c. All health, fire, facility, and safety requirements will be monitored by installation proponents according to the frequency specified by this regulation.

d. Installations and MACOMs will determine the frequency and type of monitoring needed by regulatory proponents in addition to those specified within this regulation.

2–7. Crimes prevention surveys

The Criminal Investigation Division Command (CIDC) will conduct a Crimes Prevention Survey at any installation, whenever circumstances indicate that CDS program conditions could be conducive to criminal activity or impact negatively on the health, security, and well being of children in care.

2–8. State licensing

State licensing of Army CDCs, FCC homes, and SPS programs is permitted in addition to, but not in lieu of, compliance with this regulation.

2–9. Patron satisfaction

a. Written guidelines will be established addressing procedures for parents who wish to submit a complaint or concern.

b. Program directors in all CDS delivery systems will conduct patron satisfaction surveys, at a minimum on an annual basis; and establish a follow-up plan for addressing areas of dissatisfaction as appropriate.

c. Patron satisfaction survey formats have been developed for installation use and are available from USACFSC (CFSC–FSC).

2–10. CDS Program Review Board (PRB)

A CDS PRB may be established to address or make recommendations on situations and issues which include multiple proponents, or on CDS operational issues which can be broadly interpreted.

2–11. Exceptions to policy

a. Exceptions to existing criteria may be requested only when alternative methods of compliance do not endanger the safety or well-being of the children in care. Exceptions will only be granted when the intent of the standard can be met by means other than that specified or stated as an equivalency in the single source criteria. Exceptions to policy are required for the following:

(1) Deviation from regulatory requirements for CDC, FCC, or SPS systems.

(2) New facility construction which deviates from the Department of the Army approved standard/definitive designs for CDCs.

(3) Deviation from design criteria in paragraph 5–27.

(4) Facility deficiencies in existing or renovated CDCs.

b. Requests for exceptions must be made in writing and include the following information:

(1) CDS system and program type (e.g., center hourly care, FCC infant/toddler home).

(2) Identification of the unmet single source standard including document source and paragraph.

(3) Description of condition(s) needing alternative equivalency.

(4) Installation proponents involved in request (e.g., DEH, community health nurse, safety officer).

(5) Rationale for exception.

(6) Proposed alternative equivalency or compensatory action(s).

(7) Projected compliance date including major milestones (if applicable).

(8) Facility number (if applicable).

(9) A floor plan, and photographic documentation as necessary to ensure complete clarity of request (facility exceptions only).

c. Appropriate installation functional proponents as well as the commander, must review and sign all exception requests.

d. Approval authority for exceptions to policy will be granted only by higher headquarters as follows:

(1) MACOMs may determine alternative equivalencies upon review of installation data submitted and following documented informal coordination (e.g., telephonic, fax with appropriate HQDA proponent(s)) including USACFSC (CFSC–FSC) to ensure consistency and appropriateness of compensatory actions.

(2) In cases where a coordinated resolution between MACOM and ARSTAF proponents can not be achieved, the request for exception will be forwarded to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521, who will staff issue for resolution by higher authorities.

(3) Exceptions to life safety criteria will require an on-site visit by MACOM to installation.

(4) MACOMs will forward copies of all exception approvals (alternative equivalencies) and disapprovals to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521, and ARSTAF proponent simultaneously with release to requesting installations.

e. Alternative equivalencies which are determined by ARSTAF proponents to have Army-wide application, will be included in the CDS single source criteria.

f. All requests for waivers (temporary conditions which compensate for non-compliance with established standards/criteria for a limited specified period of time) must be forwarded by the MACOM to USACFSC (CFSC–FSC), 2461 Eisenhower Avenue, ATTN: CFSC–FSC, Alexandria, VA 22331–0521, for approval at the ARSTAF level. Waivers will be granted only under exceptional conditions when installation and MACOM documentation indicates no alternative equivalency is possible. Waivers are reportable to higher authorities.

g. Responses to requests for exception to policy and waiver approvals will generally be provided within 30 calendar days of receipt by the higher authority.

Section III
Recordkeeping Requirements

2–12. General

Data or information required for the operation and assessment of all programs and services within Army CDS delivery systems will be collected accurately, promptly, and efficiently.

2–13. Child records

a. Signed copies of the information listed below will be maintained on file for each child within the CDS program facility or FCC home where the child is enrolled. Records will be secured, with accessibility limited only to authorized personnel.

(1) DA Form 4719–R (Child Development Services (CDS) Registration Card) will provide CDS management and caregiving employees and FCC providers with child and family data needed for program management, health, safety, enrollment, and admission requirements. DA Form 4719–R includes sponsor's consent to seek emergency health or dental care for the child if the parent or guardian is unavailable. DA Form 4719–R will be completed jointly by parents and CDS personnel. One form may be completed for each child or for each family. The form will be updated annually. This form will be reproduced locally on 8 by 5 inch card stock, printed head to foot. A copy of this form for reproduction is located at the back of this regulation.

(2) DA Form 5222–R (Child Development Services (CDS) Sponsor Consent) itemizes events and conditions requiring parental permission for child participation in activities such as field trips, after-school activities, and authorizes use of a child's photograph for publication purposes. This form will be completed and signed by the parent or guardian before a child is accepted. Form will be updated and dated/initiated by the parent annually. DA Form 5222–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(3) DA Form 5223–R (Child Development Services (CDS) Child Health Assessment) provides CDS management personnel and FCC providers with child health information necessary to meet admission requirements. Medical staff comments/physical examination will be completed only once upon admission. Form will be updated and initialed/dated by the parent annually. If the parent indicates a significant change in the child's health status, a current medical examination will be required. DA Form 5233–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(4) DA Form 5224–R (Child Development Services (CDS) Child and Family Profile) provides information that enables CDS personnel and FCC providers to develop programs that meet the developmental and program needs of the child and family. DA Form 5224–R will be completed by the parent or guardian and updated annually. DA Form 5224–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for local reproduction is located at the back of this regulation.

(5) DA Form 5225–R (Child Development Services (CDS) Medical Dispensation Record) provides information about medication administered by authorized CDS personnel and FCC providers to children while in attendance at a CDS program. This form includes the sponsor's consent for this service and will be completed by the parent or guardian and CDS personnel (para 4–32). DA Form 5225–R will be reproduced locally on 8 by 5-inch card stock, printed head to foot. A copy of the form for reproduction is located at the back of this regulation.

(6) DA Form 5305 (Family Care Plan), Apr 84 will be maintained in CDS files when sponsor is required to have a Family Care Plan. Information will be provided as required in paragraph 4–2*c* using materials developed to support guidance in AR 600–20. In the absence of DA Form 5305, provision of this plan will be annotated on the DA Form 5224–R. Information will be updated semi-annually and verified by CDS personnel.

(7) DA Form 5226–R (Child Development Services (CDS) Sponsor/Program Agreement) identifies and clarifies the responsibilities of the parent or guardian and the CDS program regarding provision and acceptance of CDS services. A signed copy will be given to the sponsor. DA Form 5226–R specifies—

(a) Types of services to be provided.

(b) Fees and charges.

(c) Program policies.

(d) Parental desires concerning care of child.

Note: CDS management personnel and FCC providers may add specific items necessary to meet program unique requirements. Parents and CDS management personnel or FCC providers will complete and sign the form annually. DA Form 5226–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(8) USDA CCFP enrollment forms determine patron eligibility categories and reimbursement levels for program participation. The forms will be supplied by the USDA State or Regional Office that administers the program for Continental United States (CONUS) installations. Forms will be completed annually by the patron, CDS personnel, and State or Regional USDA officials. USDA CCFP is not available for outside continental United States (OCONUS) locations.

(9) DA Form 4106 (Report of Unusual Occurrence) may be used for unusual occurrences, parental complaints, parent conference data, illness, injury, communicable diseases, etc.

b. Records specified in paragraph 2–13*a*(1),(2),(6),(7) or copies of them, will be maintained centrally within the FCC system.

c. Records specified in paragraph 2–13*a*(3),(4),(5) or copies of them, will be kept within the appropriate CDS child activity space in each facility or in applicable SPS settings to enable caregiving employees use of information to support child programming needs.

d. Signed copies of records specified in 2–13*a*(1) and (6) will, where applicable, be retained in the CDS Central Enrollment Registry.

e. Records will be duplicated for children enrolled in programs located in separate facilities and updated each year, dating from the day of program enrollment and as needed.

f. Local CDS identification cards showing that the patron has met CDS eligibility and admission requirements are recommended.

g. Copies of children's records involving DA forms are authorized for use within any CDS program and will be given reciprocity by installations to ensure a level of consistency throughout the Army CDS system.

h. Records will be on file as long as a child is enrolled. Copies of the records may be given to parents for use in other program services or upon termination from the program.

i. Records of children who have had a serious accident, injury, or unusual occurrence requiring emergency consultation or treatment at a medical treatment facility, will be retained within the CDS system for 3 years after the occurrence.

2–14. Employee records

Individual personnel files for each employee will be maintained within each CDS delivery system. (See para 6–15 for FCC provider records.) Records will be secured with accessibility limited to authorized personnel. Files will include—

a. Name and address, telephone number, training, and other related experiences and qualifications.

b. Employment references, verification of background checks, and medical examinations.

c. Copies of appraisals, awards and promotions, and grievance actions.

d. Copies of notifications of personnel actions.

e. Training records including Individual Education Plan (IEP) forms.

2–15. Program records

The following CDS data will be collected and maintained to allow reporting by individual program and cumulatively, where appropriate, for all CDS delivery systems. Personal information will be secured and access limited.

a. Operational procedures for implementation of developmental programming to include curriculum guidance and annual plans for CDS employee and FCC provider training.

b. Description and documentation of CDS employee and FCC provider training in the form of IEPs.

c. Developmental activity schedules for each program age-group category within center-based CDS programs and a sample representative developmental activity schedule for each FCC and SPS home.

d. Documentation of serious accidents or occurrences within CDS programs including deaths and major injuries that could precipitate a claim against the Government.

e. Program assessment report from the DAT and other investigations.

f. Documentation of outbreaks of communicable diseases.

g. Documentation of child abuse allegations and incidents in CDS settings.

h. Documentation of patron suggestions, complaints, and actions taken.

2–16. Operational records

a. The following CDS data will be maintained and kept current to allow reporting capabilities by individual program and cumulatively for all CDS delivery systems.

(1) Fiscal data such as budget projections, resource management plans, execution statements, and reports.

(2) Personnel data such as documentation of staffing patterns and personnel actions.

(3) Attendance, enrollment, utilization data, and waiting lists.

(4) Results of the required facility and program regulatory inspections in order to complete DA Form 4841–R annually.

(5) Facilities maintenance requests and followup.

(6) Food service data and USDA reimbursement documentation, if applicable.

(7) Data required to complete annually a DA Form 5246–R (Child Development Services (CDS) Report (RCS AG–895)).

b. Child placement data must be available through the Central Enrollment Registry for all CDS programs to maintain current CDS child space vacancy listings for patron referral, program monitoring for ratio and group size, and FCC home group composition compliance.

c. Documentation of staffing patterns and correlating adult/child ratios, and daily activity reports according to local requirements, will be maintained by CDC, SPS programs, and FCC providers.

d. FCC homes and FCC provider certification data, including the status of those homes and individuals being processed, will be maintained by the FCC system.

e. Operational records should be maintained according to AR 25–400–2.

2–17. CDS needs assessment and construction project validation

a. Data required to determine child development construction requirements will be collected by the installation to justify and validate project scope as determined according to architectural and engineering instructions (AEI). Space requirements will be based on waiting list data, needs assessment information, and demographic data collected using the following forms.

(1) *DA Form 5561–R Waiting List (Child Development Services).* The installation CDS coordinator will provide a summary of the actual day-to-day need for child care as documented by this form.

(2) *DA Form 5562–R Needs Assessment (Child Development Services).* The installation CDS coordinator will survey current patrons and eligible military and DOD civilian sponsors assigned or attached to the installation to determine the nature and extent of child care needs using DA Form 5562–R.

(a) Distribution methods will ensure inclusion of on and off-post personnel assigned to the installation including those not enrolled in CDS programs as well as current patrons.

(b) The form may be modified to reflect additional specific installation characteristics, but must include items shown on the original form.

(c) DA Form 5562–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(3) *DA Form 5562–1–R Needs Assessment Methodology (Child Development Services).* The installation CDS coordinator will use DA Form 5562–1–R to document the method of distribution, return rate, and population surveyed. DA Form 5562–1–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(4) *DA Form 5563–R Demographic Profile (Installation Child Development Services).* The installation CDS coordinator will obtain demographic profile data from the installation information, on current and projected military and civilian personnel assigned to the installation. The CDS coordinator will collect data reflecting actual and potential sources of child care on the installation and in the surrounding civilian community. DA Form 5563–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

b. The CDS coordinator will ensure the sample completed DD Form 1391 is provided to the installation facilities engineer for use in preparation of the form for any CDC project submission.

c. DA Forms 5561–R, 5562–R, 5562–1–R, and 5563–R will be completed and forwarded with a copy of the corresponding DD Form 1391 through the MACOM to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521, when a new facility is programmed. (See AR 415–15 for milestones concerning submission of MCA funded projects and see AR 415–19 for NAF information.)

d. These same procedures will be followed periodically, but at a minimum every two years to assess and validate the installation demand for services even if construction is not anticipated. Data will be used as input to the installation five-year plan.

e. The FCC and SPS systems will be developed to the fullest extent possible prior to submission of the DD Form 1391 request for construction of child care facilities for expansion purposes. Expansion facilities may not be programmed—

(1) In lieu of offering diversified and low cost alternative child care services through the FCC and SPS system.

(2) With the intention of eliminating these care options pending construction of a CDC.

Section IV
Reporting Requirements

2–18. General

The reporting requirements in this section apply to all programs and services within CDS delivery systems.

2–19. Patron reporting requirements

All patrons or users of CDS programs will submit or make available information required for admission and care of their child during the period the child is enrolled in a CDS program. Disclosure is voluntary, however if information is not provided or kept current, individuals may be denied participation in the program.

2–20. CDS operational reporting requirements

CDS management personnel will submit or make available to the command, MACOM, or HQDA any data or records required to be kept and maintained under this regulation.

a. General.

(1) The CDS coordinator will notify the command of the need for significant administrative, program, or facility changes.

(2) CDS management personnel will notify regulatory proponents (e.g., fire, health, safety, family advocacy) concerning—

(a) Results of inspections.

(b) FCC certification denials, suspensions, or revocations.

(c) Financial and operational concerns.

(d) Suspected cases of reportable child abuse and neglect.

(e) Fire and other drills.

(f) Incidents that portray a perceived or bonafide threat to facility security.

(g) Outbreaks of communicable diseases.

b. Reportable outbreaks of communicable diseases.

(1) The CDS coordinator in conjunction with the health consultant will report any case of disease of public health significance, including the following diseases within CDS programs, through MACOM to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521, within 24 hours of confirmation by the installation medical proponent:

(a) Giardia Lamblia.

(b) Shigella.

(c) Salmonella.

(d) Hepatitis A.

(e) Hemophilus Influenza B (HIB).

(f) Tuberculosis.

(g) Any case of vaccine preventable disease (measles, mumps, rubella, polio, diphtheria, and pertussis whooping cough).

(2) The following information will be provided:

(a) Number and age(s) of children/adults involved.

(b) Date outbreak occurred.

(c) Preventative measures taken.

(d) Treatment administered.

(e) Action taken by environmental health personnel.

(f) Number of children/adults exposed.

(3) Confirmation will be based upon incidence and prevalence data, and/or evidence of secondary cases among caregiving adults and children.

c. Serious child injuries, accidents, deaths and incidents (including those in authorized settings) that could result in a claim.

(1) The program director will notify the installation safety director immediately of any emergency requiring hospitalization or fatal injury and simultaneously inform the CDS coordinator. Serious injuries will be reported within 72 hours. DA Form 4106 will be used.

(2) The CDS coordinator will provide this information through the MACOM to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521 within 24 hours of notification.

d. Child abuse/neglect incidents. Telephonic notification by CDS coordinator within 24 hours to MACOM CDS proponent and USACFSC (CFSC–FSC) of pending child abuse/neglect report being forwarded through Family Advocacy Program channels.

e. National media exposure. Notification by the PAO to MACOM CDS and USACFSC (CFSC–FSC) of anticipated or actual media coverage of CDS operations in press, or on television, that has potential for national release.

f. DA Form 5246–R. The installation CDS coordinator will prepare an annual report (DA Form 5246–R) (RCS.895) to provide management information to commanders and supervisors responsible for CDS operations.

(1) DA Form 5246–R will be used to—

(a) Summarize the status of installation CDS programs.

(b) Provide information on funding, staffing, programs, services, CDS volunteers, facilities, population served and summary of DAT findings/corrective actions.

(2) DA Form 5246–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(3) DA Form 5246–R is composed of the five sections listed below.

(a) Section I—Child Development Services (CDS) Summary of Center-based, Quarters-based and Supplemental Care Systems.

(b) Section II—Child Development Services (CDS) Child Development Center (CDC) System.

(c) Section III—Child Development Services (CDS) Family Child Care (FCC) System.

(d) Section IV—Child Development Services (CDS) Supplemental Programs and Services System (SPS).

(e) Section V—School-Age/Latch Key (SA/LK) program.

(4) All sections will be completed annually and will cover the period 1 October through 30 September.

(5) Two copies of the report will be forwarded though command channels to arrive at the MACOM not later than 45 days after the end of the reporting period.

(6) MACOM staff will prepare and forward a summary of MACOM data and a copy of each installation DA Form 5246–R to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521. The DA Form 5246–R is to arrive not later than 75 days after the end of the reporting period.

g. DA Form 4841–R. The installation CDS coordinator along with proper regulatory proponents will prepare an annual report (DA Form 4841–R) (RCS.895) for each facility housing CDC programs and each FCC home.

(1) DA Form 4841–R will be used to—

(a) Verify installation CDS program compliance with DOD and Army standards for child care.

(b) Approve installation participation in the USDA CCFP. DA Form 4841–R includes standards for programing, fire, health, safety, structural systems, nutrition, program management, and child abuse prevention.

(2) DA 4841–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation. (Pages 3, 4, 5, 18, 19, 20, 21, 31, 32, and 34 are to be printed face-up only).

(3) DA Form 4841–R is composed of the following four sections:

(a) Section I—Child Development Services Policy

(b) Section II—Child Development Services (CDS) Child Development Center (CDC) System.

(c) Section III—Child Development Services (CDS) Family Child Care (FCC) System.

(d) Section IV—Child Development Services (CDS) Supplemental Programs and Services (SPS) System.

(4) Each section contains CDS standards and a CDS standards corrective action plan; Sections II and III contain USDA program data.

(5) All sections will be prepared annually and will cover the period 1 October through 30 September. Section I is completed for the CDS system as a whole.

(6) Section II will be completed using individual forms for each CDS facility.

(7) Section III will be completed using individual forms for each FCC home.

(8) Section IV will be completed using individual forms for each program or service.

(9) Two copies of Sections I, II and IV will be forwarded through command channels to arrive at MACOM no later than 45 days after the end of the reporting period.

(10) Two copies of Section III attachments (cover sheet, compliance verification sheets for program management and child abuse prevention areas, FCC System Corrective Action Plan, and the USDA program data, if applicable) will be forwarded through command channels to arrive at the MACOM no later than 45 days after the end of the reporting period. Section III, compliance verification sheets for health, food and nutrition, developmental programming, safety, fire standards, and accompanying corrective action plan for individual FCC homes will remain on file at the installation unless requested by MACOM or USACFSC (CFSC–FSC).

(11) MACOM CDS staff will prepare and forward a summary of MACOM data and the individual installation copies of DA Form 4841–R (Section I, II and III and IV attachments, Demographics sheets, corrective action plans, and USDA Program Data if applicable) to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521, to arrive not later than 75 days after the end of the reporting period.

(12) Two copies of updated DA Form 4841–R (Corrective Action Plan Sheets) for each Section not in compliance will be forwarded at the end of the FY second quarter through command channels to arrive at the MACOM no later than 45 days after the end of FY second quarter. MACOM staff will prepare and forward a summary of the update data and installation copies of DA 4841–R Corrective Action Plan to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521, to arrive no later than 75 days after the end of FY second quarter.

(13) USACFSC (CFSC–FSC) will inform the installation commander, through command channels, of approval or disapproval for USDA CCFP initial enrollment and annual renewal. Approved installations will apply to the designated State agency or Regional USDA Food and Nutrition Services, submitting the completed DA Form 4841–R and USACFSC (CFSC–FSC) approval letter as the authorizing document according to USDA and HQDA reciprocal agreement.

(14) DA Form 4841–R may be referred to the IG as a specific item of inquiry. This form may also be used, upon request, to verify to the Assistant Secretary of Defense (MRA&L) and the Defense Audit Service, that installation CDS programs are operating in compliance with DOD and Army standards and guidelines.

h. CDS information paper. CDS management personnel will keep the command apprised of the status of installation CDS delivery systems. The CDS coordinator will maintain an updated information paper describing installation CDS programs. This paper should be used by installation, MACOM, and HQDA staff in preparation for briefings and site visits. Data from DA Form 5246–R and DA Form 4841–R will be used to support the narrative. Two copies of the updated installation information paper will be forwarded through channels to arrive at MACOM no later than 45 days after the end of the reporting period. MACOMs will forward installation copies to Commander, USACFSC, ATTN: CFSC–FSC, 2461 Eisenhower Avenue, Alexandria, VA 22331–0521, no later than 75 days after the end of the reporting period. An information paper format is provided at figure 2–1.

i. USDA report. CDS management personnel will comply with USDA reporting requirements, as applicable.

Child Development Services Information Paper

I. General Program Demographics

A. Programs and services offered

B. Total children served in FY

C. Total sponsors (military and civilian) by rank categories for FY

D. Total children of sponsors in CDS age groups/target population

II. Child Development Center(s)

A. Number of children served by program type

B. Total operational hours per week

C. Number of buildings/capacity

D. Compliance status

E. MCA project status

III. Family Child Care (FCC) System

A. Number of homes/certification status

B. Special purpose homes/endorsements

C. Resource/toy lending library status

D. Number of children served

IV. Supplemental Programs and Services (SPS)

A. School-Age/Latch Key (SA/LK) Program

B. SPS implementation status

C. Number of children served

V. Staffing Guide Implementation Status

VI. Funding.

A. Patron fee structure

B. USDA CCFP reimbursement data (CDC and FCC)

C. Total appropriated funds (APF) vs nonappropriated funds (NAF) for FY

VII. Program Initiatives and Innovative Services

Figure 2–1. Sample Outline for Child Development Services (CDS) Information Paper

2–21. CDS reporting requirements to parents

CDS management personnel and FCC providers will supply parents with appropriate information relating to the following circumstances:

a. Notification of medical emergency. CDC and SPS management personnel and FCC providers will notify parents immediately of any emergency that requires or appears to require medical attention.

b. Notification of communicable diseases. CDC and SPS management personnel and FCC providers will attempt to notify all parents of susceptible children as soon as possible whenever a communicable disease (e.g., HIB, and other vaccine preventable disease) has been introduced into the FCC home, CDC or SPS setting.

c. Notification of acute illness. CDC, SPS management personnel, and FCC providers will notify parents according to local SOP guidance, and determine a care plan for a child who becomes ill while at the FCC home, CDC or SPS setting.

d. Notification of unusual occurrence. CDC and SPS management personnel and FCC providers will notify parents on a daily basis of any occurrence such as minor injury, biting, extreme behavior changes, and major developmental accomplishments involving their child.

e. Notification of excursions. CDC and SPS employees and FCC providers will inform parents and obtain parental signature for participation before any planned excursions or occasions when the children will be taken off the installation. This will be done regardless of the general permission for excursions, granted prior to a child's admission to care.

f. Availability of information about care. CDC and SPS management personnel and FCC providers will make available to parents information requested concerning operation of the CDS program or the care of their child within a CDS setting.

g. Notification of change in personnel. CDS management personnel will notify parents of major changes in caregiving employees and FCC providers and management personnel particularly those involving the child's primary caregiving adult.

(1) The FCC or SPS provider will inform the children's parents of the names of any approved assistants, substitutes, or other persons who might provide care for their children or be regularly present in the FCC or SPS home.

(2) The FCC or SPS provider should give parents a two-week notice pending termination of provision of FCC or SPS services.

h. Notification of procedural changes. CDS management personnel will notify parents of upcoming major procedural changes (e.g., fees, operating hours) at least 30 days prior to implementing change.

Section V
Child Abuse Prevention and Response

2–22. General

a. Caregiving employees and FCC providers will observe children in care for evidence of child abuse and neglect.

b. The CDS coordinator will be a member of the FACMT according to AR 608–18.

c. All allegations of child abuse involving children in care in a CDS setting will be reported to the Family Advocacy Program (FAP) RPOC and military police or CID as appropriate according to AR 608–18.

d. CDS internal reporting requirements are listed below:

(1) *CDC.* CDC personnel suspecting or observing evidence of child abuse or neglect in a center-based setting will report immediately and directly to the CDC Center director or designee in the absence of the director.

(a) The CDC Center director will be present when information is immediately forwarded to the RPOC and will simultaneously inform the CDC program director and the CDS coordinator of the report provided.

(b) To the extent permitted by the Privacy Act (see AR 340–21), confirmation of action taken will be provided to the individual making the original report of the allegation, by the Center director within 24 hours.

(2) *FCC homes.* FCC providers, observing evidence of child abuse or neglect of children in a FCC home will report immediately and directly to RPOC and simultaneously inform the FCC director/outreach worker of the report provided.

(a) The FCC outreach worker will immediately inform the FCC director who will inform the CDS coordinator.

(b) To the extent permitted by the Privacy Act (see AR 340–21), confirmation of action taken will be provided to the individual making the original report of the allegation by the FCC director/outreach worker within 24 hours.

(3) *Outreach workers.* FCC outreach workers and EPS observing evidence of child abuse or neglect in an FCC home will report information immediately and directly to the FCC director.

(a) The FCC director will report information immediately to the RPOC and simultaneously inform the CDS coordinator of the report provided.

(b) To the extent permitted by the Privacy Act (see AR 340–21), confirmation of action taken will be provided to the individual making the original report of the allegation by the FCC director within 24 hours.

(4) *SPS Programs.* SPS personnel observing evidence of child abuse or neglect in an SPS setting will report immediately and directly to the SPS director or the CDS coordinator in the absence of an SPS director.

(a) The SPS director will report information immediately to the RPOC and simultaneously inform the SPS program official (e.g., SA/LK specialist and the CDS coordinator).

(b) To the extent permitted by the Privacy Act (see Ar 340–21), confirmation of action taken will be provided to the individual making the original report of the allegation by the SPS director within 24 hours.

e. Each CDS delivery system will prepare a child abuse SOP which will be coordinated with the Army Community Services (ACS) FAPM. This SOP will include—

(1) Definitions of abuse and neglect according to AR 608–18.
(2) Internal CDS reporting procedures.
(3) Training requirements.
(4) Child abuse prevention training for parents.
(5) Program management prevention strategies.
(6) Actions to be taken in response to an allegation.
(7) Patron notification and public relations efforts.
(8) Policy infractions vs. reportable child abuse.

f. Each center-based setting and FCC home will post procedures for reporting child abuse and applicable phone numbers.

g. During the investigation of a child abuse allegation CDS management personnel will—

(1) Provide access to administrative files, attendance records, work schedules, incident reports, parent addresses and phone numbers or any other official records to investigators and Army personnel with an official need to know.

(2) Provide access to subordinate personnel for investigative interviews.

(3) Take notes, make observations, and record relevant management information during the investigation.

2–23. Response to allegations of child abuse in CDS settings

a. CDC. When an allegation of child abuse of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated, occurs in a center-based setting, the following steps will be taken:

(1) The allegation will be reported according to paragraph 2–20 this regulation and as specified in AR 608–18.

(2) The alleged perpetrator will be reassigned to a position without child contact until a determination is made by the FACMT and law enforcement authorities.

(3) Procedures established in paragraph 5–17*e* will be implemented.

(4) The need for additional personnel will be assessed to handle the additional workload. Additional personnel may be assigned to allow the CDS coordinator and center director to handle the additional duties resulting from the allegation.

(5) The CDS coordinator and center director will be readily available to talk to parents in accordance with guidance provided by the PAO and the installation commander.

b. FCC. When an allegation of child abuse of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated, is made against an FCC provider or a family member (see AR 608–18), the FCC home will be closed until a determination is made by FACMT and local law enforcement authorities.

(1) The FCC provider will be prohibited from providing child care within the FCC program.

(2) Care may only resume when the FACMT has closed a case as unfounded or unsubstantiated.

c. SPS. When an allegation of child abuse of sufficient creditability to cause a military or civilian law enforcement investigation to be initiated, occurs in a SPS setting, procedures in paragraph 2–23*a* and *b* will be followed as applicable.

2–24. CDS background clearance requirements

a. Records screening procedures. All CDS employee applicants, youth applicants, FCC providers, family members age 12 and older, other authorized individuals residing in a potential FCC home, and CDS volunteer applicants (including foster grandparents with exceptions noted in paragraph 3–15*i*) will be screened by submitting their names to the agencies offices listed in table 2–1 for a check of prior instances of reported misconduct involving children, assaultive behavior, substance abuse, larceny or related misconduct. Appropriate release forms signed by the individual or sponsor must accompany screening requests. Screening requests for ADAPCP records must be accompanied by a signed DA Form 5018–R (ADAPCP Client's Consent Statement for Release of Treatment Information). (AR 600–85 chap 6) (See appendix C, Single Source Criteria, for additional guidance on background clearance requirements.)

Table 2–1
Records screening requirements

Name of check	Agency/office	Timeframe
Army Central Registry	Chairperson, Family Advocacy Case Management Team	Prior to employment or provision of care. (CDC) Annually (FCC)
Local Military Police (MP)	Provost Marshal	Prior to employment or provision of care. (CDC) Annually (FCC)
Criminal Investigation Division Records Check to include Defense Central Investigative Index (DCII) Check	United States Criminal Investigation Command (USACIDC)	Prior to employment or provision of care. (CDC) Annually (FCC)
Civilian Law Enforcement Records Check [1]	Provost Marshal	Prior to employment or provision of care.
Alcohol and Drug Prevention and Control Program	Drug/Alcohol	Prior to employment or provision of care. (CDC) Annually (FCC)
National Agency Check (NAC) [2] (NAF employees)	Civilian Personnel Office	Completed during first 6 months of employment.
National Agency Check Investigation (NACI) [2] (APF employees)	Civilian Personnel Office	Completed during first 6 months of employment
Housing Office [3]	Family Housing Officer/Building coordinator	Prior to provision of care.
Sponsor Unit Commander [3]	Sponsor Unit Commander	Prior to provision of care.

Notes:
Volunteers may be placed in CDS systems prior to completion of background checks since they always work with CDS employees or provider and are never left alone with children.
1. Within United States only. If obtainable from local police authorities.
2. Applies to employees only. Not applicable to FCC providers, FCC family members, CDS Volunteers and youth applicants.
3. Applies to FCC providers and FCC family members only.

b. Application screening procedures. In addition to record screening checks, the following procedures will be followed by the appropriate official:

(1) All employee applications will be reviewed by CPO officials and all provider applications by the FCC director for accuracy of information (e.g., overlapping dates of previous employment).

(2) Each employee and FCC provider applicant will be personally interviewed by CDS management personnel.

(3) Reference checks on employees will be made by the civilian personnel office according to AR 215–3 paragraph 2–9.

(4) Follow up telephonic checks of former employers or professional references listed (up to a maximum of two) will be made by CDS management personnel to verify or clarify the following items for employee and FCC provider applicants. (OCONUS MACOMs may develop a policy for alternative solutions to telephonic checks if necessary.)

(a) Position responsibilities.

(b) Reasons for leaving.

(c) General work aptitude and habits.

(d) Concerns noted in the pre-employment interview.

(5) Telephonic checks will be made by the Civilian Personnel Office to solicit information from personal references.

c. Quality assurance procedures.

(1) Applicants may not be hired or provisionally certified until the Army Central Registry, Local Military Police check, the CID records check (including the DCII check), and the civilian law records check, when available, have been satisfactorily completed.

(2) Waivers for center personnel in emergency situations may be granted only by the director for Personnel and Community Activities (DPCA). Waivers will be in writing, and should be requested and approved only after carefully weighing the risk. Waivers will be filed in the individual's personnel record.

(3) No waivers will be granted for FCC providers.

(4) New center-based caregiving personnel will be monitored and whenever possible should not work alone with children until the National Agency Check is completed.

(5) CDS management personnel will take appropriate action in accordance with paragraph 2–22*a* and AR 215 for CDC personnel, and paragraph 2–22*b* for FCC applicants and FCC family members when instances of misconduct involving children, assaultive behavior, substance abuse, larceny or related misconduct are revealed during screening or performance of duty. When such actions are required, the Staff Judge Advocate (SJA) and the CPO should be consulted for guidance.

d. Intermittent-on-call (IOC) employees. All CDC Program Directors should have a sufficient number of IOC employees, who have met the background screening requirements, available to fill-in for emergency situations.

e. Active duty members. Active duty military members applying for a position in a CDC will not be required to have a NAC.

f. Volunteers. Volunteers may be placed in CDS system prior to completion of background checks since they always work with CDS employees or providers and are never left alone with children.

2–25. Youth applicants

The following apply to youth hired as part of a seasonal or part-time employment program to work in a CDS delivery system.

a. Applicants must be at least 16 years old.

b. A parent consent form must be completed in accordance with AR 215–1.

c. At least three references will be validated including a reference check with the school where the youth is enrolled.

d. Youth will always be assigned to work with experienced CDS employees. Under no circumstances will youth under age 18 be left alone with children.

e. National Agency Checks as required in paragraph 2–24 are waived for youth under age 18.

2–26. Management procedures for minimizing the potential risk of abusive situations in center settings

The following management procedures will be initiated to minimize the risk of abusive situations in Army CDCs.

a. Access to children by strangers, delivery, maintenance personnel, and other visitors will be restricted. A visitor sign-in/out log at the front desk or with appropriate personnel (i.e., food service deliveries with the cook) will be maintained at all times.

b. Because many child abuse incidents are opportunistic, tasks such as playground supervision, diapering, toileting and nap supervision will be shared by caregiving employees so no one individual always remains in the same area or role.

c. A daily record of the children in attendance in each activity room/module will be maintained for all programs including full-day, part-day and hourly care. This record will include the child's name and time-in/time-out and the time-in/time-out of CDC employees and CDS volunteers assigned to the room/module.

d. Field trips involving walking or vehicular transportation will have at least two adults supervising the children at all times. Written advance notice will be given to all parents and a written record of dates, times, and sponsored field trips will be maintained for one year (see para 2–21*e*).

e. Parents will have access to their child's activity room/module at all times of program operation.

f. CDS employees will take appropriate steps to ensure children are released only to parents or designated adults. Proper identification will be requested of unfamiliar adults to verify that the person who picks the child up is the authorized designee.

g. An SOP will be developed which addresses care of children who remain after closing hours when no previous arrangements have been made. Under no circumstances will a CDS employee take a child to the employee's home unless authorized by the installation commander to do so.

h. The SPS director and FAPM will sponsor annual parent education programs on child abuse prevention and identification and reporting procedures, as well as guidance techniques.

i. For other detailed guidance, refer to the following:

(1) Specialized child abuse prevention education, see paragraph 2–29.

(2) FCC management training, see paragraph 3–20.

(3) Daily admission and release procedures, see paragraph 4–8.

(4) Discipline, see paragraph 4–10.

(5) Room darkening restrictions, see paragraph 4–13.

(6) Standing operating procedures, see paragraph 5–12.

(7) Staffing patterns, see paragraph 5–14.

(8) Supervision of CDS personnel, see paragraph 5–15.

(9) Program oversight for new caregiving employees, see paragraph 5–16.

(10) Supervision of children, see paragraph 5–17.

(11) Vision panel requirements, see paragraph 5–31*a*.

(12) Facility security arrangements, see paragraph 5–34.

(13) CDC child abuse risk assessment tool, see paragraph 5–54.

2–27. Management procedures for minimizing the potential risk of abusive situations in FCC homes

The following management procedures will be implemented in FCC homes to minimize the risk of abusive situations occurring in FCC homes.

a. FCC management personnel will observe the following during regularly scheduled and unannounced visits to FCC homes:

(1) The behavior and appearance of the children.

(2) FCC provider/child interaction including indicators of stress or behavior problems.

(3) Guidance techniques.

(4) General organization and condition of the home including the noise level and excess clutter.

(5) Unsupervised care.

(6) Evidence of an adequate food supply.

(7) Behaviors of FCC provider's own children which could lead to physical harm or neglect of others.

(8) Financial instability which could lead to stress or neglect.

(9) General resistance of FCC provider to guidelines or regulation.

(10) Other conditions that could lead to higher stress.

(11) Presence of other adults or teenagers and their interactions with the children.

b. Immediate action will be taken to defuse potential problems.

c. FCC providers will be encouraged to form support groups to improve communication and reduce isolation.

d. FCC providers will be encouraged to use substitutes during times of stress or extra family demands which might increase the potential for abuse.

e. New FCC providers should be assigned to experienced FCC providers who volunteer as sponsors/advisors.

f. FCC management personnel will ensure FCC providers have—

(1) A daily sign-in/sign-out sheet where parents sign when a child enters and leaves.

(2) A written outdoor play and supervision policy.

(3) A policy restricting use of alcohol and smoking by family members during FCC care hours.

(4) Written fee policies and provisions for late arrivals, long term care (if provided), meal policies, and FCC provider absence and vacations.

g. FCC providers who have teenagers living in the home will be advised to ensure adequate supervision to protect children in care and teenagers from unwarranted allegations of abuse.

h. Parents will have access to their children within the FCC home at all times of program operation.

i. For other detailed guidance, refer to the following:

(1) Specialized child abuse prevention education, see paragraph 2–29.

(2) Daily admission and release procedures, see paragraph 4–8.

(3) Discipline, see paragraphs 4–10 and 6–25.

(4) FCC provider and home certification, see paragraphs 6–9 thru 6–21.

(5) Staffing patterns, see paragraph 6–27.

(6) Program oversight for FCC providers, see paragraph 6–34.

(7) Supervision of children, see paragraph 6–28.

(8) FCC provider and home compliance, see paragraph 6–35.

(9) Investigation of complaints, see paragraph 6–37.

(10) Unauthorized care, see paragraph 6–38.

(11) FCC Risk Assessment Tool, see paragraph 6–52.

2–28. CDS touch policy

a. An installation CDS touch policy will be developed for application in all CDS settings. The policy will be coordinated, at a minimum, with the ACS FAPM, Social Work Services, and Staff Judge Advocate offices. The touch policy will be accessible to all CDS employees and FCC providers, be incorporated into orientation training, and will be available in written form for CDS parents.

b. The CDS touch policy will address, at a minimum, appropriate and inappropriate touches.

(1) Appropriate touching involves—

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

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

(c) Responses affecting the safety and the well-being of the child (e.g., holding hand of child when crossing the street; holding child gently but firmly during a temper tantrum).

(d) CDS employees and FCC providers modeling appropriate touching.

(*Note:* Examples of appropriate touching include hugs, lap sitting, reassuring touches on the shoulder, and naptime backrubs.)

(2) Inappropriate touching involves the following:

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

(b) Satisfaction of adult needs at the expense of the child.

(c) Violation of laws against sexual contact between adults and children.

(d) An attempt to change child behavior with adult physical force, often applied in anger.

(e) The reinforcement concept with child of "striking out" to respond to a problem.

(*Note:* Examples of inappropriate touching include forced goodbye kisses, corporal punishment, slapping, striking or pinching, tickling for prolonged periods, fondling or molestation.)

c. Because boundaries for appropriate and inappropriate touch have often been undefined, CDS management personnel must discuss these issues with CDS employees and FCC providers prior to the provision of care to ensure a correct understanding.

2–29. Child abuse prevention education

a. Child abuse and neglect prevention education training will be offered to parents of all children ages 4 through 12 years enrolled in CDS programs.

b. Training will be generic in nature and will focus on defining child abuse and neglect, helping parents understand the importances of a strong parent/CDS program partnership in the identification and prevention process, identifying the different types of abuse including the signs and causes of abuse, and explaining the measures CDS staff and FCC providers are taking to minimize the risk of abuse/neglect in CDS settings.

c. CDS personnel will coordinate all child abuse prevention education efforts with the FAPM and provide required reports according to AR 608–18.

d. Training sessions will—

(1) Be provided on a quarterly basis, or more frequently if needed on larger installations.

(2) Emphasize "protection of children from abuse is shared responsibility between Army and parents."

(3) Be offered in a variety of locations accessible to majority of parents.

(4) Be offered at a variety of times including evenings and lunch hours.

e. Parents will be notified in advance of upcoming classes, and general information about the content of the training will be included in parent handbooks.

f. Innovative approaches and strong command interest and support will be necessary to reach large numbers of parents. Such initiatives may include—

(1) A command letter to parents.

(2) Direct participation of the commander in child abuse prevention activities.

(3) Incorporation of parent training sessions with scheduled military events or command functions.

(4) Consideration of "allowing soldiers to attend" as a duty requirement to maximize attendance.

g. Child abuse prevention education is not authorized for children under six years of age.

h. Child abuse prevention education may be provided to children over six years of age with signed parental approval.

(1) Curriculum used must be selected jointly by the CDS coordinator and the FAP manager.

(2) Parents will be notified in advance, in writing, and requested to attend a preliminary information session.

(3) Curriculum will be developmentally appropriate for the age group.

(4) The approach will be positive in nature and will not unnecessarily frighten children.

(5) Curriculum focus must emphasize that children are not solely responsible for protecting themselves.

2–30. Child abuse risk avoidance

The EPS (para 3–12*c*) will monitor quality assurance procedures cited in paragraphs 2–26 through 2–28 to minimize the risk of child abuse occurring in CDC and FCC settings; and provide appropriate training in child abuse risk avoidance, for CDS personnel and FCC providers.

Chapter 3
Program Management

Section I
Funding

3–1. General

a. CDS is a basic community support service provided to soldiers; it is not intended to be an income generating activity and shall be supported predominately from appropriated funds (APF).

b. CDS is established and operated as a category B MWR activity and shall be operated, maintained, and funded by a substantial amount of APF support. APF and nonappropriated funds (NAF) support is authorized according to AR 215–1, appendix D. NAF collected as patron fees and charges and used in CDS are administered as part of the installation morale, welfare, and recreation fund (IMWRF).

c. CDS programs must be funded to meet all DOD and Army standards. CDS operations will use APF as authorized and institute reasonable patron fees and charges. Commanders may subsidize CDS operations with NAF from the IMWRF as long as the IMWRF remains self-sufficient.

d. Affordable child care is predicated on a number of factors; MACOM and installation funding priorities, maximum use of APF, total NAF dollars required and degree to which commanders subsidize the program with locally generated income (LGI), full-day user fees based on total family income, supplemental funding (e.g., USDA CCFP, Combined Federal Campaign), State reimbursements, alternative care options to augment CDC and FCC programs, and efficient CDS program management practices with strong internal controls.

e. Programs that serve the young soldier such as infant and toddler care may become a revenue user as an alternative to rate increases. These age groups require more stringent adult/child ratios resulting in higher labor costs.

f. APF resource requirements authorized by AR 215–1 for CDS will be considered with all other program requirements and contained in the Program Analysis Resource Review (PARR) submissions. NAF CDS resource requirements will be budgeted for according to AR 215–1. The installation CDS coordinator will submit input to this process.

g. See AR 415–15 for submission milestones for MCA funded projects.

3–2. APF support

APF support may be provided according to AR 215–1, AR 570–5, AR 415–35, AR 385–10, DA Pam 570–551, AR 105–23, AR 58–1, and AR 37–103–1. APF shall be used for CDC construction and renovation; meeting such operating costs as equipment, supplies, utilities custodial and maintenance services; administrative and supervisory personnel; training and travel; and other authorized uses. Reference should be made directly to these regulations for detailed guidance. Information contained in these regulations that directly impacts on CDS program management is summarized in appendix B. For sites validated as remote and isolated, all manpower staffing positions are authorized APFs, based on availability of local funding.

3–3. Common table of allowances (CTA) authorizations

a. Specific equipment, supplies, materials, and furnishings that may be requisitioned with APF to support CDS operations are listed in CTA 50–970 and CTA 50–909.

b. CTA 50–970, appendix A, is a guide for buying certain expendable items where it is impractical to compile meaningful basis of issue.

c. CTA 50–909 lists office equipment and supplies which can be used to support CDS programs.

3–4. NAF support

NAF support may be provided by AR 215–1 and DA Pam 570–551 to augment and supplement APF. APF personnel, services, and supplies where specified, should be provided first. Information contained in these documents that directly impacts on CDS program management is summarized in appendix B.

3–5. Patron fees and charges

Reasonable CDS user fees to include registration fees and miscellaneous charges for optional services (e.g., music lessons and sports for school-age children) are authorized.

a. General criteria. The following considerations should be addressed before establishing fixed fees and charges:

(1) The financial capability of eligible military personnel and their family members who patronize CDS programs.

(2) Adequacy of APF support for CDS.

(3) Unusual service requirements such as local NAF wage scale, available labor pool, competitive positions on the installation and unique mission-related CDS responsibilities.

(4) Cost comparisons of collecting, controlling, and administering fees and charges for a given activity with the potential income that can be generated.

(5) Fee structures of other military child care operations (Army, Air Force, Navy, Marine Corps) when located in the same general area.

(6) Fee structures within comparable adjacent civilian operations.

(7) Availability of comparable adjacent civilian operations.

(8) Number of children being served and family demographics.

b. Fee structure.

(1) Fees and charges for all center-based CDS program services will be established locally and be consistent with the overall operational goals of the IMWRF as determined by the installation commander.

(2) Fees for quarters-based services will be determined by the FCC provider and the user parent. However, recommendations concerning FCC fee ranges (upper and lower limits) will be established in writing by the FCC director, taking into consideration fees charged in center-based programs and type of services provided. Guidance will be reviewed semi-annually.

(3) Installations will not assess FCC providers any fees for participation in the program to include the use of any CDS toy lending library, initial certification, or ongoing certification except for authorized NAF claims costs (see para 6–19).

(4) CDC fee schedules will be reviewed semi-annually and should reflect the following guidance.

(a) User fees and charges should be established or recommended within a price range that is affordable to eligible sponsors.

(b) Fee structures should reflect comparable quality of service among CDS programs.

(c) Since child care is an employment expense, graduated fee schedules for full-day care and before and after school care will be implemented based on total family income, which incorporates both rank and family financial circumstances as factors. Data gained from the USDA CCFP enrollment forms and/or leave and earning statements, may be used as a basis for total family income determination and verification. Patrons not wishing to disclose financial information will be charged the highest rate reflected on the graduated fee schedule.

(d) Fees for hourly and part-day preschool services may be a flat rate, follow the full-day graduated fee schedule or be based on rank.

(e) Fees in the center school-age program will be comparable to those charged in the SA/LK program.

(5) Comparable fees will be charged in all SA/LK before and after school program models, regardless of CDS or YA proponency.

(6) Fees for CDC programs should generally represent a 20-25 percent price advantage over local civilian rates for comparable services. Comparable services means, but is not limited to, equivalent care requirements (e.g., adult/child ratios, group sizes and child-age group categories program types); staff qualifications and training requirements; and meal services according to USDA guidelines. In instances where there are limited or no comparable operations in the civilian sector (i.e., full-day infant/toddler center-based care, hourly care for all ages or cost of off-post services is extreme due to labor costs), the price percentage advantage may be increased to assure soldier accessibility of care.

(7) All age group categories within the same program will be charged the same basic rate.

(8) CDC fees for more than one child per family should not be reduced to such an extent that they lower the quality of service and substantially increase the fees for patrons with one child. Multiple child discounts, when offered, should generally be no more than 20 percent unless the difference is paid by the IMWRF.

(9) Fees and charges for children of installation volunteers (i.e., those individuals who come under the coverage of section 1588, title 10 United States Code) may be reimbursed with nonappropriated funds according to AR 215–1, paragraph 3–14. CDS volunteers may not be reimbursed from nonappropriated funds for child care expenses (see para 3–15).

(10) Fees for children enrolled in CDC full-day and part-day programs will be collected in advance of services rendered. Fees should be collected bi-weekly or monthly. Commanders may establish local policy for patron refunds for unexpected prolonged absenteeism due to serious illness or family emergency.

(11) Annual registration and miscellaneous fees are authorized per child or per family. Such fees are nontransferable to other installations unless MACOM guidance permits and are non-refundable. The registration fee will apply to all CDS systems. Separate registration fees for individual CDS programs should not be charged.

(12) Patrons should be notified of anticipated fee increases and the justification thereof, one month in advance of implementation date.

(13) Food service is an integral part of CDS programs. There will be no separate charge for meals or snacks.

(14) Bookkeeping practices associated with fee collection should be automated to eliminate excessive administrative labor costs and ensure conformance to local internal control guidelines.

3–6. Supplemental funding sources

Various Federal, State, and locally funded programs are available to provide limited financial reimbursement and subsidies. CDS program operations, if eligible, should apply for entry to and reimbursement from these programs.

3–7. USDA CCFP funding

The USDA will provide financial support for food service operations in CDCs, SA/LK programs, FCC systems and individual FCC providers through the CCFP on installations in the continental United States (CONUS), Alaska, Hawaii and Puerto Rico. Through an agreement with USDA, USACFSC (CFSC–FSC) must approve all CDS programs and facilities for participation in the CCFP. DA Form 4841–R will be used as the authorizing document in lieu of a State inspection. USDA funds cannot be used to reimburse APF salaries or other APF expenses. (See paras 4–4 and 6–7 for enrollment procedures.)

3–8. Contracting CDS activities and services

a. All performance work statements and cost and management studies will be prepared in direct coordination with the installation CDS coordinator and will reflect current HQDA regulatory and policy directives.

b. MACOM CDS representatives will review all solicitation packages for management and operation of CDS activities to ensure contract compliance with this regulation.

c. Information copies of all contracts for construction of CDS facilities and/or management and operation of CDS activities will be provided to MACOM and USACFSC (CFSC–FSC) on an annual basis as an attachment to the DA Form 4841–R.

Section II
Personnel

3–9. General

a. Caregiving employees and FCC providers must be at least 18 years of age. Center caregiving employees must hold a high school degree or equivalent.

b. As a condition of employment or certification, CDS employees and FCC providers must meet background screening requirements and participate in required training in accordance with AR 215–3, AR 608–18, other applicable regulations, and paragraph 2–24.

c. The determination of employment suitability or certification will be made on a case-by-case basis taking into consideration the results of the records screen conducted pursuant to paragraph 3–9*b*.

d. Caregiving employees and FCC providers must be able to speak, read, and write the English language to the extent that they are able to execute health and safety directives; and implement developmental activities (e.g., reading stories and writing notes to parents) for children effectively as determined by the program director.

e. Any person working within a CDS delivery system may not—

(1) Use or be under the influence of alcohol while children are in care.

(2) Use prescription drugs which would interfere with proper performance of duty.

(3) Smoke in the presence of children or their parents while providing child care. In center settings, visiting adult and staff may smoke out of the presence or view of children in smoking areas designated according to AR 600–63, chapter 4. (See paragraph 6–12 for smoking restrictions in FCC homes.)

f. Training, education, and experience shall influence caregiving employee progression from entry level to positions of greater authority.

g. CDS employees assigned to management and supervisory positions will possess sound judgment and strong human relations skills. These skills should be measured using job performance standards.

3–10. Position descriptions

a. Standard position descriptions for CDS management personnel will be used per DA Pam 690–41.

b. Position descriptions for center caregiving employees will be based on job grading standards contained in DOD 1401.1–M–1.

3–11. Staffing criteria

Personnel staffing requirements are addressed in DA Pam 570–551. Staffing listed in DA Pam 570–551 is a guide, and final determination is through normal manpower procedures specified in AR 570–4.

a. CDS oversight and common support.
(1) CDS coordinator (GS 1701).
(2) Administrative clerk (GS 0303).
(3) Food Service Manager (NA 0493).
(4) EPS(s) (GS 1710).
(5) Program Operations Specialist (GS 301).

b. CDS Program/facility (full-day, hourly, part-day).
(1) Center/program director(s) (GS 1701).
(2) Assistant program director(s) (GS 1701).
(3) CD teacher (GS/UA 1710).
(4) Program assistant/Lead program assistant (GS/UA 1702).
(5) Caregiver (PS 186).
(6) Administrative Clerk (GS 0303/322).
(7) Cook (NA 7408).
(8) Food service worker(s) (NA 7408).
(9) Custodial worker (NA 4749).

(*Note:* Director positions will be staffed by program type (e.g., full-day, part-day and hourly) if program ADA exceeds 100.)

c. FCC.
(1) FCC director (GS 1701).
(2) FCC outreach worker (GS 1701).
(3) Administrative clerk (GS 0303).

d. Special Needs Program.
(1) Program director (GS 1701).
(2) Administrative clerk (GS 0303).

e. SPS.
(1) SPS director (GS 1701).
(2) SA/LK specialist (GS 1701/0188).
(3) Administrative clerk (GS 0303).

f. When fully justified to a MACOM survey team, a program operations specialist may be designated at large and very large installations.

g. The CDS coordinator may dual function as a system director (e.g., CDC, FCC or SPS) when the total CDS ADA is less then 100.

h. CDS management personnel at small installations may dual function positions or work part-time when workload does not meet the yardstick for a single full-time position (i.e., EPS and SA/LK specialist, SPS director and FCC director, SPS director/CDS coordinator).

i. CDS management personnel may not triple function positions except at very small installations where total child enrollment is 75 or less.

j. Positions not suitable for dual or triple functioning due to overlapping periods of program operation include—

(1) SA/LK specialist and SPS director.

(2) SA/LK specialist and YS director/other YS positions.
(3) CDC director and FCC director.
(4) CDS coordinator and CDC director when there are other CDS delivery systems.

k. Two part-time positions may be preferable to dual functioning a single position.

3–12. CDS management personnel

CDS programs will be established and maintained at comparable levels Army-wide, with professional oversight provided by a CDS core management team to ensure quality assurance and a basic level of APF personnel support at every installation (see para 3–2).

a. CDS coordinator. A professional CDS coordinator will be provided to coordinate and manage all CDS delivery systems at each installation. CDS coordinator responsibilities include—

(1) Applying professional knowledge of child development principles to interpret CDS philosophy and policy in a manner that ensures developmental programing for all CDS operations.
(2) Coordinating and monitoring the CDC, FCC, and SPS delivery systems including overall supervision of individual CDS programs and services within systems.
(3) Ensuring compliance of all installation CDS systems with regulatory requirements.
(4) Establishing effective working relationships with command, staff, agencies, and military and local civilian professional counterparts.
(5) Ensuring that unit commanders, their staff, and all military personnel and their families supported by the installation are aware of services offered.
(6) Developing installation policies and approving SOPs for CDS delivery systems.
(7) Supervising the directors of CDS delivery systems, the EPS, the food service manager, the program operations specialist, the CDS administrative clerk, and monitoring the quality of direct services provided.
(8) Coordinating management of funds and resources to include developing annual budget for all CDS delivery systems.
(9) Coordinating and approving initiation, organization, and content of CDS delivery systems.
(10) Initiating, reviewing, and approving personnel actions for CDS systems including recruitment, selection, evaluation, and dismissals.
(11) Monitoring staff training programs implemented by EPS and program directors to ensure overall CDS policy and regulatory requirements are met.
(12) Collecting and analyzing data to determine adequacy and effectiveness of all CDS systems.
(13) Assessing CDS facilities requirements and, in conjunction with the facilities engineer, developing a master plan for programming facilities based on projected CDS requirements.
(14) Developing a 5-year plan for CDS according to AR 215–1.
(15) Establishing and monitoring a parent advisory/support group to ensure parental input in developing policies, SOPs for CDS delivery systems and the oversight process.

b. Program operations specialist. A program operations specialist may be provided at large installations by a MACOM survey team. The program operations specialist will have staff responsibility for program evaluation reports, oversight of budget execution/financial management issues, and routine personnel issues. Responsibilities include but are not limited to—

(1) Compiling annual reports for submission to the MACOM.
(2) Consolidating APF annual operating budget from program director input.
(3) Monitoring CDS automation software installation, implementation, and use.
(4) Preparing CDS briefings.
(5) Monitoring management decision package (MDEP) execution.
(6) Reviewing management information system (MIS) preparation and researching discrepancies.
(7) Conducting patron satisfaction surveys and analyzing results.
(8) Conducting a semi-annual fee study and making recommendations to CDS coordinator.
(9) Being CDS POC for construction issues including facility upgrade status reports, documentation for MCA projects, and monitoring construction of new facility.
(10) Preparing annual NAF budget and ensuring integration of APF and NAF budgets. Monitoring NAF budget execution and preparing variance reports as required.
(11) Preparing and monitoring NAF personnel requirements document (PRD) (AR 215–1).
(12) Initiating and validating procurement requests to support all CDS delivery system.
(13) Monitoring TDA submissions and coordinating Schedule X preparation.

c. EPS. EPSs will be provided to ensure quality assurance and manage training requirements to minimize the risk of child abuse. EPS personnel will work under the direct supervision of the CDS coordinator and in conjunction with the program director(s) to which they are assigned. When there are multiple EPS positions, one may be assigned supervisory responsibilities. EPS personnel will not have supervisory responsibilities for caregiving employees, replace or substitute for CDC caregiving personnel when they are absent, or be counted in adult/child ratios. EPS personnel will be assigned by program type or age-specific categories. EPS personnel may be assigned by special areas only in those situations when there are multiple EPS positions. EPS personnel should spend the majority of time (60–75 percent) in child activity rooms/modules and with FCC providers, training and demonstrating caregiving techniques. EPS time spent on administrative duties (other than maintaining training records) should be limited. Administrative clerical support will be provided for EPS personnel to limit the amount of time spent on administrative duties. EPS responsibilities include—

(1) Ensuring quality assurance in program operations to minimize the risk of child abuse occurring in CDS program operations.
(2) Initiating, developing, and conducting training workshops to meet training requirements.
(3) Coordinating and integrating existing training opportunities for caregiving employees.
(4) Administering and maintaining the Individual Education Plan (IEP) for assigned direct service personnel in coordination with the program director.
(5) Serving as child development associate (CDA) advisor and integrating IEP and CDA requirements.
(6) Coordinating and validating training opportunities available from outside sources and integrating them into IEPs.
(7) Providing technical assistance on training and training resources available to other proponents responsible for CDS training components.
(8) Assisting program director in assessing CDC programs using an environmental rating scale. Training staff on rating scale implementation and reviewing corrective action plans to remedy deficient areas. Monitoring continued progress in improving environment and program quality.
(9) Assisting FCC director in assessing FCC homes using an environmental rating scale. Training staff on rating scale implementation and reviewing corrective action plans to remedy deficient areas. Monitoring continued progress in improving environment and program quality.
(10) Overseeing developmental programming quality through observation and role modeling in child activity areas; demonstrating appropriate use of space, time, equipment, materials, and activities to support developmental programming; monitoring caregiving employees/child interactions, and supporting staff in developing curriculum based on sound child development principles.
(11) Serving as the developmental program proponent POC for the DAT review of assigned program.
(12) Providing consultation to program director on selection of age-appropriate toys and materials.

(13) Maintaining "state-of-the-art" professional knowledge of curriculum development, materials and equipment, and instructional techniques for appropriate program assignment.

d. Food service manager. A food service manager will be provided at large and very large installations to develop and implement a CDS food service program for all delivery systems. Responsibilities include—

(1) Planning menus that meet USDA requirements for all aspects of the programs and populations served.

(2) Providing for purchases, delivery, storage, and inventory of food items and food service supplies and equipment.

(3) Ensuring food service procedures are economical and efficient.

(4) Providing budget input to include manpower, supplies, equipment, and food expenditures required for operation of the food program.

(5) Collecting and maintaining data required to support resource allocations to meet USDA requirements.

(6) Ensuring center-based food service, health and sanitation procedures are in compliance with appropriate food handling, preparation, and service as requested by TB MED 530.

(7) Providing nutrition training to CDS systems' staff and parents. Ensuring that all CDS food service workers/helpers receive sanitation training at the time of hire.

(8) Assisting caregiving employees in planning and participating in child program activities related to food preparation and nutrition education.

(9) Ensuring CDS delivery systems are in compliance with food and nutrition standards.

(10) Initiating and maintaining CDS participation in the USDA CCFP (CONUS only).

e. Center/program directors. An on-site director will implement and manage each separately located CDS facility regardless of size. Subsequent program directors will be required when the average daily attendance (ADA) of any program (full-day, part-day, or hourly) reaches 100 or more children. The center director will manage the overall daily operations and the maintenance of facility; and supervise other program directors in the center. Programs within a single facility may be supervised by a single director provided the ADA of the combined programs does not exceed 100 children. A special needs program director will be provided in programs where 36 or more special needs children are enrolled. Program director responsibilities include—

(1) Applying professional knowledge of child development principles to implement CDS policies in a manner that ensures developmental programming for services offered within the program.

(2) Carrying out existing procedures, policies, and regulatory requirements.

(3) Developing cost efficient and effective operational procedures.

(4) Identifying program resource requirements and providing CDS budget input to include manpower, supplies and equipment, and expenditures required for program and facility operation and maintenance.

(5) Ensuring that the program complies with regulations governing the use of APF and NAF.

(6) Identifying personnel requirements and initiating all required personnel actions to include recruitment, hiring, placement, promotions, awards, evaluations, and dismissals.

(7) Planning, coordinating, and supervising the activities of direct care and support personnel.

(8) Identifying personnel training needs and ensuring appropriate training is provided to inservice staff to ensure specific program requirements can be implemented.

(9) Using CDS volunteers in a manner that recognizes individual capabilities and expertise.

(10) Collecting data and maintaining accurate and up-to-date records.

(11) Providing program-generated statistical data for planning and reporting purposes.

f. Assistant program director(s). Assistant program director(s) will be provided in CDC programs with an ADA in excess of 150 children and/or where operating hours are in excess of 40 hours per week. Responsibilities will include assisting and substituting for the program director.

g. FCC director. An FCC director will implement and manage the FCC system. FCC director responsibilities include—

(1) Applying professional knowledge of child development principles to implement CDS policies in a manner that ensures developmental programming practices within the FCC system.

(2) Establishing FCC certification procedures within regulatory guidance.

(3) Carrying out existing procedures, policies, and regulations.

(4) Developing economical and efficient operating procedures.

(5) Identifying program resource requirements and providing CDS budget input to include manpower, supplies, equipment, and expenditures required for program operation.

(6) Providing outreach services including a toy/equipment lending library to FCC providers.

(7) Identifying FCC provider training needs and ensuring appropriate inservice training is provided to ensure FCC program requirements can be implemented.

(8) Hiring, training, and supervising outreach workers and support staff.

(9) Using CDS volunteers in a manner that recognizes individual capabilities and expertise.

(10) Collecting data and maintaining accurate and up-to-date records.

(11) Providing program-generated statistical data for planning and reporting purposes.

(12) Implementing monitoring procedures for FCC homes to ensure regulatory compliance.

h. FCC outreach worker. An FCC outreach worker will be provided in an FCC system that is comprised of more than 30 FCC homes. Responsibilities will include monitoring and training; and outreach services with each FCC outreach worker having a caseload of no more than 40 homes. FCC outreach workers will work under the direct supervision of the FCC director.

i. SPS director. An SPS director will implement and manage the SPS system. On small installations where an SPS director position is not authorized, the CDS coordinator should dual function in the position rather than dual function as the center director or FCC director. The FCC director may dual function as the SPS director when the total number of installation FCC homes is 15 or less. SPS director responsibilities include—

(1) Applying professional knowledge of child development principles to implement CDS policies in a manner which ensures developmental programming practices within the SPS system.

(2) Supervising the SA/LK Program when CDS is the proponent agency.

(3) Providing oversight and technical assistance for options to include short term alternative child care, child care services for civilian employees, SPS homes, volunteer care in unit settings, CDS babysitting training and referral, parent co-ops, Foster Grandparent program, contracted services, private organization child care, sick child care, special interest programs sponsored by other Army activities.

(4) Monitoring SPS options to ensure regulatory compliance.

(5) Identifying program resource requirements and providing CDS budget input to include manpower, supplies and equipment, and expenditures required for program and facility operations and maintenance.

(6) Identifying SPS personnel training needs and providing specific training to ensure SPS requirements are implemented.

(7) Developing cost efficient and effective operational procedures.

(8) Developing, monitoring and implementing CDS plans in support of mobilization.

(9) Managing the recruitment, training, and referral of CDS volunteers.

(10) Coordinating parent education services including CDS newsletters for all CDS delivery systems.

(11) Managing implementation of alternative hourly care options (i.e., short term alternative child care (STACC) and volunteer child care in unit settings (VCCUS)).

(12) Establishing child care referral services to assist in child placement both on the installation and as part of an Army-wide service.

(13) Coordinating CDS participation in Army-wide special events (i.e., Month of the Military Child, Army Family Week).

(14) Providing program-generated statistical data for planning and reporting purposes.

(15) Implementing and maintaining the CDS Central Enrollment Registry to refer and place children in appropriate installation CDS programs.

(16) Maintaining a centralized waiting list for all CDS delivery systems to track and monitor child placements and vacancies.

(17) Preparing all CDS statements of work necessary for initiating and maintaining contract child care services.

(18) Assisting the CDS coordinator in monitoring delivery of all contract services.

(19) Monitoring family care plans.

j. SA/LK specialist. SA/LK program specialist(s) will be provided to coordinate and manage all SA/LK operations at each installation. SA/LK program specialist responsibilities include—

(1) Applying professional knowledge of child development principles to interpret SA/LK policy in a manner that ensures developmental programming for all SA/LK operations.

(2) Recommending a master plan for SA/LK programs based on needs assessment, facility availability, and existing programs.

(3) Ensuring compliance of all installation SA/LK programs with regulatory requirements.

(4) Applying knowledge of budget processes and techniques sufficient to develop budget input and monitor program expenditures.

(5) Applying knowledge of personnel policies and procedures sufficient to supervise staff, initiate, review, and approve personnel actions.

(6) Applying knowledge of staff training requirements in SA/LK subject matter areas and operational procedures.

(7) Identifying, implementing, and monitoring staff training needs.

(8) Coordinating SA/LK program food service operations, to include policies and procedures for food preparation, service, and storage.

(9) Collecting and analyzing data to determine adequacy and effectiveness of all SA/LK programs.

(10) Implementing procedures to ensure that SA/LK programs comply with program standards; and to monitor the quality of direct services and facility conditions.

(11) Establishing performance standards and evaluating direct service personnel and when applicable, other SA/LK program specialists.

(12) Developing a plan for recruiting, training and referring CDS volunteers in a manner that recognizes individual capabilities and expertise.

(13) Establishing and maintaining effective working relationships with command, proponents, local civilian counterparts, staff, and parents.

(14) Evaluating all components of SA/LK programs to include program quality and operations, program staff, CDS volunteer and patron/user levels of satisfaction.

3–13. CDS caregiving employees and FCC providers

a. Caregivers and FCC providers. Caregivers and FCC providers who are competent and trained will be available to maintain adult/child ratios required by this regulation and provide direct developmental care services to children. Responsibilities include—

(1) Implementing indoor and outdoor program activities that support children's physical, social, emotional, and intellectual development.

(2) Encouraging children's curiosity, problem solving, and task attainment.

(3) Role modeling communication and interaction skills for children.

(4) Extending children's knowledge of concepts appropriate to their developmental levels.

(5) Recognizing individual differences in children and responding to their individual needs.

(6) Providing for children's daily routines such as meals, snacks, toileting, and rest periods.

(7) Providing for physical safety and well-being of children.

(8) Administering minor first-aid and carrying out emergency measures in case of illness, accidents, fire or disaster.

(9) Communicating with parents regarding the child's daily experiences within the program.

b. Program assistants. Program assistants will be provided in all age categories and programs in center-based settings. Responsibilities will include those of caregivers and the following:

(1) Ensuring development-enhancing activities are provided to all children within the age group.

(2) Selecting program materials appropriate to interests, abilities, and developmental needs of children served.

(3) Arranging child activity space to support developmental programming and management practices.

(4) Establishing a climate where children and adults interact constructively in a group setting.

(5) Working with families to provide continuity between the home and program.

(6) Role modeling child guidance techniques for caregivers, parents, and the support staff.

(7) Ensuring programs provide for equal opportunities for all children, regardless of race, sex, handicap, creed, or national origin.

(8) Maintaining records on individual children and groups.

c. Child development (CD) teachers. Responsibilities will include those of caregivers and program assistants and the following:

(1) Preparing courses of instruction and lesson plans for child activities.

(2) Employing teaching methods and techniques proper for child-age group category served.

(3) Ensuring program schedules and activities are responsive to needs, interests, and abilities of each child.

(4) Role modeling communication and interaction skills for children, direct services personnel, parents, and support staff.

(5) Role modeling child guidance techniques for direct services personnel, parents and support staff.

(6) Preparing topical presentations for direct services personnel, parent, and support staff workshops and inservice training.

d. CD teacher/program assistant. At least one CD teacher/program assistant will be provided in each age category/program in center-based settings.

e. Supervisory responsibilities. One CD teacher or program assistant must be designated as the lead to supervise each age category in center-based settings or a maximum of two child groups within the age category. A child group is composed of two caregiving employees and the corresponding numbers of children assigned to their care. In facilities constructed using CDS standard designs, one CD teacher or program assistant will be designated the lead in each child activity module regardless of the number of child groups within the module. Responsibilities will include—

(1) First line supervision to include assignment of duties, training, and evaluation.

(2) Carrying out additional management duties relating to operating the program as specified by the program director.

3–14. CDS support personnel

a. CDS clerical workers. Administrative personnel will be provided to support the CDS coordinator and each CDC, FCC and SPS delivery system. Responsibilities will include—

(1) Providing telephonic and on-site information.

(2) Typing general correspondence and forms.

(3) Performing receptionist duties.

(4) Collecting data and maintaining children's records and program files.
(5) Gathering and recording data required for reporting purposes.
(6) Communicating with CDS personnel and patrons.
(7) Entering and retrieving automated data.
(8) Preparing and submitting required reports.
(9) Preparing and submitting purchase orders.
(10) Maintaining and updating data to support the CDS central enrollment registry.
(11) Maintaining and updating data related to the CDS resource and referral service.
(12) Processing, validating, maintaining and updating FCC provider certification records.
(13) Maintaining CDS personnel IEP files.
(14) Assisting in establishing and maintaining toy/equipment lending libraries.
(15) Coordinating employee annual and sick leave.
(16) Maintaining inventory and property books.
(17) Collecting and depositing cash receipts, completing the daily activity report (DAR), and maintaining inventory and property books.
(18) Preparing and submitting work orders for maintenance and repair.

b. Cook. A cook will be provided in each CDC setting for food preparation, meal services, food production, recordkeeping and cleanup.

c. Food service. Food service workers will be provided as necessary in CDC settings to assist in food preparation, meal service, food production recordkeeping, and clean-up.

d. Cleaning service. Custodial workers will be provided in CDC settings where no contracted installation cleaning service is available or in addition to the contracted services in cases where needed (e.g., infant and toddler areas with intensive cleaning service requirements).

3–15. CDS volunteers

a. Volunteers in CDS delivery systems are considered persons providing gratuitous service in accordance with AR 215–1.

(1) Gratuitous services are those services accepted by CDS for which the person donating such services receives no present or future salary, wages or related benefits.

(2) The official use of the term volunteer may only refer to volunteers in ACS, unit family support groups and installation mayoral programs.

(3) CDS volunteers, as providers of gratuitous services, must execute the appropriate written agreement as indicated in AR 215–1, paragraph 3–14.

b. CDS volunteers do not come under the coverage of section 1588, title 10, United States Code, which provides for volunteers with regard to tort claims and compensation for work related injuries.

c. CDS volunteers are not covered under the Army Risk Management Program (RIMP) which provides insurance for NAF employees.

d. CDS volunteers are not eligible to have their incidental expenses such as child care reimbursed with NAF.

e. CDS volunteers may not be used in any capacity for which others are or can be paid. They will not be counted in the ratios nor left alone with children. The Army may not direct or control the activities of CDS volunteers in an employer-employee sense.

f. Examples of authorized duties include—

(1) *Administrative duties.* Advisory and support group membership; participation in program planning and evaluation; development of child activity and staff resource materials when working under the direction of or in partnership with CDS employees.

(2) *Program duties.* Augmenting (but not substituting for) CDS caregiving employees in child activities and CDS management personnel for program enrichment purposes when duties are supervised by qualified CDS management personnel and ratios are met by CDS caregiving employees.

g. CDS volunteers may not serve as final program planning or policy setting authority.

h. Regularly scheduled CDS volunteers who work in CDS programs must meet CDS employee criteria in paragraph 3–9, staff health requirements (para 4–25), training requirements as applicable, background screening requirements (para 2–24), and locally determined health requirements; and must sign the Gratuitous Service Agreement (AR 215–1).

i. CDS volunteers including parents, who are used only on an occasional basis, (e.g., holiday celebrations and field trips) are not subject to staff health requirements in paragraph 4–26, the training requirements in paragraph 3–17, or background screening requirements in paragraph 2–24. They will meet CDS employee criteria (para 3–9*e*) and sign the gratuitous service agreement.

j. New CDS volunteers will be assigned to work with experienced CDS personnel. Under no circumstances will CDS volunteers have direct unsupervised access to children.

k. The SPS director will develop a plan for referral and training of regularly scheduled CDS volunteers within all CDS delivery systems.

3–16. Program guidance

a. The CDS coordinator will receive written and oral policy guidance from the Chief, Family Support Division (FSD), and other designated representatives of the commander (e.g., the Deputy for Personnel and Community Activities (DPCA), and the Assistant Director of Community and Family Activities (ADCFA)). (See AR 5–3 for description of the Standard Installation Organization (SIO).)

b. Written and oral policy guidance will be provided on a continuing basis as follows:
(1) CDS coordinator to all CDS system directors and EPS.
(2) FCC director to outreach workers.
(3) FCC director or outreach worker to FCC providers.
(4) CDC center director to CDC program director(s).
(5) CDC program directors to assistant program director(s) and supervisory personnel.
(6) CDC supervisory personnel to teachers, program assistants and caregivers.
(7) CDS coordinator or program director to CDS volunteers.
(8) SPS director to SA/LK specialist(s).

Section III
Training

3–17. General

a. All CDS employees, FCC providers and CDS volunteers will receive training to ensure execution of their duties and responsibilities at a level supportive of program objectives.

b. EPSs will be assigned to center and FCC delivery systems to establish and conduct initial and inservice training for employees and FCC providers as required by this regulation.

c. Topics for training may be selected from, but are not limited to, subjects referenced in CDS training subject blocks index as shown below.
(1) Administration of medication.
(2) Administration and supervision.
(3) The Modern Army Recordkeeping System (MARKS).
(4) Behavior management techniques.
(5) Child abuse identification and reporting.
(6) Child abuse and neglect prevention and response.
(7) Child Development Associate (CDA).
(8) Child development norms/principles.
(9) Child health and nutrition.
(10) Child safety practices.
(11) Curriculum development for infants.
(12) Curriculum development for toddlers.
(13) Curriculum development for preschool-age children.
(14) Curriculum development for school-age children.
(15) Financial management.
(16) First aid.
(17) Food service techniques.

(18) Military correspondence.
(19) NAEYC accreditation.
(20) Observation/interviewing and screening.
(21) Parent education.
(22) Parent involvement.
(23) Personnel management.
(24) Preparing and conducting staff training/inservice workshops.
(25) Public relations.
(26) Sanitation practices.
(27) Sick child care/HIV.
(28) Space utilization for child activity areas.
(29) Special needs.
(30) Techniques in working with infants.
(31) Techniques in working with toddlers.
(32) Techniques in working with preschool-age children.
(33) Techniques in working with school-age children.
(34) Volunteer service management.
(35) Other topics according to local requirement.

d. Required readings and videos will be read or viewed in center-based settings during daily child nap and rest periods.

e. Appropriate resourcers, including DOD Manual 6060.1–19M, standardized training materials provided by USACFSC (CFSC–FSC) books, publications, and audiovisual materials that support CDS programming and administration will be available to all CDS personnel and FCC providers.

f. All CDS management personnel, but particularly the EPS will routinely interact with children and role model program activities procedures as an element of ongoing staff training.

g. Membership in national and local early childhood professional organizations and participation in training opportunities offered by these groups will be encouraged.

3–18. Individual Education Plan (IEP)

IEPs will be developed for all CDS caregiving employees, FCC providers and management personnel. IEPs are required to ensure that a minimum level of initial and ongoing training is established for all individuals.

a. Training will be related to CDS program type, the individual's work assignment/type of FCC home, and the individual's competency level.

b. Training options will include readings, videos, workshops, observations, classroom/home environment assessments, and special projects.

c. All training should be competency based and designed in such a way as to be compatible with the Child Development Associate (CDA) credentialing criteria.

d. Credit hours given for IEP training may not equal hours spent in actual training, observing or evaluating. Actual number of hours required to complete a training requirement may exceed the number of credit hours given.

e. Training will be recorded on the following:

(1) DA Form 5764–R (Individual Education Plan (IEP) Child Development Center Personnel Initial Training Record) for Child Development Center caregiving employees, will be used to document the initial 38 hours of training required for all center-based caregiving employees during the first nine months of employment. DA Form 5764–R will be completed jointly by the individual and CDC management personnel, usually the EPS. DA Form 5764–R will be reproduced locally on 8½ × 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(2) DA Form 5763–R (Individual Education Plan (IEP) for Family Child Care (FCC) Provisional Certification Training Record), will be used to document the 38 hours of training required for FCC providers prior to certification. DA Form 5763–R will be completed jointly by the FCC provider and FCC management personnel. DA Form 5763–R will be reproduced locally on 8½ × 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(3) DA Form 5765–R (Child Development Services (CDS) Personnel/Providers Annual Individual Education Plan (IEP) Training Record) will be used to document the 24 hours of ongoing training required annually for all caregiving employees and FCC providers. DA Form 5765–R will be reproduced locally on 8½ × 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(4) DA Form 5760–R (Child Development Services (CDS) Management Personnel Cumulative Individual Education Plan (IEP) Training Record) will be used to document training received by CDS management personnel in all CDS delivery systems. The cumulative training received by CDS management personnel. DA Form 5760–R will be reproduced locally on 8½ × 11-inch paper. A copy of the form for reproduction is located at the end of this regulation.

f. EPSs will meet with all CDC caregiving employees within 30 days of date of hire and all FCC provider applicants during the precertification period to set up an IEP.

g. Prior hours of training may be substituted at the discretion of the EPS if training falls within approved topics and can be verified by the issuing school, agency, or program.

h. Training credit may be awarded for college or other professional training taken during the training period based on submission of transcripts of courses relevant to child development and early childhood education.

(1) The EPS will determine the amount of credit to be applied toward IEP requirement only after receipt of official transcripts.
(2) A maximum of 12 credits will be allowed annually.
(3) Orientation credit may not be given in this manner.

i. Caregiving employees and FCC providers who have earned a CDA or degree in early childhood education or related field may have specific training topics waived, but will still be required to complete 38 hours of initial training and 24 hours of annual inservice training.

j. IEPs will be reviewed quarterly by the EPS and the individual trainee using the worksheet format in figure 3–2 to assess progress and determine the needs for ongoing inservice training.

k. Signature verification of completion will be required both from the individual and the EPS.

l. Copies of IEP training records will be provided to transferring employees and FCC providers for reciprocal use at other Army installations.

m. DA Forms (5760–R) (5764–R) and (5765–R) will be placed in the official personnel files of CDS employees.

n. DA Form 87 (Certificate of Training) will be awarded to all individuals—

(1) Following the first 15 hours of entry level training for CDC employees.
(2) Following completion of the 23 hours of skill level training.
(3) Annually upon completion of 24 hours of inservice training.
(4) As locally determined for SPS personnel.

o. Training certificates (user designed) will be awarded to all FCC providers.

(1) Following completion of 20 hours of provisional certification training.
(2) Following completion of 18 hours of certification training.
(3) Annually, upon completion of 24 hours of inservice training.

3–19. CDS management personnel

a. MACOM and installation CDS coordinators should attend—

(1) CDS training sponsored by USACFSC (CFSC–FSC), (CFSC–HR–T) and DOD to include update training and CFSC entry level management courses.
(2) CPO management related courses.

b. CDS system directors should attend USACFSC (CFSC–HR–T) sponsored entry level management course.

c. CDC directors should attend USACFSC (CFSC–HR–T) sponsored CDC director Course.

d. Installation system and program directors, assistant directors, EPS, SA/LK program specialists, FCC outreach workers should attend—

(1) At least one professional training session per year dealing with developmental programing and administration related to

their specific program type. Attendance at CDS program specific training workshops sponsored by MACOM, USACFSC (CFSC–FSC), USACFSC (CFSC–HR–T), and DOD is strongly encouraged.

(2) CPO management related courses.

e. Fire, safety, preventive medicine and security proponents will train CDS management personnel on procedures for conducting facility and home walk-through inspections.

f. All installation CDC and FCC management staff will complete the modules of the Red Cross Accident Prevention and Emergency Response Course or equivalent within the first six months of employment.

3–20. Specialized management training

a. The following FCC management personnel training will be provided to all FCC directors, outreach workers, and EPS assigned to the FCC Delivery system.

(1) Interviewing skills.

(2) Indicators of high risk homes and intervention measures to be taken.

(3) Administration of the FCC child abuse risk assessment tool follow-up actions.

(4) Basic counseling skills.

(5) Available referral sources in the community.

(6) Legal issues and liability of FCC management.

(7) Health, fire and safety maintenance standards.

(8) Food and nutrition requirements.

(9) Protocol for making a home visit.

(10) Procurement and budget procedures.

(11) Adult instructional methods/learning styles.

(12) Unique requirements of the military environment.

b. The following CDC management personnel training will be provided to all CDC directors and EPS assigned to the CDC delivery system:

(1) Interviewing and counseling skills.

(2) Administration of the CDC child abuse risk assessment tool/follow-up action.

(3) Financial management.

(4) Food service program education and oversight.

(5) Protocol for conducting center/program tours.

(6) Procurement and budget procedures.

(7) Adult learning styles/instructional methods.

(8) Unique requirements of the military environment.

c. The CDS coordinator will arrange this training using as many local resources as possible.

Section IV
Community Relations

3–21. Program publicity

a. The CDS coordinator will develop a plan to promote and publicize the program offered within CDS.

b. Command, staff, service members, and their families should be aware of services offered and the location of CDS program facilities and administrative offices.

(1) The CDS coordinator should coordinate with the installation public affairs officer to fully use information channels (e.g., post newsletters, command bulletins or information letters; Armed Forces Radio and Television Network).

(2) Publication of a CDS bulletin is authorized according to AR 25–30.

(3) Signs publicizing CDS programs should be posted at conspicuous places such as the commissary and the PX bulletin boards.

3–22. Public relations

a. The CDS coordinator will foster linkages between CDS programs and patrons, regulatory and support agencies, civilian and Joint-Service counterparts, and the general public.

b. Efforts involving incorporation of family members caring for children within Government housing into the FCC system should be handled in a positive manner.

c. All CDS employees and FCC providers will be responsible for projecting a positive public image and providing a courteous patron service that is responsive to patron needs.

d. CDS employees and FCC providers should accommodate individual needs of children and parents regarding special provisions for care to the greatest extent possible within program and facility constraints.

3–23. CDS parent advisory/support groups

a. CDS advisory/support groups which include parents who are using the program on a regularly basis will be organized to provide consumer input and patronage support.

b. These groups will include a majority of parental membership including sole and dual military parent representation, and may include representatives of installation support and regulatory agencies (e.g., center/program director, FAPM installation commander or MTF designee, ACS, wives' clubs, installation morale, welfare and recreation).

c. CDS support/advisory groups will include parental representation which reflects the mix of program services and program types offered on the installation. Parent(s) will be elected chairperson(s).

d. Meetings will be open to all community residents.

e. Groups shall serve only in an advisory capacity. However the group's concerns and problems shall be discussed with the program staff and the installation commander on a periodic basis.

3–24. Government agencies, professional organizations, and civic groups

Federal, State, and local entities may provide supplemental funding and resources for staff training and program development and operations. Services and subsidies available may include financial reimbursements; training opportunities; CDS subject matter publications; child vision, hearing, speech screening; and grants for pilot programs. CDS management personnel will be responsible for identifying applicable resources and initiating and maintaining contacts with responsible agencies.

Section V
Parent Relations

3–25. Parent involvement

a. Parents are considered an integral part of CDS and will be encouraged to participate in significant aspects of any CDS program (paras 5–4 and 6–4). This includes opportunities to—

(1) Have access to their children at any time.

(2) Observe their children within the program setting.

(3) Have daily contacts with CDS employees and FCC providers including the child's primary caregiving adult.

(4) Serve as CDS volunteers.

(5) Provide advisory input concerning administrative policies and programming issues.

(6) Participate in program quality assurance efforts through serving on the DAT (see para 2–5).

b. CDS management personnel will ensure parents are aware of their responsibilities for program oversight to help ensure CDS programs meet standards and parents are provided services in accordance with regulatory guidance.

3–26. Parent information/education

Parents will be encouraged to increase their understanding of CDS program philosophy and objectives in order to reinforce the partnership between themselves and those who provide care for their children. CDS parent education programs must be initiated and will include the following:

a. Resource and referral services.

b. Parent handbooks outlining policies and procedures.

c. Parental access to child development books and publications.

d. Opportunities for parent workshops and discussion groups.

e. Parent conferences.

f. Communication linkages such as newsletters and bulletin boards.

g. Parent education services (see para 7–15).

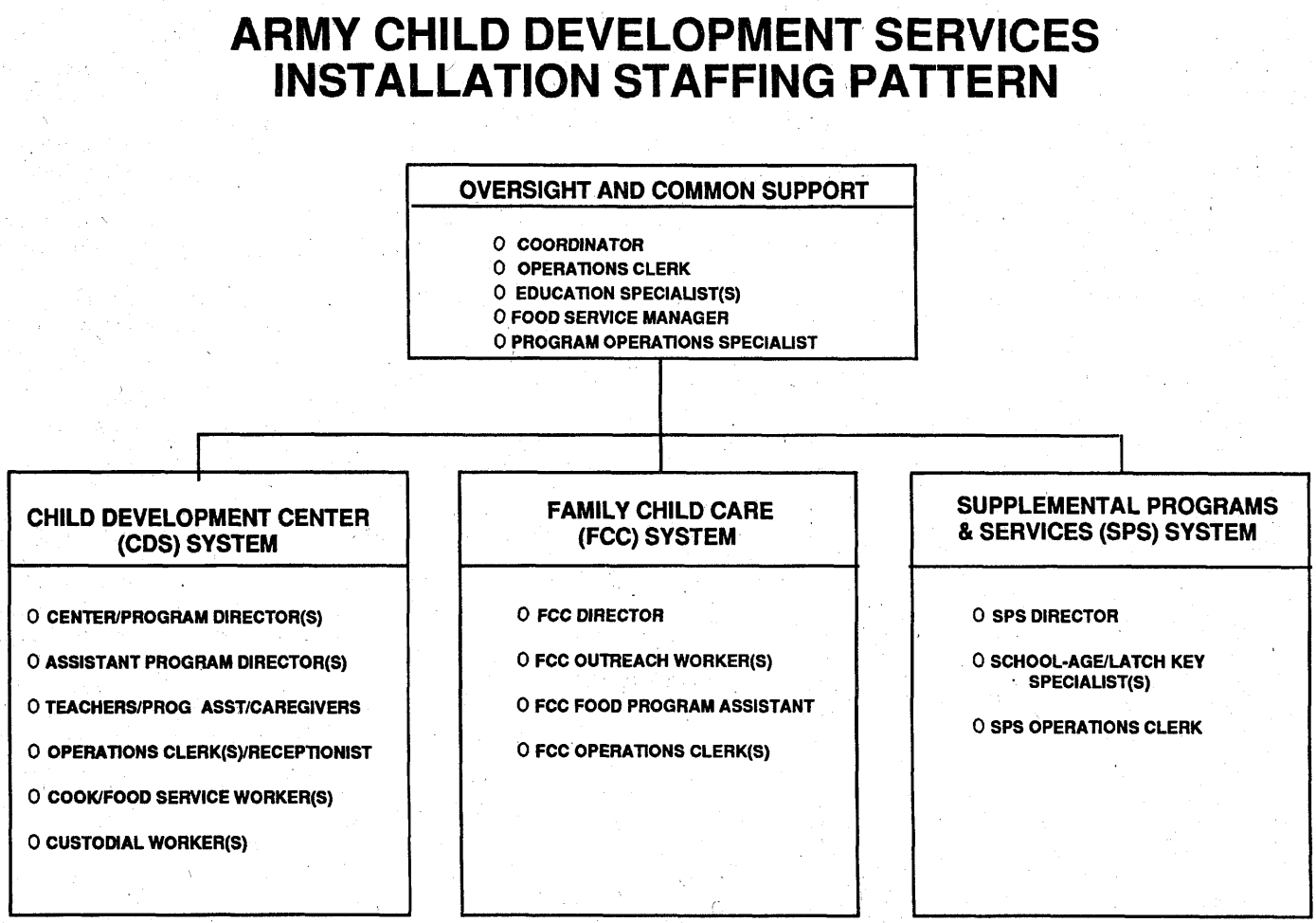


Figure 3–1. Installation staffing pattern

RESERVED

CHILD DEVELOPMENT SERVICES (CDS)
INDIVIDUAL EDUCATION PLAN (IEP)
ANNUAL INSERVICE TRAINING REVIEW

Effective Date
June 90 **to** June 91
(12 month period)

NAME: Sara Childest INSTALLATION: Fort Typical POSITION: Caregiver

NEEDS ASSESSMENT/
IEP DEVELOPMENT

DATE: (dd/mm/yy)
QRTR: 1

Ms. Childest began working at the Fort Typical CDC in Sep 87. She had no previous experience with children. She is assigned to the infant room. Her initial 38 hours of entry level and skill level training have been completed and documented. The majority of her training this year will be focused around the CDC standard training materials.

In conjunction with the "Healthy" and "Environment" modules which she will work on this quarter, she will assess applicable sections of her activity room using the environmental rating scale, completing the sections on caregiving routines, and room arrangement. EPS will complete same sections, and both assessments will be discussed.

Will read (Name of Book). Chapter 1 in (Name of Book). Section I in (Name of Material).

REVIEW OF TRAINING PROGRESS

DATE: (dd/mm/yy)
QRTR: 2

First 2 modules (Healthy and Environment) and 2 rating scale components completed as planned. Training on environment module and assessment process had major impact on room arrangement in infant activity room. Room no longer has separate sleeping room. Cribs and play areas integrated. Some children sleeping on cots. Nice crawl area created.

Ms. Childest has questions on how to help infants learn to talk. Would like to do "Communication" module next.

RECOMMENDATION: Begin "Communication" and "Physical" modules. Complete language, motor activities, and social development sections of rating scale. Complete required observation of lunchtime in FCC home with infant endorsement.

Read "Caring for Infants" DoD Module, Chapter 2 in (Name of Material) and appropriate sections in (Name of Material).

Figure 3–2. Child Development Services (CDS) Individual Education Plan (IEP) annual inservice training review

CHILD DEVELOPMENT SERVICES - INDIVIDUAL EDUCATION PLAN (IEP)
ANNUAL INSERVICE TRAINING REVIEW (CONTINUED)

REVIEW OF TRAINING PROGRESS DATE: (dd/mm/yy)

QRTR: 3

Completed "Communication" and "Physical" modules, 2 rating scale sections, and observation in FCC home.

EPS observations in infant activity room show Ms. Childest talking to infants while changing diapers. Has set up low tables for older infants at meal time.

Is concerned about infant pulling hair, grabbing toys, and hitting. Suggested "Guidance" module next. Would also like to do "Creative" this quarter.

RECOMMENDATION: Complete modules: "Guidance" and "Creative." Complete rating scale section on creativity. Attend local AEYC winter workshop on "Art Activities for Infants," scheduled for 10 Dec. After attending workshop, will design project on art in child activity room and will do mini hands-on art workshop with other staff assigned to infant room.

REVIEW OF TRAINING PROGRESS DATE: (dd/mm/yy)

QRTR: 4

Two planned modules and rating scale sections completed. Successfully conducted art project and mini-workshop on pudding painting and finger painting with infants.

Ms. Childest would like to be a CDA candidate. Initial CDA observation scheduled for 16 April. We will meet every two weeks for next 3 months.

Will continue to complete 2 modules per quarter. Will prepare portfolio for CDA as each competency area is completed.

RECOMMENDATION:

Excellent potential CDA candidate. Complete "Safe" and "Cognitive" modules. Will be responsible for daily safety check in activity room this qtr.

COMMENTS:

Sara Childest (HAS)/(~~HAS NOT~~) SATISFACTORILY COMPLETED THE REQUIRED TRAINING.

(Caregiver Signature)
INDIVIDUAL SIGNATURE
DATE (dd/mm/yy)

(EPS or trainor signature)
TRAINER SIGNATURE
DATE (dd/mm/yy) Autovon: XXX-XXXX

Figure 3–2. Child Development Services (CDS) Individual Education Plan (IEP) annual inservice training review—Continued

Chapter 4
Program Core Requirements

Section I
Overview

4–1. General

a. Program core requirements are applicable to all CDS delivery systems. Additional program component requirements are contained in chapter 5 (CDC), chapter 6 (FCC), and chapter 7 (SPS).

b. All CDS delivery systems must meet DOD and Army standards.

4–2. Structure and policy

a. Child eligibility.

(1) Children of sponsors meeting eligibility criteria (para 1–6) are authorized to enroll in programs within CDS delivery systems.

(2) Age eligibility factors are as follows:

(a) CDCs (6 weeks–12 years). See paragraph 5–2*a*(4) for allowable variances for newborn infants of sole/dual military parents.

(b) FCC homes (4 weeks–12 years). See paragraph 6–9*b* for allowable variances for newborn infants of sole/dual military parents.

(c) SPS (6 weeks–12 years or as specified).

(3) Infant care in CDCs must be available to children beginning at 6 weeks. Restricting care only to older infants (e.g., 6 months or above) is not permitted.

(4) Care may be provided for handicapped children when the special needs of the particular child can be reasonably accommodated in either a center-based setting or FCC home. Accommodation in such a case (alone, or together with other such cases) is not reasonable if it would impose an undue hardship on the operation of the installation CDS program as determined by the ASA(MRA) or designee. (See AR 600–7.)

(a) A Special Needs Resource Team will function as a subcommittee of the EFMP coordinating committee to address placement of children including recommendation of developmentally appropriate environment, adult/child ratios, group sizes and any necessary program adaptations. This team will include the CDS coordinator, special needs director, or designee and the Exceptional Family Member Program (EFMP) coordinator augmented by appropriate expertise (e.g., physician, psychologist, nurse, social worker, speech therapist, physical and occupational therapists) and the parents of the child involved.

(b) Care for the child will be coordinated by the EFMP coordinator with the Special Needs Resource Team as part of the individualized family service or education plan.

(c) The developmental, physical, emotional, and chronological age of the child will be considered when determining placement.

(d) Children may generally be mainstreamed within existing CDS programs, but child care services may also be provided within self-contained special needs classrooms or FCC homes.

(e) When self-contained center-based programs are provided, or more than 35 children designated as handicapped or special needs are mainstreamed in installation CDS delivery systems, a professionally qualified special needs director and supporting staff, if appropriate, as outlined in DA Pam 570–551 will be provided.

(f) When parents of handicapped and special needs children request care in a center-based program and the child can not be reasonably accommodated within the prescribed staffing and program restraints of center-based programs, every attempt will be made to place the child in a special needs FCC home.

(g) Children will be placed in existing community programs where available and appropriate. The CDS coordinator or SPS director will provide points of contact to parents for available programs and services provided by local public school systems to meet this need as mandated by Public Law 94–142 and Public Law 99–457, Amendment of 1986.

(h) Additional training requirements for caregiving employees and FCC providers providing care for children with special needs are specified in paragraphs 5–8*d* and 6–21*e*.

b. Parental responsibilities. The responsibility for rearing children rests with parents. The Army does not function as the legal successor-in-interest to the children of service members. However, the Army will assist parents in discharging that responsibility during the times these children are enrolled in CDS programs.

c. Mission support requirements after normal duty hours

(1) All Army service members who have deployment or TDY responsibilities must make their own arrangements for child care.

(2) CDS will support unit requirements for child care during training exercises, and alert to the extent possible. The SPS director or CDS coordinator will assess installation and private sector resources and advise unit commanders of child care options appropriate to specific requirements. Such recommendations will consider center-based extended care, FCC Extended Hours and Long Term Care homes, trained CDS babysitters, and Army Community Services foster homes, as well as available off-post options.

(3) In accordance with installation requirements, a designated number of FCC providers should be recruited to provide child care services which support mission requirements after normal duty hours. When the FCC system has limited openings, new provider applicants should be restricted to those who agree to provide extended hours and long term care services if there is an unmet demand for these services.

(4) Center operating hours for full-day programs will reflect installation variable duty hours including accommodations for alerts and physical training schedules for active duty military, when the demand for extended hours care is for 10 or more children (or fewer children if determined appropriate by the installation commander).

(5) The installation commander will consider needs of sole/dual military parents when determining the operational hours for programs within CDS system.

(6) Sole/dual military parents will be given priority for services when care is needed to meet mission requirements.

(7) Service members required by AR 600–20 to have a family care plan and all single parents and dual military couples who use CDS care options must provide CDS personnel with an updated family care plan that will remain in the child's file. This information must include name, address, and telephone number of the individual named as custodian. SPS personnel will initiate contact with the individual named to confirm and verify contingency procedures applicable for those periods when the child is under care in a CDS program. This data must be updated semi-annually and will be retained by the SPS director or CDS coordinator as part of the CDS Central Enrollment Registry. Information will be provided to the CDS program(s) in which the children are enrolled. The SPS director will contact the soldiers's unit commander as discrepancies arise which impact on the soldier's family care plan.

Section II
Program Management Compliance Requirements

4–3. Management oversight

a. The CDS coordinator, system directors, facility and program directors, and EPS(s) will meet at least monthly to assure coordination and implementation of CDS policies, provide feedback on oversight visits, disseminate new information and identify program concerns.

b. The CDS coordinator will—

(1) Conduct weekly oversight visit to each center.

(2) Visit a minimum of three FCC homes per month in an oversight capacity.

(3) Set up comparable oversight procedures to monitor SPS care options/services.

4–4. USDA CCFP

All U.S. installations including Puerto Rico will be enrolled in the USDA CCFP.

a. U.S. Army CDS programs will serve as the CCFP sponsoring agency for installation FCC providers.

b. All eligible CDS delivery system components in CDC, FCC, and SPS will be enrolled in the CCFP.

c. Installations must receive written approval from USACFSC (CFSC–FSC) to participate in the CCFP per agreement with USDA. Approval will be requested and renewed annually on DA Form 4841–R.

d. An annual letter of approval will be issued by USACFSC (CFSC–FSC) to be submitted by the installation in lieu of State licensing to the State or regional agency responsible for CCFP administration.

e. Installations requesting initial approval to enroll in the CCFP will receive a pre-enrollment technical assistance/monitoring visit from USACFSC (CFSC–FSC). Installations currently enrolled in the program will receive monitoring on-site from higher headquarters a minimum of every three years.

f. Installations will comply with all CCFP regulations pertaining to enrollment of children, recordkeeping, and nutritional requirements.

g. USDA funds may not be used to reimburse positions, materials, or equipment which are paid for by appropriated funds including APF/NAF reimbursed positions.

(1) USDA CCFP funds will be accounted for as separate identifiable data.

(2) No advance funds or start-up funds will be accepted from the USDA CCFP.

(3) Installations will cooperate in all USDA audits. USDA CCFP financial transactions will be maintained in CDS files for three years or as required by the USDA state or regional administrative agency. Copies will be sent to MACOMs and be available upon request by CFSC–FSC (paras 4–35, 5–6, and 6–7).

4–5. CDS central enrollment registry

a. An installation CDS central enrollment registry of all children enrolled in CDS programs including the SA/LK program regardless of proponency will be implemented. The registry will—

(1) Ensure care is available to the maximum number of eligible patrons, both military and civilian.

(2) Serve as a "one stop" service to CDS patrons.

(3) Monitor placement of children.

b. The CDS central enrollment registry will be implemented as part of the SPS delivery system and will be located in a convenient site for all incoming personnel. Installations with unique demographic situations may implement substations for enrollment, however consolidated data must be maintained at a central location.

c. DA Form 4719–R for CDS enrollment will be completed and maintained in the CDS central enrollment registry. Copies will be provided to the CDS delivery system enrolling the child.

d. Waiting lists for all CDS delivery systems will be maintained according to DA Form 5561–R (para 2–17) and updated continuously by the central enrollment registry. The SPS director will develop an SOP for maintenance of a centralized waiting list using DA Form 5561–R. Administrative procedures will include—

(1) Designated employee(s) who maintain the list.

(2) Designation of a readily accessible location for the list.

(3) Recording of regular updates, no less than quarterly, under the "confirmation dates" column.

(4) Established installation policies addressing waiting list issues. These policies will cover the following items:

(a) Paperwork required at time of listing.

(b) Priorities for multiple children in a family.

(c) Child's status when activity room/module changes occur.

(d) Special priorities for patrons not listed in paragraph 1–6.

(e) Sponsor decline of immediate service, but request to remain on the waiting list.

(f) Time allowance between notification and required attendance.

(5) Procedures for feedback to individual CDS systems.

e. Sole/dual military parents will be given priority on waiting lists for CDS programs which support duty requirements.

f. Unborn infants may be placed on waiting lists prior to birth. Unborn infants who reach the top of waiting list prior to the child's birth may retain their priority status until child is six weeks of age or until a vacancy is available after that time.

g. Parents may not use their priority status more than once in a given program, except in unusual circumstances approved by CDS coordinator. Priority status on waiting lists is forfeited, if parent(s) turn down an available vacancy when offered by CDS program, except in unusual circumstances approved by the CDS coordinator.

h. Family care plan information will be authenticated, retained, and updated according to paragraph 4–2*c*(7).

i. Program directors in full-day and part-day CDC programs, regularly scheduled SPS programs, and FCC systems will notify the CDS central enrollment registry when children are withdrawn from a program.

j. All information required for the completion of DA Form 5246–R maintained by the CDS Central Enrollment Registry, will be provided to CDS system and program directors by the SPS director annually.

Section III
Program Operations Compliance Requirements

4–6. Admission criteria

a. Registration requirements.

(1) Parents or guardians will complete and sign or provide a copy of the following forms for each child:

(a) DA Form 4719–R.

(b) DA Form 5222–R.

(c) DA Form 5223–R.

(d) DA Form 5224–R.

(2) Where applicable, the parent or guardian will submit the following:

(a) USDA CCFP enrollment form (U.S. only).

(b) Family Care Plan

(c) DA Form 5226–R.

(3) DA Forms 4719–R, 5222–R, 5226–R, and the USDA CCFP Enrollment Form must be completed prior to provision of child care services.

(4) DA Form 5223–R, DA Form 5224–R and the Family Care Plan must be completed within 30 days of enrollment or service may be denied.

(5) DA Form 5226–R will be used within the FCC system, full-day and part-day center-based programs, and any regularly scheduled SPS programs.

b. Child health requirements.

(1) Children accepted for care in CDS programs must—

(a) Be free of communicable diseases.

(b) Have documentation or record of all age appropriate immunizations as determined by MTF and based on the Advisory Committee on Immunization practices.

(c) Have had a health assessment completed by parents and medical staff within the past calendar year or within 30 days following enrollment. Child's placement may not be dependent only on test results. The physical examination will be completed once upon admission, and the form updated and initialed annually by the parent. If the parent indicates a significant change in the child's health status, a current medical examination will be required.

(2) A waiver of the immunization requirement must be approved in writing by the Chief, Preventive Medicine or health consultant. Parents must be counseled that children with waivers will be excluded from the program in the event of vaccine preventable communicable disease outbreak.

c. The CDS coordinator/system directors will determine registration requirements in emergency care situations. Requirements will be documented in the emergency SOP.

4–7. Program enrollment

a. Parents will be interviewed by telephone or in person to determine which CDS program will best meet the needs of the child and family.

b. Patrons interested in FCC will be informed of available FCC vacancies that could meet their child care needs. Parents will deal directly with those FCC providers to whom they have been referred. Wherever possible, parents should be given several FCC provider referrals.

c. System/program directors will inform parents verbally and in writing of program policies including eligibility criteria, limitations of service, admission criteria, health requirements, developmental activities, discipline and touch policies, transportation, notification criteria, hours of operation, fees, parental access to care setting, parental responsibilities, and unique local requirements.

d. Parents and children will be offered an opportunity to tour child activity rooms modules within CDC, FCC home, and SPS settings as part of the enrollment process.

e. Whenever possible, children will be interviewed or observed by CDC personnel or FCC providers prior to enrollment in full-day and part-day programs.

f. Upon admission to any CDS program, parents will have the option to remain with the child until all feel comfortable with the program.

g. If on-post programs are at capacity or cannot meet the needs of a child or family or at the request of parents, off-post information may be made available to parents through the SPS system.

4–8. Daily admission and release procedures

a. Parent access.

(1) Parents will have access to their child's activity room/module or the FCC home during all times of child attendance.

(2) Children enrolled in CDS programs will be delivered directly to and picked up from their designated care setting by parents or a parent designee. This does not preclude group busing of children to a specific CDS facility or program (see para 4–11). Children who are not bussed must be taken directly to their child activity room/module in center-based settings and may not be dropped off either outside the facility or at the reception desk. This does not apply to school-age children walking independently to the CDS/SA/LK setting with parental consent on DA Form 5222–R.

(3) Parents will be able to exchange information upon children's arrival and departure with the caregiving staff and FCC providers who care for their children.

(4) Parents are responsible for the children's safe arrival and departure from the facility/program or busing area.

b. Child health screening. Designated center-based and SPS personnel and all FCC providers will observe each child for obvious signs of illness upon arrival and before the parent leaves. Routine temperature taking is not authorized.

c. Child release.

(1) Unless prior written arrangements have been made with CDS personnel, only parents or parent designees shown on DA Form 4719–R may take a child from a CDS program.

(2) Children may not be released to siblings or other children under age 13 unless approved by the program director on a case-by-case basis.

(3) School-age children may not leave a program unaccompanied without written permission from the parent.

(4) No parent may be denied access to a child including the right to pick up a child from a CDC, SPS program, or FCC home unless a copy of the custody agreement or court restraining order that relinquishes such parental rights is on file in the caregiving site.

(5) CDS personnel and FCC providers will coordinate with the Provost Marshal Office regarding release of children to parents or authorized release designees who appear to be under the influence of alcohol or drugs. Procedures will be addressed under an SOP on this area.

4–9. Limitations of service

a. No more than 12 hours of continuous care per child should be provided in any CDS program with the exception of services provided in FCC homes authorized to provide extended hours or long term care, or under circumstances approved by the CDS coordinator.

b. Care for children enrolled in full-day programs should not routinely be provided for more than one hour prior to and following parental duty/work hours.

4–10. Discipline

a. CDS personnel will discipline in a consistent way, based on an understanding of individual needs and behaviors of children at varying developmental levels. Simple, understandable rules will be established so that expectations and limitations are clearly defined.

b. Discipline will be constructive in nature, including such methods as diversion, separation of child from situations, praise of appropriate behavior; or gentle physical restraint such as holding.

c. A child may not be punished by—

(1) Spanking, pinching, shaking, or other corporal punishment. (See para 2–28 for touch policy.)

(2) Isolation away from adult sight/contact.

(3) Confinement in closets, boxes, or similar places.

(4) Binding to restrain movement of mouth or limb.

(5) Humiliation or verbal abuse.

(6) Deprivation of meals, snacks, outdoor play opportunities, or other program components. Short term restrictions on the use of specific play materials and equipment or participation in a specific activity are permissible.

(7) Extended periods of "time out" (e.g., in excess of one minute per year of age).

d. A child may not be punished for lapses in toilet training or refusing food.

e. Highchairs and cribs will not be used for discipline purposes.

f. Biting policies will focus on modifying child behavior within the existing environment rather than "suspending" the child. When this is not possible, the SPS director will assist parents in obtaining care in another CDS setting if available.

4–11. Transportation

a. CDS employees and CDS volunteers will not use private vehicles to transport children for CDS sponsored activities on a routine or scheduled basis except in a case of emergency. Government vehicles, either NAF or APF, will be used to ensure insurance coverage through the United States Army Nonappropriated Fund Risk Management Program (RIMP) or coverage under the Federal Torts Claims Act. Busing of children enrolled in CDS is authorized in accordance with AR 58–1, paragraph 5–5.

b. FCC providers will not transport children in a private vehicle unless such transportation is specifically authorized in writing by the child's parent or guardian (see fig 6–4).

(1) Such transportation is at the risk of FCC provider and parent/guardian concerned and is specifically not covered by RIMP insurance.

(2) Parents and guardians will be responsible for determining on their own, the amount and extent of an FCC provider's automobile insurance policy coverage and whether or not that policy specifically covers a death or injury occurring to a child being transported by the FCC provider during the course of conducting a child care business.

(3) An optional parental permission/waiver statement regarding transportation of children by the FCC provider is contained in figure 6–4.

c. Written permission on DA Form 5222–R regarding transportation of children by CDS personnel must be obtained from the parent or legal guardian at the time of program enrollment and annually thereafter.

d. When transporting children, the same adult/child ratio will apply as is required in the FCC home or CDC for the ages and number of children being served. Drivers of automobiles may be counted in the adult/child ratios.

e. The driver and vehicle must comply with all State and local laws and installation regulations pertaining to vehicles.

f. Each child will board or leave the vehicle from the curb side of the street.

g. Individuals using private vehicles on a non-routine basis while transporting children must carry vehicle liability insurance.

h. Evidence of compliance regarding vehicle liability and medical insurance will be required when a private vehicle is used.

i. No child will be left unattended in a vehicle.

4–12. Television/radio

a. Television sets and radios will be used sparingly, if at all, and limited only to those programs that are developmentally appropriate to the age of the children in attendance. Television viewing is not appropriate for infants or toddlers.

(1) At no time will children be forced to watch television.

(2) Television sets and monitors will not be permanently located in CDC child activity rooms/modules.

b. Television may not be operated as background accompaniment while other child activities are being offered.

4–13. Rest and quiet

a. Rest periods will be provided appropriate to ages and needs of children with at least one hour scheduled for all children under five years enrolled in full-day care.

b. Children who cannot rest or sleep may participate in activities that do not disturb others who are sleeping. Children who have rested for the minimum period should not be required to remain in the napping area.

c. Provisions will be made for each child to rest or nap on an individual bed, crib, cot, couch, or mat.

d. There will be one crib, cot, or mat for every child under 18 months in attendance for full-day care and at least one crib, cot, or mat for every two children under 18 months of age enrolled for hourly care. Minimal use of cribs for children over 12 months is recommended.

e. Reduced-sized cribs may be used instead of, or in addition to, standard-sized cribs. Crib slat spaces will not be greater than 2⅜-inches.

f. There will be a cot or mat available for each child over 18 months of age who is present during group rest and nap periods.

g. Mattresses will have waterproof covers. Cots, mats, or cribs must be sanitized before being used by another child and after a child has soiled a mattress during a toileting accident. If labeled with a child's name and used by that child continuously, they will be sanitized weekly or as needed.

h. Each child using a cot, mat, or crib will be given a bed covering if needed. Bed coverings must be laundered before being used by another child. If used continuously by one child, each item will be labeled and must be laundered weekly or as needed.

i. Pillows will not be used for children under three years.

j. Cribs, cots, or mats must be placed at least two feet apart on all sides while being used by children sleeping or resting. Cribs with solid headboards may be placed head to head when used by children under nine months of age.

k. Separate crib rooms in center-based settings are not permitted. Crib and play areas will be integrated to preclude isolation of sleeping infants.

l. Total room darkening at anytime is not necessary in any areas. Rooms will not be darkened during rest/sleeping periods to the extent that adult visual supervision is limited.

m. Adults may not lie or sleep on children's cots or on the floor. This does not preclude caregiving employees and FCC providers from sitting with children to settle them for resting.

4–14. Diapering and toileting

Toilet facilities will be available to children at all times.

a. Toilet training will be cooperatively planned by caregiving employees and FCC providers and parents so there is a consistent toilet routine available at home and in the care setting.

b. Settings providing care for children under three years of age will be equipped with complete diapering areas which meet the following criteria:

(1) Diapering surface is used only for diapering. Children may not be changed in cribs or on the floor.

(2) Hot and cold running water is immediately adjacent to the diapering area.

(3) Diapering area is not adjacent to food preparation and serving areas.

(4) Diaper bags, disinfectants etc., are stored out of reach of children.

c. Diaper changing surfaces will be—

(1) Covered with washable material which can be thoroughly cleaned after each use.

(2) Smooth, non-porous, water-proof and free from cracks or crevices.

d. Free standing diaper changing tables will have either a safety strap to retain children or a raised edge to prevent children from rolling off the surface.

e. Procedures for diaper changing as recommended by the U.S. Centers for Disease Control will be followed (see app C).

f. All CDS programs will use only disposable paper diapers. (Exceptions to this policy will be allowed only upon receipt of a signed physician's statement directing the use of cloth diapers.)

g. Soiled diapers will be placed in plastic bags, sealed and disposed of in a separate trash receptacle. This receptacle will be emptied frequently, cleaned and sanitized at a minimum daily.

h. Center employees and FCC providers providing routine daytime care will not wash children's soiled clothing. All soiled clothing will be sealed in a plastic bag and returned to the parent. When a child is in care more than 24 hours, the FCC provider may launder clothing only if clothing soiled with body fluids or excrement is washed separately from other laundry.

i. In center-based settings, portable training chair receptacles will only be used with the approval of environmental health and preventive medicine personnel.

j. Portable training chair receptacle frames and containers must be made of a smooth, non-porous material which is easily cleaned. Wood frames may not be used. The container must be easily removable and fit securely into the frame. Portable training chair receptacles must be emptied and sanitized with a solution of one part bleach to ten parts water after each use.

4–15. Night care

The following will apply to all care given between 1800 and 0600:

a. Children in CDS programs for the evening hours but who do not spend the whole night will be allowed to sleep, if needed. Children enrolled for night care may remain in the center-based or FCC home more than 12 hours in order to avoid disrupting sleeping patterns.

b. A bed, cot, or crib with individual sheets and blankets will be provided for each child in night care. Parents may be required to provide rubber sheets for children who bed wet.

c. Each child present when the evening meal occurs will be served unless the child has eaten before coming to the program or will leave before 1900. A nighttime snack will be available to all children at a regularly scheduled time. Breakfast will be served to all children who remain in the center or home for more than 60 minutes after waking for the day.

d. Children who remain overnight will have a shower, tub, or sponge bath as needed for body cleanliness. When a bathtub or sponge bath is used, fresh water must be drawn for each child and the tub or basin will be cleaned after each use. Caregiving employees and FCC providers must be in the room while children under five years of age are bathing.

e. Each child will have individually labeled sleeping garments, washcloth, towel, toothbrush, and one change of clothing.

f. Evening and morning schedules of program activities will be planned for the hours that children are awake. An area separate from that used for sleeping must be provided for non-sleeping children to engage in these activities.

g. Adult/child ratios and staffing patterns will be maintained in CDC settings during nighttime operating hours with a minimum of two staff per child activity room/module.

h. CDC staff and FCC providers will be trained in the emergency evacuation of sleeping children.

i. CDS personnel in center-based settings must be awake at all times.

j. Center-based settings operating during darkness will have emergency lighting or wall-mounted emergency lights for each room used by children.

Section IV
Developmental Programming Compliance Requirements

4–16. General

a. All CDS programs will reflect knowledge and understanding of the growth and development of children. Programs will provide experiences that enhance and support children's physical, social, emotional, and intellectual development, regardless of the setting or length of time in care.

b. The following practices characterize developmentally appropriate programming:

(1) Developmental programs are based on both age and individual appropriateness.

(2) Children are encouraged to solve problems, initiate activities, explore, experiment, question and gain mastery, through learning by doing.

(3) Curriculum planning emphasizes learning as an interactive, integrated process.

(4) Learning activities and materials are concrete, real, and relevant to the lives of children.

(5) Workbooks, worksheets, dittos, coloring books and adult-made models of art projects for young children to copy will not be used.

(6) Language understanding and use is fostered in an atmosphere which encourages easy communication among children and between children and adults.

(7) The 13 functional areas as outlined in the National Child Development Associate (CDA) competencies will provide a framework for determining the skill level of caregiving employees and FCC providers.

c. Developmental programming is identified and characterized by the following: child/family orientation; supportive management policies and procedures; appropriate resource allocation and use (i.e., space, time, equipment, materials, and personnel); and recognition of unique age group requirements.

4–17. Child/family orientation

CDS delivery systems will meet parental needs for safe, affordable, accessible, quality child care.

a. Caregiving employees and FCC providers will be responsive to children's needs for emotional support and provide program activities appropriate to their individual developmental levels and abilities.

b. Parent and program partnership in the care of children will be demonstrated by written and oral communications, opportunities for parent education and involvement, and daily access to child activity room/module areas.

4–18. Management

Policies and procedures will show awareness of children's needs by—

a. Staffing patterns and child placement to reduce the number of CDC personnel that the child must relate to on a daily basis.

b. Enforcement of ratios and group sizes.

c. Use of qualified personnel.

d. Enforcement of positive child guidance practices.

e. Consistent, prompt, and appropriate attention to the physical needs of children.

4–19. Space

Play areas and furnishings will be clean, orderly and arranged to allow space for developmentally appropriate experiences for young children.

a. Areas will include open floor space for crawling, exploration, and active play; and protected settings for rest, study, and quiet activities.

b. Space arrangements will support independent functioning by allowing children to choose activities, and locate and replace toys and materials with minimal adult aid.

4–20. Time

Scheduled daily indoor and outdoor activity periods will be planned for all children (including infants) to include routines and a balance of active and quiet play periods with large and small muscle activities. Activity periods will include—

a. Group experiences. Opportunities for two or more children to interact personally and share materials.

b. Individual experiences. Personal interactions with personnel.

c. Child-initiated experiences. Opportunities for child control of process or outcome.

d. Adult-initiated experiences. Opportunities for adults to teach and demonstrate the process of acquiring new skills and for children to function within the framework of a directed activity such as cooking.

e. Environmental experiences. Opportunities for children to have first-hand experiences such as sensory activities and field trips.

4–21. Equipment and materials

Indoor and outdoor program equipment and materials will be provided in the learning environment that are safe, durable, in working order, and appropriate to age levels, abilities, and interests.

a. Materials will include those with open-ended use and those that have a prescribed use or are self-correcting.

b. Toys and equipment must be available and used to support the program activities noted in paragraph 4–20. Quantities of materials and equipment will be sufficient to avoid excessive competition among children and long waits for use.

4–22. Caregiving competencies

Caregiving employees and FCC providers working with children must demonstrate on the job competencies compatible with the CDA philosophy and will—

a. Provide a safe environment to prevent and reduce injuries.

b. Promote good health and nutrition and provide an environment that contributes to the prevention of illness.

c. Use space, relationships, materials, and routines as resources for constructing an interesting, secure, and enjoyable environment that encourages play, exploration, and learning.

d. Provide a variety of equipment, activities, and opportunities to promote the physical development of children.

e. Provide activities and opportunities that encourage curiosity, exploration, and problem solving appropriate to the developmental levels and learning styles of children.

f. Actively communicate with children and provide opportunities and support for children to understand, acquire, and use verbal and nonverbal means of communicating thoughts and feelings.

g. Provide opportunities for children to explore sound, rhythm, language, materials, and space in individual ways and to express their creative abilities.

h. Provide emotional security for each child and help each child to know, accept, and take pride in accomplishments and to develop a sense of independence.

i. Help each child feel accepted in the group, learn to communicate and get along with others, and encourage feelings of empathy and mutual respect among children and adults.

j. Provide a supportive environment in which children can begin to learn and practice appropriate and acceptable behaviors as individuals and as a group.

k. Establish positive productive relationships with families.

l. Use all available resources to ensure an effective operation.

m. Make decisions based on knowledge of early childhood growth and development theories and practices, promote quality in child care services, and take advantage of opportunities to improve competence, both for personal and professional growth and for the benefit of children and families.

4–23. Age group program requirements

Program and activities will reflect the developmental needs unique to the ages of the specific children under care.

a. Infants.

(1) Information will be obtained from parents and daily observation to allow personnel to individualize routines and program activities for each child.

(2) Infants will be allowed to form and follow their own normal sleep and feeding schedules.

(3) Infants will not remain in cribs when awake except for short periods of quiet play not to exceed 15 minutes.

(4) Infants will be held, rocked, and allowed frequent daily play opportunities on the floor or in large protected crawl areas.

(5) Adults will frequently talk and sing to infants on an individual basis to encourage speech and language development.

(6) Opportunities will be provided for activities that develop large and small muscles.

(7) Infants will be taken outside daily, weather permitting.

b. Toddlers.

(1) Cribs and high chairs will not be used for children over 18 months.

(2) Toilet training will occur in a manner and time frame consistent with the child's developmental readiness.

(3) Well-defined limits and behavioral guidelines will be established within the activity space.

(4) Opportunities will be provided for—

(a) Walking, crawling, climbing.

(b) Manipulative experiences to develop large and small muscles and perceptual/motor coordination.

(c) Increasing attention span through group and individual activities.

(d) Developing speech and language skills.

(e) Independent functioning and attainment of self-help skills such as feeding, dressing, and toileting.

(f) Repetitive play to practice recently acquired developmental skills.

c. Preschool age children.

(1) Activities and schedules will be planned to promote cooperative play, positive peer relationships, understanding of others needs, and the ability to handle and express their feelings in an acceptable manner.

(2) Equipment, activities, and space will be provided for perceptual/motor coordination and the development of large and small muscles.

(3) Activities and materials will be provided to stimulate interest in readiness concepts such as size, shape, color, letters, and numbers. Formal instruction in reading and writing is not appropriate for children under five years.

(4) Opportunities will be provided for experiences with cause and effect relationships, problem solving, and language development.

d. School-age.

(1) Children ages six and up should not be included in mixed age groupings with younger children in center-based settings if at all possible.

(2) CDC programs will have separate entrances and be located away from younger children's activity room/module whenever possible.

(3) A range of activity choices will be available that allow a change of pace between elementary school and the CDS program. School-age programs will complement, not duplicate children's school experiences.

(4) Protected spaces for studying and homework will be provided.

(5) CDS personnel will encourage and support children in their efforts to participate in after school and community activities.

(6) A transportation agreement will be established between the parent and CDS personnel concerning school and activities-related transportation responsibilities.

(7) CDS personnel will coordinate activities with the SA/LK program.

Section V
Health Compliance Requirements

4–24. General

The information contained in this section will be incorporated into all installation CDS health SOPs to ensure consistency throughout Army programs. The CDS coordinator and individual program directors will ensure all care provided is done in a safe and healthy manner consistent with recognized standards for health, sanitation, and safety.

4–25. Adult health requirements

a. All CDS personnel, will be in good health as evidenced by the preemployment physical. Additionally, a determination must be made as to whether these individuals, as well as persons residing in FCC homes, have any communicable diseases. Where the health of any child is at risk, the parents/guardians will be notified. The question of whether or not a disease is communicable is a medical decision made by a physician after careful consideration of the presence or absence of conditions necessary for the transmission of the disease. Any action involving the hiring, firing, or other condition or privilege of employment, certification or decertification, involving individuals who have a communicable disease should be made by CDS management personnel after consultation with medical professionals, and where applicable, the installation civilian personnel office employee relations branch. Before taking such action, the following factors should be considered:

(1) How the disease is transmitted.

(2) The duration of the risk.

(3) The severity of the risk.

(4) The probability of the transmission of the disease causing harm.

b. If CDS personnel are found to have a communicable disease, consideration must be given to providing reasonable accommodation for this condition, such as by reassigning the affected employee to an administrative position where children and other personnel are not at risk or closing an FCC home. When FCC certification must be temporarily suspended to prevent the spread of a communicable disease, CDS management personnel will make arrangements for alternative care for the children. FCC certification will be delayed, denied, or suspended until there is no health risk to the children.

c. All CDS personnel will have a medical assessment before employment or certification. This evaluation will include a tuberculin skin test or chest X-ray, and other tests deemed appropriate by the occupational health service. Testing for susceptibility to and vaccination against rubella is strongly recommended. Requirements for immunization against other vaccine preventable disease and other significant diseases among caregiving employees, FCC providers and children should be considered by the occupational health service staff and health consultant. Documentation will be maintained in the personnel file of the program to which the individual is assigned.

d. Personnel must be able to walk, bend, stoop, and stand for prolonged periods. They must also be able to lift 40 pounds.

e. Health requirements for regularly scheduled CDS volunteers will be locally determined.

4–26. Child health requirements

a. Admission criteria (see para 4–6*b*).

b. Health records. Health records will be on file at the care site as long as the child is enrolled.

(1) Any restrictions or special precautions concerning diet, medication, or allergies will be specified in the child's medical records.

(2) Records of child allergies will be kept in CDS programs.

(3) Physician recommendations will be implemented by CDS personnel within program capabilities. Parents will be notified immediately if physicians' recommendations can not be met.

c. Child health screening (see para 4–8*b*).

4–27. Care of children infected with HIV

The following guidelines apply to the care of all infants and children ages 4 weeks through 12 years of age regardless of their stage of infection with the HIV, and are based on the need to protect HIV-infected children from the risk of acquiring illness or infections common in other children with normal immune systems.

a. All HIV-infected children under age six and children over age six who lack control of their body secretions (whether because of age or physical/mental handicap) will be cared for in Special Purpose FCC homes that limit care to infected children or in their own homes. Children in either of these groups will not be cared for in a center-based setting.

b. Group size within Special Purpose FCC homes designated for this purpose will be determined on an individual basis but will not exceed five children. The FCC provider will receive training from medical personnel concerning appropriate precautionary measures to be used while providing care to an HIV-infected child to protect the HIV-infected child from risk of exposure to other infections as well as protection for the FCC provider and the FCC provider's family.

c. The FCC provider will be fully apprised of the HIV-infected child's medical condition. A community health nurse will work with the FCC provider, the parents of the HIV-infected child, and FCC management personnel to ensure that proper procedures are observed and that exposure to infectious body fluids occurs under controlled, protected conditions. The HIV-infected child's physician will be involved in the individual care plan developed for the child in conjunction with coordination of EFMP manager.

d. Care for HIV-infected children ages 6–12 (with the exception of those who can not control their body secretions) will be in accordance with the local, DODDs or section 6 school regulations. A team consisting of the HIV-infected child's parents or guardian, physician, public health personnel, and CDS or SA/LK personnel will evaluate the circumstances of each case and determine placement options most appropriate for the child.

e. SOPs for providing care to HIV-infected children, and a special educational program addressing administrative and medical concerns in providing care to HIV-infected children will be developed by HQDA. In the interim, procedures will be developed locally and coordinated through the MACOM with USACFSC (CFSC–FSC). MACOMs will furnish a copy of all locally developed procedures to USACFSC (CFSC–FSC) 2461 Eisenhower Avenue, Alex, VA 22331–0521 and HQDA (DAPE–MPH–S), The Pentagon, Washington, D.C. 20310.

4–28. Illness criteria for denial of service

Children who appear to be ill or show visible signs of fever will be closely screened and may be denied admission based upon following symptoms:

a. Temperature in excess of 100.5°F axillary for children under three months of age, and in excess of 101°F axillary for children over three months of age.

b. Inability to participate in daily activities.

c. Obvious illness such as—

(1) Impetigo—Red oozing erosion capped with a golden yellow crust that appears stuck on.

(2) Scabies—Crusty wavy ridges and tunnels in the webs of fingers, hand wrist and trunk.

(3) Ringworm—Flat, spreading ring-shaped lesions.

(4) Chicken pox—Crops of small blisters on aired base that become cloudy and crusted in two to four days.

(5) Head lice-nits—Whitish-grey clot attached to hair shafts.

(6) Culture-proven strep infections that have not been under treatment for at least 24 hours.

(7) Conjunctivitis (pink eye)—Red watery eyes with thick yellowish discharge.

(8) Persistent cough, severe diarrhea or vomiting.

(9) Symptoms of other contagious diseases such as measles, mumps, hepatitis, and strep infections.

(10) Pinworm infestation.

4–29. Readmission following illness

The installation will develop an SOP which outlines the criteria for return of a child to the program after demonstrating symptoms of a contagious disease. Children may be readmitted after treatment has begun, the contagious stage of the illness has passed as defined by the installation health SOP, and the child is physically able to function in the program setting. Children may return to programs only if they are well enough to participate in usual daily activities and the following conditions exist:

a. Fever has been absent for 24 hours.

b. Nausea, vomiting, or diarrhea has subsided for 24 hours.

c. Lesions from imeptigo are no longer weeping.

d. Scabies is under treatment.

e. Lice are under treatment.

f. Pinworm treatment has occurred 24 hours before readmission.

g. The child has completed the contagious stage of the illness.

h. Conjunctivitis has diminished to the point that eyes are no longer discharging.

i. The appropriate number of doses of antibiotics have been given over a 24-hour period for known strep and other bacterial infections, the child's physician has approved readmission and child does not require additional CDS staff to care for him.

j. Chicken pox lesions are crusted, usually five to six days after onset.

4–30. Administrative health procedures

a. Settings designated as sick child options may accept children excluded from usual care setting upon written recommendation of a health care professional and after caregiving employees and FCC providers have received specialized training in care of children with contagious diseases.

b. CDS personnel will report outbreaks of communicable diseases per paragraph 2–20*b*.

c. Program directors, assistant directors, front desk personnel, caregiving employees, and FCC providers will receive training in preventative health measures.

4–31. Medical care after admission

a. Sponsor consent.

(1) Parents will give consent on DA Form 4719–R for CDS personnel to take child for care, medical or dental, in an emergency situation where the child's condition represents a serious or imminent threat to life, health, or well-being. Conscious efforts will be made to notify a parent prior to such action. However, emergency treatment at an Army medical facility may be provided without additional consent under the provision of AR 40–3, paragraph 2–19.

(2) Parents of children using services in extended hours and long term FCC homes where length of care exceeds 24 hours must provide a special power of attorney. (See AR 40–3, para 2–19 and DA Pam 27–12 for format for special power of attorney.)

b. Medical emergencies. Children who develop conditions after admission that require immediate medical attention will be brought to a medical facility for evaluation. Conditions that require immediate medical care include convulsions; marked difficulty in breathing; unconsciousness; laceration (either significant in size or amount of bleeding); injury to an extremity with obvious deformity; head trauma associated with vomiting or altered consciousness.

c. Minor health problems. Children who develop minor health problems after admission will be handled in the following manner:

(1) CDS personnel will notify the parent or parent-designee should the child become ill or injured during the time in care.

(2) Ill children will generally remain in an isolated area away from other children until such time as reasonable arrangements can be made for the child's release to the parent or parent-designee. See paragraph 6–9 for children in FCC homes.

(3) If there is a question about the course of action to be taken, CDS personnel should refer the matter to the health consultant.

4–32. Administering medication

CDS personnel will adhere to the following guidance in developing SOPs for the administering of medication to children.

a. Medication will be administered only within full-day CDS programs enrolling regularly scheduled children and in sick child care settings.

b. Medication and special therapeutic procedures will be administered only when prescribed by a physician and only when there is no other reasonable alternative to the medical requirement for the child. It is not reasonable to expect parents to leave their work site for this purpose.

c. Antibiotics, antihistamines, and decongestants are the only categories of medication which can be routinely administered by authorized CDS personnel. Other physician prescribed medications may be administered after specific consultation with the health consultant and the provision of special training to CDS personnel e.g., side effects, dosage techniques. No oral PRN (as needed) medication may be administered.

d. Written permission from a parent or guardian must be obtained before administering medication.

e. The physician or parents will administer the first dosage of any medication.

f. Children will be on oral medication at least 24 hours before dosage is administered by CDS personnel.

g. Medication will be—

(1) In the original container with a child-proof cap.

(2) Dated with physician's name and instructions for use.

(3) Labeled with the child's name, name of medication, and dosage strength.

(4) Stored according to instructions.

h. No "over-the-counter" medications will be administered unless ordered by prescription and all the specifications in paragraph 4–32*g* are met.

i. Designated center-based personnel and all FCC providers are authorized to administer medication within CDS programs according to the physician's instructions.

j. Individuals administering medication will have received prior specialized training.

k. All medication administered will be recorded on the DA Form 5225–R (para 2–13).

(1) Each medication requires a separate form that may be used for a one month period. The form will be maintained and filed into each child's folder monthly or upon completion of the medication period.

(2) Forms may be reissued as needed for long term medication and should follow the calendar month for recordkeeping purposes.

(3) The time of each dosage and the initials of the person administering medication will be entered at the time the dosage is administered.

l. All medication will be kept in one centrally located and monitored locked cabinet, out of the reach of children.

m. Medication requiring refrigeration will be isolated within the refrigerator in a separate secured container.

n. Medication will be returned to parents when no longer needed or upon termination of child's attendance in the CDS program.

4–33. Program health and sanitation practices

a. Each CDS coordinator and program manager will ensure that accepted health and sanitation procedures are followed at all times to ensure the health and well-being of the children and staff.

(1) CDS caregiving employees, FCC provider, cooks, and food service workers will use handwashing techniques as recommended by the Centers for Disease Control (see app C).

(2) Adult hand-washing facilities will be located in infant and toddler care areas within center-based programs.

(3) Disposable towels or forced air hand dryers with protective screens (in adult areas only) and soap must be provided in centers for staff and child use.

(4) Children's hands will be washed with soap and water before and after eating, after going to the toilet, before participating in water play, cooking activities, after outdoor play and diaper changes.

(5) Soiled clothing and diapers must be changed promptly. Parents must supply an extra set of clothing for emergency use for infants and toddlers in hourly care and children of all ages enrolled in full-day care.

(6) Toilet rooms and fixtures will be sanitary and odor free at all times.

(7) Personal toilet items such as combs, toothbrushes, towels, wash clothes, and similar items may not be stored or used in common.

(8) Dirty linen must be separated from storage of clean linen, food, and other supplies and will be inaccessible to children.

(9) Toys and equipment used by children under age three must be washed and sanitized with the bleach solution at least daily. Toys used by older children will be washed and sanitized as needed, but a minimum of weekly.

(10) Unless otherwise specified, all reference to "sanitized" refers to the use of a standard bleach solution (i.e., ¼ cup of bleach to 1 gallon of water). This solution will be used for every day cleaning and sanitizing of items and surfaces (e.g., diaper changing surfaces, table tops, and toys).

(11) When surfaces have been contaminated by body secretions such as feces, urine, and blood, the following procedures will be performed to sanitize area:

(a) Vigorously wash with soap and water.

(b) Rinse with water.

(c) Wash with bleach solution of ¼ cup bleach to one gallon water.

(d) Wipe dry.

b. Water supply procedures are as follows:

(1) Water supplies will be from approved sources and will comply with AR 40–5.

(2) Drinking water will be within or immediately accessible to child activity rooms/modules and in outside play areas.

(3) Hot water temperature in plumbing fixtures used by children in centers must not exceed 110° F with an appropriate range of 80–95° F.

c. Lead-based paint (see paras 5–48 and 6–50*b*).

d. Isolation area (see paras 5–32, 5–33 and 6–40*b*).

e. Custodial and housekeeping services (see paras 5–37 and 6–41).

f. Health inspection requirements (see paras 5–50 and 6–40).

g. Sick child care (see paras 5–52, 6–9*e*, and 7–35).

4–34. Pets and plants

Pets and plants should be considered key factors in a developmental child care setting.

a. Nonpoisonous plants are authorized for use in child care science activities and to enhance the physical environment (see app C).

b. Pets will be allowed on the premises of CDS facilities and FCC homes if they are healthy and properly cared for and do not pose a health or safety threat to children (see app C).

c. Center-based settings that maintain pets on the premises on a permanent basis will be inspected monthly by the installation veterinarian or designee.

d. FCC certification may be denied or revoked if the FCC director feels a child may be at risk from a pet living in or associated with an FCC home.

Section VI
Food and Nutrition Compliance Requirements

4–35. Nutrition

Nutritious foods that help meet the child's total nutritional needs will be provided by all CDCs, FCC providers, and applicable SPS programs. Food provided by parents will be limited to infant formula, baby food, special diets, and food for special occasions.

a. Meals (breakfast, lunch, dinner) and snacks will be provided appropriate to the hours children are in care. No child will go without nourishment for more than three consecutive hours. If a

late breakfast is served, the mid-morning snack may be eliminated. All children enrolled in part-day programs will be served a minimum of a nutritious snack.

b. Children in care for five to eight hours during a day will be given one third of their daily nutritional needs in the program. Children cared for from eight to twelve hours must be served two thirds of their daily nutritional needs in the program. Children in care over 12 hours must be served all of their daily nutritional requirements.

c. Menu components and quantities for meals and snacks will comply with USDA CCFP regulations for all age groups regardless of formal enrollment in the USDA CCFP. Infant meal components and quantities will be based on the meal pattern requirements for infants specified in the USDA CCFP unless otherwise recommended in writing by the child's physician. Foods which are not considered as creditable foods in the CCFP may not be used to fulfill meal component requirements. Use of foods high in sugar, salt, and fat will be limited.

d. Children under two years of age will not be served foods which block the trachea (windpipe) and cause choking and possible asphyxiation.

e. Honey and low fat or skim milk will not be served to children under 12 months of age.

f. All menus will be posted or otherwise made available to parents.

g. Dated menus with substitutions recorded will be maintained within the files for review purposes for one year or as required by USDA.

h. The nutritional aspects of CDS food programs, including menu planning and nutrition education will be coordinated with the MTF dietitian.

4–36. Meals and snack service

a. Children in CDS settings during meal time will be served a meal or snack.

b. Meal and snack periods will be conducted in such a way to contribute to the children's growth and development. Meals will be planned to provide the opportunity for children to learn to eat and enjoy a variety of nutritious food as well as to learn culturally appropriate socialization patterns.

(1) Children must not be forced to eat, and food will not be used as a reward or punishment.

(2) Toddlers, preschool age and school-age children will be encouraged to participate in food preparation, setting tables, serving food, and clean-up activities.

(3) CDC activity room staff and FCC providers will sit and eat with the children as part of the children's nutritional training. Meals should be served in a leisurely manner, with time allowed for conversation.

(4) Tables, chairs, serving pieces, eating utensils and non-breakable dishes and glasses of design and size suitable for use by children must be provided. Styrofoam cups will not be used for infants or toddlers. FCC homes may adapt adult size furniture and equipment for use by children at mealtimes.

(5) Infants will be fed or supervised individually. Patterns established for infant feeding will be based on individual children's feeding schedules rather than adult imposed schedules.

(6) Highchairs will have wide bases and safety straps. Straps will be used when infants are fed. Children will not be left unattended in highchairs. Children will not be left in highchairs after feeding. Infants will not be fed in multiple seat infant feeding tables.

(7) Infant spoon feeding and self-feeding will be encouraged as interest occurs.

(8) A feeding plan will be established for each full-day and part-day infant in consultation with the parent and based on the recommendations of the child's physician or other qualified health professional. This plan will be revised as necessary every three months. The plan will include—

(a) Type of commercially prepared formula to be used.

(b) A feeding schedule.

(c) Weaning plans, as applicable.

(d) Introduction of solid and new foods.

(e) Provisions for breast feeding, if applicable.

(9) Infant formula may be provided by parents or ready to feed infant formula may be purchased by the CDC and poured into bottles provided by parents. Formula provided by CDC or FCC providers will conform to type required in infant's individual feeding plan. Infant formula will be provided in bottles containing a single serving. Unused portions of bottles will be discarded. An emergency supply of ready-to-feed commercial formula as required by infants' feeding plans will be maintained.

(10) Infants will be within sight of CDC personnel and FCC providers while eating.

(11) CDC personnel and FCC providers will role model good table manners, encourage children to eat nutritious foods served, and foster development of good eating habits.

4–37. Food service operations

a. See paragraph 5–6*a* for CDC food service practices.

b. See paragraph 5–6*b* for information on CDC family style meal service.

c. See paragraph 5–6*c* for CDC food preparation and sanitation procedures.

d. See paragraph 5–51 for information on kitchen appliances/equipment.

Section VII
Facility Compliance Requirements

4–38. CDC facility compliance requirements

CDC facility compliance requirements are found in paragraphs 5–25 through 5–43.

4–39. FCC facility compliance requirements

FCC facility compliance requirements are found in paragraphs 6–42 through 6–47.

Section VIII
Fire Prevention Compliance Requirements

4–40. CDC fire prevention compliance requirements

CDC fire prevention requirements are found in paragraph 5–44 through 5–47.

4–41. FCC fire prevention compliance requirements

FCC fire prevention requirements are found in paragraph 6–48 and 6–49.

Section IX
Safety Compliance Requirements

4–42. CDC safety compliance requirements

CDC safety compliance requirements are found in paragraphs 5–48 and 5–49.

4–43. FCC safety compliance requirements

FCC safety compliance requirements are found in paragraphs 6–50 and 6–51.

Chapter 5
CDC System Component Requirements

Section I
Overview

5–1. General

a. Chapters 1 through 4 of this regulation apply to the CDC system with the exception of statements referring specifically to FCC homes or SPS delivery systems.

b. The CDC system offers child care programs within centralized installation facilities, or parts of facilities, used exclusively for this purpose.

c. CDC programs provide quality group care that is affordable, convenient to the work site, and readily accessible to all military families. Centralized programs are often preferred by parents because they offer comprehensive services to include a mixture of program types and homogeneous child-age group categories for ages 6 weeks through 12 years. Parents are assured that their child is receiving quality supervised care given by trained caregiving employees.

d. CDC programs support Service families with working spouses; those families who need short term hourly care for respite, volunteer work, or recreational purposes; and those who need regularly scheduled part-day services.

5–2. Structure and policy

The CDC system will reflect installation needs for program services according to the analysis process described for construction justification in paragraph 2–17. Comprehensive services will include a full range of full-day, part-day and hourly care programs, and child-age group categories as determined through installation needs assessments and demographics in paragraph 2–17*d*.

a. Full-day program. The full-day program includes CDC developmental services that meet the needs of working parents requiring child care 5 to 12 hours per day on a regularly scheduled basis. It will include program provisions for infants, toddlers, and preschool-age children where demand exists. School-age children may attend on a full-day basis at times of public school recess.

(1) Total enrollment of full-day children with the exception of infant programs may exceed up to 10 percent of child activity room/module capacity or group assignment to compensate for a reduced average daily attendance due to absenteeism.

(2) Programs designed for full-day care will provide a stable environment that is responsive to the child's developmental needs for consistency. The program will be staffed with a majority of regularly scheduled caregiving employees who will be assigned to specific groups of children as specified at paragraphs 5–13 and 5–14.

(3) Full-day slots of absent, regularly enrolled children may not be filled by other children attending on an intermittent basis except in small centers according to paragraph 5–2*b*(4).

(4) Newborn infants, up to six weeks, of single or dual military sponsors, may be served in CDC settings when the following conditions are met:

(a) Placement in FCC newborn home is not possible.

(b) Maximum group size within child activity room or module home base is limited to seven children under one year of age (table 5–1) or six children (table 5–2) or six children (table 5–2).

(c) A 1:2 adult/child ratio is maintained with these infants with no more than two newborn children included in the group of seven infants.

(d) Exposure to multiple caregivers will be limited.

(e) Newborn infants will not be combined with other groups during early morning arrival and end of day departure periods or in a multi-age setting.

(5) Children enrolled in full-day preschool-age programs will not leave their activity room/module to attend a separate part-day preschool-age program. The quality of full-day and part-day preschool-age programs will be equivalent so as to eliminate the need for parents to enroll children in more than one program. Program reorganization to include redistribution of personnel, space allocation, and program resources may be necessary to achieve this comparability.

b. Hourly care program. The hourly care program includes developmental services for children that meet the needs of parents requiring short term child care on an intermittent basis. Hourly care services will include program provisions for infant, toddler, preschool-age, and school-age children where demand exists.

(1) Hourly care services will be provided by reservation to ensure cost effective scheduling of personnel. A well-publicized system for reserving and cancelling care arrangements will be established to enable use of last minute cancelled space by patrons waiting for hourly care on a space available basis. Walk-in care may be provided as space is available.

(2) Hourly care services are not intended to replace requirements for full or part-day care. When demands for care do not conform to full or part-day program schedules, an adjustment in operating hours of these programs may be appropriate to meet patron needs and preclude allocation of hourly care spaces to meet this requirement. The CDC director will ensure that hourly care spaces are retained for short term intermittent services. These spaces will not be filled by full or part-day overflow patrons requiring services on a regular basis.

(3) A minimum number of hourly slots should be available for soldiers needing child care services while in processing, for emergency situations and to support installation volunteers. (See para 4–6*c* for admission requirements.) This number will be recommended by the CDC director and CDS coordinator and approved by the installation commander. Commanders may dedicate these spaces; however any loss of income incurred should be made up from the installation MWR fund rather than increased fees for other CDC patrons.

(4) Hourly care services will be physically separated from full-day and part-day services either by designating specific areas within the same facility or by separate facilities. This requirement may be waived in centers with less than a 60-child-space capacity, in which case provisions will be made to stabilize the environment to the greatest extent possible for children enrolled on a regular basis. Children enrolled in hourly care and full-day care programs which occupy a single facility may be combined up to 1½ hours during early morning arrival and end of the day departure time periods.

(5) Programs for hourly care will be developmentally appropriate and will maintain a flexible environment that will reduce separation anxiety and facilitate program adjustment to an ever-changing clientele of children and parents.

c. Part-day program. These programs include CDC developmental services up to five hours a day that meet the needs of parents requiring child care services on a regularly scheduled part-day or seasonal basis. Included are services such as part-day self-contained programs for children ages 3 through 5 years, before and after school care, summer programs for children ages 5 through 12 years, and specialized programs for younger children to meet unique local demands.

(1) Part-day sessions for children up to 5 years of age should be a minimum of three hours in duration and should not exceed 5 hours. When waiting lists for full-day care exist, expansion of part-day program hours or reduction of space allocated to part-day sessions should be considered as a means of addressing the full-day unmet demand.

(2) Demands for part-day preschool-age care should not be satisfied without ensuring large scale unmet demands for full-day care are similarly addressed. Space allocations for center programs will be analyzed to ensure preschool programs are not utilizing an amount of activity space inconsistent with program mission and installation priorities for service.

(3) Part-day preschool programs will support, as necessary, the requirements of working parents who do not require full-day care, parents who augment FCC services with center-based part-time programs, and regular short-term care requirements for installation volunteers. The director of the part-day program will keep data which reflects such use of this program.

(4) Part-day school-age (PDSA) programs offered by the CDC will be limited to care for children 5 through 12 years of age. Children may attend before and after school and attend on a full-day basis at times of public school closure. CDC programs appropriately serve ages 5 through 8 years; care for ages 9 through 12 may be more easily met through the SA/LK program.

(a) This program is supervised by the CDC part-day program director within the CDC setting and is not part of the SA/LK program.

(b) The part-day program director will coordinate closely with the SA/LK specialist to preclude duplication of efforts and maximize program integration. PDSA children may be included in transportation arrangements made for children enrolled in the SA/LK program.

(c) Funding for the before/after PDSA program will be provided through the CDC budget.

(5) Kindergartens are not authorized where there is a center waiting list for care of younger children.

(6) When scheduled hours of operations do not overlap, part-day preschool and school-age programs should double function space and staff whenever possible. This will be done to upgrade program quality and increase facility and program resource use. Adequate built-in or portable storage must be provided to maintain separate age appropriate supplies and program materials.

d. Special needs program.

(1) Special needs programs in center settings may be offered as follows:

(a) Full-day services for children who do not qualify for State or local special needs programs or when these services do not exist.

(b) Part-day services to augment State or local programs or to supplement mainstreaming in Army programs.

(c) Hourly services as part of EFMP respite care.

(2) When special needs programs are provided in CDC settings, the installation should pursue external funding through grants, State reimbursements, or other available means to help offset the potentially higher operating costs involved (para 4–2*a*(4)).

Section II
Program Management Compliance Requirements

5–3. Management oversight

The CDC delivery system will be staffed with professionally qualified personnel who meet the requirements in the standard position descriptions for directors and the EPS in DA Pam 690–41. DA Pam 570–551 will be used to staff CDC systems.

a. CDC directors will manage and direct all aspects of their programs, including those personnel, programs, space, and financial resources allocated to the specific program.

b. When multiple program directors are located in a single facility, one director will be designated as the center director and will serve as the primary point of contact for the center operations (see para 3–12*e*) and the final line of supervision within that center setting.

c. The CDS coordinator's office should not be located in a CDC unless the CDS coordinator is double functioning as the center director according to paragraph 3–11g.

5–4. Parent involvement

Parents will be kept informed on matters relating to center operations, changes in program emphasis, and their child's progress (paras 3–25, 3–26 and 4–17). Methods of encouraging parent involvement will include, but not be limited to, the following:

a. Pre-admission interviews involving the program director or assistant director and parent(s) or guardian of the child enrolling in full-day and part-day programs to discuss the developmental program, parent involvement opportunities including responsibilities for monitoring quality care, and administrative procedures.

b. Semi-annual conferences with parents of children attending the programs on a regular basis.

c. Daily feedback sheets maintained in the full-day and hourly activity rooms/modules which provide a regular avenue for communication with parents.

d. Parent participation opportunities in program activities or in administrative support functions.

e. Parental access (on a space-available basis) to training workshops held for CDC personnel.

f. Parent education workshops on patron selected topics.

g. Patron satisfaction surveys and mechanisms for voicing suggestions and complaints.

5–5. Business operations

CDC program directors will provide oversight of business operations to ensure budget execution, accountability for resources, accurate and timely data collection, and implementation of sound business practices. Procedures outlined in AR 215–1, AR 215–2, AR 215–3, AR 215–4, and AR 215–5 will be followed. A copy of these regulations will be maintained in each center setting. Supplemental forms and/or procedures required by this regulation will be followed.

a. Fiscal management. Fiscal operations and productivity will be regularly monitored by the CDC director and reported in writing at least monthly to the CDS coordinator.

(1) CDC program directors will regularly analyze and report data which reflects program productivity through maximum use of resources (i.e., facility space, manpower, funding) to meet community demands for quality care. CDC productivity reports may be used for this purpose. Additional guidance provided in the DOD Manual 6060.1 addresses effective management practices.

(2) CDC personnel will calculate utilization rates and costs per child per hour to determine CDC productivity. Data required for analysis of productivity can be generated using the CDS program management software package as available.

(3) CDC program directors should prepare and submit a monthly Management Information System report which reflects, at a minimum, Central Accounting Office financial statement categories of income and expense by program type.

b. Food service operational oversight. The CDC center director will supervise the center food service program, with operational oversight provided by the food service manager on large installations, to ensure provision of a quality food program.

c. Internal controls. The center director will establish and enforce procedures to ensure implementation of CDS internal controls as specified by AR 11–2.

d. Property inventories. Current inventories for NAF and APF equipment will be maintained as required. Prior to management turnover of the hand receipt holder, a 100 percent inventory will be conducted and a change of hand receipt initiated.

e. Information for tax deductions.

(1) Receipts will be maintained for the purpose of tax deduction documentation for parents to file with their yearly income tax return. Prior to the end of the calendar year, parents will be notified in writing of the advantage of submitting their child care tax deduction and of the center procedures for obtaining necessary documentation.

(2) Parents should be notified of the installation agency responsible for assistance in completing their tax returns and referred to this agency for further assistance. CDC personnel will not enter child care costs on individual tax returns.

5–6. CDC food service program

a. CDC food service practices.

(1) All food and labor costs associated with the food service program will be maintained as separate identifiable data. A separate NAF accounting code established for this purpose will be used.

(2) The CDC fee structure will include meal costs. No separate fees will be charged for meals.

(3) Menus will be preplanned with seasonal cycle menus recommended. Meal component substitutions will be equivalent and will be approved by the CDC director and food service manager.

(4) All menus will be pre-costed and compared with actual costs. Meal production records will be completed daily.

(5) A separate inventory of food purchased will be maintained.

(6) Troop issue supply should be used to economically procure food items in institutional quantities.

b. Family style meal service.

(1) Centralized separate dining rooms are not permitted in CDC programs. Toddlers, preschool-age and school-age children will be served family style within their activity room.

(a) Chairs and tables used for art and manipulative activities will double function for eating purposes. Combination hard surface and carpeted flooring will be provided to support family style meal service.

(b) A separate room accommodating no more than the maximum child age group size (at any one time) may be used for feeding children if this room double functions for other regularly scheduled daily activities.

(c) Eating areas in infant and toddler activity room/modules will not be adjacent to the diaper changing unit.

(2) The daily feedback sheet will include a record of infants' intake of formula and any other eating habits. This record will be available on a daily basis to parents.

(3) When in the presence of children, adults may not drink beverages or eat foods other than those provided by the center for meals and snacks.

c. Food preparation and sanitation.

(1) All food to be consumed by CDC children will be prepared using methods designed to conserve nutritional value, flavor and appearance.

(2) A sufficient quantity of foods will be prepared to allow children second helpings.

(3) Food provided by CDC parents must be dated and labeled with the child's full name, and refrigerated as applicable. Feeding instructions should be provided. Baby food provided by parents must be in unopened jars or containers.

(4) Baby food will be transferred from jars to an unbreakable dish before being served to infants. Individual spoons and dishes must be used for each infant.

(5) Infant formula may be provided by parents or ready-to-feed infant formula may be purchased by the CDC and poured into bottles provided by parents. Formula provided by the CDC will conform to type required in infant's individual feeding plan. Infant formula will be provided in bottles containing a single serving. Unused portions of bottles will be discarded. An emergency supply of ready-to-feed commercial formula as required by infants' feeding plans will be maintained.

(6) Infant formula bottles and baby food in jars will not be heated in microwave ovens.

(7) When age appropriate, whole milk may be provided to infants and toddlers in bottles as part of the CDC food service program. Parents are responsible for providing clean bottles daily for each feeding consumed.

(8) All food preparation, storage, and transportation will be in accordance with TB Med 530.

(9) Tables will be washed and sanitized before and after meals.

(10) Dishwashing machines will be National Sanitation Foundation (NSF) approved. Dishes and utensils must be sanitized in accordance with TB Med 530.

(11) CDCs not using dishwashing machines will clean and sanitize using a three-compartment sink, supplied with hot and cold running water and a drainboard for dishwashing, rinsing, sanitizing, and air drying.

(12) Milk may be purchased in bulk containers with the following restrictions:

(a) Milk is transferred from bulk milk dispensers, gallon containers, or other approved commercial storage devices/containers to small serving pitchers, covered, and then immediately transported to individual activity rooms.

(b) All milk remaining in serving pitchers at the end of the meal is discarded.

(c) Serving pitchers are not used as storage containers and are designed to allow adequate cleaning/sanitizing between use.

(13) Children will only be permitted in the kitchen when closely supervised as part of a developmental cooking activity.

(14) All foods to be consumed by children must be procured from approved sources as prescribed by AR 40–657.

d. USDA CCFP. All eligible installation CDC systems will enroll in the USDA CCFP in accordance with paragraph 4–4. All components of the CDC system including full-day, part-day, hourly care and school-age programs will be enrolled.

Section III
Personnel Management Compliance Requirements

Personnel assigned to CDC programs will reflect criteria specified at paragraphs 3–5 through 3–9.

5–7. CDS personnel criteria

All caregivers will hold a high school diploma or equivalent. (See paragraphs 3–19, and 3–10 through 3–13 for further guidance.)

5–8. CDC staff training

a. IEPs. IEPs will be developed and implemented for CDC personnel according to paragraph 3–18.

b. Caregiving employees training. The EPS assigned to the CDC delivery system, in conjunction with the CDC director and CDS coordinator will establish and conduct training for all CDC caregiving employees. Training topics will include child growth and development, child health and nutrition, developmental programming, discipline techniques, parent relations, space utilization for child activity areas, regulatory compliance, implementation of family style meal service, child abuse identification and reporting, safety, center operational procedures, and other subjects as determined by the CDC/program directors and the CDS coordinator. Training will be conducted as follows:

(1) All newly hired CDC caregiving employees will complete—

(a) 8 hours of orientation prior to being assigned to duty in any CDC program. This training does not count toward the initial 38 hours training requirement.

(b) Sixteen hours work in a program area under the direct supervision of experienced caregiving employees prior to being solely responsible for assigned children.

(2) All CDC caregiving employees will complete 38 hours of training in the first 9 months of employment.

(a) The following entry level training will be completed within the first three months of hire:

1. Three credit hours in communicable diseases.

2. Two credit hours in first aid, to include recognizing and responding to Sudden Infant Death Syndrome for all direct services employees caring for infants.

3. Three credit hours in cardiopulmonary resuscitation (CPR).

4. Two credit hours in child abuse and neglect identification and reporting as specified at paragraph 5–8*f*.

5. Three credit hours in DOD Training Module Series 6060.1.

6. Three credit hours in related topics.

(b) The following skill level training will be completed within the next 6 months of hire:

1. One credit hour in DOD Training Manual 6060.1, Caring for Infants, Toddlers, Preschoolers, or School-age Children.

2. One credit hour in DOD Training Manual 6060.1, Creating Environments for Infants, Toddlers, Preschoolers, or School-age Children.

3. Two credit hours in preventing child abuse in CDC settings.

4. Two credit hours of observations.

5. One credit hour in classroom environment assessment workshop and four credit hours classroom environment assessment.

6. Two credit hours in special project(s).

7. Ten credit hours in related topics.

(c) Following completion of initial training, CDC caregiving employees will complete at least 24 hours of inservice training annually. A minimum of 6 hours of training will be completed each quarter. The content of this training will be determined by the individual and EPS with the approval of the program director and may be organized to support staff member efforts to obtain the Child Development Associate (CDA) credential outlined at paragraph 5–8*c* below. DA Form 5764–R and the IEP Annual Inservice Training and Review format will be used to plan and record this training.

(d) Caregiving employees who work with children with unique care requirements will be trained as follows prior to providing such care:

1. Mainstreamed special needs care (six credit hours).

2. Respite care (three credit hours).

3. Information pertinent to the specified handicapped as appropriate.

c. CDA credential program. No later than FY91, all CDC systems will offer opportunities for CDC caregiving personnel to obtain the nationally recognized CDA credential. (Priorities for the credential should be placed on caregivers and program assistants, with CDC teachers and CDS management personnel participating as resources permit.) Appropriate training will be provided to installation EPS by USACFSC (CFSC–HR–T) for this purpose, however this training is not prerequisite for implementation.

d. Food service personnel. CDC food service personnel will receive training in child nutrition, menu planning, food handling, food borne disease control, food preparation, and food service sanitation practices that comply with TB Med 530 and USDA CCFP guidelines.

e. Administrative personnel. CDC receptionists, operations clerks, and caregiving employees who are directly involved with child admissions will receive specialized training on relating to parents, interfacing with command and the general public, and recognizing common communicable disease and illness. CDC receptionists and operations clerks will complete the same Red Cross Accident Prevention and Emergency Response Course Modules as required for caregiving staff in the entry level IEP.

f. Special CDC staff training. Special attention will be given to training CDC staff in the identification, reporting and prevention in child abuse in both the CDC and in the family setting. All training will be coordinated with the AFAPM and will include both written and verbal guidance. The AFAPM will support and provide training, assume major responsibility for training on identification and reporting procedures, and serve as a resource person to CDC management personnel.

(1) Entry level child abuse training (two credit hours) will focus on child abuse, child neglect, identification, and reporting. This training will include the following:

(a) Definition of child abuse, child neglect, institutional child abuse.

(b) Signs and symptoms (behavior and physical) of child abuse.

(c) CDC internal and external reporting procedures.

(d) Legal obligation to report abuse.

(e) Applicable standard operating procedures.

(f) Parent access policy.

(g) Distinguishing between child abuse/neglect and poor caregiving practices.

(h) Guidance on release of children to unfamiliar adults or to older siblings.

(i) Parent/center partnership in the identification and prevention of child abuse.

(2) Skill level training (two credit hours) will focus on preventing child abuse in CDC settings and include the following:

(a) Use of CDC Child Abuse Risk Assessment Tool (CARAT).

(b) Room arrangements and staffing patterns to minimize risk of child abuse.

(c) Discipline concerns related to child abuse/prohibited forms of punishments.

(d) Field trip and security procedures.

(e) Touch policy.

(f) Prevention of abuse and protecting self from false allegations.

(g) Applicable standard operating procedures if allegations occur in CDC setting.

(h) Stress factors relative to child abuse.

(i) Developmental expectations/supervision factors related to child abuse.

(3) The standard training modules, staff brochure and accompanying video provided by CFSC–FSC will be used as the basis of this training.

g. First aid and CPR training. The American Red Cross Accident Prevention and Emergency Response Training Course developed specifically for CDS purposes should be used to meet IEP requirements for First Aid and CPR training. The following training instruction blocks must be covered regardless of the training agency.

(1) CDC caregiving employees must take the following training:

(a) Emergency action principles.

(b) Wounds.

(c) CPR.

(d) Communicable diseases.

(e) Accident prevention.

(2) Designated and lead staff must take the following training in addition to those in (1) above:

(a) Specific injuries.

(b) Sudden injuries.

(c) Bandaging.

(d) Burns.

(e) Administering medication.

h. The health consultant will be the proponent for all training on administering medications and preventing communicable diseases. The materials used and the content of the training will be the responsibility of the MTF representative.

i. All training for caregiving staff will be competency based (e.g., training is presented/structured in such a way that the knowledge and skills taught can be observed during the provision of care).

j. See paragraphs 3–17 through 3–20 for IEP and general training guidance.

5–9. Staff meetings

All regularly scheduled CDC personnel will participate in scheduled group meetings for the purpose of staff training and provision of information concerning operational policies and administrative procedures. Such meetings will be held, at a minimum, monthly. Intermittent personnel should attend when resources and scheduling permit.

5–10. Child abuse prevention and response

See paragraphs 2–22 and 2–23*a* though 2–30 (with the exception of paragraph 2–27) for information on child abuse prevention and response.

Section IV
Program Operations Compliance Requirements

5–11. Operating hours

The installation commander will approve operational hours for programs within CDCs. The CDS coordinator will recommend a schedule of operation based on patron requirements surveys including input from sole/dual military parents, documented use of services, center financial feasibility studies, and availability of alternative FCC, SPS, and other care options.

a. Operational hours must support soldier mission requirements.

b. Center operating hours for full-day programs will reflect installation variable duty hours including accommodations for alerts and physical training schedules for active duty military, when the demand for extended hours care is for 10 or more children (or fewer children if determined appropriate by the installation commander).

c. When there are fewer than 10 children within a center requiring extended hours care for mission requirements, the installation CDS coordinator will identify alternative arrangements within the CDS system if the center cannot meet the need for care.

d. Hours of operation will be posted within the center and publicized through appropriate forums including post newspapers and ACS welcome packets accessible to patrons.

e. Hours offered including evening and weekend services will be consistently provided to ensure predictable services for patrons.

f. Hours of operation will be reviewed semi-annually. The following considerations will be weighed when recommending operational hours.

(1) Full-day parents may require 1 hour or more commuting time to work sites.

(2) Physical training requirements for active duty military may require earlier or later operating hours.

(3) Hourly services at least one evening per week and for an 8-hour span on Saturday are reflective of most community needs.

(4) Extended hours in support of mission requirements (e.g., reserved slots for inprocessing soldiers, extended operating hours during training exercises and alerts) may increase operating cost due to lower occupancy rates and differential labor costs.

g. Sunday sessions for church attendance will be coordinated with chaplains and operated as a special opening or as contracted services.

5–12. Standing operating procedures (SOPs)

SOPs will be developed to ensure developmentally appropriate and cost effective management of all programs within the CDC system. SOPs will be available as applicable to patrons, center personnel, and command representatives. Center personnel will receive direct training on SOP content as appropriate. The following subjects will be covered in locally developed SOPs.

a. Resource management to include facilities, equipment, personnel and training for CDC programs.

b. Program guidance to include interpretation of policies, regulations, and procedures required for the efficient operation and management of each program service.

c. Compliance with standards to include criteria for facilities, safety, fire, nutrition, health, and developmental programming.

d. Prevention, response to, and identification and reporting of child abuse, including allegations within CDC settings.

e. CDC security procedures to include—

(1) Guidelines for facility access, which ensure an "open door" policy for parents at all times, yet monitor and control access to the center and children.

(2) Procedures for locking the facility and use of a doorbell when the center is open after 2000 hours.

(3) Key control.

(4) Field trip sign in and out procedures such as—

(a) Classroom notification to center management and front desk personnel.

(b) Individual child permission slips signed by parent for each specific trip.

f. Program operations to include—

(1) Developmental program and family style meal service implementation.

(2) Substitutes or additional caregiving employees to maintain staffing ratios.

(3) Health procedures including pets and plants.

(4) Public/patron relations.

g. Administrative procedures to include—

(1) Financial management including cash controls and fee structure review.

(2) Recordkeeping and reporting including data collection and maintenance.

(3) Food service operations to include enrollment in the USDA CCFP, if applicable.

(4) Janitorial and maintenance service.

h. Contingency plans to include a written policy with concurrence from the medical, fire, and safety authorities for disaster planning and responding to emergencies, including fire, serious injury, and ingestion of poison. The plan will include—

(1) Building evacuation procedures for all age groups.

(2) First Aid/CPR procedures.

(3) Listing of emergency phone numbers (fire department, medical treatment facility, military police, community health nurse, Family Advocacy Reporting Point of Contact, Army Community Services, and poison control center).

(4) Procedures to be followed in case of illness or other emergencies (e.g., child left at center after hours), including transportation options and notification of parents or appropriate authorities.

i. Reporting of outbreaks of diseases according to paragraphs 2–20*b* and 2–21*b*.

5–13. Age composition, ratios, and group sizes

All CDC programs will be staffed and grouped according to the minimum mandatory ratios and group sizes in table 5–1 or table 5–2. Installations may set more stringent adult/child ratios.

a. Ratios.

(1) An adequate number of caregiving employees must be present to protect the children's health and safety, ensure opportunities for child and adult personal interactions, and provide developmental program activities. When ratios are exceeded in programs due to a shift in child population, additional caregiving employees must be on-call and used as necessary to maintain required adult/child ratios.

(2) Adult/child ratios will be met at all times of the day, indoors and outdoors, with the following exceptions:

(a) Adult/child ratios may be doubled during naptime (except for infants aged 6 weeks to 12 months), if caregiving employees required for maintaining ratios are involved in staff or program development activities on-site.

(b) If handicapped or special needs children are enrolled, the adult/child ratio may need to be more stringent so that the quality of care given to the total group is not diminished. The Special Needs Resource Team will determine the required adult/child ratio within the program setting to which such a child is assigned according to paragraph 4–2*a*(4)*(a)*.

(3) In existing facilities when two or more multi-age groups are combined within a larger area, the group sizes within each interior space will not exceed the following. As of 1 Oct 90, group sizes will be adjusted to reflect table 5–2 ratios.

(a) 5 infants/8 toddlers: group size of 13.

(b) 8 toddlers/10 preschool age: group size of 18.

(c) 5 infants/8 toddlers/10 preschoolers: group size 23.

(4) Adults may not be counted in the adult-child ratios unless they are physically present in the child activity room/module and providing direct care to children. Student help under 18 years of age and volunteers may not be counted in determining compliance with staff per child ratio.

(5) In situations where an immediate increase in caregiving employees is not possible, CDC support and management personnel may be used to provide direct caregiving services for less than two hours daily on a temporary basis.

b. Group size.

(1) The size of groups in which children are cared for must be limited to support developmental programing and minimize the spread of disease within the center.

(2) The maximum number of children in the group to which children are assigned within the activity room/module will not exceed the limits specified in table 5–1 or 5–2 as applicable.

(3) The group size requirements for each age group will be met at all times of the day except during playground periods and special activities such as field trips where the group size will not exceed more than 50 children or children from two modules.

(4) Maintenance of group size requires—

(a) Self-contained rooms.

(b) Dividers or other means of physical separation within a single room.

(c) Purposeful assignment of caregiving personnel and scheduling of program activities when team teaching approaches and/or standard child activity modules are utilized.

c. Ratios and group sizes in table 5–2 must be phased in no later than 1 October 1990.

Table 5–1
CDC ratios and group sizes

Category	Age group	Adult/Child ratio	Maximum group size
Infants	Birth–6 wks [1]	1:2	7
	6 wks–18 mths	1:5	10
Toddlers	18 mths–3 yrs [2]	1:8	16
Preschool age	3 yrs–5 yrs [3,4]	1:10	20
	3 yrs–5 yrs	1:15	30

Family style	6 wks–5 yrs [5]		
School-age	5 yrs–8 yrs	1:15	30
	9 yrs–12 yrs	1:18	36

Notes:
1. Limited to children of single and dual military sponsors. Group will not exceed one adult with two newborns and one adult with five infants.
2. No group of toddlers will have fewer than two caregivers at any time. An additional "mobile" caregiver will be provided for every two groups of toddlers (32 children) per paragraph 5–14*i*.
3. A 25 group size for preschool age children is authorized when staff of that group includes a teacher (para 3–13*c*) and a caregiver/program assistant.
4. The 1:15 ratio is authorized only when teachers are used.
5. In a family style grouping, the adult/child ratio and group size requirements for the age of the youngest child in the group must be met if children in the youngest age category make up 20 percent or more of the group. If the children in the youngest age category make up less than 20 percent of the group, the ratios and group size requirements for the next highest age category must be met. Maximum group sizes will be in accordance with para 5–13*a*(3).

Table 5–2
CDC ratios and group sizes (as of 1 Oct 90)

Category	Age group	Adult/child ratio	Maximum group size
Infants	Birth–6 wks [1]	1:2	6
	6 wks–12 mths	1:4	8
Pre-toddlers	12 mths–24 mths	1:5	10
Toddlers	24 mths–3 yrs	1:7	14
Preschool age	3 yrs–5 yrs	1:10	20
	3 yrs–5 yrs [2,3]	1:12	24
Family style	6 wks–5 yrs [4]		
School-age	5 yrs–8 yrs	1:15	30
	9 yrs–12 yrs	1:18	36

Notes:
1. Limited to children of single and dual military sponsors. Group will not exceed one adult with two newborns and one adult with four infants.
2. A 22 group size for preschool age children is authorized when staff of that group includes a teacher (para 3–13*c*) and a caregiver/program assistant.
3. The 1:12 ratio and 24 group size may be used only when teachers are used.
4. In a family style grouping, the adult/child ratio and group size requirements for the age of the youngest child in the group must be met if children in the youngest age category makes up 20 percent or more of the group. If the children in the youngest age category make up less than 20 percent of the group, the ratios and group size requirement for the next highest age category must be met. Maximum group sizes will be in accordance with paragraph 5–13*b*.

5–14. Staffing patterns

CDC staffing patterns will be established according to guidance provided in the DA PAM 570–551.

a. A program director or an assistant director will be designated to assume responsibility for overall center operations whenever the Center Director is not present on the premises.

b. Professional management staff must be on duty during all hours of program operation.

c. At least one individual who has been fully trained in CPR and first aid will be in the center during all hours of operation.

d. Supervisory caregiving employees will be regularly scheduled full-time or part-time employees.

e. Primary caregiving employees (regularly scheduled full and part-time employees) will be assigned to all children in full-day or part-day programs.

f. Intermittent on-call caregiving employees will be used only for limited time periods to substitute for regularly scheduled staff or as subordinate staff in hourly care programs and will comprise no more than 25% of the caregiving staff.

g. All CDC and other CDS personnel located in the center will be visually identifiable to patrons through the use of name tags which include first and last names. Colorful aprons or smocks may also be used for caregiving employees.

h. EPS will not have center supervisory responsibilities and will not be counted in adultchild ratios.

i. An additional "mobile" caregiving employee will be assigned to support up to two groups of toddlers during prime hours of operation (0800–1630) or when the majority of children are in attendance in accordance with table 5–1.

j. Caregiving employees will receive breaks on a regularly scheduled basis. Relief caregiving employees will be provided to maintain adult/child ratios during staff breaks and for emergency situations. Relief caregiving employees will not be assigned to substitute for absent caregiving adults without coverage for their own positions.

k. Adult lunch breaks will not be scheduled during child eating periods. Staffing patterns will be arranged to ensure minimal changes in personnel during this time and ensure primary caregiving employees are present to sit and eat with children.

5–15. Supervision of CDS personnel

a. Center and program directors will develop and use minimum performance standards based on paragraphs 3–12, 3–13, 3–14, and 4–22 for all CDC personnel working in their program or under their direct supervision.

b. CDC management personnel will make quarterly unannounced observations of all CDC caregiving and support personnel to assess performance relative to job performance standards.

(1) Observations will be conducted during duty hours for each individual to include those working evenings and on weekends.

(2) A written record of these observations will be kept in each individual file.

c. Any use of corporal punishment or inappropriate discipline practices according to paragraph 4–10 or actions which could jeopardize the health, safety or well being of children in care will be grounds for disciplinary action.

5–16. Program oversight for new caregiving employees

a. Each CDC program director will assign new caregiving employees to child activity spaces with experienced caregiving staff for at least 2 days as part of their orientation process.

b. An EPS or program director will observe each new employee each week for the first 6 weeks of employment and, in the case of EPS observation, provide written comments to the program director.

c. Whenever possible, new caregiving employees will work in a room with experienced staff for the first 6 months of employment.

d. All employees will receive an interim evaluation using the performance standards for that position prior to the end of the probationary period.

5–17. Supervision of children

a. A minimum of two CDC personnel must be on duty in the facility regardless of the number of children present.

b. Personnel employed for support purposes such as food service, clerical functions, or facility maintenance may not be counted in the ratios while performing these tasks.

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

(1) Increased visual supervision must be provided during naptime if ratios are doubled according to paragraph 5–13*a*(2)*(a)*.

(2) Provision for adult supervision of child toilets, separate from adult/child ratios within the child activity rooms, is required when child toilets are not within the child activity room.

(3) No child may reenter the center from the playground without being in the presence of an adult.

(4) At least two caregivers must be present with each group of children at all times. When this is not possible, due to limited room capacity, children must be supervised through close observation measures to ensure oversight by more than one adult.

d. All indoor and outdoor child activity spaces must be visually and physically accessible to multiple adults for supervision purposes.

e. Following an allegation of HQDA reportable child sexual abuse (of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated according to AR 608–18)

each child activity room/module, or indoor or outdoor play space where children are present must have a minimum of two staff persons at all times. Similarly visual supervision of child toilets will be provided by at least two staff members, so that children are always in the presence of two adults until the allegation is resolved.

(1) This may require the center to hire additional personnel to ensure that a relief person is available to cover for caregiving employees, or to close those small rooms staffed with only one person when a second cannot be provided.

(2) Staffing will not be relaxed during staff break or naptime periods and does not negate the requirement to maintain adult/child ratios at all times of the day (including staff breaks) in accordance with other guidance contained within paragraph 5–13.

(3) The CDC will remain in this staffing configuration until the following occurs:

(a) The investigation has been completed.

(b) A close-out report in accordance with AR 608–18 has been submitted and formal relief from this requirement has been provided by USACFSC, (CFSC–FSC) and USACFSC (CFSC–FSA).

f. CDC management personnel will ensure that extra vigilance in supervising children is maintained during those time periods where there is likely to be greater confusion (e.g., arrival and departure times and transition periods) during personnel turnover.

g. Routine mechanisms will be developed to check periodically for the presence of each child when large groups of children are together.

h. CDC management personnel will ensure outdoor playground time is productively used by caregiving employees to work with children on developmental skills. During outdoor play, adults will move constantly, interacting with the children and making sure all children are in view.

i. Toddlers and preschoolers attending CDC programs should wear sturdy (e.g., laminated poster board type) name tags which serve multiple purposes. Name tags do not reflect a custodial program but promote developmental programming experiences, effective management oversight, and increased child self-image.

Section V
Developmental Programming Compliance Requirements

5–18. General

a. A written developmental program plan will be developed by CDC and program director(s), assistant director(s), teachers, and program assistants, the nutritionist, and the CDC EPS which includes—

(1) An annual plan for developmental program implementation which describes the overall CDC curriculum philosophy and an action plan for implementation.

(2) Identification of resources necessary for plan implementation.

(3) A training plan for all CDC personnel.

(4) A plan for implementation of the CDA credential process.

(5) Procedures to review, evaluate, and update the plan.

b. CDC indoor and outdoor environments will be organized to support the developmental levels of children assigned to specific program and age group settings. Daily program operations will reflect the developmental programming compliance requirements outlined in chapter 4, section IV.

5–19. Schedule of developmental activities

Each CDC shall establish a planned program of developmentally appropriate activities that promote the intellectual, social, emotional, and physical development of the children it serves. The planned program shall be in writing and shall be made available to parents. The plan shall contain a description of activities children engage in and an explanation of how these activities meet their developmental needs. Implementing documents shall include, but not be limited to, requirements for equipment and supplies, staffing plans that provide for continuity of staff, parental involvement plans, facilities, child care guidance techniques, and daily activities schedules that promote the intellectual, social, emotional, and physical development of the children. Center programs will plan a weekly schedule of indoor and outdoor activities for each age group category of children. The plan will encompass all the learning centers specified in paragraph 5–20 and outdoor child activity areas. The schedule will incorporate the following:

a. Weekly planning by a team of age or program-specific center caregiving and management personnel.

b. Goals for specific activities which reflect individual developmental levels of the children in attendance.

c. Types of experiences described in chapter 4, section IV.

d. Provision of activities designed to promote the growth of self, communication, social, cognitive, safety, health, physical, family, positive behavior, and creative concepts.

e. Regular evaluation of program activities to promote increased program effectiveness.

f. Opportunities for parent communication and involvement throughout the planning, implementation, and evaluation stages.

5–20. Organization of indoor child activity spaces

CDC programs will organize indoor child activity rooms/modules into functional areas that provide and support developmentally appropriate learning experiences for young children.

a. Child space allocation. There must be at least 35 square feet of usable floor space, as defined in paragraph 5–30*b*, per child activity room/module or space used for child program activities.

b. Functional arrangement. Space will be arranged to prevent disruption by adjacent activity areas and will clearly communicate expectations and limitations for children.

c. Infants. Infant areas will include—

(1) Activity centers with the following:

(a) Washable soft surface and protected crawl areas.

(b) Hard surfaces for wheel toys.

(c) Railings or support devices to promote walking efforts.

(d) Open space for equipment and floor toys.

(e) Wall mounted safety mirrors at varying heights.

(2) Protected spaces for nursing mothers if needed.

(3) Food preparation area to include stove, refrigerator, counter space, and bottle warming mechanism.

d. Toddlers and preschool-age. The following activity centers or designated activity spaces will be available for routine use by toddlers and preschool age children:

(1) Wheel toys and large motor activities.

(2) Imaginative play.

(3) Sand and water tables.

(4) Arts and crafts.

(5) Table toys and readiness activities.

(6) Blocks and transportation toys.

(7) Open space for group and circle activities, including music and floor toys.

(8) Books and quiet activities.

(9) Private hideaway and soft areas space.

(10) Area for cooking, nutrition, and wood working activities.

e. School-age.

(1) Activity spaces for school-age children may include any of the toddler and preschool-age activity centers with appropriate age level adaptations.

(2) Work areas for hobbies and homework will be provided.

(3) When space double functions for another group, separate lockable storage equipment will be provided for supplies and program materials.

5–21. Indoor program equipment and materials

The following program equipment, materials, and supplies will be provided as a minimum in each activity room/module used by children in that age group category. Program equipment and materials will be of institutional quality. Specifications as to requirements for quantity, levels of complexity, and age-related equipment appropriate to support age group numbers and activity centers will be determined by the program director and EPS assigned to the age group or program type.

a. Infants.

(1) *Language development.* Cloth/cardboard books, puppets.

(2) *Infant stimulation.* Mobiles, unbreakable mirrors or reflecting surfaces, posters, wall hangings, and adult rocking chair.

(3) *Manipulative toys.* Washable soft toys (multi-colored, sized, shaped, and textured); rattles; soft blocks; shape sorters; art materials; and miscellaneous perceptual and fine motor materials.

(4) *Music.* Records and record player or tape recorder and cassettes; musical toys or chimes.

(5) *Motor coordination.* Push and pull toys, walking support rail, wheel toys, and floor mats.

b. Toddlers and preschool-age.

(1) *Arts and crafts materials.* Paint, paint brushes, easels, crayons, collage materials, paper, scissors, clay, play dough.

(2) *Readiness activities.* Materials that promote development of concepts such as shapes, numbers, letters, and size and space relationships.

(3) *Language arts.* Books, flannel boards, puppets and props, and listening centers.

(4) *Manipulative toys.* Pegs, beads, games, puzzles, pounding boards, small building sets.

(5) *Blocks and accessories.* Construction sets, unit blocks, large blocks, figures of people, and animals, transportation fleets and accessories, and props to support block building themes.

(6) *Science.* Magnets, magnifying glasses, scales, child-proof thermometers, appropriate resource books, animal cages and terrarium, garden tools, and flower pots.

(7) *Music.* Recordplayer and records or tape recorder and cassettes, rhythm instruments, autoharp or piano (optional).

(8) *Imaginative play.* Beds, store front, cash register, ethnic dolls, stove, sink, refrigerator, table, chairs, cooking utensils, dressup clothes (male and female), mirrors, puppets, prop boxes, and accessories to support various play themes.

(9) *Sensory materials.* Sand and water tables with accessories such as molds, sand wheels, funnels, scoops, siphons, pumps, pouring containers, pails, shovels, tactile materials, and tools.

(10) *Nutrition.* Variety of cooking utensils, bowls, pans, cutting board, aprons, small appliances.

(11) *Motor coordination.* Floor mats, climbing equipment, riding toys, balls, bean bags, balance beams, parachute hoops, pom poms, streamers.

c. School-age. Selection of age-appropriate materials and equipment in accordance with 5–20*e* and 5–31. Chairs and tables of the appropriate height will be provided.

d. Hourly program. Toys, materials, and equipment selected for use in hourly programs should be varied, support different development levels, and have a minimum of loose or small pieces. Materials should not require sequential learning skills before they can be used effectively by a child.

e. Special needs. Modified equipment and supplies will be provided as prescribed by Special Needs Resource Team to support the Special Needs Program outlined at paragraph 5–2*d*.

5–22. Child activity space furnishings

Furnishings within child activity rooms/modules will be of institutional quality and scaled for the age, size, and activities of the children served. (See para 4–21.)

a. Cribs, cots, and sleeping mats will be provided according to paragraph 4–13. Individual coverings will be assigned to each full-day and part-day child in attendance over four hours.

b. Use of infant seats, highchairs, multiple seat infant feeding tables, playpens, and mechanical swings will be minimized to promote natural growth through infant exploration.

c. Child-sized chairs and tables will be provided which function for both eating and program activities.

d. Rocking chairs and comfortable furniture will be provided for adult use when feeding infants or holding children.

e. Individual storage space (lockers or cubbies) must be available for the personal belongings of each child.

f. Combinations of low child-sized storage units, room dividers, shelves, bookcases, and overhead adult accessible storage will be provided.

5–23. Organization and design of outdoor child activity spaces

Outdoor child activity spaces will be provided and organized to support developmentally appropriate learning experiences for young children. Design guidance on play areas and equipment is contained in Office of the Corp of Engineer Architectural and Engineering Instruction (AEI) Design Criteria.

a. A minimum of 100 square feet per child of outdoor space will be provided for all centers of up to 99 capacity. Minimum square footage in larger CDC facilities will be according to the AEI. The area will be capable of supporting a minimum of 50 percent of the children at any given period in centers with capacity of 100 or more children.

b. There must be at least 100 square feet for each child using the outdoor child activity space at any given time. CDS personnel will adjust classroom schedule for playground activity times as necessary to ensure this requirement is met.

c. Separate outdoor child activity spaces designed to allow supervision by caregiving employees, must be provided for infants, toddlers, preschool-age, and school-age categories of children.

d. Outdoor child activity spaces must include a variety of surfaces and textures for different play activities including grass, sand, and asphalt.

(1) Surfaces will be nonslippery, well drained, and reasonably nonabrasive.

(2) Surfaces under playground equipment will be a type that will minimize injuries from falls (i.e., an impact attenuation according to the AEI and single source criteria paragraph C–64). Existing concrete, asphalt, or similar surfaces adjacent to or beneath stationary play equipment must be covered with a resilient molded rubber mat safety surface meeting the impact attenuation requirement of not to exceed 200g, or the surface removed and replaced with a surface that meets the impact attenuation requirements.

e. Outdoor child activity spaces will be enclosed by a perimeter fence a minimum of 4 feet in height, except when adjacent hazards demand higher fences as high as practice and recognized standards require.

(1) Subdividing fenses within the perimeter fence may be less than 4 feet.

(2) Fence designs will not include horizontal slat fences or natural hedges, and will provide adequate protection from animals and unauthorized personnel.

(3) There will be at least one child proof exit gate and access for emergency/maintenance vehicles.

f. Sheltered areas will be provided for protection from the sun in the absence of shade trees.

g. Outdoor child activity spaces will be organized to handle both individual and group activities.

h. There will be access to an outdoor water source.

i. Seating areas for adults will be permitted only in infant outdoor child activity spaces.

j. Outdoor storage space located in each play area will be provided to store outdoor play equipment. Storage will be configured and sized to accommodate wheel toys, strollers, sand and water materials, sports and playground equipment. Shelving will be provided to accommodate loose materials.

5–24. Outdoor program equipment and materials

Outdoor equipment and materials will support individual, small group, and large group developmental activities.

a. Play equipment must be the type and size appropriate for the age of the children served. Equipment installation must be closely supervised to ensure placement and equipment heights appropriate to child age group usage.

b. Skill-oriented equipment such as climbing structures, tire swings, and obstacle courses will be provided to support children's physical and perceptual development and must conform to the U.S. Consumer Product Safety Commission standards.

c. Pails, shovels, miscellaneous digging and pouring equipment, child cooking props and utensils, and transportation toys will be provided to support sand and water activities.

d. Low tables with child level seating will be provided for eating, table, and other outdoor learning activities.

e. Wheel toys such as strollers, carriages, tricycles, wagons, wheelbarrows, and scooters will be provided.

f. Sports equipment such as balls, nets, goals, and games for noncompetitive use will be provided in school-age areas.

Section VI
Facility Compliance Requirements

5–25. Facility designation

All facilities housing CDS center-based programs (with the exception of separate SA/LK and SPS parent co-op programs) will be identified as child development centers. The installation name or geographic location of the facility may be used for public identification purposes (e.g., Smith Village CDC). Terms such as nursery, child care center, and preschool and child unique names such as Kiddie Kastle will not be used to designate facilities.

5–26. Facility funding and programming guidance

a. All major construction of CDS facilities will be programed through the Military Construction Program and funded with Military Construction Army (MCA) funds.

b. Major construction CDS facility projects must be submitted to DA for review with the annual MCA program. Program submission requirements are provided in AR 415–15 and in the annual MCA program guidance letter with supplementing MACOM guidance to facilities engineers.

c. Planning for facility construction or major alterations of CDS facilities will include; interior design, furnishings, and equipment; and outdoor play area design and equipment to ensure functionally appropriate, properly equipped, complete and usable facilities.

d. APFs may be used to repair and maintain an existing facility. Operation and Maintenance, Army OMA funds may be used to repair, maintain, or construct according to AR 415–35 or AR 420–10.

e. NAF Capital Purchase and Minor Construction (CPMC) funds may be used to repair, maintain, or construct projects in accordance with AR 215–1.

f. Facility construction requirements, regardless of source of funding, will be coordinated with the Installation Planning Board according to AR 210–20.

5–27. Facility design and alterations

a. Construction of all new facilities, additions/alterations to existing facilities and maintenance and repair to existing facilities will be in accordance with the following guidance:

(1) All new construction projects will be designed in accordance with most current AEI, appendix G, Design Criteria.

(2) Addition/alteration projects will incorporate most current AEI Design Criteria, appendix G to the extent possible.

(3) Maintenance and repair of existing facilities will be in consonance with the most current AEI Design Criteria to the extent possible within the limitations of the facility.

(4) New construction, addition/alternation projects and existing facilities used for CDCs will meet standards as outlined in appendix C of this regulation.

b. Design guidance and coordination will be provided as follows:

(1) The Chief of Engineers (COE) will issue design criteria and provide technical guidance according to paragraph 2–1*f*.

(2) Facility plans and design documents for all new or construction projects including CPMC NAF alteration projects and OMA minor construction will be coordinated with CEEC, USACFSC (CFSC–FSC), and MACOM CDS program proponents.

(3) Plans will be coordinated with the installation Director of Engineering and Housing for review by the Health Consultant, the CDS coordinator, and the Installation Safety Officer prior to the initiation of any solicitations for a construction contract.

(4) Projects will comply with design criteria in effect at the time the project is authorized for completion of the final design.

5–28. Facility location

a. Consideration should be given to locating centers within or convenient to installation housing areas when possible. CDS facilities must be located away from safety hazards and areas of heavy vehicular traffic. Parking and drop off areas must be available so that children and parents can enter and leave the building without crossing a thoroughfare or walking through large parking lots.

b. Installations requiring extensive CDS should provide multiple facilities on dispersed site readily accessible to both on and off-post patrons. Multiple facilities on single sites should be avoided wherever possible. Placement of multiple facilities on a single site requires written approval from USACFSC (CFSC–FSC) prior to initiation of the design process.

c. Siting for all proposed facilities requires the concurrence of the Installation Planning Board (AR 210–20). The Board must request siting approval from MACOM well in advance of design approval and construction.

5–29. Facility size

a. CDC facility sizes will be a minimum of 23 child spaces and a maximum of 303 child spaces. When projected capacity exceeds 303, more than one facility must be provided.

b. Criteria for determining and justifying CDC project scope are contained in AEI Design Criteria, and paragraph 2–17 this regulation. Consolidated data from CDS operational information, DA Form 5561–R; patron needs assessments, DA Forms 5562–R and DA Form 5562–1–R; and official installation demographic figures recorded on DA Form 5563–R will be utilized to determine—

(1) Total installation child care needs.

(2) Installation child care capabilities through FCC and SPS systems and existing CDC(s) not to be replaced.

(3) Off-post child care capabilities.

(4) The construction requirements and standard design size required to address center-based needs.

c. Methods of obtaining data will include—

(1) DA Form 5562–R and DA Form 5562–1–R.

(2) DA Form 5563–R.

(3) CDS Program Operations Information. (DA Form 5561–R data, documentation on patron turn-away, and patron satisfaction surveys will be collected to provide comprehensive operational data reflecting current and long term service needs.)

5–30. Facility capacity

Total facility and individual activity room capacities will be determined for non-standard designs and existing facilities by the CDS Coordinator in conjunction with the installation fire marshal and will be posted in a conspicuous place in each child activity room and the patron reception area. Maximum capacity will be established based on the lesser occupancy allowed by the fire and program space criteria.

a. Fire space criteria. The occupancy load will be in accordance with National Fire Protection Association (NFPA) 101.

b. Program space criteria.

(1) A minimum of 35 net square feet per child usable activity space will be provided within the gross child activity room/module allocation. Usable activity space includes only areas used exclusively for child development activities, and does not include areas used for storage, toilets, cabinets, or infant cribs. Built-in furniture which supports the developmental program, such as sand/water tables, art and craft area sinks, and low interest center dividers is included in child usable square footage.

(2) Number of toilets per child according to paragraph 5–31.

(3) Space provided for sleeping and eating within each child activity room/module will also function for other developmental activities. Separate centralized dining, sleeping and isolated crib areas are not permitted.

5–31. Child activity space requirements

a. Child activity rooms/modules.

(1) Rooms/modules will be sized or subdivided so that children can be cared for in small groups that will not exceed maximum age group sizes specified at table 5–1 or 5–2.

(2) Age groups will be separated within child activity rooms/modules except when family-style care is utilized.

(3) Age group categories may be subdivided to meet facility constraints, or when it is in the interest of developmental programing.

(4) Specialized activity spaces such as the large motor area may function for more than one group when schedules ensure that maximum number of children using the space does not exceed the group size limit.

(5) Vision panels will be installed in corridor walls and doors, walk-in closets, rooms without direct corridor access, and doors to janitor closets, laundry rooms, general storage areas and offices.

(6) Reflection/security mirrors will be installed to permit visual supervision of children, (e.g., bathrooms, room/module entrances which have obstructed views).

(7) Child activity rooms/modules will contain appropriate furnishings according to paragraph 5–22, this regulation.

(8) Facility modifications e.g., installation of access ramps, handrails, grab bars may be required to accommodate special needs children. Mainstreamed children may use existing adult handicapped toilets. Accommodation will be made in child toilets within child activity rooms/modules being used primarily for handicapped children.

b. Child bathroom area.

(1) A maximum of eight children 18 months–3 years will be allowed to use one flush toilet and lavatory with hot and cold water. A maximum of 15 children 3–5 years and a maximum of 18 children 6–12 years will be allowed to use one flush toilet and lavatory with hot and cold water.

(2) Children's toilets will be provided within or immediately adjacent to child activity rooms/modules.

(3) Lavatory used for handwashing should be separate from activity waterplay.

(4) All toddler and preschool bathroom fixtures and accessories will be child sized (pediatric) and located within a height range appropriate to the age group. These include, but are not limited to, toilets, sinks, mirrors, paper and soap dispensers, and door hardware.

(5) Separate male and female toilets will be provided for school-age children. Bathrooms will be designed to ensure adult visibility while affording privacy to the child.

(6) If used, partitions separating toilets for preschool and younger ages, will not have doors and their height will not preclude adult supervision. Separation by gender is not necessary for ages younger than school-age.

c. Diaper changing area.

(1) There will be a diaper changing area(s) within each activity room/module serving diapered children. A maximum of two groups may share this area.

(2) Each diaper changing area will include—

(a) A lavatory with hot and cold running water. Disposable wipes are not an acceptable alternative for handwashing.

(b) A diaper changing unit at adult work height with safety lip. It will be located to allow adult visibility and maximum supervision of other children and visual oversight by management staff.

(c) Adult height storage for clean diapers, institutional metal step-on pails for soiled diapers, bleach solutions, and children's personal belongings.

(d) Sufficient exhaust mechanisms to maintain an odor free environment.

(3) Activity rooms/modules serving infants will include an adult flush toilet and lavatory for hand washing with hot and cold water.

5–32. Administrative and program support space requirements

Facility space will be allocated to adequately support administrative and program functions. Such areas will include an administrative support area, staff workroom and lounge, adult toilets, general storage, kitchen, laundry, isolation area, janitorial closet, and outdoor storage. Specific guidance on each of these areas is included at appendix C.

5–33. Administrative and program support space furnishings

The following furnishings and equipment items are required:

a. Office. Files, desks, chairs, bookcases, safe, cash register, time clock, typewriters, computer equipment, reproduction machines, reception desk or unit, worktables, and general office equipment.

b. Staff and parent areas. Comfortable seating, tables, display storage units, video cassette recorder, laminating equipment, and audio-visual equipment used for training.

c. Kitchen. Large and small appliances, cabinets, utility carts, and worktables.

d. Laundry. Washers and dryers, cabinets and worktables.

e. Isolation room. Portable crib/cot, first aid kit, and linens.

f. Miscellaneous. Appliances, tools, and items required to support program and operational requirements.

5–34. Facility security requirements

a. A doorbell will be installed in all facilities which—

(1) Remain open after 2000 hours.

(2) Are located in remote sites or areas susceptible to terrorist activities.

b. Doors will be locked at 2000 hours and visitors will use the doorbell to gain entry. Panic hardware on exit discharge doors will remain operable (without padlocks and chains) to permit immediate egress.

c. Intrusion alarms will be installed on all corridor exit doors leading to uncontrolled unfenced areas or directly onto a street (with the exception of the front entrance) to preclude entry of unauthorized individuals and to alert CDS personnel to potential unauthorized removal of children or "wandering children".

5–35. Interior design

Interior design features, including wall treatment, floor surfaces and coverings, and ceiling finishes will support program functions and facility sanitation and safety requirements outlined at appendix C, this regulation and the AEI, appendix G.

5–36. Maintenance and repair

CDCs will be maintained and repaired according to AR 420–10, AR 420–70, AR 420–81, and AR 215–1.

a. Structural requirements. A annual structural inspection will be made on each existing facility in accordance with AR 420–70.

b. Grounds maintenance. The facilities engineer will provide grounds maintenance for all CDS property including outside child activity spaces (playgrounds) and adjacent areas according to AR 420–74. Such services will include—

(1) Installation and upkeep of outside child activity space (playground) surfaces.

(2) Routine maintenance and replacement of playground sand.

(3) Clipping and shaping of hedges and trees.

(4) Provision and use of dumpsters.

(5) Removal of trash and debris in dumpsters.

(6) Snow and ice removal.

(7) Upkeep of the loose material surfacing provided under playground equipment required to retain its impact attenuation property.

c. Equipment installation and maintenance. The facilities engineer will be responsible for all installed equipment and fixtures and will maintain these items in safe working condition for continuous program use.

d. Other equipment. Playground sandboxes must be routinely maintained to ensure removal of glass and fecal materials.

5–37. Custodial and housekeeping services

Custodial services will be provided for all spaces and content within the CDC facility according to AR 420–81 and the basic level of service prescribed in TM 5–609. Additional APF or NAF support may be required for higher levels of service required to maintain standards of cleanliness. Installation custodial contracts which are amended to incorporate CDC cleaning services should be reviewed jointly by CDS health and engineer proponents to ensure provision of adequate services as reflected herein. SOPs for custodial and housekeeping services will incorporate the following:

a. Caliber of the cleaning service desired will be specified as hospital-grade quality.

b. Work will be executed by support personnel employed solely for this purpose specified in paragraph 5–37*d* through *g*. Caregiving employees will not perform custodial services with the exception of wiping tables, sweeping floors etc., after program activities and meal service, to maintain functional orderliness and cleanliness.

c. All custodial equipment, supplies, materials will be approved by the health consultant or safety officer. This equipment will comply with all Federal specifications and fire regulations.

d. All custodial and housekeeping services will be performed according to the following specifications:

(1) Child routines will not be disturbed by custodial activities. The majority of daily services cleaning will take place when CDC is not in operation and children are not present.

(2) Hallways, stairways, entrances, and doorways will not be obstructed by any cleaning or maintenance operations or storage of equipment and materials.

(3) All furniture, equipment and materials will be replaced in their original positions upon completion of the cleaning or maintenance tasks.

(4) Custodial supplies and equipment will be properly stored in locked cabinets or closets away from child activity rooms/modules.

e. The following services will be provided daily:

(1) Sweeping entryways, rugs, stairs, landings, floors, sidewalks, drives, patios, and balconies.

(2) Vacuuming all carpeted surfaces.

(3) Mopping floors, stairs, entrance ways, and landings.

(4) Scrubbing with approved disinfectant highchairs, cribs, playpens, child activity tables and chairs, toilet bowls, urinals, sinks, washbasins, kitchen equipment and appliances, food service areas, drinking fountains, and waste containers.

(5) Dusting furniture, equipment, and surfaces within the reach of the children.

(6) Wiping mirrors, metal door plates, bathroom and kitchen fixtures, and all metal fittings.

(7) Cleaning showcases, entrance doors, activity space/module door frames and switches, paper towel dispensers, and any other surfaces as required.

(8) Policing grounds for trash, debris, and safety hazards.

f. The following services will be provided weekly:

(1) Scrubbing walls, woodwork, and partitions in child activity spaces/modules bathrooms.

(2) Dusting ledges, window sills, walls, woodwork, handrails, light fixtures, ducts, air-conditioning, heating units, and other surfaces where dust may collect.

g. The following services will be provided as needed, but at least semi-annually:

(1) Cleaning of window coverings.

(2) Washing all windows (inside and outside).

(3) Waxing and buffing floors.

(4) Cleaning upholstered furniture, carpeting, and outer miscellaneous furniture and surfaces.

5–38. Insect and rodent control

a. Infestation of insects and rodents will be controlled in accordance with the installation pest management plan.

b. Pest control operations will be approved and inspected by the installation health consultant or safety officer. Care will be taken to avoid treatment when children are present in the facility.

c. Dumpsters used will satisfy Consumer Product Safety Commission requirements.

5–39. Circulation and ventilation

a. A proper ventilation system will be provided for all child activity rooms/modules, office, staff workroom and lounge, kitchen, toilet, and laundry spaces.

b. Dryers will be equipped with an exhaust duct to the outside.

c. Exhaust hoods, vented outdoors, will be provided over commercial kitchen cooking equipment in accordance with AEI, appendix G.

d. Air deodorizing machines should be installed in child activity rooms/modules serving nontoilet-trained children and all child bathrooms.

e. In new or renovated buildings, the mechanical equipment room access will be in accordance with AEI, appendix G. In existing buildings, doors opening to the interior of the building (i.e., corridor, or basement) must have a fire resistant rating, and be equipped with a self-locking latch and automatic door closer. When such doors open to a playground area, the same requirements will apply and a barrier (e.g., fence) will be provided to prevent child access.

5–40. Power

Electrical fixtures will be installed to support functional and operational requirements and ensure safety of children, patrons and staff. Outlets in child activity rooms installed during renovation and new construction efforts will be in consonance with the AEI.

5–41. Lighting

a. Natural and artificial lights will be combined to provide adequate task and general lighting that can be modified to respond to changing needs in accordance with AEI, appendix G.

b. Lighting levels will be provided according to the AEI, appendix G in all child activity rooms/modules and administrative work spaces.

c. Horizontal blinds or shades to filter light will be installed in child activity rooms/modules and in office and administrative spaces.

d. Night security lighting will be installed—

(1) Within lobby and cash storage areas that are visible from outside.

(2) Near outside walkways used to enter/leave facility.

(3) In corridors and child activity areas used after normal duty hours.

5–42. Climate control

CDC facilities will be operated to conserve energy to the extent possible while meeting the specifications for room climate control. CDC personnel will be instructed in energy saving practices. Temperature in all activity rooms/modules occupied by children will be set to maintain a range of 68 to 78°F. Thermostats will be provided in accordance with the AEI, appendix G.

5–43. Noise levels

Peak noise levels should not exceed those specified in the AEI, appendix G.

Section VII
Fire Prevention Compliance Requirements

5–44. Fire prevention structural requirements

CDC facilities will meet the requirements of AEI, appendix G.

a. Programs serving children birth through 5 years of age will be located on the ground floor in noncombustible or fire resistive construction.

b. Programs serving children 5 years of age and over, and adult administrative areas may be located above the ground level when permitted by above standards.

5–45. Fire protection systems

a. Fire alarm and detection systems will be installed per AEI, appendix G. Battery operated or single station smoke detectors are not acceptable. All building alarms will transmit a signal to the fire department or fire alarm communication center serving the facility (bi-lingual operators required in overseas locations).

b. An automatic sprinkler system and fire separation construction will be provided for all hazard areas according to AEI, appendix G.

5–46. Exit criteria

Exits from the facility are provided which are safe, properly designed and configured, and easily identified.

a. In existing occupancies, each child activity room will have at least two remote exists, neither of which requires travel through any other room or program area to reach the outside.

(1) In rooms serving children over 3 years of ages, exits will lead directly to the outside through an exterior wall or through a 1-hour fire rated corridor unless two remote exits are available within 50 feet of any point in the facility.

(2) In rooms serving children under 3 years of age or hourly care children of any age, at least one of these exits will lead directly to the outside through an exterior wall.

b. Small rooms used as learning centers for a single activity (e.g., gross motor or music rooms, blocks) and generally accommodating 10 or fewer children do not require two room entry doors.

c. Newly constructed facilities will have exits according to the AEI.

d. Infant activity rooms/modules will have ramps for emergency evacuation of wheeled cribs according to the AEI, appendix G.

5–47. Fire prevention operational requirements

a. Fire inspections will be conducted monthly by the fire marshal with documentation of same on file in the CDS facility.

b. Occupancy loads will be established according to paragraph 5–30*a*.

c. All personnel will be trained in fire evacuation procedures with documentation of same on file in the CDS facility.

d. Fire evacuation procedures will be in written format and fire evacuation plans conspicuously posted throughout the building.

e. Individualized evacuation procedures will be provided and posted within each child activity room/module.

f. Fire drills involving all children and CDS personnel will be conducted monthly and during varying hours of operation including meal times, naptimes, and during early morning and evening hours to ensure experience under "worst case conditions".

(1) An accounting of all children will be conducted during the fire drill.

(2) Documentation of drill results and necessary improvements required will be posted then maintained on file in the CDC.

g. Evacuation procedures will be followed exactly as prescribed by the fire marshal to include total evacuation (all children, including infants) of the building at each drill.

h. Evacuation cribs or devices in operable condition will be provided to remove infants.

(1) Standard evacuation crib(s) or metal crib(s), which have been modified with large four inch rotating wheels must be designated and used for this purpose.

(2) Wooden cribs will not be used for evacuation.

(3) Hospital evacuation aprons may be used for very young infants.

(4) Laundry carts and metal grocery carts are acceptable alternatives to evacuation cribs.

(5) Blankets or coverings should be provided for infants in evacuation cribs to protect the infants from cold or inclement weather conditions.

i. Children will not be permitted in a room that has a furnace, domestic hot water heater, or gas heater.

j. Smoking will be permitted only in designated areas away from child activity spaces/modules and food preparation areas when adequate ventilation systems are functional.

k. Limited amounts of child-prepared art work and program display material may be attached directly to the walls in corridors and child activity rooms/modules.

Section VIII
Safety Compliance Requirements

5–48. Safety structural requirements

CDS facilities will meet the requirements of DOD 1000.3, AEI, appendix G, AR 385–10, AR 40–5, and CDS safety and related standards.

a. CDCs, because of the nature of the occupancy, are designated as special hazard areas as defined in AR 385–10 chapter 3. Required annual and additional inspections according to AR 385–10 will be performed by the installation safety officer using standard Army safety and health inspection identification and abatement procedures.

b. All facilities will have a telephone capable of reaching the medical facility, fire department, off-post residences, and parental work sites.

c. All areas within CDS facilities will be free of—

(1) Loose asbestos particles from ceiling or pipe lagging.

(2) Ureaformaldehyde insulation.

(3) Exposed electrical wiring.

d. Use of lead-based paint is prohibited in CDS facilities.

e. All windows will be securely screened or protected by a barrier to prevent insects from entering and children from falling.

f. Any double-hung windows in the CDC will be counter-balanced to prevent finger or arm injuries.

g. Interior door and cabinet hardware in child activity rooms/modules will be operable from either side, nonlocking, and free from dangerous protrusions.

(1) All cabinets at child height will have rounded corners.

(2) Exit door hardware in toddler and multi-age activity spaces will be located above the reach of toddlers according to the AEI, appendix G.

h. All stairways/steps and ramps must have antislip treads, low handrails for children, and be constructed of solid materials.

i. Floors must be free from protrusions, holes and splinters, and will be in such condition that children can crawl, lie and sit safely upon them.

j. Sliding glass doors, low windows, and glass walls will be plainly marked at child and adult-eye levels. Low exterior windows will use tempered safety glass.

k. Electrical appliances, fans, and similar appliances must meet Underwriters Laboratory NFPA, or comparable host nation standards. When in use, these items will be properly secured/placed to prevent toppling over. When not in use, items will be positioned or stored out of child's reach.

l. Radiators, pipes, electrical, or heat generating appliances will be protected from child contact. This restriction does not apply to small cooking appliances that may be used under supervision in conjunction with nutrition developmental program activities.

m. Culverts, drainage ditches, sewer accessories, and all similar hazards in or adjacent to outside play space will be made inaccessible to children by providing appropriate grading guards, etc.

n. Weed control in children's play areas will not include the use of herbicides.

5–49. Safety operational requirements

A daily inspection of all facilities (grounds, and child activity rooms/modules) that includes furniture, toys, and playground equipment, will be conducted by CDS management personnel to identify and eliminate safety hazards. Checklists to be used for this purpose will be developed in conjunction with the installation safety officer and incorporated into the CDC safety SOP.

a. Indoor and outdoor toys, program equipment, and materials must have nontoxic finishes and will be maintained in safe and usable condition.

b. CDS personnel will use professional judgment to assess suitability of play equipment for children and determine safety procedures for use.

c. Materials harmful to children such as matches, power tools, detergents, solvents, cleaning supplies, and equipment will be kept in a locked area inaccessible to children.

d. Flammable, poisonous, explosive and highly caustic materials will not be stored in the facility.

e. Current instructions will be posted at each telephone to facilitate calling for ambulance, medical, fire, and military police services.

Section IX
Health and Nutrition Compliance Requirements

5–50. Health inspection requirements

Health inspections within each center-based setting will be conducted monthly and upon request by installation preventive medicine officials to ensure CDS standards are met. (See paras 4–4, 4–6*b*, 4–8*b*, 4–24 through 4–37, and app C for further guidance.)

5–51. Appliances and equipment

a. NSF approved commercial kitchen equipment and heavy duty laundry appliances will be provided in all centers. Facilities with a capacity of less than 125 child spaces should replace domestic equipment on a phased-in basis.

b. Deep fat fryers will not be used in CDC kitchens.

5–52. Sick child care

a. Where space permits, site specific USACFSC (CFSC–FSC) and HQDA (DASG–PSP) approval has been obtained, and professional health assistance is available; a child activity rooms/module may be designated for care of sick children.

(1) Child care may be provided for mildly ill children, and children recuperating following hospitalization who cannot function within their usual child care or school setting, pending physician approval.

(2) Care for children who are chronically or acutely ill is not authorized within a CDC.

b. The activity room must have direct outside access and interior pediatric sinks and toilets.

c. Parents will provide proof of physician approval and bring sick children directly to and leave directly from the designated sick child area.

d. Any medication required for the care of the children will be kept in lockable storage within the sick child care program area.

Section X
Program Oversight and Quality Assurance

5–53. Facility upgrade/program compliance status

a. All centers will be inspected annually using the standards outlined in DA Form 4841–R and appendix C.

b. Existing facilities and all new construction/renovation of existing facilities used for center-based programs must meet the standards and requirements set forth in paragraphs 5–27, 5–48, and the AEI.

c. Any exceptions to the requirements will be addressed through procedures outlined in paragraph 2–11.

d. All deficiencies and proposed corrective actions will be documented on DA Form 4841–R within the applicable functional area standard sheet for CDCs

e. Deficiencies must be corrected within 90 calendar days from the date of inspections except as specified in para 2–11*f*.

f. After this period, no facility or section of a facility may continue to be used without correction of the deficiency or implementation of MACOM/USACFSC approval of an alternative equivalency or waiver.

g. Requests for exceptions to policy must be forwarded to the MACOM for action no later than 21 calendar days after completion of the inspection.

h. The following are examples of areas which can be not be waived and require immediate correction:

(1) Life safety items which could result in serious injury, illness or lost of life e.g., lack of panic hardware on exit doors, loose asbestos particles.

(2) Unsanitary health conditions e.g., lack of running water in areas serving diapered children.

(3) Lack of adequate management oversight or sufficient caregiving staff.

i. Compliance will be monitored through semi-annual updates on DA Form 4841–R corrective action plan sheet(s) and preoccupancy inspections of newly constructed or renovated CDC facilities by a USACFSC/MACOM functional team.

5–54. Program evaluation

CDC programs will be assessed for program compliance and monitored for quality assurance on a regular basis as outlined at paragraph 2–5. A quality assurance plan will be developed jointly by the center and program director(s) and the EPS assigned to the CDC program. Major program oversight components include—

a. Environment rating scales. A rating scale will be used on an ongoing basis and completed annually by CDC management personnel to—

(1) Systematically assess center programs using a numerical rating to quantify acceptable levels of care.

(2) Identify caregiving areas and situations which need corrective action.

b. The CDC CARAT. The CDC CARAT will be used by CDC management personnel to—

(1) Annually assess the potential risk of a child abuse or neglect allegation or situation occurring in a CDC.

(2) Review administrative/personnel policies and operational procedures whenever a child abuse allegation has been surfaced in an Army operated or regulated center-based setting.

c. DATR. Results of the DATR will be used to focus management concerns, plan CDC staff training and program improvement initiatives, support budget and personnel requests, and review internal procedures. Evaluation data from the following sources will be included:

(1) Annual facility and program reports.

(2) Quality of life standards.

(3) Patron satisfaction survey(s).

(4) Environment rating scale.

(5) Center productivity analysis sheets (when available).

(6) Internal controls checklists.

(7) Proponent inspections.

(8) USDA CCFP enrollment.

(9) Staff qualification and training records.

(10) Center CARAT.

(11) Trip reports resulting from higher headquarters visits.

(12) Special investigations (e.g., Article 15–6, CID Crime Prevention Survey, USDA CCFP Audits, Army Audit Agency Reports).

(13) State licensing inspection if applicable.

d. Program accreditation. Center programs will pursue accreditation through the National Academy of Early Childhood Programs no later than FY 94.

(1) Installations will develop a plan for achieving accreditation for CDC programs. Such a plan should include DOD certification based on compliance with program standards.

(2) Installations will coordinate with MACOMs and USACFSC (CFSC–FSC) prior to initiating the official accrediting process with the Academy.

(3) Procedures and criteria are outlined in Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs, 1984.

Chapter 6
FCC System Component Requirements

Section I
Overview

6–1. General

a. Chapters 1 through 4 of this regulation apply to the FCC system with the exception of statements referring specifically to other delivery systems i.e., CDCs or SPS.

b. The FCC system offers quarters-based child care provided by authorized military family members operating as independent contractors from housing located on a military installation or from U.S. Government owned or leased housing off the installation. This care is regulated by the U.S. Army and both the individual providing services (FCC provider) and the occupied housing unit (FCC home) will be certified by CDS before children may be enrolled in care.

c. FCC is a cost effective child care delivery system which allows provision of child care without large expenditures for facilities. FCC reduces the burden on center-based programs by providing 24-hour and long-term care during mobilization and training exercises, extended care for special needs children, and care for mildly ill and newborn infants. In addition, the FCC delivery system provides employment opportunities for thousands of military spouses.

6–2. Structure and policy

a. Unauthorized child care is prohibited in Government owned or leased housing or in family housing located on the installation except as authorized by this regulation. The provision of FCC in Government owned or leased housing or privately owned family housing units located on the installation is a privilege extended to family members. Only the best qualified among applicants who meet minimum standards will be certified.

b. Certification as a FCC provider is not required for an individual who provides child care on an Army installation, or off an Army installation in Government owned or leased housing under Army control, when such care is provided in another person's quarters to children who reside in those quarters and no additional children are present in those quarters except the children of the individual providing care.

c. FCC homes may not be authorized unless sufficient professional personnel are provided to recruit FCC providers, and certify and monitor individual FCC providers and homes in accordance with this regulation. Only FCC systems which meet this criteria may certify FCC providers.

Section II
Program Management Compliance Requirements

6–3. Management oversight

The FCC delivery system will be staffed with professionally qualified personnel who meet the requirements in the standard position descriptions for the FCC director, FCC outreach worker, and EPS in DA Pam 690–41. DA Pam 570–551 will be used to staff FCC systems.

a. An FCC director will carry up to a maximum caseload of 30 homes.

b. An FCC outreach worker will be hired when the director's caseload reaches 30. Each outreach worker may carry a caseload of up to 40 homes. An outreach worker will be hired each time the number of homes reaches the maximum caseload.

(1) To compensate for additional supervisory responsibilities, the FCC director's caseload will be reduced by five homes for each additional FCC outreach worker after the first.

(2) When FCC homes are in a dispersed geographical area or other extenuating circumstances exist (e.g., remote sites, large numbers of special endorsements/special purpose homes) the local manpower survey team will determine the need for reduced caseload.

c. The FCC director will accompany each outreach worker on at least two home visits per month.

d. Registered, provisionally certified and fully certified FCC homes will count in the management caseload carried by FCC directors and outreach workers.

e. FCC providers who were previously certified but are not currently providing care (inactive status) will not be counted in the management caseload.

6–4. Parent involvement

a. Parents will be kept informed of matters relating to the management of the FCC system, operation of their child's FCC home, and their child's progress.

b. FCC program directors will conduct patron satisfaction surveys at a minimum on an annual basis and establish a follow up plan for addressing areas of dissatisfaction as appropriate. Patron satisfaction survey formats have been developed for installation use and are available from USACFSC (CFSC–FSC) 2461 Eisenhower Ave., Alexandria, VA 22331–0521.

6–5. Business operations

a. Fiscal operations and productivity will be regularly monitored by the FCC director and reported in writing to the CDS coordinator.

b. FCC personnel will calculate utilization rates and cost per hour using FCC productivity sheets.

c. Training to FCC providers will address recordkeeping requirements for tax deductions relating to FCC homes as a business operation, however it is the responsibility of the provider to maintain and complete all business transactions including income tax return.

d. FCC providers are private contractors certified and monitored by the Army. As private contractors, all matters regarding establishment of fees, fee policies, and fee collection are between the provider and the parent. FCC personnel may give suggested fee ranges based on local circumstances, however this may only be a suggested range and may not be used to limit provider fees and charges.

e. The FCC director will establish and enforce procedures to ensure implementation of CDS internal control reviews.

6–6. Resource/toy lending library

a. An FCC resource/toy lending library will be established to support FCC providers. This library will be equipped with a variety of equipment and materials which support safe developmental care.

b. Hours of operation should be set so as to make the items available to FCC providers during some non-duty hours including at least one weekend or evening per month. This may be planned in conjunction with evening/weekend training sessions.

c. Resource materials/equipment should be made available to FCC providers as part of the scheduled monitoring visits by FCC management personnel.

d. The FCC director will establish a check-out system establishing limits for loan of items including time, number, and overdue items which includes a mechanism for seeking reimbursement for lost or damaged items from individuals using this service.

e. There will be no cost to FCC providers for this service except for cost of replacement of lost or damaged items.

6–7. USDA CCFP

a. All FCC providers at eligible U.S installations will meet all the requirements of the USDA CCFP. The following procedures will be implemented in enrolling FCC providers in the CCFP:

(1) All new FCC providers should be enrolled in the CCFP as part of the provisional certification process.

(2) Training on CCFP enrollment procedures will be presented as part of the training required for provisional certification. Training will include menu planning and recordkeeping requirements.

(3) Provisionally certified FCC providers who are not enrolled in the CCFP when this regulation is issued, should enroll before full certification is granted.

(4) FCC providers must maintain files containing copies of all weekly menus served. Daily attendance records which show number of meals served to children will be kept for three years.

b. The installation CDS program will serve as the sponsoring agency for the USDA CCFP program unless documented circumstances prevent this.

6–8. Child abuse prevention and response

See paragraph 2–22 for guidance on prevention and response.

Section III
FCC Provider and Home Certification

6–9. Home categories

The FCC system will be composed of three categories of homes: multi-age homes, age specific homes, and special purpose homes. In addition, an FCC provider may obtain endorsements for the provision of specialized services. Installations have the authority to limit the number and type of homes based on local needs and the availability of management and support personnel.

a. Home categories. The following three categories of homes may be established:

(1) *Multi-age FCC homes.* These homes may provide full-day, part-day, and hourly care for children 4 weeks-12 years.

(2) *Age specific homes.* These homes may be established to serve families with a preference or requirements for such care in response to the lack of services for a portion of the child population.

(a) Infant/toddler homes. Homes providing care only for infants and toddlers from ages 4 weeks through 2 years.

(b) School-age homes. Homes providing care only for school-age children ages 5-12 years.

(3) *Special purpose homes.* These homes will limit care to children with the unique care requirements for which the FCC home is established. Special purpose home types may include but are not limited to the following:

(a) Special needs homes. Care for children with unique requirements (e.g., handicapping conditions when a home is determined to be the least restrictive environment by the Special Needs Resource Team).

(b) Newborn/infant homes. Care for newborn and young infants birth-12 months. Care for infants birth through 4 weeks is restricted to children of sole/dual military parent(s) when the soldier is required to return to duty before the child is old enough to be eligible for other child care options. Homes will be monitored at least bi-monthly by FCC personnel and as requested by preventive medicine staff. Approval of homes must be coordinated locally on a case by case basis.

(c) HIV homes. Care for children ages 4 weeks-6 years and children ages 6-12 years who lack control of their body secretions (whether because of age or physical/mental handicap) regardless of their stage of infection with the HIV.

(d) Bilingual/bicultural homes. Care for children where parents have a preference for a particular language or cultural focus. Providers will meet the requirements in paragraph 6–14.

(e) Sick child homes. Care for children who are too ill to remain in their usual center-based or FCC setting or who are recuperating from hospitalization, but are not seriously ill or require professional nursing care. Care may also be provided to chronically ill children who do not require hospitalization, but can not, (for their safety or the safety of others) be enrolled in other CDS settings. Care for children who are acutely ill (i.e., high fevers, contagious disease such as HIB, chicken pox, and other vaccine preventable diseases or in need of total bed rest) is not authorized without special permission from the health consultant.

b. Special endorsements.

(1) FCC providers may obtain special endorsements to provide extended hours care, long term care, respite/emergency care, care for mildly ill children who remain in the FCC home throughout the course of the illness, or care for mainstreamed special needs children. Special endorsements will not be given until an FCC provider is fully certified. Exceptions to this policy will be approved by the CDS coordinator on a case-by-case basis. When such care is needed, special endorsements will be given in the following areas. (See para 6–21*d*, and *e* for training requirements.)

(a) Extended hours care, evening or weekend care. Care for children of parents who require routine evening child care, work unusual or long hours, and have mission-related child care needs that require child care services over 12 hours a day, but not to exceed 14 consecutive days. Enrollment of children in FCC homes providing extended hours care will be considered child care rather than foster care placement.

(b) Mildly ill care. Care for children who remain in their usual FCC home setting throughout the course of a mild illness.

(c) Long term care. Care for children which encompasses more than 15 consecutive days, but does not exceed 60 days. Enrollment of children in FCC homes providing long term care will be considered child care rather than foster care placement. Provision of care in excess of 60 days must be approved by the CDS coordinator on a case by case basis and coordinated with health and legal proponents.

(d) Respite/emergency care. Short term hourly care for respite or emergency situations as determined by the FCC director.

(e) Mainstreamed special needs care. Care for children with handicapping conditions who do not require placement in a special needs home, but do have some unique care needs that can be accommodated within the usual FCC home setting.

(f) Hourly Care. Care for children on a drop-in or part-time basis to help meet the installation needs for special events, surge care, care for children of volunteers, medical appointments and recreation activities. The installation may contract with FCC providers these services on a continuing basis where need exists.

(g) Endorsements. Additional endorsements may be established where local need dictates, but must be approved in writing by MACOM and USACFSC (CFSC–FSC) prior to implementation. Special endorsements may not be given for religious or educational purposes.

(1) Special endorsements will be annotated on the FCC provider's certification document and will be given only after the FCC provider has received FCC approved training in the specific endorsement subject matter area (para 6–21*d*).

(2) Special endorsement in an FCC setting will exclude children requiring placement due to child abuse or neglect except when care is of a respite nature as part of the overall treatment plan for parents. Abused/neglected children will be placed and monitored in foster homes certified by either civilian protective services or Family Advocacy Program (FAP). An FCC provider may also be a foster parent, but an additional foster care certification will be required. The claims program does not extend to children placed as part of the foster parent program.

6–10. Recruitment and screening of potential providers

Potential FCC provider applicants will attend an FCC orientation session and will be interviewed by FCC management personnel prior to beginning the formal FCC certification process.

a. FCC orientation sessions to recruit potential FCC providers will be held on a regular basis if needed. Sessions will describe the overall program requirements and the certification process.

b. FCC management personnel will visit the home of each potential applicant to conduct a screening interview prior to the individual formally beginning the certification process. This interview will be conducted at a time when the entire family is present to allow observation of family dynamics.

(1) FCC management personnel will use a standard interview format which includes questions related to FCC provider caregiving and administrative responsibilities to determine the individual's general knowledge and aptitude for child care.

(2) Written records of screening interviews will be kept in appropriate files.

c. The results of the screening interview, background checks, personal reference checks and contributing factors presented by the family members will be used to determine suitability for acceptance into the FCC program. Results of these may be used to deny an application.

6–11. Background clearances

The following background clearance and reference checks will be done on all FCC provider applicants, family members ages 12 years and older, and other authorized adults residing in the home (see chap 2–24).

a. Army Central Registry.

b. Local Military Police.

c. CID records check to include Defense Central Investigation Index (DC11).

d. Civilian law records check where feasible.

e. Alcohol & Drug Prevention Program.

f. Sponsor's commander.

g. Three personal references.

6–12. Provider applicant criteria

a. Each FCC director will prepare a standard description of FCC provider caregiving and administrative responsibilities. This description will be given to all FCC applicants at the time of application. In addition to the criteria included in the description of duties each applicant, substitute, and (where applicable) family member will meet the following:

(1) Must be at least 18 years of age.

(2) Will have no conviction of, admission to, or evidence of family violence, child neglect, alcohol abuse or use of illegal drugs by any person working within an FCC home.

(3) Must be able to speak, read, and write the English language to the extent that they are able to execute health and safety directives and implement developmental activities for children effectively as determined by the CDS coordinator.

(4) The FCC provider may not hold another job, either full or part-time, during the hours an FCC home is in operation.

(5) Adult family members and individuals regularly present in the FCC home during hours in which care is provided will be stable, responsible, mature, and of good moral character.

(6) The spouse of the FCC provider and all other family members in the home and in contact with children under care will agree to the service being offered.

(7) The FCC provider must reside in government owned or leased housing or housing located on the installation.

b. Each FCC director will prepare an application packet of information necessary for completion of the certification process. This will include the following:

(1) Application forms.

(2) All pertinent background clearance requests.

(3) Physical examination forms.

(4) Spouse/family agreement.

(5) Certification and training request.

(6) Quarters eligibility requirements.

c. In addition any person working as an FCC provider, or substitute in the home during the hours care is provided—

(1) May not use alcohol or any illegal drugs while the children are in care.

(2) Will not use prescription drugs which alter their ability to care for children.

(3) Will not smoke in the presence of children or while providing direct care such as diapering, feeding or holding children.

(a) A designated smoking area in the FCC home will be established for smokers when children are present. This area will be away from defined child activity spaces.

(b) Parents will be advised prior to enrollment of children when an FCC provider is a smoker.

6–13. Substitute provider criteria

a. Persons who serve as substitute or back-up providers will meet all of the criteria in paragraphs 6–12*a*(1) through (3) and 6–12*c*.

b. The FCC director will maintain a list of approved substitutes which is updated and given to providers on a regular basis. In addition an FCC provider may identify a substitute who meets requirements specified in paragraph 6–13*a*.

c. Any time the provider is absent from the home including medical appointments, trips to the commissary etc., an approved substitute must be present.

d. Spouses may not serve as backup providers during the normal duty day. When extended hours or long term care is provided, the FCC director may approve the use of spouses as back-up providers on a case-by-case basis when previous written permission has been granted by the parents of children in care.

e. Substitute providers will complete the following:

(1) Background clearances.

(2) CPR training.

(3) 2-hour orientation which includes child abuse training and basic safety procedures.

6–14. Provider and home certification

a. Certification will be authorized by the installation commander upon the recommendation of the CDS coordinator. Certification authorization may remain valid for not longer than a 3-year period without renewal provided all ongoing requirements are met.

b. An SOP coordinated with appropriate regulatory proponents by the FCC director will be developed for the process of certifying FCC homes and FCC providers. This SOP will include as a minimum—

(1) A description of the certification process including role of CDS management personnel and other regulatory proponents.

(2) Local requirements.

(3) A plan for recruitment and screening of potential applicants.

c. FCC provider applications will be processed within 60 days of submission.

d. The following DA Forms will be used for the certification process:

(1) DA Form 5219–R (Child Development Services (CDS) Family Child Care (FCC) Provider Application) will be used to process individuals who apply to become certified FCC providers within the FCC delivery system. DA Form 5219–R will be completed and signed by the applicant and submitted to the FCC director. DA Form 5219–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(2) DA Form 5220–R (Child Development Services (CDS) Family Child Care (FCC) Provider Background Clearance Request). Administration of DA Form 5220–R will be handled by the FCC director. DA Form 5220–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation. A release of information statement signed by the applicant must accompany the DA Form 5220–R.

(3) DA Form 5762–R (Family Child Care (FCC) Provisional/ Certification Record/Operational Requirements) will be completed and verified by FCC management personnel or applicable regulatory proponents. DA Form 5762–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

(4) DA Form 5221–R (Child Development Services (CDS) Family Child Care (FCC) Certification Denial/Revocation) will be used to notify an FCC provider or FCC provider applicant, that certification has been denied or revoked. DA Form 5221–R will be issued by the CDS coordinator upon the recommendation of the FCC director. DA Form 5221–R will be reproduced locally on 8½ by 11-inch paper. A copy of the form for reproduction is located at the back of this regulation.

e. A FCC Provisional certification document (fig 6–1) will be awarded to each FCC provider applicant as evidence that all requirements for FCC provisional certification have been met. The document will be signed by the FCC director and the installation commander or designee. The document will be locally designed and reproduced.

f. An FCC certification document (fig 6–2) will be awarded to each FCC provider as evidence that all requirements for FCC certification have been met.

g. FCC certification must be renewed every 3 years dating from original certification. Renewal will be contingent upon:

(1) Background clearance according to paragraph 2–24.

(2) Update training in child abuse identification and reporting, first aid, CPR, communicable diseases, and administration of medication.

(3) Maintenance of 24 hours of annual inservice training requirements.

(4) Documentation by FCC management personnel that an acceptable level of care has been provided during the previous certification period.

(5) Home rating scores at minimal or higher level.

(6) FCC CARAT scores in low-risk category.

6–15. Provider records

Individual files will be maintained for each provider and will include—

a. Name and address, telephone number, training, and other related experiences and qualifications.

b. Employment reference, training requirement, and reports of medical examinations.

c. Appraisals, awards, and promotions and grievance actions.

d. Notifications of personnel actions.

e. FCC certification document.

f. FCC provider health records.

g. Statement of understanding.

h. Background check information.

i. Training and education records.

j. Files of children seriously injured during care.

k. Complaints received and documentation of follow up of complaints.

l. Receipt showing payment of NAF claims costs.

6–16. Provider reporting requirements

a. The FCC provider must notify FCC management personnel of the following administrative changes affecting certification:

(1) Child vacancy space.

(2) The need for long term substitute and emergency care.

(3) Change of address.

(4) Change of telephone number (including unlisted number).

(5) Marital change.

(6) New household member or change in number of household members.

(7) Documentation of monthly fire drills.

(8) Child injury that requires outside medical attention.

(9) Suspected cases of child abuse.

(10) Outbreaks of communicable diseases.

(11) Child death.

(12) Court summons or complaint regarding a suit for damages arising from an injury to or death of a child under care.

(13) Building modification (e.g., reduction of space used).

(14) Termination of FCC provider child care services.

b. The FCC provider will submit or make available to FCC management personnel any records required to be kept and maintained under this regulation.

6–17. Certification status

CDS at the installation level will have proponency for the FCC certification process. Certification of each FCC provider will be approved by the installation commander or designee based upon the recommendation of the CDS coordinator.

a. FCC homes will be classified in the following five categories: registered, provisionally certified, fully certified, inactive and waiting. Requirements and definitions are as follows:

(1) *Registered status.* Family members who have applied for entry to the FCC system and are in the process of completing the requirements for provisional certification will be considered to be registered for caseload purposes. FCC providers in this category may not accept children for care other than their own children or legal dependents. Registered FCC providers must complete all precertification requirements within 60 days of receipt of approved background clearances. Potential FCC providers who fail to complete pre-certification requirements in a timely manner may be dropped from the FCC system.

(2) *Provisional status.* The provisional certification period will last a minimum of 6 months but no longer than 12 months. Provisional certification will be extended to FCC providers who have satisfactorily completed or furnished evidence of the following:

(a) DA Form 5219–R.

(b) Record of medical evaluation.

(c) Background check information.

(d) Training requirements.

(e) Home inspection compliance.

(f) Contingency plans for accidents, fire evacuation and emergency.

(g) Emergency care plan.

(h) Statement of understanding for FCC requirements.

(i) Statement of understanding for claims program.

(j) Spouse/adult family member agreement.

(k) Written program policies to include discipline.

(l) Consent for home inspections.

(3) *Full certification status.* Full certification will be extended to FCC providers who meet all provisional requirements and have furnished evidence of compliance with the following:

(a) CDS minimum standards (DA Form 4841–R).

(b) Training requirements (see paras 3–17 and 3–18).

(c) Home visits by FCC management personnel to verify an acceptable level of care is being provided.

(4) *Inactive status.* FCC providers who have completed all the requirements for full or provisional certification, but who choose not to provide care will be placed on inactive status. In this case, the FCC provider's certificate and DA Label 176 (Family Child Care Certified Home Identification Card) will be returned to the FCC office and kept on file in the event the FCC provider wishes to resume care. FCC providers in an inactive status who re-enter the program will comply with the following provisions:

(a) The FCC provider will resume care only if there is a vacancy in the number of homes authorized for the FCC director/outreach worker caseload. If no opening exists, the FCC provider's name may be entered on the waiting list ahead of first time applicants.

(b) Health requirements must be updated and a new background check done with the Crimes Records Center and the Central Registry if more than 120 days has elapsed since provision of care.

(c) Any changes in the FCC provider's status must be reported (see para 2–20).

(5) *Waiting status.* When the caseload for FCC director/outreach worker is at maximum level, potential FCC providers will be placed on a waiting list until an opening becomes available.

6–18. Provider transfer

a. An FCC provider who moves from one installation to another may request in writing that the IEP and FCC certification be forwarded by mail to the receiving installation. The FCC director at the sending installation will sign and date each document stating that the provider left the installation in good standing.

b. FCC providers may take a photo copy of training records to the next installation to expedite application procedures at the new site, however the FCC provider may not receive certification based on previous training until the IEP and FCC certification file are received through the mail at the receiving installation.

c. The following will apply to all FCC providers who transfer to a new installation and have received either full or provisional certification at another installation.

(1) All FCC providers will receive a minimum of 8 hours of orientation training to familiarize them with local requirements at the new installation to include child abuse since state or host nation reporting requirements vary. Orientation training hours will not transfer from one installation to another.

(2) All FCC providers will update or complete a new DA Form 5219–R.

d. A complete background check will be completed if more than 1 year has elapsed since the individuals last provided care within a FCC system. Otherwise, the check will be limited to a check of the Army Family Advocacy Program Central Registry and the Army Crime Records Center in Baltimore, MD.

e. Fire, health, and safety inspections will be done at the new housing unit.

f. The FCC provider must complete new contingency plans and back-up plans.

g. FCC management personnel at the receiving installation will review the FCC provider's training records and related documents to evaluate current skill level. FCC management personnel may require an FCC provider to repeat any training classes or be placed in a provisional status even though the FCC provider was fully certified at the previous installation.

6–19. Claims Arising from the Activities of FCC Providers

a. Effective 1 Oct 85, the Army Risk Management Program (RIMP) established a program to provide for the payment of certain claims arising from the activities of FCC providers. To be cognizable, claims must arise from child care provided as part of the quarter-based system of care authorized by this regulation. See AR 27–20, Chapter 12 and AR 215–1, Chapter 14 for details regarding this claims program.

b. A Provider Statement of Understanding Regarding Family Child Care (fig 6–3) will be reproduced locally and will be signed by each fully certified and provisionally certified FCC provider as part of the certification process. A copy of the signed Statement of Understanding will be retained on file within the FCC system.

c. A Parental Statement of Understanding Regarding Family Child Care (fig 6–4), with optional permission/waiver regarding transportation of children in private vehicles, must be signed by the parent/guardian of the child for whom care is provided.

d. Authorized NAF claims costs associated with the FCC program will be determined by the Commander, USACFSC or his designee. Once so determined, the local morale, welfare, and recreation fund will be assessed its share of these costs by USACFSC. The local fund should recover these costs from the individual FCC providers prior to provisional certification and annually thereafter. The Installation Financial Management Division will issue duplicate prenumbered receipts. A copy of this receipt will be kept in the FCC provider's file and the provider will keep the other copy. There are no refunds when a provider leaves the program. However, if a provider transfers to a new installation during the fiscal year, the provider should show the receipt at the new installation.

e. The claims program established by RIMP is intended to provide certain limited claims relief as described in AR 27–20, Chapter 12 and AR 215–1, Chapter 14. It is not a substitute for private liability insurance. Whether to carry private liability insurance is an independent business decision to be made by the FCC provider. Regardless of the decision to carry private insurance, any payment due the local MWR fund as described above is a precondition to participating in the FCC program.

f. FCC director/outreach workers will provide each fully certified and provisionally certified FCC provider a summary of all regulatory guidance and local SOPs that govern the provision of FCC on the installation. A copy of the regulation will be available for FCC provider review upon request.

6–20. Training

The EPS assigned to the FCC system in conjunction with the FCC director and CDS coordinator will establish and conduct a training program for all FCC providers for which there will be no fee charged. Training topics will include child growth and development, child health and nutrition, developmental programming, recordkeeping, discipline techniques, parent relations, regulatory compliance, child abuse identification and reporting, business practices, SOPs, safety and other subjects as determined by the CDS coordinator and FCC program director. Training will be conducted as follows:

a. All potential (registered) providers will complete 20 hours of training prior to provisional certification as outlined on the FCC Provisional Certification Training Record.

b. All provisionally certified FCC providers will complete 18 credit hours of training (three per month) during the 6 months of provisional certification status as outlined on the certification training record.

c. Following full certification, FCC providers will complete 24 hours of inservice training annually. A minimum of 6 hours of training will be completed each quarter. Content of this training will be determined by the FCC provider, and EPS with the approval of the FCC director. DA Form 5763–R and the IEP Annual Inservice Training Review format will be used to record this training.

d. FCC providers must complete training as stated in paragraph 3–18 to maintain FCC certification status. Failure to complete the required training will result in suspension of the FCC provider from the FCC delivery system.

e. At the end of the 3-year certification period, the FCC provider must meet the following criteria before another 3 year certification may be issued. As part of the FCC certification renewal process, the FCC provider will be successfully evaluated with an environmental rating scale, the FCC CARAT and update training on—

(1) Child abuse identification, reporting, and prevention.

(2) CPR and first aid.

(3) Communicable diseases and administration of medication.

f. All FCC training will be competency based (e.g., the training is presented and instructed in such a way that the knowledge and skills taught can be observed during the provision of care).

6–21. Specialized training

a. Child abuse and neglect. Special attention will be given to training FCC providers in the identification, reporting, and prevention of child abuse both in the FCC home and the family setting. All training will be coordinated with FAPM and will include both written and verbal guidance. The FAPM will support and provide training, assume major responsibility for training on identification and reporting procedures, and serve as a resource person to FCC management personnel.

(1) Precertification child abuse training (two credit hours) will focus on child abuse and neglect/identification and reporting, and will include the following:

(a) Definition of child abuse, child neglect, institutional abuse.

(b) Signs and symptoms (behavioral and physical) of child abuse.

(c) FCC system internal and external reporting procedures.

(d) Legal obligation to report child abuse.

(e) Applicable standing operating procedures.

(f) Distinguishing between child abuse/neglect and poor caregiving practices.

(g) Parent access policy.

(h) Guidance on release of children to unfamiliar adults or to older siblings.

(i) Parent/provider partnership in the identification and prevention of child abuse.

(2) Certification training (two credit hours) will focus on preventing child abuse in FCC homes.

(a) Use of the FCC Child Abuse Risk Assessment Tool (CARAT) to minimize risk of child abuse.

(b) Discipline policies/concerns related to child abuse.

(c) Touch policy.

(d) Use of substitute providers.

(e) Preventing the appearance of abuse and protecting self and family members from false allegations.

(f) Field trip procedures.

(g) Applicable standing operating procedures if allegations occur in FCC home.

(h) Stress factors related to child abuse.

(i) Developmental expectations/supervision factors related to child abuse.

b. First aid and CPR training. The American Red Cross Accident Prevention and Emergency Response Training Course developed specifically for CDS purposes should be used to meet IEP requirements for first aid and CPR training. FCC providers must receive the following first aid and CPR training instruction blocks of instruction regardless of the training agency:

(1) Emergency action principles.
(2) Wounds.
(3) CPR.
(4) Communicable diseases.
(5) Accident prevention.
(6) Specific injuries.
(7) Sudden injuries.
(8) Bandaging.
(9) Burns.
(10) Administering medication.

c. Health consultant. The health consultant will be the proponent for all training on administering medications and preventing communicable diseases. The materials used and the content of the training will be the responsibility of the MTF representative.

d. Special endorsements. Additional training will be required for all FCC special endorsements.

(1) Extended hours/overnight and long term care: (one credit hour).
(2) Mildly ill care: (two credit hours).
(3) Respite/emergency care: (two credit hours) to be determined locally in coordination with the health consultant.
(4) Mainstreamed special needs care: (two credit hours minimum or more) to be determined by the Special Needs Resource Team.

e. Special purpose homes. Additional training will be required for FCC providers who operate special purpose homes:

(1) Special needs homes: (eight credit hours) to be determined by the Special Needs Resource Team.
(2) Newborn/infant homes: (two credit hours) special health and caregiving procedures issues including parent/child bonding.
(3) HIV: (two credit hours).
(4) Bilingual homes: (one credit hour) cultural issues and parent relations.
(5) Sick child homes: (two credit hours) to be determined locally in coordination with the health consultant.

Section IV
Program Operations Compliance Requirements

6–22. Operating hours

a. FCC providers will specify hours of service with each patron. Care will not exceed 12 hours of continuous care per day on a regular basis unless the FCC provider has obtained the special endorsement for extended care or long term care.

b. In accordance with installation requirements a designated number of FCC providers should be recruited to provide child care services which support mission requirements after normal duty hours.

c. When the FCC system has limited openings, new provider applicants should be restricted to those who agree to provide extended hours, long term care services, and other specialized care if there is an unmet demand for these services.

6–23. Attendance records

FCC providers will keep daily attendance records for each child which show arrival and departure times, meals served, and special instructions received from parents. These forms will be initialed by the parent or authorized designee. Records will be kept as required by USDA or as long as the child is enrolled.

6–24. Standing operating procedures (SOPs)

SOPs will be developed to ensure safe developmentally appropriate and cost effective management of the FCC system. SOPs will be available as applicable, to patrons, FCC providers and management personnel, and command representatives. FCC providers will receive direct training on SOP content as appropriate. The following subjects will be covered in locally developed SOPs.

a. Certification of FCC homes and providers (see para 6–14).
b. Resource and program management including report requirements.
c. Unauthorized care policy.
d. Compliance with minimum standards including provisions for home monitoring, suspension, and revocation procedures.
e. Child abuse identification, reporting, and prevention.
f. FCC resource/toy lending library.
g. Enrollment in USDA CCFP.
h. Special purpose homes and special endorsements.
i. Health procedures including reports of communicable diseases and local standards for orderliness and cleanliness.
j. Use of substitute/back-up providers.
k. Release of children.
l. Emergency procedures.
m. Others as dictated by local circumstances.

6–25. Discipline

All FCC providers will prepare a written discipline and touch policy based on the criteria in paragraph 4–10 prior to provision of care.

a. This policy will be given to all parents of children enrolling in FCC homes as part of the admission process.

b. The policy will clearly state which disciplinary techniques will be used and must be approved by FCC management personnel. Corporal punishment is not allowed.

6–26. Age composition, ratios, and group size

Each provisionally and fully certified FCC home will be authorized a maximum number of children who may be accepted at any one time for full-day, part-day or hourly care (table 6–1). This total may be restricted locally, based on the size of the housing unit.

Table 6–1
FCC home ratios and group size

Home type/ setting	Age group	Adult/child ratio	Group size
Multi-age [1]	4 wks–12 yrs	1:6	6
Newborn/ Infant [2]	Birth–12 mths	1:3	3
Infant/Toddler	4 weeks–3 yrs	1:3	3
School-age	5 yrs–12 yrs	1:8	8
Special needs	4 wks–12 yrs	Determined on individual basis	Determined on individual basis
HIV	4 wks–12 yrs	Determined on individual basis	Determined on individual basis
Mobile home units [1]	4wks–12 yrs	1:4	4

Notes:
Provider's own children under the age of 8 count in all ratios except school-age homes where provider's own children under the age of 12 count.
1. Age group may include only two children under 2 years of age.
2. Birth to 4 weeks age group restricted to children of sole/dual military parents.

a. For multi-age homes: In an FCC home in which one FCC provider cares for children of all ages (4 weeks through 12 years), the group size at any given time will not exceed six. No more than two of these children may be under 2 years of age. The FCC provider's own children under age 8 will count toward the group size requirement.

b. For age specific homes the following applies:

(1) *Infant/toddler home.* In an FCC home in which one FCC provider cares for children who are all under 2 years of age, the group size at any given time will not exceed three. The FCC provider's own children under 8 years will count toward the group size requirement.

(2) *School-age home.* In an FCC home in which one FCC provider cares for children who are all enrolled in kindergarten or elementary school classes, the group size at any given time will not exceed eight. The FCC provider's own children 12 years and younger will count toward the group size requirement.

c. The following applies to special purpose homes:

(1) *Special needs home.* In an FCC home in which one FCC provider cares for children with disabilities (physical or emotional), or unique care requirements, the group size at any given time will be determined by the FCC director in consultation with the CDS coordinator and appropriate medical and social service support personnel.

(2) *Newborn/infant home.* In an FCC home in which one FCC provider cares for infants who are all under 12 months of age, the group size at any given time will not exceed three. The FCC provider's own children under age 8 will count toward the group size requirement.

d. A lesser number of children or further restrictions on age-group configurations may be established for any FCC home. These exceptions will be determined as part of the FCC certification process and will be influenced by such factors as residence size and accommodations; FCC applicant qualifications and experience; and special requirements for children and families using services.

e. Mobile homes may only be used for FCC if the number of children is limited to four children under the age of 12 years. Only two of the four children may be under the age of 2 years. The FCC provider's own children under the age of 8 years must be counted in these ratios.

f. Providers exceeding these ratios as authorized by previous edition of AR 608–10 may continue to operate until the children leave through normal attrition at which time they may not be replaced.

6–27. Staffing patterns

a. The FCC provider will be in the home at all times when children are under care except in the event of illness, emergency, or a necessary planned absence reported in advance to the parents of the children in care.

b. The FCC director will maintain a file of substitute FCC providers. These individuals must meet the criteria in paragraph 6–13.

(1) Updated listings of approved substitutes will be regularly available to FCC providers. FCC providers may identify their own substitutes who meet these criteria.

(2) Spouses will not be used to provide emergency back-up care or substitute care except as specified in paragraph 6–13*d*.

(3) FCC providers will be responsible for all substitute arrangements including financial reimbursement.

c. When substitutes are necessary to replace an FCC provider for more than 10 hours in a week or for regularly scheduled absences, the FCC director will approve of the plan for the continuity of care of the children assigned to the FCC provider's home.

d. An FCC provider may provide emergency or substitute care in the FCC home, if space allows, for children regularly enrolled in another certified FCC home.

e. The FCC provider will develop a contingency plan for emergency care of children as a part of the certification process.

6–28. Supervision of children

With the exception of school-age children whose parents have given consent for unaccompanied after school activities, the FCC provider will provide continuous, watchful, and responsible supervision of all children at all times, including—

a. Remaining within the housing unit when children are in the FCC home.

b. Remaining in close proximity of children during periods of activity.

c. Providing constant supervision when children under 5 years of age are in a bathtub, shower, wading pool, playing with standing water, using plumbing fixtures that have a temperature that exceeds 110°F.

d. Accompanying at all times children under 5 years of age who are playing outside.

e. Observing napping children periodically. In two story housing units, FCC providers will be encouraged to nap children on the ground floor or be upstairs while children are napping.

Section V
Developmental Programming Compliance Requirements

6–29. General

a. The FCC director, outreach worker, EPS, and nutritionist will prepare a developmental program plan for their installation which—

(1) Describes the philosophy of the FCC program.

(2) Defines goals for implementation of developmental program.

(3) Includes a training plan for all FCC management staff to ensure consistent program application.

(4) Specifies procedures to assess the developmental program.

(5) Outlines plans for parent involvement.

(6) Includes an annual training agenda for providers.

b. Indoor and outdoor environments will support the developmental needs of the specific children in care. Daily activities will reflect the developmentally programming compliance requirements outlined in paragraph 4–21.

6–30. Developmental programming requirements

FCC homes provide unique opportunities for children to learn and grow at their own pace.

a. In a FCC home much learning takes place through child observation and participation in normal home routines such as, sorting laundry, cooking, simple repairs and maintenance. FCC providers should use daily routines such as eating, washing, toileting, and napping as the framework for organizing the day. Structuring the day in this manner will give the child a sense of competency by understanding what is going to happen as the day progresses.

b. The daily schedule for children, though informal, should provide some consistency to encourage feelings of stability and security. When planning daily program activities and routines, the FCC provider will consider—

(1) The age and developmental level of the children.

(2) The needs of individual children.

(3) The experiences offered children in their own homes.

(4) The goals that children's families have for them.

c. Daily activities modeled on the FCC provider sample developmental activity schedule completed during the certification process will include—

(1) Routines such as meals, snacks, and rest periods which follow a familiar and consistent pattern.

(2) Opportunities to "help" the FCC provider with simple household chores.

(3) Stories, music, dancing, and singing with children.

(4) Listening and talking opportunities.

(5) Creative activities such as water play, cutting and pasting, painting, coloring, dramatic play and blocks.

(6) Outdoor activities such as neighborhood walks and gardening.

d. Each provider should, with the assistance of the EPS, prepare a weekly activity plan which is based on the developmental levels of children in care.

e. The EPS should provide a monthly activity guide for all providers which includes ways to use the home environment in developmental programming for FCC children. This guide should offer low-cost ideas for activities and equipment and should include guidance for working with a group of multi-age children.

6–31. Program materials, toys and equipment

a. Program equipment, toys and materials will be furnished by the FCC provider according to requirements of paragraph 4–21.

b. Common household materials (e.g., sorting and classifying socks by color and size) can provide learning experiences for a

child if they are properly presented and supervised. FCC providers should use items found naturally in the home whenever possible to facilitate child learning and promote growth and development while minimizing costs.

c. The following types of equipment will be provided. Quantities of materials and equipment will be sufficient to avoid excessive competition among children and long waits for use.

(1) Child size table and chairs or adult furniture adapted for child use.

(2) Equipment that encourages self-help such as step stools at sinks, coat storage, and low shelves for toys.

(3) Individual sleep areas or rest mats.

(4) Small manipulative items such as puzzles, shape sorters, small building sets and games.

(5) Creative materials such as play dough, crayons, and dress-up items.

(6) Books, sensory materials, and blocks appropriate for each age group.

(7) Record player or tape cassette.

d. The FCC provider will use items from the FCC resource/toy lending library to supplement own toys, furnishings, and equipment.

e. The following toys/equipment will not be used in FCC homes:

(1) Infant walkers.

(2) Toy boxes/chests.

(3) Trampolines.

6–32. Indoor child activity spaces

a. The FCC home is used both for family living and child care. The use and arrangement of space in the home will depend on the age and number of children cared for, the needs of the FCC provider's family and the amount and layout of available space. Without completely disrupting normal family routines, FCC providers must be willing to make some adjustments to the family home. As a minimum, the following must be provided:

(1) Space for individual storage of children's belongings.

(2) Protected, safe places for sleep or rest.

(3) Open, safe space to play, explore, and pretend.

(4) Protected safe places for infants to crawl if infant care is provided.

(5) Space for large muscle activity and safe exploration for toddlers.

(6) Designated spaces where children may read, draw or do other quiet activities.

b. An FCC home must have sufficient space in relationship to the number and ages of children in care to accommodate the full range of developmental needs of children, particularly those physical needs affected by space limitations. When questionable, sufficient space will be determined cooperatively by local fire, health, safety and CDS personnel.

c. Basement rooms will not be used for the care of children unless they are dry, free from fire hazards, and have adequate exits as determined by the installation fire marshal. Children may not have access from the basement care area to other basement areas which contain heating elements or other safety hazards.

d. A flush toilet and lavatory will be within a reasonable distance to spaces occupied by children.

e. Breakable objects in areas accessible to children will be removed to avoid breakage or potential discipline problems. Breakable objects in homes serving infants and toddlers will be at levels that infants and toddlers cannot reach. Children under age three will not be allowed in areas with breakable objects, including napping locations, unless they are directly supervised by the FCC provider.

6–33. Outdoor child activity spaces

a. Children enrolled in FCC homes will have access to hazard-free outdoor play space. Where such play space is not available on the premises, parks, or playgrounds, other easily accessible outdoor spaces may be used with approval of the FCC director.

b. Children under 5 years will not be permitted outdoors unless accompanied by the FCC provider.

c. Portable/removable fencing to enclose small play aras for young children may be provided as part of the FCC toy/resource lending library.

d. Children enrolled in an FCC home should spend part of each day, weather permitting, outside.

6–34. Program oversight for FCC providers

a. Home visits will be conducted at least quarterly and, wherever possible, monthly by the FCC director/outreach worker(s).

b. FCC providers appearing to need additional support and training must be visited more often. Frequency of visits will be determined by the FCC director.

c. A minimum of two home visits per year will be unannounced. One of these will be during the morning hours and one during the naptime period.

d. Refusal to admit FCC personnel to an FCC home will be grounds for revocation of certification.

e. An unannounced fire drill will be conducted during at least one visit per year.

f. Written records of all visits to the FCC home will be maintained in each FCC provider file. Documentation will include the date, time, purpose of each visit and general impression of the FCC home. Each entry will be jointly initialed by the individual making the visit and the provider.

g. FCC management personnel will model appropriate child development techniques, provide program guidance, and determine overall program compliance during each visit.

h. USDA CCFP visits when conducted by Army FCC sponsors and CARAT visits will be in addition to not in lieu of regular FCC home visits.

6–35. Provider and home compliance

a. FCC providers will—

(1) Comply with all applicable regulations and directives concerning correction of minimum standard deficiencies.

(2) Admit any of the regulatory proponent representatives including CDS management personnel to ensure regulation compliance.

(3) Display FCC certification document in an area in the home frequented by parents of the children in care.

b. FCC providers will not furnish or make misleading or false statements on reports. Failure to comply with the provisions of this regulation—

(1) May be grounds for denial, suspension, or revocation of certification.

(2) May also result in loss of Government housing privilege.

6–36. Noncompliance/suspension/revocation of certificates

a. Each installation will develop an SOP that describes the procedures for noncompliance with regulatory requirements as well as plans for suspension/revocation.

b. Suspension or revocation decisions will be made by the installation commander upon the recommendation of the CDS coordinator. Immediate suspension of the FCC home certification will occur if the FCC provider's failure to comply with the regulatory requirements results in an emergency situation that endangers life, health, or safety of children in care, and in cases of suspected child abuse. The certification document and home identification card will be returned to and retained by the FCC director during the period of suspension or upon revocation. The installation commander will close a FCC home when a life threatening situation exists, when there is reason to believe a child is at risk if the FCC home remains open or when adult occupants of an FCC home unreasonably deny admission to CDS management personnel.

6–37. Investigation of complaints

a. Upon receipt of a written complaint about a provisionally or fully certified FCC provider, FCC management personnel will visit the home within 3 working days of receipt of the complaint to

determine a course of action if the complaint is determined to be valid.

b. If a complaint is received telephonically or anonymously, the FCC director and CDS coordinator will jointly evaluate the complaint to determine necessary actions.

c. Complaints will be handled as follows:

(1) Complaints including child abuse allegations will be handled according to paragraph 2–22.

(2) Actions related to other complaints will be initiated within 3 working days after validation of the complaint.

(3) A status report of complaint action will be provided to the individual/agency lodging the complaint.

d. All complaints either written or verbal will be maintained in the FCC provider's file.

e. FCC providers will have the right to review and refute all complaints registered against them.

6–38. Unauthorized child care

When unauthorized child care occurring in Government owned or leased housing is brought to the attention of CDS the following steps will be taken:

a. FCC management personnel will visit the home within 3 working days, to verify whether or not an individual is operating a FCC home without valid certification. FCC management personnel will not enter the housing unit without the consent of an adult occupant. If the occupant refuses admittance, the Provost Marshall will be contacted.

b. If it is determined that care in excess of 10 child care hours per week is being provided on a regular basis, the individual providing care will be informed in writing within two working days after the visit by the installation commander of the violation and given notice to cease care immediately. Those individuals occupying Government housing will be advised that their housing privileges may be terminated if the care continues. A copy of this letter will be sent to the DEH.

c. If the individual expresses a willingness to become certified and if there is an opening in the FCC caseload, the director may begin certification procedures which include the following:

(1) Local background check.

(2) Orientation training.

(3) Consent for home inspections.

(4) Child abuse prevention training.

(5) Successful completion of fire, health and safety inspections.

(6) Prescreening interview.

d. If the individual is determined to be a qualified candidate, the director can on a case-by-case basis, work out a plan for care of the children which minimizes the disruption to the children already in care.

e. Parents of the children in care will be notified in writing of the status of the individual providing care; and that the person is not certified.

f. When an uncertified individual meets the criteria listed in paragraph 6–38*c* the children may return to care as long as the number of children under care is in accordance with this regulation and the following restrictions are in effect:

(1) No additional children will receive care until all requirements for provisional certification are complete.

(2) FCC management personnel will make unannounced visits to the home at least weekly until all requirements are complete.

(3) If the individual does not become provisionally certified at the first possible opportunity after the resumption of care, the FCC home will be closed. The individual involved will be advised of this policy.

g. When an individual who has been notified in writing of violation of Army FCC requirements, has made no attempt to begin certification process (within 10 days of receipt of notice of violation and is continuing to provide care), CDS personnel will again notify the installation commander and the family housing personnel in writing along with a recommendation as to further action.

6–39. Care at remote sites/small installations

The following will apply to small Army installations or remote sites where there are no CDS delivery systems, and there are no more than 35 family housing units, but Government owned or leased housing exists and there are fewer than 10 individuals caring for children on a regular basis.

a. Family members providing care must—

(1) Meet the minimum age, health, and background clearance requirements.

(2) Comply with the minimum fire, health and safety requirements. Checks will be completed by proponent agency at closest installation through a written letter of agreement.

(3) Observe FCC adult/child ratios and maximum group sizes and comply with patron eligibility requirements.

b. Individuals will not receive Army FCC certification.

c. State certification may be required depending on local law and the type of jurisdiction exercised over the installation.

d. The DPCA, officer or civilian employee occupying a comparable position will have overall installation responsibilities for child care in these housing units.

e. MACOM CDS proponent or designated representatives will provide on site technical assistance and maintain professional oversight to ensure compliance with the requirements as stated.

f. Care may be initiated under these conditions only if it has been determined by the installation and MACOM that the child care need is very limited i.e., 10 or fewer potential homes and no center-based services.

Section VI
Health and Nutrition Compliance Requirements

6–40. Health inspection requirements

a. Health inspections within each FCC home will be conducted by installation preventive medicine officials or designee prior to final certification, annually thereafter, (based on a calendar year), or more often as needed per local requirement to ensure CDS standards are met. (See app C.)

(1) On installations with more than 15 FCC homes, signature authority may be given to FCC management personnel to conduct some of the remaining inspections if preventive medicine officials have formally provided training to FCC management personnel prior to such inspections.

(a) Preventive medicine officials will conduct a minimum of five inspections jointly with FCC management personnel to ensure standards are applied consistently.

(b) Validation of training will be recorded on DA Form 4841–R by the preventive medicine officials. The FCC director/outreach worker will sign DA Form 4841–R in the health consultant block in those cases where FCC personnel solely conducted the inspection.

(2) Preventive medicine officials will inspect all homes of FCC applicants and active FCC providers that are identified as high risk. High risk homes include homes where—

(a) FCC providers are 18–20 years old.

(b) FCC providers take care of only infants and/or toddlers.

(c) FCC providers are caring for children with special conditions or circumstances to include but not limited to:

1. Mild illness.

2. Exceptional family member placement.

3. Sudden Infant Death Syndrome (SIDS) vulnerability.

4. Developmental lags/failure to thrive.

5. HIV diagnosis.

6. Family advocacy placement.

7. Special needs involving a handicapping condition.

8. Medically fragile children and children on high risk technical equipment (e.g., monitors).

(d) Homes in categories listed in paragraph 6–40*a*(2)*(a)* and *(b)* will be visited within six weeks of child placement. Homes in paragraph 6–40 will be visited before children are placed in home and will receive follow up visits within 6 weeks.

(3) Upon request, preventive medicine officials will visit FCC homes where health related problems are identified by FCC management personnel.

b. The FCC provider will identify an area within the home when children who become ill after arrival at the FCC home may be isolated and observed.

6–41. Sanitation operational requirements

a. The FCC director in coordination with health consultant and the DEH officials will determine local standards for orderliness and cleanliness of FCC home areas used for direct and support services to children.

b. The FCC provider will be responsible for daily monitoring of FCC home interior spaces to ensure all home spaces meet all local fire, health, and safety standards as required in this regulation.

Section VII
Facility Compliance Requirements

6–42. Facilities requirements

a. Occupancy approval. Family housing units authorized for dependent habitation may be considered for use as FCC homes. Each individual housing unit must receive certification to be used as an FCC home.

b. Structural changes. No structural changes including the removal/addition of walls, flooring and major construction work may be made in quarters used for FCC homes for the provision of child care without the permission of the DEH.

c. Identification card. An 8½ by 11-inch identification card containing the information in DA Label 176 will be used to identify family housing units used as FCC homes and will be placed in a window that is observable from the street.

6–43. Maintenance and repair

a. Facilities engineers will maintain FCC homes according to established fire and safety standards for Government quarters and CDS minimum standards for FCC homes. Maintenance and repair of Government-controlled quarters will not exceed maintenance and repair standards outlined in AR 210–50.

b. The FCC provider will ensure that the FCC home is—

(1) In good repair.

(2) Maintained in a hazard free, safe, and clean condition.

(3) Free from any evidence of vermin or rodent infestation.

c. FCC providers living in Government owned or leased housing units will submit facility work orders when repairs are necessary.

d. Areas used for care of children in the FCC home will have floors and walls that can be fully cleaned and maintained and are nonhazardous to the children's health.

e. FCC home areas used for direct and support services to children will be maintained to meet local minimum standards of orderliness and cleanliness.

6–44. Lighting

Each room occupied by children in care will have sufficient lighting to support child activities.

6–45. Circulation and ventilation

Each room occupied by children will have circulation and ventilation sufficient to reduce odors and allow for child comfort.

6–46. Climate control

In the interest of energy conservation FCC homes are strongly encouraged to comply with the 65°F. winter temperature restrictions. Room temperature will be kept between 78 and 80°F. during the summer months. Air conditioning units or systems will not be provided by the Army solely for the purpose of meeting cooling requirements for FCC homes.

6–47. Standards for privately or commercially owned housing on a military installation

a. Wherry and Government leased housing. Existing Wherry and Government leased housing must meet structural, fire, safety and health standards as required by this regulation. Compliance must be verified by the FCC director and the DEH before FCC certification will be granted.

b. Mobile homes and trailers. Mobile homes/trailers must meet the following criteria.

(1) Construction of mobile homes will meet the requirements of Housing and Urban Development (HUD), Part 3280, title 24, Code of Federal Regulations except as modified below.

(a) All rooms used for sleeping, dining, and general living, excluding bathrooms will have at least two means of egress/escape, one of which may be a window. Window egress will be less than 22 inches from the floor and have a minimum clear opening of 5 square feet.

(b) All rooms used for sleeping, dining, and general living excluding bathrooms will be provided with a battery operated or hard wired smoke detector in addition to those already required in hallways by the code referenced in paragraph 6–47*b*(1).

(c) Interior finishes for new and existing mobile homes will meet the code reference in paragraph 6–47*b*(1).

(d) A smoke detector will be installed in the kitchen or a sprinkler will be tied into the domestic water system.

(e) An operable multi-purpose ABC dry chemical extinguisher (minimum 2½ pounds) fire extinguisher will be provided and located in the kitchen, at a wall height of not less than 48 inches to the bottom of the extinguisher.

(f) A skirted barrier will be provided around the exterior walls to prevent children from gaining access into the open space beneath the home. The barrier will be of substantial construction with noncombustible materials, or the same type of materials used for the exterior walls of the home. Child proof locks will be provided on access doors to crawl spaces.

(g) Handrails will be provided where there are more than two entrance steps to the home. The handrail will be at least 30 inches high and have intermediate rails or an ornamental design, such that a sphere 6 inches in diameter cannot pass through any openings in such handrails. Height of handrails at the top of the stair landings, if provided, will be at least 36 inches.

(h) Entrance steps will have slip-resistant treads.

(i) Compliance must be verified by the FCC director and DEH before FCC certification will be granted.

(2) Before privately or commercially owned housing may be certified, the owner must sign a consent for home inspection (fig 6–3) allowing inspection of the home by FCC and DEH personnel as required by this regulation. Any deficiencies must be corrected at the owner's expense prior to FCC certification.

Section VIII
Fire Prevention Compliance Requirements

6–48. Fire prevention structural requirements

FCC homes will meet the requirements of National Fire Protection Association (NFPA) 101, except as modified by this regulation.

a. Housing units located above the fourth floor in a multi-story building may only be used for FCC if the rescue equipment of the servicing fire department can reach the housing unit's exit window within 10 minutes from the time the fire is reported.

(1) The installation fire marshal will be authority for assessing and validating, in writing, the capability of the servicing fire department. This validation must be noted in the current files of both the installation fire chief and the FCC director.

(2) Validation will be renewed annually by the fire chief, and will be signed and dated on the file copies of the original certification.

(3) Rescue equipment is defined as aerial ladder trucks or portable ladders capable of reaching and serving as a means of evacuation for occupants above ground floor.

b. Each floor level that is occupied by children in care will have at least two means of escape, at least one of which shall be a door or stairway providing a means of exiting the building at street or ground level. The second means of escape may be a window according to 11–2.11.1 NFPA 101.

c. In a dwelling of unprotected wood frame construction, every room used for sleeping, living, or dining will have least two means of exit, one of which may be a window.

d. In a multi-story building with open stairways where levels above the ground are used for care, there will be a smoke detector on each floor in a shared hallway.

e. The housing unit will have a battery-operated or hardwired smoke detector inside the individual housing unit used for child care.

f. Open fireplaces, portable combustion space heaters, and electric heaters may not be used as a heat source on areas accessible to children.

6–49. Fire prevention operational requirements

a. Fire inspections within each FCC home will be conducted by the installation fire marshal prior to provisional certification, annually thereafter, or more often as needed according to local requirements to ensure CDS minimum standards are met.

b. Housing units, garages, and surrounding yards will be checked daily for potential fire hazards by the FCC provider. Conditions posing a threat to the children will be corrected immediately.

c. FCC providers will be trained in evacuation procedures by the fire marshal as part of the certification training.

d. The FCC provider will have an operable multi-purpose ABC dry chemical extinguisher (minimum 2½ pounds).

e. FCC providers will have a contingency plan for the evacuation of all children from the FCC home. This plan will be displayed in a prominent area within view of parents.

f. Documented fire drills involving all children will be conducted by the FCC provider at least once every month at different times of the day and upon enrollment of a new child. A fire drill will be simulated at least twice a year as follows.

(1) During one quarterly visit when FCC director/outreach worker is present.

(2) During the annual fire inspection when the fire marshal is present.

g. FCC providers must be present during all times children are in kitchen areas.

h. All infant/toddler providers caring for more than two children will satisfactorily demonstrate that all children can be evacuated in less than a minute.

Section IX
Safety Compliance Requirements

6–50. Safety structural requirements

a. Each FCC provider should have a functioning telephone within the certified housing unit. A pay phone within a multiple unit dwelling will meet this requirement.

b. Lead based paint is not permitted for use in family housing units.

(1) The installation safety officer, in coordination with the health consultant, the DEH, and the FCC representative, will schedule and perform paint sampling and request chemical analysis of the paint samples obtained from dried paint that is chipped, peeling, or flaking in FCC homes as part of the certification process.

(2) When a FCC home is determined to have paint containing more than 0.06 percent lead by weight in the dry film samples above, the safety officer will request the DEH to take abatement action to eliminate the hazard.

c. Areas used for care of children will be free of—

(1) Loose asbestos particles.

(2) Ureaformaldehyde insulation.

(3) Exposed electrical wiring.

d. All open windows in rooms used by children will be securely screened, opened only from the top, or protected by a barrier.

e. Windows and doors leading to upper level balconies and porches will be secured or locked at all times children are present.

f. Any door having direct outside egress will not be left ajar without a protective barrier.

g. Doors to closets and bathrooms will have operable hardware, be free from dangerous protrusions, and be capable of being unlocked from either side.

h. Every closet door latch will be such that children can open the door from the inside.

i. Every bathroom door lock shall be designed to permit the opening of the locked door from the outside in an emergency. The opening device shall be readily available to the FCC provider.

j. Sliding glass doors will be plainly marked at child eye level to avoid accidental impact.

k. Barriers will be provided at the entry to any stairway accessible to children in FCC homes caring for children under three years. Folding diamond shaped barrier gates will not be used.

l. Stairways used by children or adults carrying children will be carpeted or have nonslip treads, be lighted, and free of all hazards. Stair treads will be uniformly slip resistent and free of projections or lips that could trip stair users.

m. Refrigerators and freezers that are not in use will have the doors removed or secured to prevent opening.

n. Floors will be free from protrusions, holes, and splinters.

o. Extension cords must meet Underwriters Laboratory (UL) standards and will be used only with the permission of the fire marshal.

p. Electrical appliances will meet UL and NFPA standards or comparable host nation standards and may not have cords that are frayed or damaged.

q. All electrical outlets will be covered with child proof outlets when not in use.

r. At least one operable flashlight will be provided in a location accessible to the FCC provider for use in the event of a power failure.

s. Heating elements, including hot water pipes, fireplaces, and woodburning stoves located in areas used by children will be insulated, protected, or barricaded so that children cannot come into contact with them when in use.

t. Outdoor play space will be free of hazards including debris, broken glass, peeling paint, tools and construction materials, water holes, wells, and open drainage ditches. Any such hazards will be fenced, protected, or removed as appropriate.

u. Those items i.e., non slip surfaces on stairs which are required by the NFPA Life Safety Codes for all family housing will be the responsibility of the DEH to install and maintain.

v. Those items i.e., electrical outlet covers that are required to meet specific FCC requirements will be the responsibility of the FCC provider to install and maintain.

6–51. Safety operational requirements

a. Safety inspections within each FCC home including common areas in multi-unit buildings, equipment, and outside surroundings will be conducted by a installation safety officer or suitably trained professional according to AR 385–10 prior to provisional certification, annually thereafter, or more often as needed per local requirements to ensure CDS standards are met.

b. The FCC provider will be responsible for daily monitoring of FCC home interior spaces and outside activity areas regularly used by children for potential safety hazards, and taking corrective action regarding same.

c. Indoor and outdoor program equipment, toys, and materials will be safe, durable, in working order, and have a nontoxic finish.

d. 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.

e. Firearms, ammunition, and other weapons, poisons, flammable or caustic materials, and insecticides will be stored in locked

cabinets. Firearms will be unloaded at all times children are in the home. Firearms and ammunition will be stored separately.

f. Current instructions will be posted at each telephone to facilitate calling for ambulance, medical, fire, and military police service.

g. Child care activities are prohibited in rooms that have a furnace, domestic water heater, gas meter, or open flame heater. This does not apply to heaters and meters of the type used within living areas OCONUS.

h. Wherever possible flammables such as gasoline, kerosene, lighter fluid, paint, and insecticides will be stored outside the quarters in locked storage rooms provided no heat source (hot water, etc.) is present.

6–52. Program evaluation

The FCC system will be assessed for program compliance and monitored for quality assurance on a regular basis as outlined at paragraph 2–5. A quality assurance plan will be developed jointly by the FCC director, outreach worker(s), and the EPS assigned to the FCC system. Major program oversight components include—

a. Use of an environmental rating scale on an on-going basis with assessment completed annually by FCC management personnel to—

(1) Systematically assess individual FCC homes to quantify acceptable levels of care.

(2) Identify caregiving areas and situations which need corrective action.

b. The FCC CARAT will be used by FCC management personnel to—

(1) Assess the potential risk of child abuse or neglect allegation or situation occurring in a FCC home, as a minimum prior to full certification and before recertification. Use DA Form 5761 (Family Child Care (FCC) Risk Assessment Tool Observation Instrument), DA Form 5761–1–R (Family Child Care (FCC) Risk Assessment Tool Observation Summary), DA Form 5761–2–R (Family Child Care (FCC) Risk Assessment Tool Interview Summary), and DA Form 5761–3–R (Family Child Care (FCC) Risk Assessment Tool Report). DA Forms 5761, 5761–1, 5761–2, and 5761–3 will be reproduced on 8½ by 11-inch paper. Copies of these forms for reproduction are located at the back of this regulation. FCC providers will be afforded an opportunity to review the Privacy Act Statement on the DA Form 5761–R prior to use of the CARAT.

(2) Review the FCC system and the individual FCC provider's administrative procedures and operational policies whenever a child abuse allegation is made against a FCC home.

c. Ten percent or a minimum of five provisionally certified homes and 10 percent or a minimum of five certified FCC homes will be randomly selected for review (by the DATR) in addition to the management structure of the FCC system. Results of the DATR will be used to focus management concerns, plan FCC provider training and program improvement initiatives, support budget and personnel requests and review internal procedures. Evaluation data from the following sources will be included:

(1) Annual facility and program reports.
(2) Quality of life standards.
(3) Patron satisfaction survey(s).
(4) Environmental rating scale.
(5) FCC system Productivity Analysis Sheets (when available).
(6) Internal control checklists.
(7) Proponent inspections.
(8) USDA CCFP enrollment.
(9) FCC management personnel qualifications.
(10) FCC providers' qualifications and training records.
(11) FCC CARAT.
(12) Special investigations e.g., Article 15–6, CID Crimes Prevention Survey, USDA CCFP audits, Army Audit Agency.
(13) State licensing inspections if applicable.
(14) FCC system response to unauthorized child care.
(15) Trip reports resulting from higher headquarters visits.

ARMY CHILD DEVELOPMENT SERVICES
FAMILY CHILD CARE CERTIFICATION

HAVING SATISFACTORILY MET ALL REQUIREMENTS AS OUTLINED IN AR 608-10

SUSAN B. SMITH

IS HEREBY PROVISIONALLY CERTIFIED TO OPERATE A

FAMILY CHILD CARE HOME

IN QUARTERS 100

AS PART OF THE Fort Smith **FAMILY CHILD CARE HOME SYSTEM**

HOME CATEGORY: Multi-Age

RESTRICTION/EXCEPTIONS: None

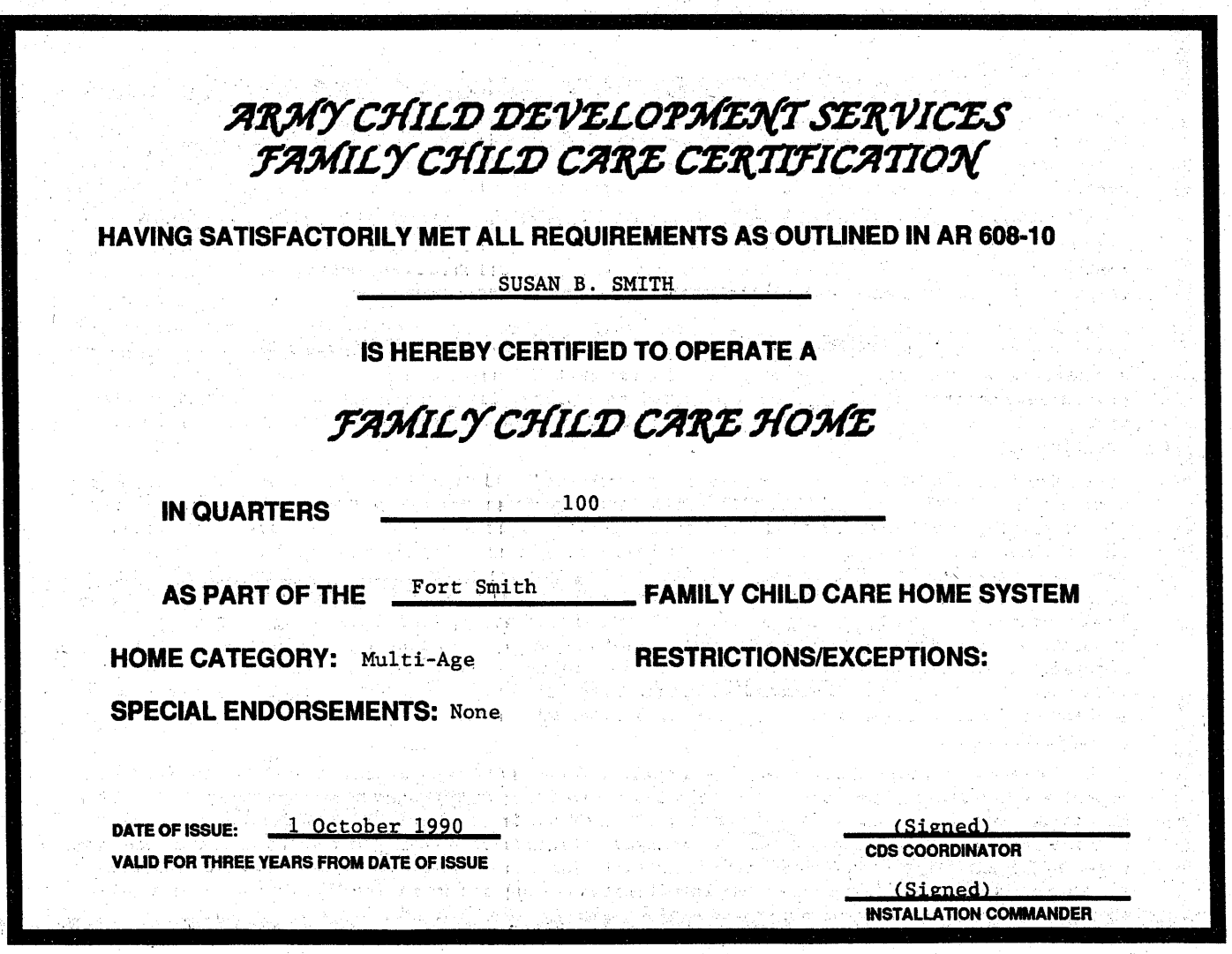
(Signed)
FAMILY CHILD CARE DIRECTOR

DATE OF ISSUE: 1 April 1990

VALID FOR NO MORE THAN TWELVE MONTHS FROM DATE OF ISSUE

(Signed)
INSTALLATION COMMANDER

Figure 6–1. Sample FCC provisional certification document



ARMY CHILD DEVELOPMENT SERVICES
FAMILY CHILD CARE CERTIFICATION

HAVING SATISFACTORILY MET ALL REQUIREMENTS AS OUTLINED IN AR 608-10

SUSAN B. SMITH

IS HEREBY CERTIFIED TO OPERATE A

FAMILY CHILD CARE HOME

IN QUARTERS 100

AS PART OF THE Fort Smith **FAMILY CHILD CARE HOME SYSTEM**

HOME CATEGORY: Multi-Age **RESTRICTIONS/EXCEPTIONS:**

SPECIAL ENDORSEMENTS: None

DATE OF ISSUE: 1 October 1990
VALID FOR THREE YEARS FROM DATE OF ISSUE

(Signed)
CDS COORDINATOR

(Signed)
INSTALLATION COMMANDER

Figure 6–2. Sample certification document

Provider Statement of Understanding Regarding Family Child Care

a. I fully understand that certification as a Family Child Care (FCC) Provider will allow me to provide child care services in accordance with (IAW) the provisions of AR 608–10, Child Development Services, and other applicable laws, regulations, and procedures. I will allow announced and unannounced inspections of my home and program assessment by the installation commander's appointed representatives as part of the FCC certification process and to maintain my FCC certification status.

b. I further understand that FCC Providers are not goverhment employees. As a FCC Provider, I will not have a contract with the U.S. Army to provide services to or in behalf of the U.S. Army. Any contracts that may exist will be between myself and individual families seeking care for their children. In this regard, I am an independent contractor.

c. As an independent contractor I will be legally responsible for my own actions, and primarily and individually liable for any injury or harm that may occur to children under my care as a result of any negligent or intentional act or omission on my part. Because, as a FCC Provider, I am not a government employee, the United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law, which would allow it to be sued on account of my actions as an FCC Provider.

d. I understand that the Risk Management Program (RIMP) administered by the Commander, U.S. Army Community and Family Support Center has established a program to provide for the payment of certain claims arising from the activities of certified providers while providing authorized child care. Such claims are generally limited to certain negligently caused injuries or death of children receiving care under the FCC program. Claims arising from the transportation of such children in motor vehicles and claims involving loss or damage of property are not included. Claims are processed in accordance with AR 27–20, Chapter 12. I understand that his limited claims program in not a substitute for private liability insurance. The decision to carry such private insurance is an independent business decision to be made by me. Regardless of my decision to carry such private insurance, I understand that compliance with all regulatory requirements, to include any necessary payment to the installation morale, welfare, and recreation fund, is a precondition to my achieving FCC certification.

e. I agree to conduct child care IAW all applicable laws and regulations. I will immediately report all incidents of personal injury and death involving children under my care to the FCC director. I will also immediately notify the FCC director in the event that I am served with a court summons or complaint regarding a suit for damages arising from an injury or death to a child under may care. I also agree that I will cooperate fully with claims investigators and make my home available for their inspection with regard to the investigation of any claim arising from an injury or death to a child under my care. I acknowledge receipt of a summary of all regulatory guidance and other applicable laws, command guidance and local SOPs that govern the operation of FCC on this installation.

(Date) *(Signature of Family Child Care Provider)*

(Type or printed name)

(Address)

Figure 6–3. Provider statement of understanding regarding Family Child Care

Parental Statement of Understanding Regarding Family Child Care

a. I fully understand that Family Child Care (FCC) is available through the FCC delivery system from family housing located on military installations or in U.S. Government-owned or U.S. Government-leased family housing located off the installation. FCC is provided by Army certified and provisionally-certified family members who have been authorized to provide child care.

b. I also understand that Army certified and provisionally-certified FCC Providers are not Government employees acting within the scope of employment when performing child care activities under the provisions of Army regulation. Any contract, either oral or in writing that I make with a FCC Provider is a personal matter between myself and the FCC Provider concerned. The Government has no obligation to settle disputes between us on any issues regarding fees or other matters concerning the availability or quality of the child care services provided.

c. I understand that each Army certified and provisionally-certified FCC Provider receives some training before being allowed to provide child care and that a background check is performed on each FCC Provider within existing resources and capabilities. Nevertheless, I understand that the United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law, which would allow it to be sued on account of any act or omission--criminal, intentional, negligent, or otherwise--by a FCC Provider that causes any injury or death to a child placed under the care of that provider.

d. I understand, that the Risk Management Program (RIMP) administered by the Commander, US Army Community and Family Support Center has established a program to provide for the payment of certain claims arising from the activities of certified FCC providers. Such claims are generally limited to certain negligently caused injuries or death of children receiving care under the FCC program. Claims arising from the transportation of such children in motor vehicles and claims involving loss or damage of property are not included. Claims are processed in accordance with AR 27-20, Chapter 12.

e. The claims program does not provide for any death, injury, or other loss caused by the operation of a motor vehicle regardless of the degree of fault, if any, on the part of the FCC Provider. (Note that FCC does not contemplate the use of motor vehicles in transporting children.) A child will not be transported in a motor vehicle by a FCC Provider unless specifically authorized in writing by the child's parent or guardian. Such transportation is at the risk of the FCC Provider and parent or guardian concerned. Parents and guardians are responsible for determining on their own, the amount and extent of a FCC Provider's automobile insurance policy coverage and whether or not that policy specifically covers a death or injury occurring to a child being transported by the FCC provider during the course of conducting a child care business.

(Date) *(Signature of parent guardian)*

(Typed or print name)

Optional permission/waiver regarding transportation of children in vehicles

I, _____, hereby authorize _____ to be transported by _____ in a motor vehicle for the following purpose(s) indicated:

_____

_____

_____

_____

I have read the material of this document regarding automobile insurance coverage and (check one of the following):

Figure 6–4. Parental statement of understanding regarding FCC

_____ I am satisfied based on my own review that the FCC Provider or other person I have authorized to transport my child has adequate automobile insurance coverage and that the provisions of the automobile insurance policy specifically cover injuries and deaths arising out of an automobile accident occurring during the course of conducting a child care business.

_____ I specifically agree to hold the FCC Provider (or other person I have authorized to transport my child) harmless from any claim or suit at law based on a death or injury to my child caused by the negligence of the FCC Provider or authorized driver during the course of transporting my child by motor vehicle as authorized above to the extent that such loss is not otherwise covered by the terms of the FCC provider's or authorized driver's automobile insurance policy.

(Date) *(Signature of parent/guardian)*

Figure 6–4. Parental statement of understanding regarding FCC—Continued

Chapter 7
SPS System Component Requirements

Section I
Overview

7–1. General

a. Chapters 1 through 4 apply to the programs and services in the SPS system with the exception of statements referring specifically to Army operated FCC homes or CDCs.

b. SPS programs will meet the system component requirements specified in chapter 5 and chapter 6 for the type of care setting i.e., center-based or quarters-based care unless the requirements are waived or specified differently within this chapter. In center-based settings, CDC facility standards are waived when parents are on-site or immediately accessible for the duration of the child care session. However, installation fire, safety, health, and SPS proponents must certify that the site meets basic safety and health needs according to local SOPs.

c. The SPS delivery system will provide common support services for existing CDC and FCC systems, offer optional programs and services to supplement the CDC and FCC services when there is an unmet demand for child care, and serve as an alternative delivery system at remote sites or small installations where establishment of a CDC or FCC homes is not feasible.

d. SPS will be implemented as an alternative child care delivery system to the extent necessary to augment and support the CDS CDC and FCC delivery systems. Selected SPS options may be implemented in remote sites in lieu of CDC and FCC systems when child population is not large enough to support a CDC and/or homes are not available for quarters-based services.

e. The SPS system centralizes the coordination of some common services i.e., parent education, central registration, and training and referral of CDS volunteers, validation of family care plans, coordination of CDS support role in training exercises and mobilization plans. This coordination role is necessary to allow the CDC and FCC delivery systems to focus on basic quality assurance factors needed to ensure the health, safety and well being of children in care.

f. Retention of first term soldiers is influenced by the attitudes of family members perceptions of the responsiveness of the Army to meet family needs. Critical reenlistment periods coincide with soldiers' major child rearing years. Many of the SPS child care options are low cost and promote soldier retention by allowing military families to participate more fully in military life i.e., as volunteers, through attendance at command functions and unit sponsored events, and as patrons of ACS and morale, welfare and recreation services.

g. SPS provide or support a balance of quality care options that are affordable, convenient to the work site, and readily accessible to military and civilian families. Many SPS options—

(1) Are responsive to family members concerns about availability of care surfaced through symposia and reflected as issues in the Army Family Action Plan.

(2) Help meet the installation need for occasional care, thereby increasing the amount of full-day services available in CDC and FCC systems.

(3) Offer low-cost alternatives particularly responsive to the needs of junior enlisted soldiers.

7–2. Structure and policy

a. SPS will be considered an integral part of the overall operation of CDS.

b. The SPS delivery system will maximize program integration potential among CDS delivery systems, and between CDS delivery systems and other installation activities.

c. The following SPS are designated as common support services which provide support to CDC and FCC systems. These services will be implemented as part of the SPS delivery system on installations having CDC and FCC systems.

(1) *Parent education services.* Centralized management and delivery of parent education services including CDS newsletters, resource libraries and special events (e.g., Month of the Military Child) for all CDS delivery systems will be coordinated by SPS on installations with CDC and FCC systems.

(2) *CDC volunteer services.* Centralized recruitment, management, training and referral of volunteers working in CDS programs will be coordinated by SPS on installations with CDC and FCC systems.

(3) *CDS resource and referral service.* Provision of on and off-post child care referral services when installation CDS programs cannot meet child care demands, and assistance in placement of children in CDS programs Army-wide prior to or in conjunction with soldier permanent change of duty station. When installation waiting lists for care exist, the CDS resource and referral service should be implemented prior to significantly expanding CDC and FCC services.

(4) *CDS central enrollment registry service.* This service functions as a "one stop" CDS program registry service for patrons and as a resource management measure to centrally track and monitor child vacancies and waiting lists in all CDS delivery systems on installations with CDC and FCC systems.

d. SA/LK program services for children of dual military couples, dual working couples and single soldiers when children require supervision during duty hours before and after school, on school holidays, during school vacations, on teacher inservice days and during school closings. The SA/LK program will be implemented when an installation needs assessment supports the requirement. Proponency of the SA/LK program is determined by the commander. Either CDS or YS may be designated as the proponent.

e. The following SPS programs are designated as optional programs or services and may be implemented at the discretion of the installation commander.

(1) *Short term alternative child care (STACC) Program.* Provision of on-site hourly group child care within the same building where the parents or guardians of all children in care are attending the same on-post function.

(2) *Child care programs for civilian employees.* Technical assistance and program oversight of child care programs established for the purpose of providing child care to children of Department of Army (DA) civilian employees when such children can not be accommodated within CDS operated facilities.

(3) *SPS homes.* Private homes located off-post and operated by family members or off post civilians which provide child care services for Army patrons under an agreement between the Army and the appropriate state/county or host nation agency.

(4) *Volunteer child care in unit settings (VCCUS).* Low-cost alternative programs that enable free child care services to be provided by family members in one military unit or organization for family members in another military unit or organization (or within the same military unit or organization) in exchange for similar services at a future, mutually agreed upon time.

(5) *CDS babysitter training and referral service (BTRS).* Training and referral services for adult and teen family member babysitters living on and off the installation. When this service is offered it will be offered by the CDS SPS system. The function will no longer be assumed by ACS.

(6) *Parent co-ops.* Low-cost alternative programs established to provide care for children whose parents are available to participate in the operation and management of this care option in return for free or reduced rate child care.

(7) *Private organization child care.* Private organizations may operate child development programs on installations when services comply with all center-based requirements except those applicable only to government employees.

(8) *Contracted programs and services.* Third party contractors may operate child development programs on installations when services comply with all AR 608–10 requirements except those applicable only to Government employees.

(9) *Special interest programs.* Programs that include CDS oversight of child care services provided by Army activities, other than CDS, to meet unique patron care requirements related to these activities and not available through CDS operated programs e.g., chaplain sponsored preschool, EFMP child care program.

(10) *Alternative sick child care programs.* Programs which cover child care for sick children offered within a MTF or in a separate facility outside the CDC. Technical assistance and support to CDC and FCC systems offering sick care options.

(11) *Foster Grandparent Program services.* Programs which cover placement and training of foster grandparents within CDS delivery systems when CDS participates in this national program sponsored under the auspices of ACS.

(12) *Other.* Other alternatives recommended by the CDS coordinator and approved by the installation commander may be implemented on a pilot basis when approved by the MACOM and USACFSC (CFSC–FSC).

f. Optional SPS may be authorized under any of the following conditions:

(1) Existing CDS delivery systems are unable to absorb increased requirements for services.

(2) Existing CDS delivery systems are unable to meet requirements for unique services necessary to meet the needs of installation service members and their children.

g. Optional SPS will be implemented only upon the recommendation of the CDS coordinator and with the approval of the installation commander. Approval for implementation will be based on—

(1) Documented need for programs and services.

(2) Sufficient CDS oversight to assure that programs and services will meet the guidelines of this regulation and can be monitored by CDS management personnel.

(3) The availability of funding and resources to support optional SPS to ensure program quality assurance, and maintain affordable charges for services.

(4) Completion of an installation SOP stating the operational requirements of the option.

h. The following SPS care options are authorized at remote sites and small installations where comprehensive CDS are not feasible i.e., eligible child population is insufficient to support a CDC operation and/or the number of Government housing units or pool of potential FCC providers insufficient to establish a FCC system. CDS oversight is required to ensure the following care options meet the guidelines of this regulation.

(1) CDS resource and referral services.

(2) CDS babysitter training and referral service.

(3) SPS homes.

(4) VCCUS.

(5) Parent co-ops.

i. SPS may be provided as follows:

(1) Programs that receive technical assistance and oversight from the SPS director, the CDS coordinator and all regulatory proponents for CDS systems i.e., Parent Co-ops, VCCUS, contracted operations, child care services for civilian employees, special interest programs, private organization child care.

(2) Programs and services managed by CDS i.e., Resource and Referral, BTRS, central registry, STACC, parent education, Foster Grandparent Program, Volunteer Services in CDS programs, SPS homes, SA/LK, alternative sick child care program.

j. All SPS programs and services must comply with the provisions of this regulation except as specified.

Section II
Program Management Compliance Requirements

7–3. Management oversight

The SPS delivery system will be staffed by professionally qualified personnel who meet the requirements for the SPS director and SA/LK specialist standard positions descriptions to be included in DA Pam 690–41. DA Pam 570–551 will be used to staff the SPS system.

a. The SPS director will manage and direct all aspects of the SPS delivery system, including those personnel, programs, space, and financial resources allocated to specific programs and services.

b. On small installations where an SPS director position is not authorized, the CDS coordinator should dual function in this position rather than dual function as the center director or FCC director. The FCC director may dual function as the SPS director when the total number of installation FCC homes is 15 or less.

7–4. Parent involvement

a. Parents will be kept informed of matters relating to the management of the SPS system especially as it impacts on the provision of SPS programs which involve extensive family member participation.

b. Paragraphs 4–17*b* and 5–4 apply to parent co-ops, contracted programs, special interest programs, SA/LK programs, and child care for civilian employees.

c. Paragraphs 4–17*b* and 6–4 apply to SPS homes.

7–5. Business operations

a. Fiscal operations and productivity in SPS operations will be regularly monitored by the SPS director and reported in writing a minimum of monthly to the CDS coordinator.

b. SPS personnel will calculate utilization rates and cost per hour for SA/LK programs, when CDS is the proponent, and for STACC services.

7–6. SPS resource/lending library

a. The SPS director will establish an SPS resource/toy lending library to support SPS programs. Content should be selected based on installation need and reviewed for safety.

b. FCC resource/toy lending library and the ACS lending closet inventories and organizational structures will be taken into account to prevent unnecessary duplication of items or service.

7–7. USDA CCFP

The following SPS programs where eligible will be included in the USDA CCFP per paragraph 4–5.

7–8. SPS personnel criteria

See table 7–1 for guidance on personnel criteria.

7–9. Training
See table 7–1 for guidance on training.

7–10. Child abuse prevention and response
See table 7–1 for guidance on prevention and response.

Section III
Program Operations Compliance Requirements

7–11. Operating hours
a. SPS operational hours will be determined based on—

(1) Soldier mission requirements.

(2) Family member needs.

(3) Availability of center and quarters-based care.

b. See paragraph 5–11 for guidance applicable to center-based SPS programs offering full-day care.

c. See paragraph 6–22 for guidance applicable to SPS homes.

d. Operating hours for intermittent SPS programs e.g., STACC, and VCCUS will be determined based on installation needs.

e. Operating hours for SPS services may require some evening or weekend hours to ensure services are available to patrons.

f. Work schedules for SPS management personnel will be flexible, if necessary, to ensure availability during the full range of hours SPS programs are in operation.

7–12. Standing operating procedures (SOPs)
SOPs will be written to ensure cost effective and developmentally appropriate programs and services within the SPS system. SOPs will be available to patrons, SPS personnel, family members and command representatives. SOPs will be written for each SPS program and service and will include provisions as determined applicable by the SPS director.

a. Resource management to include facility space, equipment, personnel, and training for SPS programs.

b. Program guidance to include interpretation of policies, regulations, and procedures required for the efficient operation and management of each program or service.

c. Compliance with applicable standards to include criteria for facilities, safety, fire, nutrition, health, and developmental programming.

d. Prevention, response to, identification and reporting of child abuse allegations within SPS settings according to paragraphs 2–22 and 2–23.

e. Program operations to include—

(1) SPS resource/toy lending library.

(2) Applicable items in paragraphs 5–12*f* and 6–24 as specified.

f. Administrative procedures to include—

(1) Centralized CDS waiting list.

(2) Centralized CDS parent education plan.

(3) Applicable items in paragraphs 5–12*g* and 6–24*g*.

g. Contingency plans according to paragraph 5–12*h* for all center-based programs and according to paragraph 6–13 for SPS homes and home-based parent co-ops.

h. Reporting outbreaks of diseases according to paragraph 2–20*b* for all SPS programs.

7–13. Age composition, ratios, and group sizes
a. All SPS programs occurring within centralized facilities will be staffed and grouped according to the minimum mandatory ratios and group sizes in paragraph 5–13 and table 5–1 or 5–2.

b. All SPS programs occurring in home settings (SPS homes, home-based parent co-ops) will be staffed and grouped according to the minimum mandatory ratios and group sizes in paragraph 6–26 and table 6–1.

Section IV
Compliance References

7–14. Program management references
The SPS director will determine applicable portions of the following in accordance with installation requirements for inclusion in SOPs for each installation selected program and service.

a. See chapter 4 section II for general information.

b. See chapter 5 section II for center-based services.

c. See chapter 6 section II for quarters-based services.

7–15. Program operations references
The SPS director will determine applicable portions of the following according to installation requirements for inclusion in SOPs for each installation selected program and service.

a. See chapter 4 section III for general information.

b. See chapter 5 section IV for center-based information.

c. See chapter 6 section IV for quarters-based information.

7–16. Developmental programming references
The SPS director will determine applicable portions of the following according to installation requirements for inclusion in SOPs for each installation selected program and service.

a. See chapter 4 section IV for general information.

b. See chapter 5 section V for center-based information.

c. See chapter 6 section V for quarters-based information.

Section V
Common Support SPS Compliance Requirements

7–17. General
The following SPS support CDC and FCC systems as specified in paragraph 7–2*c* this regulation. These will ensure eligible patrons receive comparable, consistent services at all CDS locations Armywide.

7–18. Parent education services
a. The SPS delivery system will provide a central point for coordination of parent education training, resources, and special events for all CDS delivery systems. SPS will coordinate this service when both CDC and FCC systems are on the installation.

(1) Parent education programs will be offered for parents enrolled in the CDC, FCC, and SPS systems.

(2) CDC and FCC system directors will be responsible for the selection and implementation of parent education training in CDC and FCC systems.

b. The SPS director will support all CDS delivery systems by—

(1) Developing an SOP for parent education services which includes—

(a) Services offered.

(b) Coordination requirements with CDC and FCC delivery systems.

(c) SPS responsibilities.

(d) Recordkeeping and reporting requirements.

(2) Working with CDS system/program directors to develop and execute an annual parent education training plan for all CDS delivery systems.

(3) Serving as the central POC for all parent education services offered within CDS systems.

(4) Coordinating with other agencies to ensure there is no duplication of parent education services.

(5) Arranging for speakers, special programs, and classes that are of interest to all CDS parents.

(6) Coordinating, preparing, and distributing newsletters for all CDS systems.

(7) Serving as the CDS POC for designated special events e.g., Month of the Military Child.

c. Parent education training sites will be locally determined by CDS system directors.

d. Parent education services will be offered at a time and in a manner which is convenient for users.

e. The SPS director will maintain the following records:

(1) Annual parent education training plan.
(2) Title, and date of sessions offered.
(3) Number of participants per sessions.
(4) Annotated summary of each training session.
(5) Listing of resources available for parents.

f. Parent education services will be evaluated as part of the DATR and with a patron satisfaction survey.

7–19. Volunteer services in CDS programs

a. The SPS delivery system will provide a central point for recruiting, managing, training, and referral of volunteers in all CDS systems. The SPS director will—

(1) Develop an SOP for services of volunteers in CDS programs which includes—

(a) Program management and operation.

(b) Personnel criteria.

(c) Training.

(d) Child abuse identification, prevention, and response procedures.

(e) Recordkeeping.

(2) Serve as the CDS POC with the installation volunteer coordinator (IVC).

(3) Ensure CDS volunteers are processed through the IVC.

(4) Attend IVC Advisory group meetings as required.

(5) Ensure all regularly scheduled CDS volunteers complete a program application which requires at least two personal references and includes the following:

(a) A waiver authorizing background checks.

(b) Information about arrest or conviction records.

(c) Information about interests and child rearing practices including discipline.

(d) Experience directly or indirectly related to child care.

(6) Interview potential CDS volunteers to determine interest and qualifications.

(7) Coordinate placement of regularly scheduled CDS volunteers based on volunteers' desires and available positions.

(8) Provide CDS volunteers with a written description of duties and a handbook outlining CDS policies and procedures.

(9) Ensure volunteers sign the Gratuitous Service Agreement according to AR 215–1.

(10) Coordinate with all CDS system directors to determine specific program needs for these services and the personnel and training requirements for CDS volunteers in CDS programs.

(11) Determine needs for CDS volunteer services to support the SPS system.

(12) Maintain records on all CDS volunteers to include—

(a) Signed copy of Gratuitous Service Agreement.

(b) Verification of compliance with CDS volunteers requirements (i.e., health certification, training, background checks).

(c) Number of CDS volunteers and hours of gratuitous service per CDS program.

(d) Information on the CDS volunteers' interests and abilities.

(13) Schedule and/or provide CDS volunteer training as specified in local CDS volunteer SOP. Training will as a minimum, include a 2-hour orientation class, to include discipline procedures, identification and reporting of child abuse, and overall program policies.

(14) Provide CDS volunteer information necessary for the completion of DA Form 5246–R to each CDS program director and CDS coordinator as applicable.

(15) Provide documentation of service to the CDS volunteers upon termination of those services. Documentation will include total service hours, copy of CDS volunteer's position description(s), and recommendations from appropriate CDS management and staff personnel.

b. See paragraph 3–15 for the role of the CDS volunteer in the CDS delivery systems.

c. CDS volunteer services in CDS programs will be evaluated in the DATR.

7–20. CDS resource and referral services

Centralized CDS resource and referral services will be established to help patrons locate child care services when waiting lists exist for CDC and FCC services. Information will be available to sole/dual military parents to meet their needs for service compatible with age of children, duty hours, extended hours, emergency care, and care during temporary duty and field exercises.

a. Local child care referral services. The SPS director will provide program-specific information about on and off-post child care services for potential and active patrons through CDS resource and referral services.

(1) Information and assistance provided to patrons will be detailed to meet each patron's unique child care needs.

(2) The SPS director will maintain information about programs and services in the installation CDS delivery systems and available off-post child care programs. The SPS director will coordinate closely with the ACS Relocation Program to preclude duplication of service and provide up to date CDS information for ACS welcome packets.

(a) Information will include, but not be limited to, type of programming, hours of operation, fees, parent responsibilities to the program, ratios, group sizes, staff qualifications, and compliance with Army CDS or applicable State standards.

(b) Information about off-post services will be made available upon patron request.

(c) Recommendations for services will not be made.

(d) Parents will be provided with guidelines for selecting quality child care.

(3) Prior to being provided any information, parents will complete and sign the Statement of Understanding Regarding Child Care Resource and Referral Services (fig 7–1).

(4) Parents will be informed about available child care services and assisted in determining the program type most likely to meet the needs of the parent and child.

(5) Assistance will be provided to ensure the parent and child have the opportunity to visit and observe selected child care programs.

(6) Assistance will be provided in initiating enrollment procedures for on-post child care programs.

(7) Records will be kept of all assistance provided.

(8) Follow-up inquiries will be made to patrons 30 days after service to monitor the quality of assistance, and user satisfaction with referral.

b. Army-wide child care referral service. The SPS director will assist eligible patrons transfer to new assignments without undue loss of duty time caused by locating and enrolling their children in available child care programs.

(1) CDS patrons may submit a request to the CDS resource and referral service at the losing installation for specific information about on and off-post child care availability at their next duty assignment. Prior to being provided any information, parents will complete and sign the Statement of Understanding Regarding Child Care Resource and Referral Services (fig 7–1).

(2) SPS personnel will contact the gaining installation for information about on and off-post child care programs and the status of waiting lists.

(3) Information will be provided to assist the soldier in finding care in a CDS system or off-post program prior to departure from the losing installation.

(4) Gaining installations will provide accurate information on all on and off-post child care programs including anticipated waiting list time. Every effort will be made to assist incoming personnel make satisfactory temporary or permanent child care arrangements prior to arrival on the installation.

(5) Follow-up inquiries will be made to patrons to monitor the quality of assistance and user satisfaction with the assistance.

c. The resource and referral service should be co-located with the central enrollment registry to facilitate joint use of automation equipment.

d. The SPS director will develop an SOP for the resource and referral service which includes—

(1) Services available.

(2) Coordination efforts required with other agencies.
(3) SPS responsibilities.
(4) Recordkeeping and reporting requirements.
(5) Exclusion criteria.

e. The SPS director will maintain the following records:

(1) Number of requests for assistance.

(2) Number of referrals by total referrals, sponsors by rank, and children by age.

(3) Number of center-based and quarters-based on and off-post child care spaces available.

(4) Record of follow-up inquiries.

f. CDS resource and referral services will be evaluated as part of DATR and through a patron satisfaction survey.

7–21. CDS central enrollment registry

See paragraph 4–5 for guidance on the central enrollment registry.

Section VI
SA/LK Program Compliance Requirements

7–22. General

CDS and YS will offer supervised care options for school-age children and youth of dual-military couples, dual-working couples or single soldiers who need supervision during parental work hours, before and after school, during school holidays, vacations, teacher inservice days, and school closures due to inclement weather. Care options will be based on installation needs assessments which support this requirement.

7–23. SA/LK models

Installations may implement one or more of the following SA/LK models as need exists:

a. Before and after school model. A program to serve children in kindergarten through sixth grade which provides supervision and developmental recreational activities during parental working hours. Before and after school models may be located in YS Centers, elementary schools or in other on-post facilities which meet SA/LK facility standards.

b. Day camp model. A full-day program with extended hours to serve children who have completed kindergarten and older youth. Provides developmental recreational skill-building activities during summer and holiday vacation periods.

c. Check-in model. Year round program for youth in seventh grade and older. Located convenient to schools or housing areas where children will check-in prior to attending parental approved activities. Involves, daily face-to-face supervision in varying degrees. Parents must designate in writing how much freedom and responsibility their children can handle.

d. Young teen model. A program designed for youth in seventh through ninth grades which includes supervision, a defined start and end time and operates year round on a 5-day a week schedule. Recreation, leadership and life skills components complement the daily activities.

7–24. Operational guidance

a. The installation commander will determine overall responsibility for the operation of the SA/LK program by designating CDS or YS as the installation program proponent.

b. The operational guidance in the program and activity manuals for SA/LK manuals will be followed.

c. Regardless of proponency—

(1) CDS and YS will implement SA/LK models cooperatively and collaboratively to avoid duplication of effort and to ensure maximum program integration at all levels.

(2) The commander will approve the implementation of SA/LK models as recommended by the SPS director and YS manager to meet the assessed needs of the community.

(3) Comparable fees will be charged in all SA/LK models whether operated by CDS or YS.

(4) Child/staff ratios will not exceed 15 children to one adult. Group size will not exceed 30 children. Group sizes may be increased for special events e.g., field trips, theatrical performances, but child/staff ratios will be maintained.

d. All SA/LK program sites must have a dedicated class A telephone line with the capability of receiving incoming calls and making outgoing calls.

e. SA/LK program specialists will not dual function as a program director or manager for other CDS or YS programs which have overlapping time periods of primary program operations.

f. Training for SA/LK program specialists will be the responsibility of the SPS director or the YS manager based on program proponency. Training for SA/LK personnel working directly with children will be the responsibility of the SA/LK program specialist(s).

g. When CDS is the SA/LK proponent, the SPS director will serve as the CDS representative for the program. Responsibilities will include—

(1) Supervising the lead or single SA/LK program specialist.

(2) Recommending initiation and consolidation of SA/LK models through the CDS coordinator to the installation commander.

(3) Ensuring coordination with YS on program operations.

(4) Monitoring all SA/LK resources to ensure each SA/LK program model is adequately funded.

(5) Preparing and forwarding all required MACOM and HQDA reports for the SA/LK program.

(6) Providing and/or supporting training for all SA/LK program specialists.

(7) Ensuring coordination between the SA/LK programs and all other community programs appropriate for school-age children.

(8) Monitoring and supporting all SA/LK program operations.

(9) Ensuring compliance with all HQDA and MACOM directives on the SA/LK program.

(10) Including information about the SA/LK program in the CDS resource and referral service.

i. When CDS is not the SA/LK proponent, the SPS director will support the SA/LK operations. Responsibilities will include—

(1) Ensuring program coordination with YS for all SA/LK operations.

(2) Monitoring and supporting all CDS specific SA/LK program operations to ensure compliance with MACOM and HQDA directives on SA/LK programs.

(3) Supporting and/or providing training for SA/LK program specialists as required.

(4) Ensuring all CDS SA/LK specific records required for completion of MACOM and HQDA reports are forwarded to the YS director or designee.

(5) Including information about the SA/LK program in the CDS resource and referral service.

Section VII
Optional SPS Programs Compliance Requirements

7–25. General

a. Optional SPS will be implemented in compliance with paragraphs 7–2*e,f,g*, and may include, but are not limited to, SPS programs and services when implemented to include—

(1) STACC.
(2) Child care services for civilian employees.
(3) SPS homes.
(4) VCCUS.
(5) CDS babysitter training and referral.
(6) Parent co-ops.
(7) Foster Grandparent Program.
(8) Private organization child care.
(9) Contracted services.
(10) Special interest programs.
(11) Alternative sick child care.

b. Sole/dual military parents needs will be taken into consideration when determining which optional SPS are implemented e,g., installation applicability of parent co-ops for sole/dual military parents to assist with weekend care and care after duty hours; SPS homes in off-post locations near residences.

7–26. Short term alternative child care (STACC)

STACC is designed to provide on-site hourly group care when the parent(s) or guardian(s) of all children in care are attending the same on-post function and sufficient spaces are not available within the child development center.

a. STACC must be provided in the same facility or in a building immediately adjacent to the facility where parents are in attendance at the same function.

b. The SPS director will provide caregiving employees to meet the age group ratio and group size requirements for care in center-based settings.

(1) CDC caregiving employees will be designated to provide STACC care as required. Such staff will not include primary caregivers or staff needed to meet or maintain staff/child ratios in CDC settings.

(2) Center staff who provide care must be able to function independently, have completed the basic 38 hours of center training requirements, and meet all background clearance and health requirements.

c. Equipment and materials will be provided by CDS. Equipment and materials may be provided from center-based programs or checked out from SPS or FCC resource/toy lending libraries. The SPS director will ensure that equipment and materials are delivered to the STACC site.

d. Activity plans, appropriate for the ages and number of children served, will be written for each STACC session to ensure developmentally appropriate activities are provided.

e. Registration requirements for children attending STACC will be limited to DA Form 4719–R and a current immunization record. A STACC identification card should be developed for use at subsequent STACC sessions. This card will include, at a minimum, the name of child and sponsor, sponsor rank/grade, age of child, verification of immunization and expiration date.

f. Children will be observed for obvious signs of illness upon arrival. Children may be denied service according to AR 608–10 paragraph 4–28.

g. Parents must remain in or immediately adjacent to the building during the entire STACC session. The Army is not assuming custody of the child during STACC sessions since the parent is remaining immediately accessible to the child and retains primary responsibility for the child.

h. Since parents are on the premises, CDC facility standards do not apply to STACC sites. The SPS director, site building manager, and proponents for fire, safety, and health will evaluate the site to ensure basic safety and health needs are met in accordance local STACC SOP.

i. Snacks/meals will be provided appropriate for the time and length of the session and which meet USDA CCFP requirements. Infant formula and baby food will be provided by parents.

j. The SPS director will be responsible for all administrative functions associated with STACC to include—

(1) Developing an SOP for STACC which includes; at a minimum the following:

(a) A description of services offered.
(b) Coordination requirements with CDC and FCC systems.
(c) SPS responsibilities.
(d) Program operations.
(e) Facility criteria.
(f) Personnel criteria.
(g) Training.
(h) Child abuse and preventive response procedures.
(i) Financial management.
(j) Recordkeeping and reporting requirements.

(2) Coordinating with program directors to schedule staff and/or equipment for STACC sessions.

(3) Coordinating dates and times with the sponsoring organization.

(4) Preparing an agreement for signature by the CDS coordinator and sponsoring agency which specifies time, date, location, number and ages of children to be served, number of caregivers, cost and descriptions of services.

(5) Collecting fees. (Fees should include cost of caregivers, food, room rental, if applicable, and any other operating expenses incurred as a result of the STACC session.)

(6) Monitoring the operation of STACC programs.

(7) Evaluating proposed STACC sites for safety and adequacy.

(8) Securing the approval of the STACC site building manager for use.

(9) Maintaining records of STACC use to include number of organizations served, locations of sites, number of STACC services provided, number and ages of children served, ranks of sponsors served, number and names of caregiving employees provided, fees collected, and an annotated summary of all STACC sessions offered.

k. STACC sessions will be evaluated in the DATR process and with patron satisfaction surveys.

7–27. Volunteer child care in unit settings (VCCUS)

VCCUS allows free child care services to be provided by family members in one military unit or organization for family members in another military unit or organization, in exchange for similar services at a future, mutually agreed upon time.

a. The child care services must be provided in the same facility or immediately adjacent to the building in which the unit or organization function is being held and parents must be in attendance onsite at the same function.

b. CDS facility standards do not apply to VCCUS sites. The SPS director, site facility manager, and proponents for fire, health, and safety will evaluate the site to ensure basic health and safety needs are met according to local SOPs.

c. Parents must remain on or immediately adjacent to the building premises and be immediately accessible to their own children throughout the duration of the VCCUS session.

d. All members of units or their spouses designated to provide care will attend an SPS orientation class prior to providing services. The class will be a minimum of 4 hours and will include developmental activities, positive discipline techniques, and basic health and safety practices. Course attendance is required one time only.

e. Adult/child ratios and group sizes will be maintained according to the age group ratios for center-based services. Additional adults are strongly recommended.

f. Children should not be accepted with obvious signs of illness. Immunizations should be current.

g. The SPS director will assist VCCUS operations by—

(1) Working with the units to develop an SOP for VCCUS sessions which includes at a minimum—

(a) A description of services offered.
(b) Unit responsibilities.
(c) SPS responsibilities.
(d) Facility criteria.
(e) Volunteer caregiver requirements.
(f) Training.
(g) Child health and admission requirements.
(h) Snack/meal requirements.
(i) Recordkeeping and reporting requirements.

(2) Providing required training prior to provision of care.

(3) Providing a CDS volunteer who has met the first aid training requirements.

(4) Ensuring unit commanders are informed about VCCUS and its requirements.

(5) Providing technical assistance to enable units to provide quality care to the children.

(6) Periodic on-site monitoring while VCCUS session are in progress to ensure ratios are maintained and appropriate activities are offered.

(7) Providing age appropriate toys and equipment on a check-out basis from the SPS or FCC resource/toy lending library.

(8) Maintaining records on VCCUS usage. Records will include number of volunteers trained, number and ages of children served, numbers and ranks of sponsors served, number of VCCUS sessions held, and annotated summary of sessions offered.

h. VCCUS sessions will be evaluated in the DATR process and with patron satisfaction surveys.

7–28. Parent co-ops

Parent co-ops may be established to provide care for children whose parents are available to participate in the operation and management of this care option.

a. Parent co-ops may be organized with the approval of the commander to provide babysitting services, infant and toddler playgroup services, school-age services and part-day preschool services. Parent co-ops may be designed to meet a specific installation need e.g., sole parent babysitting co-op.

b. Parent co-ops may be operated in housing units, designated government buildings or within the CDC setting. Center or FCC ratios will be maintained based on the site location.

c. All CDC standards apply when parent co-ops are operated in a center-based setting and all parents of children in attendance are not present on-site or immediately accessible to their own children throughout the duration of the parent co-op session.

d. CDS standards do not apply when parent co-ops are operated as play groups and a parent of each child is in attendance throughout the duration of the parent co-op session.

e. FCC standards will apply when parent co-op members provide care in individual housing units for more than 10 child hours per week on a regular basis.

f. FCC standards do not apply when co-ops are offered within individual housing units as a babysitting service and co-op members do not offer care on a regular basis or care does not exceed 10 child hours per week. The 10 child hour restriction does not apply when multiple children of the same family are in care.

g. The SPS director will assist parents in establishing parent co-ops by—

(1) Providing technical assistance in developing local SOPs for each type of center-based and quarters-based co-op which specify requirements regarding, but not limited to safety, fire prevention, discipline, health, pets and plants, training, child abuse prevention and response procedures, program operations, and supervision. SOPs will also include, at a minimum, the following:

(a) Applicable facility criteria.

(b) Criteria for caregiving adults.

(c) Recordkeeping and reporting requirements.

(d) Procedures for co-op membership.

(e) Procedures for monitoring and reporting hours of care used and provided.

(f) Procedures for cancellation of co-op membership.

(2) Training requirements for co-op members will be determined by the SPS director and approved by the CDS coordinator. The extent of the training required will reflect the co-op environment (center-based, quarters-based), average length of time children are in care, ages of children served, co-op purpose (e.g., babysitting, preschool, before and after school program) and other installation specific variables.

(a) In center-based settings where co-op programs duplicate or replace CDC services (preschool, hourly care), training requirements must be consistent with CDC training requirements for similar programs.

(b) In quarters-based settings where care exceeds 10 child hours per week on a regular basis co-op members must meet FCC training requirements.

(c) In quarters-based settings where 10 or less child hours of care are provided per week on a regular basis minimal training (i.e., child abuse identification and child guidance) should be required to encourage parent participation.

(d) Co-op members will regularly be invited to participate in applicable CDC, FCC and SPS training offered on the installation.

(3) Maintaining oversight and technical assistance responsibilities to the co-ops.

(4) Including co-op information in the CDS resource and referral service.

(5) Collecting and reporting co-op information to include number and types of co-ops, number of co-ops members, number and ages of children and number/rank of sponsors served

h. Parent co-ops will be evaluated in the DATR process and with patron satisfaction surveys.

7–29. Special interest programs

Child care may be provided by Army or DOD activities other than CDS to meet unique patron care requirements related to these activities and not available through CDS operated programs.

a. Programs offered on a regularly scheduled basis, e.g., those which meet at the same time one or more times per week, such as chaplain sponsored preschools or special needs programs operated under the EFMP will meet all CDS standards applicable to the center-based program for the age group served. Facility standards are waived if program is structured so that a parent or guardian is on-site immediately accessible during the duration of the child care program.

b. ACS volunteer child care offered on an intermittent basis will meet the guidelines for VCCUS (para 7–22).

c. The SPS director will assist these special interest programs operated by Army and tenant activities by—

(1) Providing technical assistance in developing SOPs which comply with regulatory requirements and include, but are not limited to—

(a) Program management.

(b) Program operations.

(c) Personnel criteria.

(d) Training.

(e) Child abuse prevention and response procedures.

(f) Recordkeeping and reporting requirements.

(2) Providing training for members of the Army and tenant activities to ensure quality programming and care of the children enrolled is maintained.

(3) Assisting in meeting staff background clearance requirements according to paragraph 2–24.

(4) Maintaining oversight and technical assistance responsibilities to the activities.

(5) Including Army and tenant activity child care information in the CDS resource and referral service.

(6) Collecting and reporting Army and tenant activity child care information on DA Form 5246–R annually.

(7) Maintaining records on number of special interest programs, number and ages of children served, number/rank of sponsors served, and annotated summary of special interest programs.

d. Special interest programs will be evaluated in the DATR process and with parent satisfaction surveys.

7–30. CDS babysitting training and referral service

Any installation babysitting list will be maintained by the SPS system. The SPS delivery system will provide a central point for the implementation of a babysitter training and referral service for adult and teen family member babysitters living both on and off the installation. This service will include—

a. Registration for family member babysitters, 13 years of age and over, who have completed a CDS approved training course.

b. Provision of a regularly scheduled training course.

(1) The training course will include, at a minimum, basic first aid, CPR, child abuse and neglect, identification and reporting, emergency procedures, developmental programming, and general business practices (i.e., fee setting, responsibilities to the child and parent, responsibilities of the parent to the sitter, clarification of babysitter and parent expectations).

(2) Training will be a minimum of 10 credit hours as determined by the SPS director. The Red Cross Babysitting Course may be used, with installation specific supplements, to train teens. A similar course is under development for use with adult family members.

c. Listing of registered babysitters through the CDS resource and referral service.

(1) Babysitters will complete training as a precondition for placement on the CDS babysitter referral list.

(2) All family members included on the CDS babysitter list will complete the agreement for inclusion on the CDS babysitter referral list (see fig 7–2).

(a) Family members under 18 must have parental permission to be included on the CDS babysitter referral list as evidenced by signature of parent(s)/or guardian(s) signature on the agreement statement shown in figure 7–3.

(b) Information included on the agreements in figures 7–2 and 7–3 will be provided to parents seeking babysitter assistance.

(c) Completed agreements will be kept on file at the SPS office for three years.

(3) Parents seeking babysitters will complete and sign a statement of understanding (fig 7–1) prior to receiving any information. Completed statements of understanding will be retained in the SPS files for three years.

(4) Parents will be informed that—

(a) CDS babysitters are not subject to background clearances and that placement on the babysitter referral list indicates only completion of approved training; and in the case of minors, parental permission for placement on the referral list.

(b) Placement on the SPS babysitter referral list shall not be evidence of the babysitter's competence or suitability for babysitting.

(c) Placement on the CDS babysitter referral list does not represent endorsement of the babysitter by the United States Army or Army installation.

(d) Selecting and hiring a babysitter is a parental responsibility.

(5) SPS director will verify names and information on the CDS babysitter availability list quarterly.

(6) Removal of babysitters from the CDS babysitter list will occur upon departure from the command or for documented cause as determined by the SPS director and stated in the local babysitter training and referral SOP.

d. The SPS director will develop an installation babysitter training and referral SOP which will include, at a minimum—

(1) Program management procedures.

(2) SPS responsibilities.

(3) Training requirements.

(4) Exclusion criteria.

(5) Reporting and recordkeeping requirements.

e. The SPS director will maintain the following records for the babysitter training and referral service: number of teens and adults trained, number of teens and adults registered, number of referrals, documentation of quarterly update of referral list, copies of signed statement of understanding and copies of signed agreement for inclusion on the CDS babysitter referral list and parental permission, if applicable.

f. The CDS babysitter training and referral service will be evaluated in the DATR process and with user satisfaction surveys.

g. ACS babysitter lists will be phased-out no later than 1 October 1990.

7–31. SPS homes

SPS homes located and operated by family members or civilians off-post may be established to meet the child care needs of eligible CDS patrons. SPS homes may be established with the approval of the installation commander and, when required, the approval of the county/State/host nation agency responsible for monitoring FCC homes.

a. The SPS director's responsibilities for this option include—

(1) Developing agreements with applicable county/State/host nation agencies to permit Army family members or interested civilians to operate off-post SPS homes in the civilian community under the joint oversight of the SPS director and the appropriate county/State/host nation agency. These agreements will—

(a) Be signed by the installation commander and the appropriate county/State/host nation officials.

(b) Specify SPS responsibility for training SPS providers in accordance with Army FCC providers' training program and oversight responsibilities for provision of appropriate developmental programming.

(c) Specify county/State/host nation responsibility for oversight of safety, health, and fire standards and any other operational requirements.

(d) Specify that SPS homes will be licensed/certified by the appropriate civilian regulatory agency. Army certification will not be given.

(2) Monitoring all registered off-post SPS homes to ensure compliance with provider requirements for training, provider certification and developmental care in county/State/host nation or this regulation, whichever is more stringent. Notifying appropriate county/State/host national agency of violations of their requirements when such violations are obvious.

(3) Referring eligible CDS patrons to off-post SPS homes based on space available and proximity to the patron's home.

(4) Recruiting DOD civilian spouses, military family members, and local residents to provide care in the off-post SPS home program.

b. Family members operating SPS homes will meet the same background, training, and developmental programming requirements as family members operating FCC homes.

c. Family members operating SPS homes will meet the county/State/host nation fire, safety, and other licensing requirements.

d. The SPS director will coordinate closely with the FCC director to maximize program resources including training opportunities.

e. SPS home providers will not be included in the claims program.

f. The SPS director will develop an installation SPS home SOP in coordination with county/State/host nation authorities based on chapters 4 and 6 to include, but not limited to—

(1) SPS responsibilities.

(2) County/State/host nation responsibilities.

(3) Services offered.

(4) Program management procedures.

(5) Provider requirements.

(6) Training requirements.

(7) Child abuse prevention and response procedures.

(8) Reporting and recordkeeping requirements.

g. The SPS director will maintain records required to complete DA Form 5246–R Section V.

h. The SPS home program will be evaluated in the DAT process and with patron satisfaction surveys.

7–32. Foster Grandparent Program

The Foster Grandparent Program, a national organization locally sponsored by ACS, offers opportunities for low income persons age 60 and over to provide part-time volunteer supportive services to children with physical, mental, emotional or social disabilities on selected installations in the United States and Puerto Rico.

a. Use of foster grandparents is encouraged in all CDS delivery systems.

b. The SPS director will serve as the CDS POC with ACS serving as the installation Foster Grandparent Program proponent.

c. The SPS director will—

(1) Coordinate with the ACS director or designated representative for the placement of foster grandparents in CDS programs.

(2) Ensure CDS operates the Foster Grandparent Program in accordance with ACS guidance.

(3) Develop a CDS Foster Grandparent Program SOP which includes, but is not limited to—

(a) Services offered.

(b) SPS responsibilities.

(c) Program management procedures.

(d) Coordination responsibilities.

(e) Training requirement.

(f) Child abuse prevention and response procedures.

(g) Reporting and recordkeeping requirements in accordance with ACS guidance.

d. Regularly scheduled foster grandparents will meet health and background requirements as specified in paragraphs 2–24 and 3–15.

e. Training requirements will be specified in the installation CDS foster grandparent SOP.

f. SPS director will maintain records of number of participants, placement locations, and hours of service for each program participant.

g. The Foster Grandparent Program will be evaluated in the DATR process and with patron satisfaction surveys.

h. Limitations concerning funding of the Foster Grandparent Program are contained in AR 215–1.

7–33. CDCs for civilian employees

CDCs, such as those operated by DOD employee unions, may be authorized in existing space on an installation. In some instances General Services Administration (GSA) leased buildings may be used for the purpose of providing care to the children of installation civilian employees. This option will only be used after every effort has been made to include the children of civilian employees in existing military CDCs, FCC homes, and appropriate SPS programs. The responsibilities of the SPS director for this option are limited to oversight and the collection of data. The SPS director will—

a. Maintain oversight to assure compliance with this regulation.

b. Maintain information about the CDC for the children of civilian employees in the CDS resource and referral service and refer eligible patrons.

c. Collect and report information about these centers on DA Form 5246–R annually.

d. Assist the operating organization in developing an installation civilian child care SOP based on CDC standards. The SOP will include but is not limited to—

(1) Program management and operations.

(2) Personnel criteria.

(3) Training requirements.

(4) Child abuse prevention and response procedures.

(5) Recordkeeping and reporting requirements.

e. Evaluate civilian child care programs in the DATR process with patron satisfaction surveys.

7–34. Contract operations

a. Installations may contract out all or a portion of CDS systems if the contractor—

(1) Meets all provisions applicable to the type of care contracted for as contained in this regulation, with the exception of personnel requirements applicable only to Government employees.

(2) Agrees to regular monitoring of the contract by the installation SPS director and CDS coordinator.

b. Contracts for individual program components may not compete with CDS operated programs for exclusively profit producing age categories and programs. Such operations may not compete with CDS operated programs to the extent that the balance of comprehensive services which CDS needs to retain for cost effective management is affected.

c. The SPS director will be responsible for preparing statements of work necessary for initiating and maintaining contract services; submitting statements of work to MACOM for approval; and assisting the CDS coordinator in monitoring delivery of all contract services.

d. The CDS coordinator or SPS director will be designated as the contracting officer representative for CDS contracts.

7–35. Alternative sick child care program

a. Installation proposals to offer child care programs to accommodate sick children within an MTF or in a separate facility outside the CDC must be submitted through the MACOM to USACFSC (CFSC–FSC) and The Surgeon General (DASG–PSP) for approval on a case by case basis.

b. The SPS director will provide technical assistance and support to sick care options offered in the FCC and CDC systems, as required, and will serve as the overall point of contact for sick child services within CDS.

7–36. Private organizations

a. Private organizations may operate CDCs when services offered comply with all center-based fire, safety, health, facility, and program sections of this regulation, except for personnel requirements applicable only to Government employees.

b. Oversight of private organization child care facilities will be the responsibility of the installation staff charged with monitoring private organizations (generally the DPCA) with the assistance of CDS and other installation components necessary to perform the oversight function (i.e., facility engineers, safety, and health).

c. The SPS director will serve as the CDS POC for all issues related to private organization child care and will assist the installation staff section charged with monitoring private organizations by—

(1) Ensuring that private organization CDCs do not compete with CDS operated programs for exclusively profit producing age categories or programs (e.g., part-day preschool) that could result in increase patron fee schedules or elevated levels of NAF or APF requirements in support of CDS operated services.

(2) Reviewing private organization by-laws which specify compliance with Army fire, nutrition health, safety, facility, child abuse and program standards in order to provide approved child care services.

(3) Performing professional oversight of private organization program operations to include—

(a) Technical assistance in program areas.

(b) Dissemination of policy directives/program materials distributed to Army child care programs.

(c) Regularly scheduled and unannounced visits to assess program compliance.

(d) Coordination for shared training with Army-operated programs.

(4) Collecting and reporting private organization information required for DA Form 5246–R annually.

Section VIII
Compliance Requirements

7–37. Facility references

a. See chapter 5 for CDC requirements for all SPS programs which provide service in a centralized facility one or more days per week unless exempted in this chapter.

b. See chapter 6 for FCC requirements for parent co-ops which provide services in individual housing units more than 10 child hours per week on a regular basis.

7–38. Fire prevention references

a. See chapter 5 for CDC requirements for all programs which provide service in a centralized facility one or more days per week unless exempted in this chapter.

b. See chapter 6 for FCC requirements for parent co-ops which provide services in individual housing units more than 10 child hours per week on a regular basis.

7–39. Safety references

a. See chapter 5 for CDC requirements for SPS programs which provide service in a centralized facility one or more days per week unless exempted in this chapter.

b. See chapter 6 for FCC requirements for parent co-ops which provide services in individual housing unit more than 10 child hours per week on a regular basis.

7–40. Health and nutrition references

a. See paragraphs 4–6*a* and *b*, 4–13, 4–15, 4–19, 4–25 through 4–35, 5–50 for SA/LK, STACC, center-based parent co-ops, special interest programs, civilian child care centers, center-based contract programs, sick child care and private organization centers.

b. See paragraphs 4–6*a* and *b*, 4–13, 4–15, 4–19, 4–25 through 35, 6–40 and 6–41 for SPS homes and parent co-ops which provide services in individual housing units.

Section IX
Program Oversight and Quality Assurance

7–41. Facility upgrade compliance status
See paragraph 5–27 for all SPS programs which meet in a centralized facility one or more days per week unless exempted in this chapter.

7–42. Program evaluation
SPS will be assessed for compliance with standards and monitored for quality assurance on a regular basis as outlined in section X. A quality assurance plan will be developed jointly by the SPS director and the CDS coordinator. Major program oversight components include—

a. Use of the CDC and FCC risk assessment tools as applicable by program (see paras 5–54*b* and 6–52*b*) for SPS programs which meet one or more days per week.

b. System wide assessment as part of the DATR (see paras 2–5, 5–4 and 6–52*c*).

c. Program accreditation for SPS center-based programs which provide full-day services (see para 5–54*d*).

Table 7–1
Supplemental Programs and Services Summary Requirements

Service: Babysitter training and referral service (BTRS)

Ratios: N/A.
Staff training requirements: Ten hours minimum locally developed training according to the local babysitter training SOP.
Staff background clearance requirements: N/A.
Staff health requirements: N/A.
Facility requirements: N/A.
Location: On and off-post housing.
Registration requirements: Babysitter: Agreement for inclusion on babysitter referral list. Parental permission for inclusion on babysitter referral list. Completion of approved training.
Child health requirements: N/A.
Program requirements: N/A.
Nutrition compliance requirements: N/A.
Reporting/recordkeeping requirements: SPS director maintains the following: number of teens and adults trained; number of teens and adults registered; number of sitter referrals; and referral list update (quarterly).
Assessment/compliance requirements: Patron satisfaction surveys and evaluated in the DATR process.

Service: CDS volunteer services

Ratios: Volunteers will not be included in adult/child ratios.
Staff training requirements: TBD and specified in local SOP.
Staff background clearance requirements: Background clearance required according to AR 608–10 for regularly scheduled volunteers. Occasional volunteers are exempt.
Staff health requirements: Health requirements according to AR 608–10.
Facility requirements: N/A.
Location: May be placed within a CDS system.
Registration requirements: Volunteers register with IVC and SPS. Complete gratuitous service agreement AR 215–1.
Child health requirements: N/A.
Program requirements: N/A.
Nutrition compliance requirements: N/A.
Reporting/recordkeeping requirements: SPS director maintains volunteer information for DA FORM 5246–R; signed copy of gratuitous service agreement; compliance with health, training and background checks for regularly scheduled volunteer; number of volunteers and hours of volunteer services per program.
Assessment/compliance requirements: Service evaluated in the DATR process.

Service: CDS resource and referral service (R&R)

Ratios: N/A.
Staff training requirements: SPS staff/volunteers trained according to local SOP to provide service.
Staff background clearance requirements: Background clearance required according to AR 608–10.
Staff health requirements: Health requirements according to AR 608–10.
Facility requirements: N/A.
Location: Service should be co-located with central enrollment registry in area convenient to users.
Registration requirements: Patrons complete statement of understanding regarding child care resource and referral service.
Child health requirements: N/A.
Program requirements: N/A.
Nutrition compliance requirements: N/A.
Reporting/recordkeeping requirements: SPS director maintains number of referrals (total and sponsors by rank/rate, children by age); number of center-based & FCC on and off-post child care spaces available; number of inquiries for assistance; and record of follow-up inquiries.
Assessment/compliance requirements: Service evaluated in the DATR process and with patron satisfaction surveys.

Service: Foster grandparent service

Ratios: Foster grandparent program participants will not be included in adult/child ratios.
Staff training requirements: According to requirements for volunteers.
Staff background clearance requirements: Background clearances according to AR 608–10.
Staff health requirements: TBD and specified in local SOP.
Facility requirements: N/A.
Location: Participants may be placed within any CDS system.
Registration requirements: TBD by local SOP in conjunction with ACS.
Child health requirements: N/A.
Program requirements: N/A.
Nutrition compliance requirements: N/A.
Reporting/recordkeeping requirements: Additional requirements TBD by local ACS. SPS Director maintains the following: number of participants; placement locations; and hours of service.
Assessment/compliance requirements: Service evaluated in the DATR process and with patron satisfaction surveys.

Service: Central enrollment registry

Ratios: N/A.
Staff training requirements: SPS staff trained according to local SOP to provide service.
Staff background clearance requirements: Background clearance required according to AR 608–10.
Staff health requirements: SPS staff meets health requirements according to AR 608–10.
Facility requirements: N/A.
Location: Centralized location in SPS office convenient to users. Co-located with resource and referral service.
Registration requirements: Maintains copies of all registration documents for Center and FCC enrollees.
Child health requirements: N/A.
Program requirements: N/A.
Nutrition compliance requirements: N/A.
Reporting/recordkeeping requirements: SPS director maintains the following: DA Form 4719–R (copy) for all enrollees; DA Form 5661–R; computes and provides patron information to program directors for DA Form 5246–R annually.
Assessment/compliance requirements: Service evaluated in the DATR process and with patron satisfaction surveys.

Service: Parent education service

Ratios: N/A.
Staff training requirements: N/A.
Staff background clearance requirements: N/A.
Staff health requirements: N/A.
Facility requirements: N/A.
Location: Parent training site TBD locally. Parent library located convenient to users.

Registration requirements: As required for specific training session.
Child health requirements: N/A.
Program requirements: N/A.
Nutrition compliance requirements: N/A.
Reporting/recordkeeping requirements: SPS director maintains the following: annual parent education training plan; sessions offered; number of participants per session; annotated summary of each session; and resource list.
Assessment/compliance requirements: Service evaluated in the DATR process and with patron satisfaction survey.

Program: Civilian child care operations

Ratios: AR 608–10 center ratios and group sizes apply.
Staff training requirements: AR 608–10 center staff training requirements apply.
Staff background clearance requirements: Background clearances for center staff apply according to AR 608–10.
Staff health requirements: Health requirements according to AR 608–10.
Facility requirements: Facility standards apply according to AR 608–10.
Location: Care provided in centralized facility on Government property.
Registration requirements: AR 608–10/center registration applies.
Child health requirements: Health requirements according to AR 608–10.
Program requirements: AR 608–10/center program requirements apply.
Nutrition compliance requirements: AR 608–10 center nutrition requirements apply.
Reporting/recordkeeping requirements: AR 608–10 center reporting/recordkeeping requirements apply.
Assessment/compliance requirements: SPS Director verifies on post civilian child care operations meet all provisions of AR 608–10, program evaluated as part of the DATR process, and with patron satisfaction surveys.

Program: Short term alternative child care (STACC)

Ratios: AR 608–10 center ratios and group sizes apply.
Staff training requirements: CDC trained caregivers who have completed basic 38 hours of training.
Staff background clearance requirements: Background clearances according to AR 608–10.
Staff health requirements: Health requirements according to AR 608–10.
Facility requirements: Locally determined CDS facility standards do not apply. SPS director and proponent representatives for fire, health, and safety determine installation requirements to ensure basic health and safety needs are met according to local SOP.
Location: Care provided within any facility which meets local SOP requirements and parents remain on site or immediately accessible for duration of care.
Registration requirements: DA Form 4719–R and current immunization record.
Child health requirements: Current immunization records.
Program requirements: Developmentally appropriate activities according to center-based hourly care guidance. SPS resource/toy lending library use authorized.
Nutrition compliance requirements: Infant food/formula provided by parents. Refrigeration must be available. Snacks and meals provided appropriate for time and length of session. Meals may consist of sack lunches prepared according to USDA guidelines.
Reporting/recordkeeping requirements: SPS director maintains the following: number of organizations served; location of approved sites; number of STACC sessions provided; number of children served/ages of children served; rank/grade of sponsors served; fees collected; annotated summary of sessions offered; and demographic information reported annually on DA Form 5246–R.
Assessment/compliance requirements: SPS director verifies STACC program operations meet all applicable SOPs. Program evaluated in DATR process and with patron satisfaction surveys.

Program: Volunteer child care in unit settings (VCCUS)

Ratios: AR 608–10 center ratios and group sizes apply.
Staff training requirements: N/A.
Staff background clearance requirements: N/A.
Staff health requirements: N/A.
Facility requirements: Locally determined. CDS facility standards do not apply,. SPS director and proponent representatives for fire, health and safety determine basic requirements according to local SOP.
Location: Care provided within any facility which meets local SOP requirements and parents remain on site or immediately accessible for duration of care.
Registration requirements: DA Form 4719–R.
Child health requirements: TBD in local SOP.
Program requirements: Developmentally appropriate activities according to local SOP. SPS resource/toy lending library use authorized. SPS provides oversight and technical assistance in program implementation.
Nutrition compliance requirements: Infant food/formula provided by parents. Refrigeration must be available. Snacks and meals appropriate for time and length of session as specified in local SOP.
Reporting/recordkeeping requirements: SPS director maintains the following: number of trained volunteers; number of children and sponsors served; ages of children served; rank/grade of sponsors; number of VCCUS sessions held; annotated summary of sessions offered; and demographic information reported annually on DA Form 5216–R.
Assessment/compliance requirements: SPS director verifies VCCUS program operations meet all applicable local SOPs. Program evaluated in the DATR process and with patron satisfaction surveys.

Program: Contract operations

Ratios: According to AR 608–10 center or FCC ratios and group sizes apply.
Staff training requirements: According to AR 608–10 center-based or FCC requirement.
Staff background clearance requirements: Background clearances according to AR 608–10 center, FCC or SPS program type requirements.
Staff health requirements: According to AR 608–10 CDC or FCC program type requirements.
Facility requirements: Center-based: center facility standards apply. Quarter-Based: FCC facility standards apply. SPS: as specified in AR 608–10, chapter 7 for program type.
Location: N/A.
Registration requirements: According to AR 608–10 center, FCC or SPS program type requirements.
Child health requirements: According to AR 608–10.
Program requirements: According to AR 608–10, center, FCC or SPS program type requirements.
Nutrition compliance requirements: According to AR 608–10 Center, FCC or SPS program type requirements.
Reporting/recordkeeping requirements: According to AR 608–10 Center, FCC or SPS program type requirements.
Assessment/compliance requirements: According to AR 608–10 Center, FCC or SPS program type requirements.

Program: Special interest programs

Ratios: Center ratios and group sizes apply according to AR 608–10.
Staff training requirements: TBD and specified in local SOP. Must be equivalent to comparable programs operated by CDS.
Staff background clearance requirements: Required according to AR 608–10.
Staff health requirements: N/A.
Facility requirements: CDS standards (as applicable by age group) when facility is used on regularly scheduled basis one or more times per week. Facility standards not applicable if parent remains on site or immediately accessible during care.
Location: Care provided in facilities not operated by CDS e.g. ACS, chaplains. Local determination.
Registration requirements: TBD and specified in local special interest SOP.
Child health requirements: According to AR 608–10 SPS, CDC or FCC program type.
Program requirements: Appropriate activities according to local SOP. SPS resource/toy lending library use authorized. SPS provide oversight and technical assistance in program planning and delivery. Programming must be equivalent to comparable programs operated by CDS.
Nutrition compliance requirements: TBD and specified in local SOP.
Reporting/recordkeeping requirements: SPS director maintains the following: number of special interest programs; number of children and sponsors served; ages of children served; rank/grade of sponsors served; and annotated summary of program offered.

Assessment/compliance requirements: SPS director verifies special interest program operations meet all applicable local SOPs and provisions of AR 608–10. Program evaluated in the DATR process and with patron satisfaction surveys.

Program: SPS homes

Ratios: State/local requirements or FCC ratios according to AR 608–10, whichever is more stringent.
Staff training requirements: Providers meet FCC training requirements.
Staff background clearance requirements: Background clearances according to AR 608–10.
Staff health requirements: TBD by state and local regulations.
Facility requirements: TBD by state/local regulation.
Location: Care provided in off-post private homes.
Registration requirements: Providers register with SPS. Child registration according to FCC requirements in AR 608–10.
Child health requirements: TBD by state and local regulations.
Program requirements: Provider meets FCC developmental programming compliance requirements according to AR 608–10.
Nutrition compliance requirements: Provider meets FCC nutrition requirements according to AR 608–10.
Reporting/recordkeeping requirements: SPS maintains information to complete DA Form 5246–R, section III.
Assessment/compliance requirements: SPS director verifies SPS providers meet all applicable provisions of AR 608–10 and local requirements per MOU with state/county/host nation licensing agency. Program evaluated in the DATR process. Patron satisfaction survey. Meets state/local licensing requirements.

Program: School-age/latch key (SA/LK)

Ratios: 1:15
Staff training requirements: According to SA/LK administrative manual.
Staff background clearance requirements: According to SA/LK administrative manual.
Staff health requirements: According to SA/LK administrative manual.
Facility requirements: According to SA/LK administrative manual.
Location: Installation determination. Facility must meet minimum facility requirements.
Registration requirements: According to SA/LK administrative manual.
Child health requirements: According to SA/LK administrative manual.
Program requirements: According to SA/LK administrative manual.
Nutrition compliance requirements: According to SA/LK administrative manual.
Reporting/recordkeeping requirements: According to SA/LK administrative manual.
Assessment/compliance requirements: According to SA/LK administrative manual.

Program: Home based parent co-ops

A. Care provided less than 10 child hours per week.
B. Care provided more than 10 child hours per week.

Ratios: A & B: Family Child Care ratios and group sizes apply.
Staff training requirements: A. Locally developed training as specified in local co-op SOP. B. FCC training requirements apply.
Staff background clearance requirements: A & B: Parents providing care must be 18 years or older. Background clearances required according to AR 608–10.
Staff health requirements: A. TBD and specified in local co-op SOP. B. FCC provider requirements according to AR 608–10 apply.
Facility requirements: A. TBD and specified in local co-op SOP. B. FCC facility requirements according to AR 608–10 apply.
Location: A & B: Government owned or leased quarters or privately owned housing on military installations.
Registration requirements: A & B co-op: CDS and command approval required. A & B child: TBD and specified in local co-op SOP.
Child health requirements: A. TBD and specified local co-op SOP current immunization record and specification of exclusion criteria recommended. B. FCC child health requirements according to AR 608–10 apply.
Program requirements: A. Co-op members trained to provide developmentally appropriate activities. SPS provides oversight and technical assistance in program planning and delivery. B. Co-op members meet FCC provider training requirements according to AR 608–10, SPS provides oversight and technical assistance in program planning and delivery.
Nutrition compliance requirements: A. TBD and specified in local co-op SOP. B. According to USDA CCFP guidelines for FCC homes.
Reporting/recordkeeping requirements: A & B: SPS director maintains the following: number and types of co-ops; number of co-op members; number of children and sponsors served; ages of children served; rank/grade of sponsors served.
Assessment/compliance requirements: A & B: SPS director verifies co-op operations meet all applicable local SOPs and provisions of AR 608–10. Program evaluated in the DATR process and patron satisfaction survey.

Program: Facility based co-ops

A. One parent per child on site for duration of co-op session.
B. One parent per child not on site for duration of co-op session.

Ratios: A & B: Center-based ratios and group sizes apply.
Staff training requirements: A & B: Training developed and specified in local co-op SOP.
Staff background clearance requirements: A & B: Parents providing care must be 18 years or older. Background clearances required according to AR 608–10.
Staff health requirements: A & B: TBD and specified in local co-op SOP.
Facility requirements: A. Parent remains on site for duration of care. Locally determined CDS facility standards apply. SPS director, and proponent representatives for fire, health, and safety determine installation requirements to insure basic health and safety needs are met according to local SOP. B. Center-based facility standards according to AR 608–10 apply.
Location: Facilities in compliance with A or B requirements.
Registration requirements: A & B co-op: CDS and command approval required. A Child: TBD and specified in local co-op SOP. B Child: According to AR 608–10.
Child health requirements: A & B: TBD and specified in local co-op SOP. B: According to AR 608–10.
Program requirements: A: Co-op member training TBD and specified in local co-op SOP. SPS provides oversight and technical assistance in program planning and delivery. B: According to AR 608–10.
Food service requirements: A: TBD and specified in local co-op SOP. B: According to AR 608–10.
Reporting/recordkeeping requirements: A: SPS director maintains the following: number of types of co-ops; number of co-op members; number of children and sponsors served; age of children served; and rank/grade of sponsors served. B: According to AR 608–10.
Assessment/compliance requirements: A & B: SPS director verifies operations meet all applicable local SOPs and provisions of AR 608–10. Program evaluated in the DATR process and with patron satisfaction surveys.

Statement of Understanding

Regarding Child Care Resource and Referral Services

Data Required by the Privacy Act of 1974

Authority: Section 3012, title 10, United States Code

Principle purpose: Information is used by DA personnel to verify eligibility for use of Army Child Development Services Programs.

Routine uses: No information is disclosed outside DOD.

Disclosure: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in Child Development Services Programs.

I request information on the following child care programs available on and off-post:

Army Child Development Centers

Army Family Child Care Homes

Army Babysitter Referral Services*

Off-post child care programs*

*I understand that:

Selecting and retaining child care services are a parental responsibility.

Any information provided by Child Development Services is provided as a service designed to assist me locate available child care so that I may make an independent choice as to the services which best meet the needs of my child and our family situation.

No background check has been performed on persons providing these services.

The referral list does not represent an endorsement of the program or the individual by the United States Army or by this installation.

The Government does not insure nor recommend the quality of the referred programs.

The United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law which would allow it to be sued on account of any act or omission--criminal, intentional negligent or otherwise--by a caregiving adult that causes any injury or death to a child placed under the care of that provider.

Information received is for my private use or the use of my family members.

Name: Charles White

Signature: (Charles White)

Unit: A Battery
1st/2nd ADA

Phone Numbers: (W) 111-1234 (H) 222-4567

Date: 1 October 1990

*Applies only to Army babysitter referral service and off post child care programs

Figure 7–1. Sample format for patron statement of understanding regarding child care resource and referral service

Agreement for Inclusion on the Child Development Services (CDS) Babysitting Referral List

Data Required by the Privacy Act of 1974

Authority: Section 3012, title 10, United States Code

Principal purpose: Information is used by DA personnel to verify eligibility for use of Army Child Development Services Programs.

Routine uses: No information is disclosed outside DOD.

Disclosure: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in Child Development Services Programs.

I (Sally Brown), give permission for my *(name, son or daughter)* to be included on the Child Development Services (CDS) Babysitter Referral List.

The following information may be provided to authorized CDS patrons and or their spouses seeking babysitting services:

Name (Sally Brown)

Age (25) Sex (F) Phone Number (999-9999)

Housing area or town of residence (Sheridan Housing)

Age of children for whom services will be provided (all ages)

Days/Times available to babysit (evenings and weekends)

Proof of CDS approved training has been provided and verified.

I understand that information will be provided to authorized CDS patrons and/or their spouses upon request. I also understand that the CDS Babysitting Referral List is kept as a service to soldiers/DOD civilians and their families. Army Child Development Services acts as a voluntary agent for this program. I understand that the Army verifies the babysitter has attended a training course. However, I further understand that the United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law which would allow it to be sued on account of any or omission--criminal, intentional negligent or otherwise by a babysitter that causes any injury or death to a child placed under the care of that babysitter.

(1 October 1990) (Sally Brown)
(Date) *(Signature)*

Figure 7–2. Sample format for consent for inclusion on the Child Development Services (CDS) babysitter referral list

Parental Permission Agreement for Inclusion on the Child Development Services (CDS) Babysitting Referral List

Data Required by the Privacy Act of 1974

Authority: Section 3012, title 10, United States Code

Principal purpose: Information is used by DA personnel to verify eligibility for use of Army Child Development Services Programs.

Routine uses: No information is disclosed outside DOD.

Disclosure: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in Child Development Services Programs.

I (Charles White), give my permission for
(Name of Parent/Guardian)

(Carol White), to be included on the
(Name of Child)

Child development Services (CDS) Babysitter Referral Service List.

The following information may be provided to authorized CDS patrons seeking babysitting services:

Name (Carol White)

Age (14) Sex (F) Phone Number (222-4567)

Housing area or town of residence (Fort Swampy)

Age of children for whom services will be provided (any)

Days/Times available to babysit (evenings and weekends)

Proof of CDS approved training has been provided and verified.

I understand that information will be provided to authorized CDS patrons upon request. I also understand that the CDS Babysitting Referral List is kept as a service to soldiers/DOD civilians and their families. Army Child Development Services acts as a voluntary agent for this program. I understand that the Army verifies the babysitter has attended a training course. However, I further understand that the United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law which would allow it to be sued on account of any or omission--criminal, intentional negligent or otherwise by a babysitter that causes any injury or death to a child placed under the care of that babysitter.

(1 October 1990)
(Date)

(Charles White)
(Signature of Parent or Guardian)

Figure 7–3. Sample format for parental consent for inclusion on the Child Development Services (CDS) babysitter referral list

Appendix A
References

Section I
Required Publications

AEI
Architectural and Engineering Instructions Design Criteria (Cited in para 5–29.)

AR 11–2
Internal Control Systems (Cited in para 5–5.)

AR 27–20
Claims

AR 40–5
Health and Environment (Cited in para 4–33*b*.)

AR 58–1
Joint Procedures for Management of Administrative Use of Motor Vehicles (Cited in para 3–2.)

AR 215–1
Administrative Regulation of Army Activities and NAFIS (Cited in para 3–2.)

AR 215–3
NAF and Related Activities Personnel Policies and Procedures (Cited in para 3–9*e*.)

AR 385–10
Army Safety Program (Cited in para 3–2.)

AR 415–15
Military Construction, Army (MCA) Program Development (Cited in para 3–1.)

AR 415–35
Minor Construction (Cited in para 3–2.)

AR 420–81
Custodial Services (Cited in para 5–37.)

AR 600–7
Non-discrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Army (Cited in para 4–2.)

AR 608–18
The Army Family Advocacy Program (Cited in paras 2–22 and 3–9*e*.)

CTA 50–909
Field and Garrison Furnishings and Equipment (Cited in para 3–3.)

CTA 50–970
Expendable/Durable Items Except: Medical, Class V, Repair Parts and Heraldic Items (Cited in para 3–3.)

DA PAM 570–551
Staffing Guide for US Army Garrisons (Cited in para 3–11.)

DA PAM 690–41
Standardized Positions Descriptions (Cited in para 3–10*a*.)

DA PAM 1401.1–M–1
Job Grading System for NAFIS (Cited in para 3–10*b*.)

DOD Manual 6060
DOD Manual 6060 Service-Training Manuals for Child Care Givers on DOD installations—M–1 through 9 (Cited in para 3–17.)

NFPA 101
National Fire Protection Associations—Life Safety Code, Volume 9 (Cited in para 5–30*a*.) (Available from National Fire Prevention Association Life Safety Codes, Batterymarch Park, Quincy, MA 02269)

TM–5–609
Military Custodial Services Manual w/C1 (Cited in para 5–37.)

Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs, 1984 (Cited in para 5–54.) (Available from NAEYC, 1834 Connecticut Avenue, N.W., Washington D.C. 20009)

Consumer Product Safety Commission (CPSC) Handbook for Public Playgrounds, Vol II (Cited in app C) (Available from Consumer Product Safety Commission, Washington, DC 20207)

Section II
Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

AR 1–100
Gifts and Donations

AR 25–30
The Army Integrated Publishing and Printing Program

AR 37–103–1
Finance and Accounting for Installations Imprest Funds

AR 40–3
Medical, Dental and Management of Administrative Use Motor Vehicles

AR 210–1
Private Organizations on Department of the Army Installations

AR 210–20
Master Planning for Army Installations

AR 210–50
Family Housing Management

AR 340–21
The Army Privacy Program

AR 415–10
General Provisions for Military Construction

AR 415–16
Army Facilities Components System Military Engineering Construction Support, Designs, Material, and Planning Data

AR 415–20
Project Development and Design Approval

AR 420–10
Facilities Engineering, General Provisions, Organizations, Functions, and Personnel

AR 420–49
Heating, Energy Selection and Fuel Storage Distribution, and Dispensing Systems

AR 420–70
Buildings and Structure

AR 420–74
Natural Resources; Land, Forest and Wildlife Management

AR 420–81
Custodial Services

AR 600–20
Army Command Policy and Procedures

AR 608–1
Army Community Services Programs

DA Pam 27–154
Procurement Manual for Clubs and Construction by Certain Nonappropriated Funds

DA Pam 230–8
Morale, Welfare, and Recreation Pricing and Performance Guidance

DA Pam 600–19
Quality of Life Minimum Standards

DA Pam 600–40
The Army Family Action Plan

DOD 1000.3
Safety and Occupational Health Policy for DOD

DODD 1015.6
Funding of Morale, Welfare and Recreation (MWR) Programs

DODF 6060.2
Child Development Programs

NFPA 30
National Fire Protection Association—Flammable and Combustible Liquids Code, Volume 3

NFPA 96
Cooking Equipment, Vapor Removal, Volume 9

TB MED 530
Occupational and Environmental Health and Food Service Sanitation

TM–5–803–11
Children Play Areas and Equipment

Section III
Prescribed Forms

DA Form 4841–R
Child Development Services (CDS) Program/Facility Report (Prescribed in para 2–19*g*.)

DA Form 4719–R
Child Development Services (CDS) Registration Form (Prescribed in para 2–13*a*.)

DA Form 5219–R
Child Development Services (CDS) Family Child Care (FCC) Provider Application (Prescribed in para 6–14*d*.)

DA Form 5220–R
Child Development Services (CDS) Family Child Care (FCC) Provider Background Clearance Request (Prescribed in para 6–14*d*.)

DA Form 5221–R
Child Development Services (CDS) Family Child Care (FCC) Certification Denial/Revocation (Prescribed in para 6–14*d*.)

DA Form 5222–R
Child Development Services (CDS) Sponsor Consent (Prescribed in para 2–13*a*.)

DA Form 5223–R
Child Development Services (CDS) Child Health Assessment (Prescribed in para 2–13*a*.)

DA Form 5224–R
Child Development Services (CDS) Child and Family Profile (Prescribed in para 2–13*a*.)

DA Form 5225–R
Child Development Services (CDS) Medical Dispensation Record (Prescribed in para 2–13*a*.)

DA Form 5226–R
Child Development Services (CDS) Sponsor/Program Agreement (Prescribed in para 2–13*a*.)

DA Form 5246–R
Army Child Development Services (CDS) Report (Prescribed in para 2–16*a*.)

DA Form 5561–R
Child Development Services (CDS) Waiting List (Prescribed in para 2–17*a*.)

DA Form 5562–R
Child Development Services (CDS) Needs Assessment (Prescribed in para 2–17*a*.)

DA Form 5562–1–R
Child Development Services (CDS) Needs Assessment Methodology (Prescribed in para 2–17*a*.)

DA Form 5563–R
Installation Child Development Services (CDS) Demographic Profile (Prescribed in para 2–17*a*.)

DA Form 5764–R
Individual Education Plan (IEP) Child Development Center Personnel Initial Training Record (Prescribed in para 3–18*e*.)

DA Form 5763–R
Individual Education Plan (IEP) Family Child Care (FCC) Provisional Certification Training Record (Prescribed in para 3–18*e*.)

DA FORM 5765–R
Child Development Services (CDS) Center Personnel/Providers Annual Individual Education Plan (IEP) Training Record (Prescribed in para 3–18*e*.)

DA Form 5760–R
Child Development Services (CDS) Management Personnel Cumulative Individual Education Plan (IEP) Training Record (Prescribed in para 3–18*e*.)

DA Form 5761–R
Family Child Care (FCC) Risk Assessment Tool Observation Instrument (Prescribed in para 6–52*b*.)

DA Form 5761–1–R
Child Development Services (CDS) Observation Summary (Prescribed in para 6–52*b*.)

DA Form 5761–2–R
Family Child Care (FCC) Risk Assessment Tool Interview Summary. (Prescribed in para 6–52*b*.)

DA Form 5761–3–R
Family Child Care (FCC) Risk Assessment Tool Report. (Prescribed in para 6–52*b*.)

DA Form 5762–R
Family Child Care (FCC) Provisional Certification Record Operational Requirements (Prescribed in para 6–14*d*.)

DA Label 176
Family Child Care (FCC) Certified Home Identification Card (Prescribed 6–17.)

Section IV
Referenced Forms

DA Form 12–99
DA Form 12-Series Subscription Change Sheet

DA Form 87
Certificate of Training

DA Form 1391
Fiscal Year Military Construction Project Data

DA Form 2028
Recommended Changes to Publications and Blank Forms

DA Form 3457
Department of the Army Nonappropriated Funds Certificate of Medical Examination

DA Form 4283
Facilities Engineering Work Order

DA Form 4745
Violation Inventory Log

DA Form 4756
Installation Hazard Abatement Plan

DA Form 5018–R
ADAPCP Clients Consent Statement for Release of Treatment Information

Appendix B
Appropriated and Nonappropriated Fund Support

B–1. APF support

A summary of authorized APF support is listed below. For definitive regulatory guidance see AR 215–1, DA Pam 570–551, AR 105–23, AR 58–1 and AR 37–103–1.

a. Positions listed in DA Pam 570–551, tables 251–(71–76) and appendix A that are authorized to be paid with APF are: CDS coordinator, program director(s), special needs program director, administrative clerks, program operations specialist assistant program director, SPS director, FCC director, FCC outreach worker(s), EPS, SA/LK specialist(s), assistant program director(s), CDC teacher(s), child program assistants, administrative clerk for FCC system, and administrative clerk for the SPS system.

b. Education, training, travel, and transportation allowances for CDS personnel authorized APF support (e.g., training workshops and professional conferences).

c. Premium pay for official duties performed by APF civilian employees, after the normal 40-hour week, including holiday, night, or Sunday differential (e.g., extended operational hours for mission support requirements, chapel services, and command supported functions).

d. Custodial and maintenance services, to include manpower, supplies and equipment as may be provided by the installation engineer and public works department or contract. When establishing custodial contracts, special consideration will be given to the extensive health and sanitation program requirements and the number of hours that CDS facilities are in operation.

e. Common services of a protective or sanitary nature such as fire protection, physical security, veterinary and sanitary inspections as required by CDS minimum standards, and regulatory requirements. Common services such as sewage disposal, trash and garbage removal, snow removal and pest control as normally provided other building occupants.

f. Transportation of children, patrons, FCC providers and CDS personnel, in Government-owned vehicles. This is appropriate when such vehicles are available and the event for which appropriated support is requested satisfies the criteria of AR 58–1, paragraph 5–5. Children enrolled in FCC and SPS programs may be included in CDC sponsored field trips.

g. Payment of utility services including heat, steam, water, gas, electricity, air conditioning, exhaust, and other utility services for facilities used primarily for CDS. This will also include purchase, installation, and maintenance of metering devices.

h. Communications services including—

(1) Electronic communications such as telephone, teletype, television, automatic voice network (AUTOVON), automatic digital network intercom public address systems, and other electronic devices required by CDS.

(2) Class A–2 telephone service per AR 105–23 paragraph 2–11*b*(2)*(e)* for CDS coordinator, center/program director(s), FCC director, and SPS director.

(3) Postal service, mail indicia, and postage for dispatch and handling of official mail.

i. Automation to facilitate auditing operations, program compliance verification, records management, program information referral services, and data collection and analysis. The development of computer systems must be coordinated with the installation Director of Information Management (DOIM) and with USACFSC (CFSC–FSC) to ensure compatibility with CDS software packages under development for Army-wide use.

j. Printing and reproduction work done by photo offset, lithography, printing presses, and other processes; photography, microfilming, formats and forms development, and graphics as required for program operations and promotional activities.

k. Expendable supplies and material required in daily CDS operations that are consumed, lose their identity, and are dropped from accountability. (Examples are stationery and office supplies, magazine binders, housekeeping supplies, fuels, and program materials such as paper, crayons, scissors, puzzles, books, records, games, arts and crafts supplies, bibs, emergency supplies of disposable diapers.) Food is not considered part of this category.

l. Purchase, maintenance, and repair of equipment; child materials such as toys, program equipment, and curriculum resources; tools, furniture, and fixtures required for operation of CDS. This also applies to maintenance of Government-owned equipment on loan to CDS and to items acquired with NAF that have been transferred to the government as APF property on the installation property book according to AR 215–1.

m. Shipping of supplies, fixtures, furnishings, and equipment purchased with APF, and household items shipped for civilian employees paid with APF.

n. Minor construction, repair, and maintenance of facilities, including associated architectural and engineering services.

o. Construction (investment) or nonoperating expenses including—

(1) Architectural, engineering, industrial, and interior design and decoration services required for construction, alteration, or repair of real property facilities.

(2) Major construction to include erection, installation, or assembly of a new facility; or the addition, expansion, conversion, replacement, or relocation of an existing facility. This includes

equipment installed in and made a part of such facilities and related site preparation, landscaping, and other land improvements.

p. Emergency procurement. (See AR 37–103–1 for use of imprest funds.)

q. Services provided by installation agencies including veterinary services and environmental health.

r. Contractual services including—

(1) Janitorial, cleaning, and other custodial services to supplement engineer maintenance or to perform special custodial functions.

(2) Rental of uniforms, protective clothing, work garments, equipment, films, furnishings, and book rental plans.

(3) Transportation for special CDS projects and routine activities, transfer from one program location to another when destinations exceed mileage limitations set for the use of military vehicles or when military vehicles are not available.

(4) Periodicals, exhibits, displays, royalty fees, training, reference and promotional materials, and audiovisual activities.

(5) Maintenance of office, kitchen, and laundry equipment when procured from APF or when procured with NAF if the title has been transferred to the Government.

(6) Other services such as operating expenses for APF automation, APF accounting, APF reporting, APF pay and entitlement, APF financial management, APF procurement, and legal services.

(7) Training and related services, materials and transportation.

B–2. NAF support

A summary of authorized NAF support is listed below. For definiture regulatory guidance see AR 215–1–5 and DA Pam 570–551.

a. The positions in DA Pam 570–551, category 3 are as follows: food service manager, cook, food service worker(s), CD teacher(s), program assistant(s), child caregiver(s), custodial workers, and other positions required for unique CDS program requirements.

b. Other NAF employees to supplement services of APF personnel in the overall operation of CDS activities.

c. Off-duty hire of enlisted personnel as a part-time NAF employee to support essential CDS operations.

d. Training, travel, and transportation of CDS personnel paid from NAF.

e. Contractual services to supplement those supported by APF.

f. Communications and postal services to supplement those supported by APF.

g. Purchase, maintenance, and repair of equipment when APF services cannot be provided including all costs for equipment related to sales and services.

h. Purchase of operational supplies, tools, equipment, and materials related to resale, rental, and merchandising activities and when APF are not available.

i. Shipment of goods and equipment purchased with NAF.

j. Construction, repair, and maintenance of facilities and equipment when APF are not available.

k. Custodial services to supplement those provided by APF.

l. Other operating expenses authorized by AR 215–1.

m. Minor incidental expenditures not to exceed $500 may be made from designated NAF petty cash in accordance with AR 215–2, AR 215–4, and AR 215–5. Petty cash funds will not be used to circumvent regulations regarding purchase orders for normal items of supply and equipment.

n. Purchase of food items and supplies to support CDS food services program. Food items may be purchased with NAF through the troop issue supply service.

Appendix C
Single Source Criteria

C–1. Introduction

a. This appendix gives criteria for Army Child Development Services Programs and Facilities. It contains a single set of standards which, when used collectively and applied properly, will result in safe and secure environments for children that promote and support their physical, social, emotional, and intellectual development.

b. This single source reference was developed to consolidate proponent regulatory requirements, policy directives, and key operational guidance in criteria compliance areas to meet DOD and Army child care program and facility standards.

(1) Many requirements are contained in other functional proponent regulations and publications, but are summarized in this appendix.

(2) When there is conflict between criteria contained in this appendix, reference technical Architectural and Engineering Instruction will govern for new construction and major renovation projects. In addition, this appendix is a reference in itself and contains binding requirements not cited in the body of AR 608–10 or other publications.

c. Lack of this baseline in the past has contributed to difficulties in quality assurance/control in the design and construction of new and renovated child care facilities, which sometime resulted in cost overruns. Improper or selective application and inconsistent enforcement of standards in both program and facilities compliance areas has also been a concern.

d. This information is intended for multiple users including program managers, functional regulatory proponents, command and other staff at the Department of Army, major command, and installation levels.

e. This appendix is organized by Child Development Services delivery systems (e.g., Child Development Center, Family Child Care, and Supplemental Programs and Services) and criteria within each compliance area (e.g., Fire, Health, Safety, Program Management etc.,) support defined standards. Additionally, section I is policy that is applicable to all Child Development Services programs figures (C1 through C8).

f. Each criteria contains—

(1) The specific requirements necessary for compliance.

(2) An "intent" section that provides a rationale and clarifies requirements.

(3) Citations for the primary sources of the requirement. In some instances, an "equivalency alternative" has been provided.

g. The compliance areas and standards are the same as the standards listed in the DA Form 4841–R. The compliance areas are—

(1) Child Development Services policy.

(2) Child development centers program management.

(3) Child development centers facility structural systems.

(4) Child development centers administrative support and child activity areas.

(5) Child development center fire prevention.

(6) Child development center safety.

(7) Child development center health.

(8) Child development center food and nutrition.

(9) Child development center developmental programming.

(10) Child development center child abuse prevention.

(11) Family child care program management.

(12) Family child care fire prevention.

(13) Family child care safety.

(14) Family child care health.

(15) Family child care food and nutrition.

(16) Family child care developmental programming.

(17) Family child care child abuse prevention.

(18) Supplemental programs and services program management.

h. The single source criteria appendix will be used as a focus for training, inspections, reporting, and design/construction of new and renovated facilities. It is intended to be the major evaluation instrument used annually by the installation Developmental Assessment Team, and as the back up documentation for validating the signed compliance statement of DA Form 4841–R.

i. Inspectors should use figures C1 through C8 at the end of appendix C when evaluating compliance with standards.

Section I
Compliance Area: Child Development Services (CDS) Policy

C–2. Compliance item 1.
All activities, contractors, individuals, and private organizations providing child care on property controlled by the U.S. Army should comply with AR 608–10 as applicable.

a. Standard requires.

(1) All programs operated using DOD, Army standards, and compliance assurance procedures.

(2) Allows state licensing in addition to, but not in lieu of, compliance with AR 608–10.

(3) All statements of work for contracted services work include requirements to meet standards and intent specified by AR 608–10.

(4) Private organization charters incorporate requirements that all child care operations meet standards and intent specified by AR 608–10.

(5) Regularly scheduled preschools and other child care programs run by chaplains, other Army tenants, activities and groups, meet standards and intent specified in AR 608–10.

(6) Individuals providing unauthorized care in Government owned or leased housing on Government property brought under oversight of the Family Child Care system.

(7) Program oversight including technical assistance, unannounced inspections, and program evaluation as part of annual Developmental Assessment Team Review by CDS Coordinator to monitor compliance with pertinent regulations regardless of program sponsorship.

(8) All sources of child care on property controlled by U.S. Army reflected on and factored into installation Morale, Welfare and Recreation (MWR) CDS long range plan.

b. Standard excludes.

(1) Care in—

(a) DOD schools.

(b) Public school programs.

(c) Chapel settings where parents are on the premises (e.g., Sunday services).

(d) Religious programs of limited duration (e.g., Vacation Bible School).

(2) Care—

(a) In the home of or by parent, guardian or relative.

(b) By individual providing short term intermittent care that does not exceed 10 child care hours per week on a regular basis.

(c) By individual in the child's home, except when children other than the provider's and homeowner's are involved.

c. Intent. To ensure use of standards and regulatory guidance which provide a common framework and an enforcement mechanism for compliance. To ensure continuity and consistency of child care operations Armywide. To ensure child care provided under the sponsorship of Army or in Army-owned facilities is safe and appropriate, regardless of whether money/fees are exchanged. Intent is not to restrict or preclude occasional care provided between families/friends e.g., while attending a class, shopping, doctors appointments, evening recreational activities, weekend trips etc., which do not occur on a regular basis. Ten child care hour limit is a baseline for regulatory oversight frequently used by State, county, and other comparable licensing agencies. Ten child care hour limit is not intended to apply when multiple children in one family are involved e.g., neighbor care of three children in one family for the afternoon while parents are shopping. Intent is to preclude children from being in unregulated care settings on a regular basis.

d. Equivalency. None.

e. Reference(s). AR 608–10 paragraphs 1–5, 1–8 and 2–6.

C–3. Compliance item 2.
Services provided reflect an integrated long range plan for delivery through Child Development Center (CDC), Family Child Care (FCC) and Supplemental Programs and Services (SPS) delivery systems.

a. Standard requires.

(1) Biennial needs assessment and demographic survey initiated by CDS coordinator.

(a) Needs assessment utilizing DA Form 5562–R includes on and off-post eligible patrons including DOD civilians.

(b) Analysis of survey method and data on DA Form 5562–1–R.

(c) Official installation personnel figures used in current demographic profile, DA Form 5563–R.

(2) Utilization data used as a basis for projecting future requirements and repriorizing space allotments for existing programs.

(a) Waiting lists maintained (DA Form 5561–R) for CDC, FCC, and SPS services.

(b) Annual FY CDS report and GAO survey data (Feb 88) data.

(3) Consideration of advantages/disadvantages of various delivery systems e.g., home, centralized facility, (CDC), off post referral system in terms of—

(a) Patron demand.

(b) Accessibility to workplace/installation.

(c) Patron affordability.

(d) Feasibility with installation constraints/assets.

(4) Implementation of CDS resource and referral (R&R) services prior to significant expansion of CDC and FCC systems.

(5) Maximizing capacity of FCC system prior to construction of new construction projects for expansion of center services.

(6) Diversification of child care services, to include low cost alternatives, through SPS system.

(7) CDS goals reflected in installation MWR five-year plan.

(a) Increase availability of service.

(b) Improve and maintain quality of child care services in all CDS settings.

(c) Provide child care services compatible with changing Army needs and priorities.

b. Intent. To determine and address the types of CDS services required to meet patron needs. To ensure that CDS programs are established based on the results of needs assessments, and that the installation provides those programs for which there is a documented need. To endure efficient use of available space. To capture demographic data to justify requests for manpower, new construction and operational funding. To provide a balance of diversified quality child care options that respond to the changing needs of the military and civilian workforce. To validate true need by ensuring children who are placed in one CDS program are not counted as unmet requirements for another program.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 1–5, 1–6, 1–8*b*, *c*, and *d*, 2–3*b*(6), 2–17, and 4–5.

C–4. Compliance item 3.
Child care services support mission requirements.

a. Standard requires.

(1) Child eligibility criteria reflects the following priorities where there are waiting periods for care needed to meet mission requirements.

(a) Children of sole parent active duty military personnel assigned/attached to the installation.

(b) Children of married military couples (both members on activity duty) assigned/attached to the installation.

(2) Child eligibility criteria reflects the following priorities (after needs of sole/dual activity military personnel have been meet) when waiting periods for care needed to meet mission requirements exceed 30 days:

(a) Siblings of children currently enrolled in full-day or part-day programs used to meet mission requirements when the active duty sponsors are assigned/attached to the installation.

(b) Children of active dual military personnel assigned/attached to the installation.

(c) Children of active duty military personnel not assigned/attached to the installation.

(3) CDS policies and daily operational procedures reflect mission support and community activities as a priority objective.

(a) Center operational hours coincide with installation variable duty hours except when demand for extended hours is limited and FCC homes or other CDS alternative options are available to meet need.

(b) Center and FCC home full-day services offered at least one hour prior to start of duty day and until one hour after end of duty day.

(c) Center and FCC home operating hours accommodate early or later hour physical training requirements when required.

(d) Dedicated hourly care slots in center or FCC homes, or alternative care options available.

(e) Care for children of volunteers in Army programs provided through hourly care and part-day preschool extended care options.

(f) Innovative approaches to expanding care options available for children of Army volunteers e.g., extended part-day, preschool hours, FCC hourly care, contract services, parent co-ops, referral of trained babysitters.

(g) Center late fees not charged to patrons delayed due to verified mission requirements.

(h) Use of APF or IMWRF resources to offset increased center labor/operational costs incurred by extended operating hours for mission support.

(i) Services offered for care of newborn infants (up to six weeks of age) for single/dual military parents.

1. FCC newborn/infant homes.

2. Care in center settings when limited group size and lower child/staff ratios according to AR 608–10, paragraph 5–2.

(4) Plan to respond to military contingencies including providing care in essential mission or emergency situations.

(a) Capability of center extended operating hours (both early morning and evening) to support training exercises/alerts.

(b) Identification of FCC home(s) to provide 24 hour care not to exceed 14 consecutive days, and long-term care not to exceed 60 days to support deployment and mobilization contingencies.

(c) Assessment/recommendations of other installation and private sector resources to meet mission contingency requirements.

(5) Army service members who have deployment or TDY responsibilities make own arrangements for child care.

(6) Family care plans for service members as required by AR 600–20 and all single parents and dual military couples who use CDS care options.

(a) Plan contains name, address, and telephone number of individual named as custodian.

(b) CDS personnel contact "custodian" to confirm and clarify contingency procedures applicable for time period child is in CDS care setting.

(c) Data updated semi-annually and retained in CDS central enrollment registry.

(7) CDS coordinator advises unit commander of child care options available to support mission requirements.

b. Intent. To ensure CDS programs support readiness by reducing lost duty time due to conflict between parental responsibilities and unit mission requirements. (Twenty two percent of all enlisted soldiers surveyed in a FY 88 Sample Survey of Military Personnel lost duty time due to lack of available child care). The military family does not have the stability of an established neighborhood or the proximity of relatives to support a constant and reliable child care plan. In the private sector, 48 percent of all caregiving is provided by a relative, a care option not available to soldiers. To have capability of quick response for providing short-term or extended hours child care to support mobilization requirements including NEO plans. To ensure patrons understand the responsibility for rearing children rests with parents. The Army does not function as the legal successor-in-interest to the children of service members/DOD civilians. However, the Army will assist parents in discharging that responsibility during the times these children are enrolled in CDS programs.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 1–4, 1–6, 5–2, 5–11, 6–1, and 7–2; and DA Pam 600–19, Feb 87.

C–5. Compliance item 4.

Child care services support Army "Quality of Life" standards and are responsive to needs of eligible patrons.

a. Standard requires.

(1) CDS programs meet the following "Quality of Life" standards as measured by the criteria in DA Pam 600–19:

(a) Eligibility/target audience.

(b) User awareness.

(c) Availability.

(d) Accessibility.

(e) Provisions to assure quality control.

(f) Space requirements.

(g) Facilities/environment.

(h) Dollar limit on out-of pocket expense due to nonavailability or poor performance.

(i) Timeliness.

(2) CDS program and services are publicized in welcome packets for newly assigned personnel.

(3) Employment and career advancement opportunities within CDS programs for military and DOD civilian family members.

(4) Child care services to support installation volunteers while they work to improve the quality of life on the installation.

(5) Concerns of off-post patrons considered e.g., transportation requirements for school-age children, location of new facilities.

(6) Priorities for programs and services offered consistent with needs assessment data and waiting list demographics.

(a) Space allocated for center programs analyzed to ensure part-day preschool programs not utilizing a disappropriate amount of space, inconsistent with mission support for full-day and hourly care programs, and large unmet demands for infant/toddler care.

(b) Programs/services offered reflect needs of predominant user population i.e., enlisted soldiers.

(7) Patron satisfaction evaluated through—

(a) Annual written survey to determine if hours of operation and programs meet patron child care requirements regardless of where they reside.

(b) Established procedures to submit claims, concerns, or "kudos".

(c) Action plan to address areas of dissatisfaction as appropriate.

(8) Allows establishment of CDS Program Review Board (PRB) to address situations and issues impacting on program operations and patron satisfaction.

(a) Forum for issues that can be broadly interpreted/have multiple proponents.

(b) SOP developed locally to address membership and guidelines.

(9) Provisions for care of handicapped children when special needs can be reasonably accommodated.

(a) Formation of Special Needs Resource Team to address placement of children.

(b) Individual care plan coordinated by exceptional family member coordinator for each child.

(c) Allows option of mainstreaming children in regular classrooms/FCC homes or placements in self-contained special needs classrooms or FCC homes.

(d) Allows children to be placed in existing community programs where available and appropriate.

b. Intent. To contribute to the quality of life and well-being of Army families with young children by offering convenient and responsive child care programs. To assist commander in fulfilling morale and welfare responsibilities to soldiers and their families. To promote workforce retention by providing services that increase soldiers and DOD civilian satisfaction with the Army as a way of life. To provide avenues of communication between patrons and individuals providing services.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 1–4, 1–5, 1–7, 1–8, 2–9, 2–10, 4–2, and 5–2c; and DA Pam 600–19.

C–6. Compliance item 5.

All program operations are developmental in nature regardless of setting or length of time in care.

a. Standard requires.

(1) CDS program policies and procedures reflect knowledge and understanding of the growth and development of children as evidenced by:

(a) Age appropriate activities/schedules.

(b) Age appropriate program materials/equipment.

(c) Operational policies and procedures that show awareness of children and family needs.

(d) Separation of age groups unless in designated, planned family style grouping.

(e) Separation of full-day and hourly care within a single child activity space/module unless center ADA is less than 60 children.

(2) Quality program materials/equipment available in appropriate quantities to ensure all children and caregiving adults have access to those items required to implement developmental programming.

(a) All delivery systems.

(b) All program/home types.

(c) All age groups.

(3) Assignments of personnel (e.g., by grade level, position, qualifications, schedules and training opportunities available to employees and FCC providers are consistent and cross leveled to ensure quality of care is comparable among—

(a) Delivery systems.

(b) Program/home types.

(c) Age groups.

(4) Designated number of facilities, maintenance and repair support and allocation of space within facilities ensure program quality equity among—

(a) Center program types.

(b) Age groups in center programs.

(5) Equitable distribution of financial resources/assets to allow comparability of program services among—

(a) Delivery systems.

(b) Programs/home types.

(c) Age groups.

(6) CDS management personnel accountable for—

(a) Provision of developmental vs custodial care services.

(b) Enforcement of standards to improve and maintain the level of quality care specified in AR 608–10.

(c) Policies and procedures that have a child/family orientation and support developmental programming while still allowing efficient and cost effective program administration.

b. Intent. To meet DOD guidance in response to the 1982 GAO Report "Military Child Care: Progress Made, More Needed," that Services ensure that child care programs are not custodial in nature, but contribute to all aspects of the development of the children in military families.

(1) To ensure children in care are exposed to experiences/situations which impact positively on their growth and development since 50 percent of adult intelligence potential is determined in the first four years of life and many of the children in care spend the majority of their waking hours in the CDS settings.

(2) To invest in future Army soldiers i.e., children of military personnel are more likely to enter the military services. Research shows that quality of child care impacts on later adult behavior in terms of work performance capabilities, reduced number of encounters with the law, fewer out-of-wedlock pregnancies, reduced need for remedial classes. An investment in developmental child care will pay off in performance as adult soldiers.

(3) To ensure that adequate oversight and attention is focused on the health, safety and well being of children who are attending hourly and short-term programs. In these situations, standards must be equivalent to, or higher than, a regularly scheduled or long-term program since staff and children are unfamilar with each other and health, fire and safety routines are not as "institutionalized" e.g., at any given time in an hourly program none of the intermittent on-call staff or children may have ever been involved in a fire drill.

(4) To dispel the myth that custodial care is less costly than developmental care and that developmental care means enhanced "school like" services. In most instances parents pay approximately the same fees regardless of the program type or whether the child is in an FCC home or center setting. When comparable fees are being paid, parents have a right to expect comparable services e.g., the FCC provider is being paid to care for children as a primary duty, not secondarily to household chores. Parents using hourly care pay for the same adult/child ratios as in other programs, and they have the right to expect their child will be nurtured and protected in what is often a strange and frightening situation to the child. Hourly care activities may be different e.g., more open ended (sand/water, dress up), but the activities should still be planned from a developmental perspective.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 1–4*d*, 1–8*g*, 4–16–23, 5–18–22, 6–30–33, and 7–16.

C–7. Compliance item 6.

All programs and services are affordable by eligible patrons.

a. Standard requires.

(1) Installation consideration of following prior to establishing fixed fees/charges.

(a) Financial capability of eligible patrons.

(b) Circumstances which could elevate fees e.g., local NAF wage scale, available labor pool, other on post competive positions (DODDS schools, commissary etc.,) unique mission requirements (early or late closings), large numbers of labor intensive age groups (infants/toddlers).

(c) Fee structures of other military child care operations located in general area.

(d) Fee structures within comparable adjacent civilian child care operations.

(e) Availability of comparable adjacent civilian child care operations.

(f) Mix of age group child spaces required to meet installation needs for care.

(g) Number of children within a family using child care services.

(2) Assessment of factors contributing to patron affordability of child care services.

(a) MACOM and installation funding priorities for child care.

(b) Use of appropriated fund support and manpower authorizations/requirements to extent authorized.

(c) Eligibility for maximum United States Department of Agriculture (USDA) Child Care Food Program (CCFP) reimbursements and commodity foods.

(d) Extent of supplemental funding e.g., Title XX, I, Combined Federal Campaign, other.

(e) Total NAF dollars required and degree to which commander subsidizes program from IMWRF.

(f) Effectiveness of CDS management practices and internal controls.

(3) Reasonable user fees which may include patron registration fees and miscellaneous charges for optional services e.g., dancing lessons.

(a) Fees and charges for center-based program established locally by commander.

(b) Fees for FCC services determined by FCC provider and user parent.

1. Written CDS recommended fee ranges (upper and lower limits) for FCC homes provided to FCC provider.

2. Consideration of fees charged in center programs and type/comparability of services provided.

(c) Center fee schedules and FCC fee guidelines reflect:

1. Graduated fees based on total family income for full-day and school-age programs including School-Age/Latch Key.

2. Hourly, part-day preschool fees based on graduated schedule based on rank, total family income, or flat rate.

(d) Center fee schedules and FCC system fee guidelines reviewed semi-annually.

1. Established within affordable price range for eligible sponsors.

2. Reflects comparable quality of service among programs.

3. Includes meals as part of overall fee rather than separate charge.

4. Simplified to extent possible, with minimal categories required to achieve rate differentials.

(e) Patrons notified of anticipated fee increases and justification thereof, one month in advance of implementation date.

(f) Fees for children of installation volunteers eligible for payment with IMWRF funds.

(g) Annual registration and miscellaneous fees authorized per child or per family.

(4) Fees generally represent a 20–25 percent advantage over local civilian rates for comparable services.

(5) Multiple child discounts no more than 20 percent differential in centers, unless difference is paid by IMWRF.

(6) Fees for children enrolled in full-day and regularly scheduled part-day programs collected in advance.

(7) Comparable fees charged in all SA/LK and CDS before and after school program models, regardless of CDS or YS proponency.

(8) Age group categories within same program charged same basic rate.

b. Intent. To ensure CDS programs are priced to ensure affordability by all eligible patrons. Comparable service means, but is not limited to equivalent care requirements i.e., adult/child ratios, group sizes, age group categories, program types, staff qualifications and training requirements, and meal service according to USDA guidelines. Full-day care is seen as an employment expense and the fee schedule should be related to income derived from employment. Total family income incorporates both rank and family financial circumstances and allows more equitable fees for soldiers and eligible civilians. To use data gained from USDA CCFP enrollment forms and/or leave and earning statements as a basis for total family income determination and verification. User fees may not always support affordable child care especially if staff salaries are competitive with other MWR activities without supplemental IMWRF funding and maximum use of authorized APF support. No separate charges are permitted for meals and snacks, since food is an integral part of the program (just like toys, equipment, expendable supplies etc).

c. Equivalency. Patrons not wishing to disclose financial information will be charged the highest rate reflected on the graduated fee schedule. In instances where there are limited or no comparable operations in the civilian sector (i.e., full-day infant/toddler center-based care, hourly care for all ages) or cost of off-post services is extreme due to labor costs, the price percentage advantage for fees may be increased to assure soldier accessibility of care.

d. Reference(s). AR 608–10, paragraphs 1–4, 3–1, 3–5, and 3–6.

C–8. Compliance item 7.

CDS operations are resourced IAW DOD and Army guidance.

a. Standard requires.

(1) CDS funded as a basic community (category B) MWR activity.

(2) CDS support provided according to AR 215–1, appendix D or superceding clarifying guidance.

(3) CDS programs offered be funded to meet all DOD and Army standards.

(4) Fiscal resources allocated to CDS programs tracked by Army management structure AMS codes AR 37–100–49.

(5) NAF collected as CDS patron fees and charges administered as part of IMWRF.

(6) CDS programs supported predominately by appropriated funds.

(7) Allows commander to subsidize CDS operations with NAF from the IMWRF, so long as IMWRF remains self-sufficient.

(8) Allows CDS programs to become revenue users as an alternative to rate increases, especially in programs that serve the young soldier and in infant/toddler care where more stringent adult/child ratios result in higher labor costs.

(9) CDS resource requirements identified by CDS coordinator with input from CDS system directors.

(10) CDS coordinator applies for financial reimbursements/subsidies from applicable/available Federal, State, and locally funded services if available.

b. Intent. To ensure the most efficient use of resources to meet DOD and Army standards. To ensure multiple funding services are utilized to extent possible. To ensure adequate APF, IMWRF, and outside funding support so that patron fees can remains reasonable (although set to ensure a "fair share") and not preclude caregiver salaries from being solely linked to what soldiers can afford.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–1 through 4, 3–6, 3–7, and appendix B; and AR 215–1, appendix c.

C–9. Compliance item 8.

Written CDS program policies are available.

a. Standard requires.

(1) Program policies specific to each CDS system available to parents in handbook format prior to or upon enrollment in CDS system(s):

(a) Eligibility criteria/limitations of services.

(b) Admission criteria.

(c) Health requirements.

(d) Developmental activities.

(e) Discipline and touch policies.

(f) Transportation.

(g) Notification criteria.

(h) Hours of operation.

(i) Parental access to care setting.

(j) Fees.

(k) Parental responsibilities.

(l) Unique local requirements.

(2) Program policies specific to care setting available to CDS employees and FCC providers in handbook format prior to certification or employment.

(3) Standing operating procedures (SOPs) and other forms of written correspondence e.g., memorandums, letters of instruction (LOI), regulations, supplements are available for each CDS delivery system and for the installation CDS as a whole.

(4) Handbooks, SOPs and other local guidance updated annually and as needed to reflect most current guidance from higher headquarters and any procedural changes.

(5) Continuous distribution procedures in effect to ensure timely accessibility to parents and staff/providers.

b. Intent. To ensure that parents, staff and FCC providers are aware of CDS policies and have received written publications outlining these policies. To serve as an information baseline for program assessment initiatives to evaluate CDS program operations.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–4, 3–16, 4–7, 5–12, and 6–24.

C–10. Compliance item 9.

Religious materials or activities specifically designed to teach or promote religious doctrine are not permitted.

a. Standard requires.

(1) CDS management oversight to ensure religion is not promoted or taught in CDS settings.

(2) Does not permit religious Bible stories, pictures, prayers including grace at meals.

(3) Does not permit special purpose "religious" FCC homes.

(4) Does not apply to programs operated by chaplains.

b. Intent. To avoid inadvertently or purposefully communicating religious beliefs and or doctrines to children in care. Educationally based discussions/activities about religion, when appropriate to studies about cultural heritage or about individual differences based on belief systems are permitted. Restriction is not meant to prohibit holiday celebrations. Christmas trees, menorahs, creches, etc., are considered appropriate topics for an integrated developmental curriculum. In the FCC environment, the

provider is not required to remove religious decoration/symbols normally displayed in the home as long as they are not used in a proselytizing manner.

c. Equivalency. Questions/interpretions of current or proposed local practices should be referred to the installation staff judge advocate.

d. Reference(s). AR 608–10, paragraph 1–8.

C–11. Compliance item 10.

Installation agencies inspect CDS operations and provide oversight and technical assistance as specified.

a. Standard requires.

(1) All programs applicable under AR 608–10 monitored by installation proponent agencies tasked with regulatory oversight for child care operations.

(2) Quality of service, efficiency and effectiveness of all installation child care operations assessed for compliance with regulatory guidance.

(3) Proponent agencies conduct inspections as specified in appendix C.

(4) Proponent agencies provide oversight and/or technical assistance.

(5) Installation determines frequency and type of monitoring needed by regulatory proponents in addition to those specified within AR 608–10 or proponent regulations.

b. Intent. To ensure compliance with DOD and Army standards for child care. To provide oversight "checks and balances" in addition to CDS internal program oversight and technical expertise beyond CDS internal capabilities. To ensure installation regulatory proponents have a clear understanding of inspection responsibilities, training and technical assistance requirements and oversight commitments. Army proponent inspectors serve in lieu of state, country or local authorities providing these functions, except in circumstances where dual jurisdiction agreements apply. Use of Army inspectors in lieu of local authorities is necessary to achieve a consistent level of oversight across Army installations world wide. To ensure command and control functions including timeliness of inspections and technical assistance that would not be possible if installations were dependent upon host nation or CONUS local authorities.

c. Equivalency. Some installation agencies having the appropriate technical expertise may be tasked with dual hat responsibilities.

d. Reference(s). AR 608–10, paragraphs 2–3, 2–6, 2–11g, and appendix C.

C–12. Compliance item 11.

Staffing reflects program requirements as specified and is sufficient to support implementation of CDS systems.

a. Standard requires.

(1) Personnel staffing requirements addressed using DA Pam 570–551 with final determination through manpower procedures specified in AR 570–4.

(a) Allows double functioning or part-time positions when total CDS average daily attendance is less than 100.

1. CDS coordinator as a system director when there is only one CDS delivery system.

2. Education program specialist/SA/LK specialist.

3. SPS director/FCC director when FCC caseload is fewer than 15 homes.

4. CDS coordinator/FCC director when FCC caseload is fewer than 10 homes.

(b) Allows triple functioning of positions where total child enrollment is 75 or less.

(c) Does not allow dual or triple functioning of positions which have overlapping periods of program operation.

(2) Oversight provided by management personnel who:

(a) Are professionally qualified.

(b) Have child development related administrative experience.

(c) Have grade level ratings reflective of their level of responsibility and complexity of duty assignment.

(3) Standard position descriptions for CDS management personnel used per DA Pam 690–41.

(4) Use of supervisory grade evaluation factors for CDC director positions with average daily attendance over 150 children, FCC director with multiple outreach workers and lead EPS positions with multiple EPSs.

(5) Position descriptions for center caregiving employees based on job grading standards contained in DOD 1401.1–M–1.

(6) Application screening procedures for CDS employees and FCC providers followed as specified in CDC and FCC child abuse prevention standard C–142, C–245.

(7) CDS personnel and FCC providers meet health requirements as specified in CDC and FCC health standards C–97, C–198.

(8) CDS personnel and FCC providers meet training requirements as specified in CDC Program Management standard C–32 and FCC Program Management standard C–157.

(9) Strong human relations skills as measured by job performance standards.

(10) Child care services limited/restricted when staffing not available per specified requirements.

(11) CDS employees assigned to management and supervisory positions possess sound judgement and strong human relations skills as measured by job performance standards.

b. Intent. To ensure standard position descriptions and job grading standards are used for Army wide uniformly and consistency in job duties, grade levels, and job series. To ensure CDS management staff are professionally qualified with four year degrees in a field related to child development. To restrict/limit child care services when qualified, trained staff are not available per program requirements to provide management oversight, support and direct caregiving services in a manner which protects the health, safety, and well being of children in care.

c. Equivalency. When standard position descriptions are not available, duties should reflect responsibilities as described in AR 608–10, paragraph 3–12 through 3–14 as applicable.

d. Reference(s). AR 608–10, paragraphs 2–3*a*(2), 3–9 through 14, and paragraph 3–17, and appendix C, DA Pam 570–551; DA Pam 690–41; and DOD 1401.1–M–1, 22 Mar 85.

C–13. Compliance item 12.

Management roles and responsibilities are clearly defined and delegated to activity manager levels.

a. Standard requires.

(1) CDS coordinator assume responsibility for quality assurance and overall supervision of individual delivery systems within CDS.

(2) CDS coordinator function as mid-level manager vs first line supervisor of delivery system, unless dual-hatted as a system director.

(3) CDS coordinator provide balanced oversight for all CDS systems.

(a) Office not located in CDC unless dual hatting as CDC director.

(b) Conduct a weekly oversight visit to each center.

(c) Visit a minimum of three FCC homes per month in an oversight capacity.

(d) Set up comparable oversight procedures to monitor SPS care options/services.

(4) Delegation of day-to-day program administration to system/program directors.

(a) Fiscal and personnel management.

(b) Program development.

(c) Parent involvement.

(d) Internal program oversight.

(5) Accountability by system/program director for compliance with regulatory and operational guidance within area of assigned responsibility.

b. Intent. To ensure balanced, effective oversight of all CDS systems. To allow CDS management personnel to manage day-to-day operations in assigned areas of responsibility. To allow CDS management personnel to operate with the level of independence

necessary to supervise staff, resolve conflicts and analyze fiscal data, utilization and program trends.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–12, 4–3, and 5–3.

C–14. Compliance: 13.

CDS management personnel receive written and oral program and policy guidance as specified.

a. Standard requires.

(1) Chief, Family Support and other designated representatives of the commander within the standard installation organization structure provide written and oral program and policy guidance on a continuing basis.

(2) Written and oral program and policy guidance provided on a continuing basis as follows.

(a) CDS coordinator to all CDS system directors and EPS.

(b) FCC director to outreach worker(s).

(c) FCC director or outreach worker to FCC providers.

(d) CDC facility director to CDC program director(s).

(e) CDC program directors to assistant program director(s) and supervisory personnel.

(f) CDC supervisory personnel to teachers, program assistants and caregivers.

(g) CDS coordinator or program directors to CDS volunteers.

(h) SPS director to SA/LK specialist(s).

(3) CDS coordinator and all management staff meet minimum of monthly for:

(a) Policy coordination and implementation.

(b) To provide feedback on oversight visits.

(c) To disseminate new information.

(d) To identify program concerns.

(4) Staff meetings documented and minutes kept.

(5) Guidance received reflected in current SOPs, handbooks and other implementing printed material.

b. Intent. To ensure CDS coordinator receives oversight and guidance regarding installation and higher headquarters policies and procedures from Chief, Family Support Division or command designee. To ensure information is disseminated to CDS systems.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 3–16, and AR 5–3.

C–15. Compliance item 14.

CDS coordinator and CDS management staff receive training as specified.

a. Standard requires.

(1) Installation coordinators, system and program directors, assistant directors, FCC outreach workers, school-age/latch key and education program specialist(s) receive annual training in program administration related to their specific program type including internal controls, developmental programming, and the unique child care requirements of sole/dual military parents.

(2) Center directors trained in fiscal management, personnel management and staff supervision and subject areas specified in para 3–20.

(3) FCC director and outreach workers trained in interviewing and counseling skills and subject areas specified in para 3–20.

(4) Education program specialists and CDC and FCC management personnel trained in adult education training methods.

(5) Access to:

(a) DOD, HQDA or MACOM sponsored training.

(b) Training provided by the installation and civilian community and professional training opportunities.

(6) Installation fire, safety, preventative medicine, and security proponents train CDS management personnel on procedures for conducting facility and home inspections.

(7) Individual education plans for all management personnel.

(a) Annual training documented on (DA Form 5765–R).

(b) Cumulative training documented on (DA Form 5760–R).

(8) Training documented in official personnel files (DA Form 5760–R attached to DD Form 1556 or DA Form 87).

b. Intent. To ensure that CDS management staff possess the skills, knowledge and abilities to implement developmental programming, manage programs efficiently and cost effectively and provide professional oversight to ensure compliance with regulatory standards and policy directives.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–3*a*(6), 3–18*e*(4), 3–19, and 3–20.

C–16. Compliance item 15.

The CDS coordinator is a member of the Family Advocacy Case Management Team (FACMT).

a. Standard requires.

(1) CDS coordinator represent CDS as member of FACMT.

(2) Allows FCC director, SPS director or center program/facility director(s) to attend FACMT meeting in addition to or in lieu of CDS coordinator when case to be discussed involves child enrolled in applicable program.

b. Intent. To provide subject matter expertise from a child development/education perspective. To provide background information on cases involving children enrolled in CDS program or for adults employed or providing care within CDS delivery system.

c. Equivalency. At large installations or at installations where FACMT caseload is significant, CDS coordinator may designate an alternative representative to share FACMT responsibilities.

d. Reference(s). AR 608–10, paragraph 2–22*b* and AR 608–18, paragraph 2–4.

C–17. Compliance item 16.

Child enrollment is handled centrally.

a. Standard requires.

(1) Central enrollment registry of all children enrolled in CDS programs and SA/LK children regardless of CDS or YS proponency for the program.

(2) Registry located in convenient site for all incoming personnel.

(a) Serves as "one stop" service to patrons.

(b) Allows substations to be set up when demographic situation precludes single location, but requires consolidated data be maintained at a central location.

(c) Consideration of colocating central enrollment registry and CDS R&R services e.g., both services use same computer program and success of R&R services depends on up-to-date/accurate CDS waiting list and enrollment data.

(3) Copies of DA Form 4719–R for enrollment will be—

(a) Maintained in central registry.

(b) Provided to CDS delivery system enrolling the child.

(4) Waiting lists for all CDS delivery systems maintained per DA Form 5661–R and updated continuously by central enrollment registry.

(5) Written installation policies to address waiting list issues, priorities for service, procedures for filling child spaces.

(a) Sole/military parents given one time priority for CDS programs which support mission requirements.

(b) Allows unborn infants to be placed on waiting lists at any time and retain waiting list status until child is six weeks of age or until first vacancy after that time.

(6) Family care plan information authenticated, retained and updated per AR 608–10, paragraph 4–2*c*(7).

(7) Information required to complete DA Form 5246–R maintained by Central enrollment registry and provided to CDS system program directors annually and as needed.

b. Intent. To centrally track and monitor CDS system vacancies to ensure efficient use of available space e.g., child is not "holding down" two spaces (one in full-day care and a second in part-day preschool). To centrally track and monitor placement of children for program oversight e.g., to ensure FCC homes/center programs are not over or under enrolled. To maintain accurate family care plan data. To gain data that will indicate necessary reductions, increases or crossleveling of resources/services to meet patron demands for care. To reduce duplication of work by CDC,

FCC and SPS systems and focus accountability for the accuracy of the waiting list, family care plan and annual reporting data.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 1–6, 2–16, 4–2*c*, and 4–5.

C–18. Compliance item 17.

Parents provide advisory imput and play an active role in monitoring the quality of services provided in CDS programs.

a. Standard requires.

(1) Organization of CDS advisory/support group with parental membership majority including—

(a) Sole/dual military parent representatives.

(b) Parent representatives who reflect the mix of program services offered on the installation.

(2) Distribution of parent/partner checklist to all parents using CDC.

(a) CDS staff/parent discussion of parental oversight, role for the care and protection of their children.

(b) Signed parental statement indicating parental acknowledgement of role.

(3) Parent representative participation in installation Developmental Assessment Team (DAT) Review.

(a) Parent(s) selected as DAT member(s).

(b) Parental input through DAT individual group interviews, focus groups surveys, and other means of communication.

b. Intent. To involve parents actively and directly in quality assurance initiatives within CDS programs. To use parental oversight as a method for improving program quality and minimizing the risk of child abuse in CDS settings. To provide and define opportunities for parents to provide feedback to CDS staff and FCC providers from a parental perspective. To ensure CDS operational procedures are supporting children and familial needs for safe, affordable, accessible quality care.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–5, 3–23, 3–25, and 4–17.

C–19. Compliance item 18.

Program and operational data are collected, maintained and reviewed as specified.

a. Standard requires.

(1) Employee records which include IEPs maintained within each CDS delivery system as supplement to official personnel files maintained at CPO.

(2) FCC provider records which include IEPs maintained within FCC system.

(3) Program and general data collected and maintained by program type, and where applicable, cumulatively for CDS delivery systems.

(a) Child abuse allegations.

(b) Outbreaks of communicable diseases.

(c) Serious accidents/deaths that could precipitate a claim against the government.

(d) Attendance, enrollment, utilization data/waiting lists.

(e) Fiscal data e.g., budget projections, execution, statements/reports.

(f) Food service data and USDA reimbursement documentation.

(g) Personnel data e.g., manpower authorization/requirements, documentation of staffing patterns, personnel actions.

(h) Data needed to complete DA Form 5246–R annually.

(i) Management Information System (MIS)/productivity reports.

(2) Program assessment information e.g., DAT, crimes prevention surveys, environmental rating scales, child abuse risk assessment tool, collected and maintained by program type/home as applicable.

(3) FCC home/provider certification status maintained by name/quarters address.

(4) Facility/FCC home inspection data maintained by building number/quarters address.

(5) Annual training plan/schedule training of CDS employees and FCC providers.

(6) Developmental activity schedule maintained by CDC/SPS program type and representative schedules within FCC provider files.

(7) Needs assessment conducted biennually to validate demand/mix of services and when necessary to support new construction/FCC expansion initiatives.

(8) Operational records maintained according to AR 25–400–2.

(9) Personal information secured and access limited to authorized individuals.

(10) Data/information reviewed and utilized by CDS management personnel and command to—

(a) Identify program strengths/areas of concern.

(b) Substantiate reports made to higher headquarters.

(c) Develop briefing/information papers.

(d) Justify CDS initiatives/program expansion.

(e) Validate requests for program resources.

(f) Provide input to CDS five year plan.

b. Intent. To ensure that CDS personnel maintain all records which are required to document program implementation, program compliance, usage, and areas of noncompliance with regulatory requirements. To have hard data accessible for use in making operational decisions which impact on space, service priorities, allocation of fiscal and personnel resources. To have data available and consolidated for use in meeting program reporting requirements to command and higher headquarters.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–13 through 2–17.

C–20. Compliance item 19.

Reporting requirements to command, MACOM and HQDA are met as specified.

a. Standard requires.

(1) Notification of installation commander on required program/administrative/facility changes and results of developmental assessment team findings/recommendations.

(2) Notification of installation regulatory proponents regarding—

(a) Inspection results.

(b) Financial/operational concerns.

(c) Serious injury.

(d) Child abuse/neglect allegations.

(e) Fire or other drills.

(f) Incidents viewed as a threat to security.

(g) Outbreaks of communicable diseases.

(h) FCC certification denials, suspension or revocations.

(i) Unauthorized care reports.

(3) Notification of MACOM and USACFSC (CFSC–FSC) within 24 hours regarding—

(a) Outbreaks of communicable diseases.

(b) Child abuse/neglect incidents.

(c) Serious child injuries, accidents, death, and incidents that could result in a claim. Includes incidents occurring in unauthorized care setting e.g., "underground homes".

(d) Anticipated or actual media coverage of CDS operations in press or television that has potential for national release. Provision of copies of news clipping of adverse publicity concerning child abuse allegations in CDS settings.

(4) Annual reports to higher headquarters including—

(a) DA Form 4841–R.

(b) DA Form 5246–R

(c) CDS information paper.

(5) Information provided to higher headquarters when new facility is programed for construction.

(a) DA Form 5566–R.

(b) DA Form 5562–R, 1–R.

(c) DA Form 5563–R.

(d) DA Form 1391.

b. Intent. To ensure CDS personnel and appropriate installation proponents are cognizant of reporting requirements to installation commander and higher headquarters. To assess and validate

demand for CDS in a standardized and consistent manner Army-wide. To provide demographic fiscal, evaluative data needed to justify resources to support/expand CDS programs. To provide information for GAO and congressionally directed reports. To collect potential and actual user data to determine and validate project scope of new construction projects and expansion of FCC services and to defend resources for same at HQDA, DOD and congressional levels. To provide higher headquarters with information which could result in potential Army liability for claims, adverse publicity, or indicate isolated or systemic circumstances which could impact on CDS operations Armywide.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–16 through 2–21, and AR 608–18.

C–21. Compliance item 20.

An annual internal review is conducted by an installation developmental assessment team (DAT).

a. Standard requires.

(1) Annual internal review and evaluation process for all installation CDS programs and services in all CDS delivery systems.

(2) DAT randomly select 10 percent or a minimum of five homes (whichever is most representative) for review in addition to management structure of FCC system.

(3) DAT review organized and coordinated by CDS staff with oversight by command designee.

(4) Team members include—

(a) Command representative (e.g., DPCA).

(b) CDS coordinator.

(c) Installation regulatory proponents (safety, fire, housing, engineer, health consultant, safety officer, facility engineer, and dietician FAPM, CPO).

(d) Parent representative(s).

(e) An early childhood professional from another installation or the private sector.

(f) Any additional team members designated by the command.

(2) CDS single source criteria (AR 608–10, appendix C and USACFSC (CFSC) provided materials used to conduct assessment. Allows locally developed supplementary materials.

(3) Review of evaluation data from following sources:

(a) Annual facility and program reports.

(b) Quality of Life standards.

(c) Patron satisfaction survey(s).

(d) Environment rating scale.

(e) Program productivity analysis sheets (when available).

(f) Internal controls checklists.

(g) Proponent inspections.

(h) USDA CCFP Enrollment.

(i) Staff qualifications and training records.

(j) Child abuse risk assessment tool results.

(k) Trip reports resulting from higher headquarters visits.

(l) Special investigations e.g., Article 15–6, CID crimes prevention survey, USDA CCFP Audits, Army Audit Agency reports.

(m) State licensing inspections if applicable.

(n) FCC system response to unauthorized care.

(4) DAT identify in writing—

(a) Level and quality of services provided on the installation.

(b) Extent to which installation CDS programs are meeting DOD and Army standards.

(c) Areas of strength and those needing improvement.

(5) DAT brief findings to installation commander.

(6) DAT develop an action plan supported by the commander to correct deficiencies and improve/expand program services.

(7) Summary DAT findings, recommendations and corrective action initiatives noted on DA Form 4841–R.

b. Intent. To ensure consistent application of regulatory and policy guidance within all CDS systems. To gather data from regulatory proponents to substantiate compliance with DOD and Army standards, support and validate annual reporting requirements of compliance on DA Form 4841–R. To gather data which can serve as baseline for future initiatives that will become part of the CDS portion of installation five year plan. To serve as a mechanism to surface CDS issues to the command level and minimize direct oversight/inspections by higher headquarters. To serve as a preliminary self evaluation process prior to applying for center accredation through the National Academy of Early Childhood Programs.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–3, 2–5, 5–54*c*, 6–52*c*, 7–42*k*, and appendix C.

C–22. Compliance item 21.

CDS Programs annually assessed for compliance with DOD and Army standards and monitored for quality assurance on continuing basis.

a. Standard requires.

(1) Copy of AR 608–10 and local supplements.

(a) Maintained in all CDS delivery system offices, CDCs and SPS settings.

(b) Readily accessible to employees, FCC providers, patrons, volunteers and command representatives.

(c) Summary of FCC regulatory requirements distributed to each FCC provider.

(2) Annual internal review conducted by installation DAT (see CDS policy standard C–21).

(3) Inspections conducted by installation regulatory proponents (see CDS policy standard C–11).

(4) Quality assurance plans developed by CDS management personnel for each delivery system.

(a) Annual use of environmental rating scales.

(b) Use of child abuse risk assessment tool annually and upon report of child abuse allegation.

(5) HQDA and MACOM regulatory proponents conduct periodic unannounced on-site inspections/technical assistance visits. Trip reports/out briefings address assessment of program quality.

(6) Special investigations e.g., Article 15–6, CID crimes prevention survey authorized by commander as necessary.

(7) Results of special investigation and quality assurance plan initiatives used to improve program quality.

b. Intent. To systematically assess CDS programs in a consistent and comprehensive manner Army-wide. To use results of quality assurance efforts to focus management concerns, plan staff/FCC provider training, identify program improvement initiatives, and review internal procedures. To respond to congressional and DOD guidance to ensure strong command oversight of CDS programs.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–1, through 2–11, 5–54, 6–52, and 7–42.

Section II
Compliance Area: Child Development Center Program Management

C–23. Compliance item 1.

The CDC system is composed of program types which reflect the assessed need for full-day, part-day and hourly care services, as well as needs for infant, toddler, preschool and school-age care.

a. Standard requires.

(1) CDC system composed of three major program types where need exists:

(a) Full-day program.

(b) Part-day preschool/school-age program.

(c) Hourly care program.

(2) System accepts children 6 weeks–12 years of age.

(a) Infant care available at 6 weeks.

(b) Allows special services for newborn infants of sole/dual military parents under specified conditions.

(c) Separation of older school-age children (ages 9–12) from younger children whenever possible.

(3) Allows total enrollment of full-day and part-day children (with the exception of infant programs) to exceed up to ten percent of child activity room/module capacity or group assignment

to compensate for reduced average daily attendance due to absenteeism.

(a) Attendance tracked in six month implementation time periods.

(b) Daily attendance not in excess of adult/child ratios and physical space allocations more than 20% of the time.

(4) Allows special needs program to be offered under authorized conditions.

(5) A needs assessment conducted at least every two years to determine CDC system requirements and mix of program services.

b. Intent. To ensure CDC services are responsive to the needs of individual families and children. To ensure that CDC program space/resources are allocated based on results of needs assessments and reflect mission support priorities, CDC waiting lists and current trends. To offer quality group care that is convenient to the work site for working families and available on a short term basis for respite, volunteer work or recreational purposes.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 1–8*c*, 2–17, 4–21*b*, and 5–2.

C–24. Compliance item 2.

CDC staffing reflects program requirements necessary for services offered and to support unique mission requirements. The following include: professionally qualified management staff, specified staffing patterns, administrative support and assigned education program specialist(s).

a. Standard requires.

(1) Use of CDC standard position descriptions (DA Pam 690–41).

(2) Application of DA Pam 570–551.

(3) On site director for each separate facility regardless of size.

(4) Designated program director for each program with ADA of 100 or more.

(5) Special needs director when 36 or more special needs children enrolled.

(6) Assistant directors and support staff required when operating hours in excess of 40 hours per week.

(7) Restriction of services when staff insufficient to meet required adult/child ratios or provide adequate management oversight.

(8) Where one EPS authorized on installation, EPS time allotted proportionate to child ADA between CDC and FCC systems.

(9) Where more than one EPS authorized on installation, EPS(s) dedicated specifically to CDC system.

b. Intent. To ensure sufficient qualified CDC management personnel oversee programs and ensure quality care, thus reducing the risk to children and the Army's liability. To ensure adequate administrative and janitorial support so CDC management and caregiver time is devoted to program oversight and quality care issues, rather than clerical or janitorial duties. Director is housed within the center to ensure the standards are met and to maintain "hands on contact" with caregiving staff. To use standard position descriptions and job grading standards for uniformity and consistency in job duties, grade level, and job series. Where standard positions are not available, staff duties should reflect responsibilities as described in AR 608–10 paragraph 3–12 through 3–14 as applicable.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–10, 3–12, 3–13, and 5–37*b*; DA Pam 570–552; and DA Pam 690–41.

C–25. Compliance item 3.

Staffing patterns support developmental programming and ensure appropriate supervision.

a. Standard requires.

(1) Professional management staff on duty during all hours of operation.

(2) Designated program director or assistant program director assume responsibility for overall center operation when center director not on premises.

(3) Supervisory caregiving staff and primary caregiving staff are regularly scheduled full-time or part-time employees.

(4) At least one staff member fully trained in CPR and first aid in center during all hours of operation.

(5) Intermittent on-call caregiving employee limited to substitutes, partial staffing of hourly care programs, and 25% of staff.

(6) Adult lunch breaks not scheduled during child eating periods.

(7) Caregiving employees receive regularly scheduled breaks. Relief caregiving employees available to maintain ratios.

(8) Employees not assigned to substitute for absent adults without coverage for own positions.

(9) Staffing patterns documented for each fiscal year:

(a) Work schedules.

(b) Adult/child ratio counts.

(10) EPS not counted in adult/child ratios and not assigned center supervisory responsibilities.

b. Intent. To ensure sufficient staff are available to provide the necessary program oversight which will reduce risk of harm to children while they are in the Army's care. To reduce the number of caregiving adults children must relate to, by limiting the use of intermittent staff. To minimize changes in personnel during lunch time or other transition periods when children need stability. To collect and utilize staffing pattern data as tool to forecast needs and trends.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–14.

C–26. Compliance item 4.

A parent involvement program is established and implemented to encourage parent participation and center/home partnership.

a. Standard requires.

(1) A written annual plan to encourage parent involvement in CDC activities to include, but not limited to:

(a) Access to written SOPs.

(b) Parent handbooks outlining key program information.

(c) Review of internal operational procedures to promote ease of use by customer.

(2) Supportive administrative policies and procedures:

(a) CDC admission procedures.

1. Peradmission interviews.

2. CDC program tour.

3. Use and review of Parent Involvement Brochure information.

(b) Parent Center Communication Avenues.

1. Use of daily feedback sheets at arrival/departure times.

2. Semi-annual conferences for regularly scheduled children.

3. Notification in case of emergencies or illness.

4. Periodic/newsletters, notices, bulletins.

5. Parent/Patron satisfaction surveys.

(c) Parental oversight of child well-being and quality assurance.

1. CDC open door policy.

2. Observations of child while in CDC setting.

3. Participation in parent advisory group/committee.

4. Participation/representation during program assessment efforts.

(d) Participation in CDC events.

1. Access/distribution of daily activities schedule.

2. Opportunities for attendance of special events.

3. Opportunities to volunteer services on a regular on-going or one-time basis.

(e) Parent education opportunities.

1. Access and encouragement to attend staff training workshops on a space available basis.

2. Identification of and coordination of parent preferred topics for parent education opportunities.

(3) Coordination between CDC and SPS management personnel to ensure integration of parent education services and to preclude duplication of workload.

b. Intent. To establish procedures which ensure avenues for parental involvement and encourage parent/center partnerships. To keep parents informed on matters relating to CDC operations,

changes in program emphasis and their child's progress. To increase parental awareness and understanding of the CDS program goals and philosophies. To assist parents with their parenting skills so they can make educated decisions about their child's care.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 1–7, 3–23, 3–25, 4–17, 5–4, and 7–18.

C–27. Compliance item 5.

Part-day programs double function space and staff when feasible.

a. Standard requires.

(1) Part-day programs scheduled to maximize the number of programs offered/patrons served e.g., P.M. preschool sessions ends in time to allow use of room by after school children.

(2) Space allocations for center programs reflect assessed needs for service.

(a) Demands for part-day preschool-age care not satisfied without ensuring large scale unmet demands for full-day care are addressed.

(b) Part-day preschool program expand hours or reduce space where the large unmet demand exists for full-day care.

(c) Kindergarten not authorized when waiting list exists for care of younger children.

b. Intent. To ensure that part-day programs e.g., part-day preschool and before/after school program double function space to increase facility service capability and provide increased child care spaces to meet installation demands for service. To ensure preschool programs are not utilizing a disappropriate number of child spaces inconsistent with CDS mission and installation priorities for service. To avoid conflicting lines of supervision when multiple programs share a single activity room by utilizing a core staff who have ownership and accountability for both programs.

c. Equivalency. If double functioning of space is not possible and unmet demands exist, age groups served in before and after school programs may be limited or addressed through the SA/LK or YS programs.

d. Reference(s). AR 608–10, paragraph 5–2.

C–28. Compliance item 6.

Hourly care services are retained for short term intermittent child care needs.

a. Standard requires.

(1) Hourly care services physically separated from full and part-day services in facilities with a capacity of 60 or more.

(2) Written reservation policy publicized and implemented.

(3) Utilization data and historical trends used to support staffing requirement projections.

(4) Hourly care spaces not filled by full/part-day overflow patrons requiring services on a regular basis.

(5) Minimum number of hourly slots available for improcessing soldiers/emergency care, and support of installation volunteers.

(a) Number dedicated approved by commander.

(b) Any loss of income occurred reimbursed by IMWRF or sources of funding other than by increased fees to CDC patrons.

(6) Allows walk-in care on space available basis.

(7) Flexible programming structured to reduce anxiety in children/patrons caused by nature of hourly care.

b. Intent. To ensure physical separation of hourly children, to avoid disruption to other programs. To separate program types so that child needs and program consistency can be more easily accomplished. Allows hourly and full-day children to be combined early in the morning or late in the day. To ensure cost effective scheduling of personnel to maximize use of hourly care spaces and determine staffing needs. To ensure reservation policy requiring cancellation is in effect in order to effectively use "last minute available spaces".

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–2*b*.

C–29. Compliance item 7.

Management oversight of food service operations is provided.

a. Standard requires.

(1) CDC management staff implement and oversee a cost-effective quality food service program.

(2) Food service management responsibilities include—

(3) Food service manager provided at large and very large installations.

(a) Menu planning.

(b) Purchasing food items and food.

(c) Food service supplies/equipment.

(d) Ensuring cost effective operations.

(e) Ensuring compliance with regulatory requirements.

(f) Providing nutrition training to staff and parents.

(g) Assisting in child program activities related to food and nutrition.

(h) Maintaining participation in the USDA CCFP as applicable.

b. Intent. To ensure appropriate personnel implement and manage food service operations. To ensure CONUS installation enrollment in the CCFP. To ensure compliance with CCFP regulations and procedures regardless of CCFP enrollment.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–6.

C–30. Compliance item 8.

CDC personnel receive written and oral program guidance as specified.

a. Standard requires.

(1) One director designated as center director when multiple directors located in single facility.

(a) Serves as primary POC for center operations.

(b) Serves as final line of supervision within that CDC setting.

(2) Written and oral program/policy guidance provided on a continuing basis.

(a) CDC center director to CDC program director and support staff.

(b) CDC program director to assistant director and supervisory caregiving employees.

(c) CDC supervisory personnel to teachers, program assistants and caregivers.

(3) CDC personnel participate in regularly scheduled staff meeting(s) at least monthly:

(a) Staff training.

(b) Dissemination of new information.

(c) Identification of program concerns.

(d) Feed back on oversight/assessment issues.

(4) General guidance reflected in employee handbooks and SOPs available for staff

(5) Copy of AR 608–10 and any local supplement and policy guidance concerning CDC programs available within CDC.

b. Intent. To ensure CDC staff receive oversight and guidance regarding CDS installation policies and procedures. To ensure structured opportunities for communication among CDC personnel. To identify chain of command within CDC settings with multiple directors.

c. Equivalency. Intermittent personnel attend staffing meetings when resources and scheduling permit.

d. Reference(s). AR 608–10, paragraphs 2–4, 5–3, 5–9, and 5–12.

C–31. Compliance item 9.

Individual Education Plans (IEPS) are developed for all caregiving staff.

a. Standard requires.

(1) Individualized training plan for each caregiving employee developed for entry level, skills level and annual training.

(2) Education program specialist(s) (EPS) meet with caregiving employees within 30 days of hire to set up an IEP.

(3) Some training credits awarded for previous training if validated and approved as specified.

(4) IEPs reviewed quarterly by caregiving employee and EPS using specified worksheet format (AR 608–10, fig 3–4) to determine needs and assess progress.

(5) Training documented on DA Form 5764–R and DA Form 5765–R.

(6) Copies of training records provided to transferring employee for reciprocal use at other installations.

b. Intent. To ensure a minimum level of initial and ongoing training is established for all CDC caregiving staff. To provide training related to CDC program requirements, type of CDC care provided, and geared to the individual employee's competency level. To ensure a training plan is developed for all caregiving employees and documented on standard forms which can be forwarded to another installation.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 3–18.

C–32. Compliance item 10.

CDC caregiving employees receive training as specified: on-site orientation and supervised work experience training, thirty-eight credit hours of training within first nine months, and twenty-four hours annual in-service training.

a. Standard requires.

(1) All caregiving employees receive training including those with professional degrees or CDA Credentials.

(a) Actual number of hours required to complete unit may exceed the number of credit hours given.

(b) No fees charged for training.

(c) Entry/skill level training documented DA Form 5764–R.

(d) Annual inservice training documented DA Form 5765–R.

(e) Training certificates (DA Form 87) awarded to all caregiving staff following completion of (entry level, skill level and inservice training).

1. Fifteen hours of entry level training.

2. Twenty-three hours of skill level training.

3. Twenty-four hours annual inservice training.

(2) On-site orientation:

(a) Eight hours of orientation (i.e., health, safety, program activities, child activity spaces, child growth and development, regulations, SOPs, parent/public relations, child guidance) prior to duty.

(b) Sixteen hours of direct supervised experience in program area prior to being solely responsible for children.

(c) Orientation training not counted toward the initial 38 hours training requirement.

(d) Orientation credit may not be given for prior training.

(3) CDC entry level training within first three months of hire (15 hours):

(a) Communicable diseases.

(b) First Aid: Accident Prevention and Emergency Response Training Course: Emergency Action Principles, Wounds, and Accident Prevention.

(c) CPR.

(d) Child abuse/neglect identification and reporting.

(e) DOD Training Manual Series, (The "Caring" Role in a Child Care Center—Part I, Orientation—Part II, Relating to Parents—Part III, Relating to Children).

(f) Related Topics.

(4) CDC skill level training within next six months (23 hours).

(a) Preventing child abuse in center settings.

(b) DOD CDS Training Manual Series "Caring For (age specific)".

(c) DOD Training Manual Series "Creating Environments for "age specific".

(d) Observations.

(e) Classroom Environment Assessment.

(f) Special project.

(g) Related topics.

(5) Annual in-service training (24 hours).

(a) Topics as determined by CDS coordinator/CDC director/EPS.

(b) Training format to include—

1. Observations.

2. Activity room assessments.

3. Special projects.

4. Workshops.

5. Reading/videos.

(6) Minimum six hours training provided each quarter.

(7) By FY 91, all CDC program offer opportunities for caregiving employees to obtain the CDA credentials.

b. Intent. To ensure CDC caregiving employees have an understanding of child development in order to provide appropriate care, set realistic guidelines and expectations for children and possess the skills and knowledges to perform at an acceptable level consistent with CDC program objectives. Caregiving staff who have realistic expectations of children are less likely to use inappropriate guidance techniques which could result in abuse or neglect of children. National research studies link inservice training with quality of care.

c. Equivalency. Prior, documented training or college or other professional training taken during training period may be substituted for specific topics, but equivalent number of hours of training are required. The first aid training requirement may be met by training opportunities which address the same content.

d. Reference(s). AR 608–10, paragraphs 3–18, and 5–8

C–33. Compliance item 11.

Designated CDC personnel receive specialized documented training as appropriate.

a. Standard requires.

(1) CDC food service personnel trained in child nutrition, menu planning, food handling, food borne disease control, food sanitation practices and food preparation IAW TB Med 530 and USDA CCFP guidelines.

(2) CDC administrative personnel directly involved with child admissions trained in relating to parents, interfacing with command and general public, and recognizing common communicable disease and illness.

(3) Designated personnel trained in administering of medication, specific injuries, sudden injuries, bandaging and burns.

(4) Caregiving employees who work with children with unique care requirements trained as required.

(5) All caregiving employees caring for infants receive training in measures to be taken in recognizing and responding to the potential for Sudden Infant Death Syndrome (SIDS).

b. Intent. To ensure that CDC staff members who perform specific duties possess the requisite knowledge to perform assigned responsibilities.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–8 and TB Med 530.

C–34. Compliance item 12.

Standard training resources are accessible to all CDC staff.

a. Standard requires.

(1) Training materials and materials provided by USACFSC (CFSC–FSC) considered installation CDS property and maintained on the CDS inventory.

(2) A resource library including DOD Manuals and other standardized training resources established in CDC to ensure training materials remain readily accessible to CDC personnel.

(3) CDC management personnel ensure training opportunities are provided during nap and rest times.

b. Intent. To ensure that all reference materials and training materials are accessible to center staff. To fully utilize nap/rest periods as opportunities for staff to use resources individually or in small groups. Multi purpose rooms, motor/music room and art areas are especially suitable. Caregiver/child ratios may be reduced during rest/nap period for this purpose. Staff remaining in activity room during nap/rest period should be involved in individual training activities when not actively providing care.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–13.

C–35. Compliance item 13.

Procedures for use of volunteers in CDC settings are followed as specified.

a. Standard requires.

(1) Volunteer services (when used) are according to the following procedures:

(a) Supplement, but do not replace paid CDC employees.

(b) Perform administrative or program related duties outlined in writing.

(c) Are not counted in adult/child ratios or left alone with children.

(d) Regularly scheduled volunteers meet CDS personnel criteria, health requirements, volunteer training requirements, background screening, and sign Gratuitous Service Agreement.

(2) Plan for referral and orientation training of regularly scheduled volunteers available from SPS director.

b. Intent. SPS director is responsible for screening, initial training and referring volunteers; referral of volunteers coordinated with CDC director. CDC director determines specific volunteer requirements, acceptability of volunteer for position, and placement within the CDC. CDC director assures availability of CDC specific training.

c. Equivalency. When a separate SPS director is not authorized, other CDC management personnel perform oversight responsibility at *b* above.

d. Reference(s). AR 608–10, paragraph 3–17.

C–36. Compliance item 14.

CDC standard operating procedures are available and updated to ensure consistent application in all CDC programs.

a. Standard requires.

(1) Written procedures outlining—

(a) Resource/program management responsibilities.

(b) Facility/program compliance with standards.

(c) Program operations.

(d) Administrative procedures.

(e) Contingency plans/disaster control/communicable disease outbreaks.

(f) Prevention, response to, identification and reporting of child abuse/neglect allegations.

(g) CEC security and procedures for release of children.

(h) Motor vehicle operation.

(i) Accident prevention.

(j) Emergency care.

(2) CDC system/program operations reflect SOP requirements.

(3) SOPs accessible to staff, patrons and command representatives and as appropriate.

(4) Management staff and caregiving employees demonstrate working knowledge of content.

b. Intent. To provide written instructions which outline procedures to be taken in specific situations and circumstances pertaining to program operation and child well-being. To ensure such instructions are readily accessible to personnel and parents and are included in the staff training program. These documents should be regularly updated to reflect policy and procedural changes. SOPs should be written to reflect the unique requirements of individual CDC programs and should clearly explain the procedures in effect at that installation. SOPs should not merely restate AR 608–10. SOPs should be written in a manner to provide consistency during time of staff turnover. Separate SOPs on each topic not required; topics may be consolidated and included within one SOP.

c. Equivalency. Other forms of written correspondence, (e.g., LOIs, local regulations, and supplements) may suffice if equally accessible and perform a like function.

d. Reference(s). AR 608–10, paragraph 5–12.

C–37. Compliance item 15.

Child admission and release criteria is implemented as specified.

a. Standard requires.

(1) Initial admission requirements include—

(a) Parent interviews and tour prior to program attendance per CDC management standard.

(b) Opportunity for CDC staff to meet/observe child prior to enrollment.

(c) Parent submit completed forms prior to provision of care:

(1) Child Registration (DA Form 4719–R).

(2) Sponsor/Parent Agreement (DA Form 5226–R).

(3) Sponsor Consent (DA Form 5222–R).

(4) USDA CCFP enrollment form (if applicable).

(d) Upon admission, parent may remain with child until all feel comfortable.

(e) Parent submit completed forms within 30 days of enrollment:

(1) Child Health Assessment (DA Form 5223–R).

(2) Child/Family Profile (DA Form 5224–R).

(3) Family care plan (if applicable).

(2) Daily admission procedures include—

(a) Child accompanied to designated care setting by parent.

(b) Child health screening, upon arrival and before parent departs.

(c) Opportunity for exchange of information between caregiving staff and parent(s).

(d) Parent access to child activity space/module at all times of attendance.

(3) Child release procedures include—

(a) Release of children only to parent/designee on DA Form 4719–R unless prior documented arrangement made.

(b) Does not allow release of children to siblings or others under age 13.

(c) Allow school-age children to leave unaccompanied if parental permission granted on DA Form 5222–R.

(d) Requires on file copy of custody agreement or court restraining order to deny child access by a specified parent.

(e) Coordination with provost marshal officer reference parents appearing under the influence of drugs or alcohol.

(4) Provisions for flexible registration/admission requirements in emergency situations.

b. Intent. To provide staff with information needed to protect the health, safety, and well being of children in care. To provide information/procedures for handling emergency situations. To establish admission requirements which will be consistent in all CDC systems Armywide. To use standard forms which provide baseline data needed for effective and efficient program administration.

c. Equivalency. A waiver of immunizations signed by Chief, Preventive Medicine may be considered for religious convictions. Parents must be counseled that the child may be excluded during an outbreak of vaccine preventable communicable disease.

d. Reference(s). AR 608–10, paragraphs 4–6 through 4–8.

C–38. Compliance item 16.

Personnel records are maintained as specified.

a. Standard requires.

(1) Personnel records maintained for each CDC employee within the CDC setting.

(2) Files include—

(a) Notification of personnel actions (employer's copies).

(b) Awards, promotions, and commendations copies.

(c) Job performance standards.

(d) Annual performance appraisals (copies).

(e) Individual Education Plan.

(f) Counseling statements as appropriate.

b. Intent. To ensure complete personnel files for all CDC employees. A separate official personnel file is kept at the servicing CPO. The medical examination records must be kept separate and not part of the official personnel folder according to AR 215–3.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 2–14 and AR 215–3, chapter 16.

C–39. Compliance item 17.

Child records are maintained as specified.

a. Standard requires.

(1) The following records for each child are maintained within the CDC where the child is enrolled:

(a) Registration Card (DA Form 4719–R).

(b) Sponsor Consent (DA Form 5222–R).

(c) Health Assessment (DA Form 5223–R).

(d) Child and Family Profile (DA Form 5224–R).
(e) Medical Dispensation Record (DA Form 5225–R) (as appropriate).
(f) Family Care Plan for single and dual military enlisted personnel.
(g) Sponsor/Program Agreement (DA Form 5226–R).
(h) USDA enrollment data (CONUS ONLY).
(i) Memorandum For Record (if pertinent).
(2) Records (or copies) kept in child activity rooms/modules.
(3) Copies of records provided to patrons when transferring to another installation.
(4) Records of children who have had an injury or serious incident maintained in the CDC system for three years.
b. Intent. To ensure that all required forms are completed, up to date, and maintained in a central file regardless of the type of program enrollment. Copies of child records are available for reference and use at each program site where child is enrolled.
c. Equivalency. None.
d. Reference(s). AR 608–10, paragraph 2–13.

C–40. Compliance item 18.
CDC business operations reflect effective execution of an integrated budget and use of sound fiscal management practices.
a. Standard requires.
(1) CDC management personnel effectively manage CDC business operations to preclude over-reliance on the IMWRF account.
(2) Integrated APF/NAF budgets be developed and executed to fiscally support program execution.
(3) Activity manager uses daily, weekly and monthly financial and utilization data to manage center resources and anticipate service trends.
b. Intent. To ensure CDC management personnel synchronize APF and NAF budgets in a fiscally responsible manner and use sound management techniques which will result in a cost effective, efficient operation. To ensure that appropriated funds are used to the fullest extent authorized to avoid over-dependence on the IMWRF account.
c. Equivalency. If user fees are not sufficient to support self-sustainment, the installation commander may elect to use local IMWRF monies to support the CDC program in lieu of raising fees.
d. Reference(s). AR 608–10, paragraphs 3–1 and 5–5.

Section III
Compliance Area: Child Development Center Facility Structural/Systems

C–41. Compliance item 1.
Child Development Center (CDC) does not accommodate less than 23 children or more than 303 children and is identified for patrons.
a. Standard requires.
(1) More than one facility when capacity exceeds 303 children.
(2) Alternative child care options used when capacity is less than 23.
(3) Determination of center size based on—
(a) Total installation child care need.
(b) Installation child care capabilities provided through Family Child Care, Supplemental Programs and Services and existing facilities if not to be replaced.
(c) Off-post child care capabilities.
(4) MCA project submission based on standard design(s) selected by installation to address center-based care child requirements.
(5) Facility located away from safety hazards and heavy vehicular traffic.
(6) Large installation site facilities in multiple locations.
(7) Concurrence from installation planning board for siting of all proposed facilities.
(8) Identification of facility as Child Development Center.
(a) Removal of signs containing terms such as nursery, preschool, child care center or child unique names such as "Kiddie Kastle".
(b) Installation directional signs/markings assist new and off post patrons in locating center.
(c) Included on installation maps/guides.
b. Intent. Size of facility must be restricted because of the young age of the children involved. Very large centers convey an institutional approach to care, more in keeping with an elementary or secondary school. Very small centers generally are not cost effective to manage and require extensive subsidy in order to keep patron fees affordable. Multiple facilities on a single site generally overwhelm approaching patrons and are not keeping with guidance requirements for facilities to maintain a child oriented residential appearance. Multiple facilities located near housing areas, with a centrally located facility convent for off post patrons is an effective approach to support on and off post users. To eliminate confusing titles. Child Development Center is the DOD term used in official documents and to identify facilities in the military construction program. Incorporation of "development" in facility title is consistent with program mission. Location identification may be added to facility title e.g., Smith Village Child Development Center.
c. Equivalency. Existing centers which exceed a 303 capacity should be managed by program type (e.g., part-day, full-day) to achieve the developmental benefits of a smaller scale operation.
d. Reference(s). AR 608–10, paragraphs 5–25, and 5–29; and AEI, appendix G.

C–42. Compliance item 2.
A structural inspection of the building is made annually.
a. Standard requires.
(1) Inspection conducted by Director of Engineering and Housing (DEH) staff in accordance with AR 420–70.
(a) Roof covering inspection annually.
(b) Complete inspection of roof covering, trusses and other structural framing conducted within last five years.
(2) Copy of inspection documentation on file in center.
b. Intent. To provide for an annual on site inspection of the structure by qualified personnel to ensure no structural deficiencies exist. Can be completed in conjunction with other facility inspection items required to complete DA Form 4841–R. To take corrective action including monitoring of work orders when structural deficiencies are identified.
c. Equivalency. None.
d. Reference(s). AR 608–10, paragraphs 5–28, 5–36*a*; AR 420–70; and AR 210–20.

C–43. Compliance item 3.
The mechanical equipment room opens directly to the exterior of the building with no access to interior space or direct access to the playground.
a. Standard requires.
(1) Outside air supply and exhaust openings of adequate capacity with proper guard.
(2) Space for electrical distribution panels.
(3) Installation of sensors and controllers for the EMCs to monitor climate control and operation of mechanical equipment if applicable. Connection to base master control room equipment.
(4) Fuel storage meets NFPA 30 requirements.
(5) Peak noise levels limited to 85 dBA within the mechanical room. Minimizing vibration transmission to administration and child activity areas so as to limit noise in those areas to 30–40 dBA.
b. Intent. To define functional criteria for a mechanical room and prevent contact by children with this dangerous area.
c. Equivalency.
(1) In existing buildings, doors opening to the interior of the building i.e. corridor or basement must have a one hour fire resistant rating and be equipped with a self-locking latch and automatic door closer.
(2) In existing buildings, doors opening to the playground must have a one hour fire resistant rating, be equipped with a self-locking latch and automatic door closer, and be separated by a barrier to prevent child access.

d. Reference(s). AR 608–10, paragraph 5–39e; and AEI, appendix G; and NFPA 30.

C–44. Compliance item 4.
Peak noise levels do not exceed 85 dBA in child activity rooms/modules; sustained noise levels are no greater than 45 dBA.

a. Standard requires.

(1) Child activity rooms/modules equipped with sound absorbing materials on walls, floors, and ceilings as necessary.

(2) Child activity rooms/modules arranged to separate noisy and quiet areas.

(3) Group size in child activity rooms/modules limited as specified in tables 5–1/5–2 to reduce noise levels.

(4) Vibration transmission from mechanical room minimized to limit noise.

b. Intent. To ensure that sound levels do not exceed maximum safe levels for young children. To preclude hearing loss associated with continued exposure to high dBA noise.

c. Equivalency. Reduce child occupancy room loads below specified levels to achieve dBA levels. Increase use of sound absorbing materials such as baffling, area carpets, window and wall treatments to reduce dBA levels.

d. Reference(s). AR 608–10, paragraphs 5–13, and 5–43; and AEI, appendix G.

C–45. Compliance item 5.
The heating, ventilation, and cooling system is safe and responsive to operational needs.

a. Standard requires.

(1) Installation and maintenance of heating and ventilation duct work, related equipment and air conditioning if required in accordance with AEI and NFPA 90–A or 90–B.

(2) Temperatures in child activity rooms/modules maintained at no less than 68 degrees F. in the winter and no higher than 78 degrees F. in summer. Temperatures measured within one foot above the floor.

(3) Tamper proof temperature and air quality measurement/monitoring devices installed at 60" elevation above floor with temperature control set to provide winter and summer room temperatures measured at one foot above the floor.

(4) Mechanical ventilation system or operable windows in all child activity rooms, offices, administrative areas and kitchens.

(5) Mechanical exhausts vented outdoors for all kitchens, toilets, laundry rooms, and food preparation spaces and exhaust hoods over kitchen cooking equipment.

(6) Maintenance of odor free environment in bathrooms and in child activity spaces serving non-toilet trained children.

(7) A heating system designed to maintain a minimum relative humidity of 35° F during occupied periods in the heating season in children's areas. DEH monitor over a period of time to determine level.

(8) Protective devices on radiators, exposed hot water pipes and similar heat generating appliances operating at more than 100 F in child accessible areas.

(9) All areas free of urea formaldehyde insulation unless area is tested and found free of off gassing area ureaformaldhyde.

(10) Assessment of structure to determine presence of asbestos and risk of exposure. CDCs included in installation Asbestos Management Program.

b. Intent. To define criteria essential for heating, ventilation, and air quality systems which are responsive to the needs of children and consistent with control of airborne bacteria and disease. To eliminate offensive smells which are often pervasive in child toilet and diaper changing areas. To ensure temperature are comfortable at child height or for children who spend large amounts of time on the floor. To prevent disease/illnesses in children due to exposure to asbestos. Loose asbestos particles constitute an immediate hazard to children. To prevent burns from hot equipment.

c. Equivalency. Fans may be used to lower temperatures to acceptable levels where air conditioning is not authorized. Portable fans must be placed above the reach of children; window fans must be made inaccessible to children and standing fans anchored to preclude tipping. Temperature measurement at one foot level is not required in existing facilities where thermostats are located 36" or less above floor. There is no requirement for special mechanical equipment to produce and/or monitor relative humidity within the facility. Humidifying equipment, if present, will be monitored by health proponent to prevent airborne microbial contamination. A simple water tray or similar device used in conjunction with room heating source will suffice. Individual room humidifiers are also an option. Positive actions to close off unsafe areas/rooms until repaired, with appropriate adjustments in child occupancy load.

d. Reference(s). AR 608–10, paragraphs 5–39 and 5–42; AEI, appendix G; and TB Med 513.

C–46. Compliance item 6.
Electrical wiring and electrical fixtures are installed to support functional and operational requirements and ensure safety of children, patrons, and staff.

a. Standard requires.

(1) 115V convenience outlets or equivalent OCONUS voltage, as required, along perimeter walls in each child activity space.

(2) Special power needs for lobby/reception, staff and kitchen areas to support work equipment, i.e., appliances, office machines, micro-computer, fire notification panel, intercom, telephones.

(3) Adequate receptacles for office, staff, and general support space.

(4) All receptacles to be the grounding type.

(5) 125V and 240V electrical outlets (or OCONUS equivalent) in kitchen and laundry areas.

(6) Ground-fault circuit interrupter (GFCI) protection for all receptacles located in kitchen, laundry, toilet areas, and exterior outlets.

(7) Outlets in child activity spaces and reception areas in new construction and renovated facilities installed at 54 inches above finished floor.

(8) Child proof safety outlets in child activity modules and other areas assessable to children.

(a) Outlets with internal switching or barriers to prevent flow of current to items other than electrical plugs.

(b) Outlets with permanently fixed devices, such as rotary gates to resist insertion of foreign objects.

(c) Precludes use of press-in outlet caps.

(9) No outlets installed along walls where cribs are to be located. Existing outlets permanently blanked.

(10) Multiple outlet electrical extension cords and power strips not permitted in places accessible to children.

(11) Installation of an internal communication system in new construction/renovation which allows for individual room/area communication with systems remote provided at adult height.

(12) No exposed electrical wiring.

b. Intent. To define criteria essential for safe and efficient electrical systems to support operational and functional requirements in child development environments. To prevent shock, burns, electrocution and fire ignition caused by children inserting items into outlets. To position outlets out of normal reach of children. Purpose of communication system is for emergency communications; system will not be used for music, general announcements or announcing parent arrivals. PA systems will not be provided.

c. Equivalency. Outlets which are permanently placed out of reach by heavy equipment such as refrigerators or built-in cabinetry are considered to be inaccessible. Special recessed clock outlets, placed more than six feet above the floor and covered with a clock are considered to be protected. No cords may be run from such outlets.

d. Reference(s). AR 608–10, paragraph 5–40; AEI, appendix G.

C–47. Compliance item 7.
Lighting requirements provide adequate task and general lighting to support safe operation and energy conservation needs.

a. Standard requires.

(1) Lighting in accordance with the design criteria in AEI and the Illuminating Engineering Society (IES) Lighting Handbook.

(2) A mix of natural light and artificial (fluorescent and incandescent) light which can be adjusted by the staff to changing outside light levels and activities within the building. Where dimmer controls are used, provide lighting fixtures which will not oscillate visibly at low intensities.

(3) Overhead lighting in child activity spaces.

(4) Fifty foot-candles (fc) of task lighting on all activities requiring perceptual acuity (reading, drawing, color and shape discrimination tasks, staff administration work.

(5) Thirty fc for background lighting and all other activities not requiring close perceptual acuity.

(6) Siting baffles, roof overhangs, shades, window treatments, light attenuation devices etc., to control the natural light brightness ratios and lateral differences in illumination. Child activity areas, work surfaces, and storage units oriented so that lights come from behind most activities and children.

(7) High shielding fluorescent lamps where fluorescent fixtures are required.

(8) Sufficient controls over the natural and artificial lighting sources to give lighting flexibility. Multi-ballast switches, dimmer switches, track lighting, movable lights, etc can be used to meet this requirement.

(9) Adequate lighting in entry spaces to permit gradual adaption to outdoor/indoor levels of light.

(10) One-half fc lighting for sidewalks and in parking areas where centers are operational during periods of darkness.

(11) Night security lighting within lobby and/or cash areas that are visible from the outside.

(12) Battery or hardwired emergency lighting in the event of power failures.

b. Intent. To define criteria for safe, effective, and efficient lighting systems for CDCs. Use of narrow spectrum fluorescent bulbs has been associated with hyperactivity in children and is not permitted. To provide adequate outside lighting to reduce the risk of injury to staff, parents and children using the facility during periods of darkness. Outdoor lighting also reduces the likelihood of vandalism to the facility and playground. Energy conservation effort should not reduce lighting to the extent that it poses a health and safety risk to parents, children and staff.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–41; AEI, appendix G; and the IES Lighting Handbook.

C–48. Compliance item 8.

Plumbing requirements support special needs of children, safety, health and sanitation practices.

a. Standard requires.

(1) Water supply is from approved source.

(2) Water supplies monitored per AR 40–5.

(3) Hot and cold running water in all handwashing and food preparation sinks.

(4) Maximum water temperature in child activity rooms/modules is 110 F.

(5) Appropriate measures in all child accessible areas to prevent children from scalding water.

(6) Floor drains in all toilets, laundry room, janitor closets and kitchen in new construction/renovation projects.

b. Intent. To preclude infection by water borne diseases and/or contamination of drinking water. To support handwashing efforts to reduce the spread of disease especially by caregivers working with diapered children. Caregivers must wash hands many times each hour and lack of warm water is not conducive to meeting this requirement. To preclude flooding damage caused by washing machine overflows, plugged toilets and sinks which are frequent occurrences in child development centers.

c. Equivalency. In areas where tap water is not potable, bottled water will be provided.

d. Reference(s). AR 608–10, paragraph 4–33*b*; AR 40–5; and AEI.

C–49. Compliance item 9.

Doors and windows are child-safe and provide natural lighting and ventilation.

a. Standard requires.

(1) Windows designed or protected to prevent climbing and unauthorized egress.

(2) Double hung windows counter-balanced to prevent finger, arm and head injuries.

(3) Glass doors, walls, and low windows plainly marked at adult and child eye level.

(4) Use of tempered glass or other material meeting the specifications of ANSI Z 97.1 for windows/doors at child level in new construction.

(5) Casement and other projecting types of windows recessed or limited so that windows do not project beyond walls.

(6) Windows used for ventilation securely screened to prevent insects from entering. Screens in child activity spaces above child height or have protective barrier.

(7) Window treatments in child activity spaces allow for room darkening capability and resist damage by children.

(8) Avoidance of floor-length draperies and vertical blinds in child activity rooms/modules.

(9) Vision panels in doors or adjacent walls leading to child activity spaces.

(10) Minimal use of folding partitions or doors. When used, should be located in door pockets when retracted and should have an adjustable lock position.

b. Intent. To define criteria for doors and windows. To provide fire-safe physical barriers, where needed. To prevent children from falling or climbing out windows. To prevent free-falling windows from striking children. To prevent impacts and cuts from shattered glass in glazed areas which might be mistaken for open passages. To reduce insect infestation, bites, stings and other injuries to children. To prevent flying insects from entering food service areas. Use of folding partitions not generally practical as they block vision within the child activity space/modules are subject to frequent maintenance problems and often reduce classroom SF below acceptable levels. Flexibility anticipated by use of folding partitions is generally not realized in the reality of day to day operations. Limited child access to cords e.g., blinds to minimize risk of strangulation.

c. Equivalency. A protective barrier may be used in existing buildings for expanses of common window glass 36-inches in height from the floor. Polycarbonate sheets (¼-inch in thickness) are also acceptable. Windows which open only from the top or devices which do not allow a window to be opened wide enough to pass children do not need protective barriers. Windows not used for ventilation do not require screens, provided they remain inoperable at all times.

d. Reference(s). ANSI Z 97.1; AR 608–10, paragraphs 5–31*a*, 5–39*a*, 5–41*c*, and 5–48*e*, *f* and *j*; AEI, appendix G; and CPSC Buyer's Guide: The Safe Nursery, Aug 86.

C–50. Compliance item 10.

Hardware and fixtures are child safe and support operational requirements.

a. Standard requires.

(1) Door and cabinet hardware in child activity rooms is operable from either side, free from dangerous protrusions, nonlocking except for adult height controlled-access storage and designed to prevent finger and hand injuries.

(2) Exit door hardware located above the reach of children in toddler and multi-age activity spaces.

(3) Paper towel dispenser in child toilet at child height and located away from toilets to minimize clogged toilets.

(4) Horizontal unbreakable safety mirrors at child height directly abutting child sinks. Shelving over sinks not required.

(5) Faucets and toilet paper dispensers easily operated by children.

b. Intent. To prevent children from locking themselves away from adult supervision and assistance, particularly in case of fire.

This requirement is not intended to prohibit locks on doors specifically lockable to provide security for hazardous items or valuables. Such doors, i.e., kitchen doors, must be supervised or locked against child entry at all times. Where special circumstances require locking cabinets, child height in activity rooms, positive key control procedures must be established to prevent child entry.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 5–31*b* and 5–48g; and AEI, appendix G.

C–51. Compliance item 11.

Interior wall treatments and floor coverings are safe, fire resistant, easily maintained, aesthetically pleasing, and minimize sanitation requirements.

a. Standard requires.

(1) Lead-based paint not used. Testing of existing paint for lead content (either by direct read-out instrumentation or by chemical analysis of samples). Special attention to vulnerable areas including accessible chewable lead based painted surfaces e.g., wood trim, window sills, frames and baseboards, and wall surfaces which children can pick at during idle moments, e.g, rest time. Surfaces must be continually monitored. Chipped, cracked or loosened lead based paint constitutes an immediate hazard to children. Removal of lead paint or enclosure in new impervious construction (e.g., vinyl covering paneling). Epoxy paint used only to cover areas out of reach of children. Latex paint not acceptable covering at any height).

(2) Wall treatments of 48-inch wainscot materials which are soil-resistent and easily cleaned within child activity rooms, child bathrooms and child traffic areas, e.g., corridors. Vinyl wall covering, Epoxy coating/finish, or carpeting are examples of acceptable treatments.

(3) Neutral/light colors for large background areas and walls used for display. Pastel colors are difficult to maintain and usually have a dingy appearance.

(4) Color-textured graphics used sparingly on the floor and on the walls. Entire walls of graphics and designs which compete with children's work or display materials be avoided. Cartoon and fairy tale characters strongly discouraged.

(5) Combination of both carpeting and hard surface flooring. Area rugs used over hard surface flooring in lieu of carpeting.

(6) Floors free from protrusions, holes, and splinters and in good condition.

(7) Carpets comply with fire and sanitation requirements, are stain and soil resistant, anti-microbial, easily cleaned and fast drying. Underlying material composed of synthetic or inorganic materials.

(a) Carpets/rugs that minimize visual soil and damage.

(b) Carpet/rugs with large patterned designs, e.g., games, alphabet strongly discouraged.

(c) Carpets/rugs that withstand frequent shampooing.

(d) Area rugs have bound edges and are slip resistant.

(e) Carpets not permitted in bathroom.

(8) Hard surface flooring in child activity spaces and child toilets is soil and odor resistant and easily cleaned.

(9) Display strips, bulletin boards at various levels (child and adult) in hallways, offices, lobby, staff workroom and child activity spaces.

b. Intent. To define criteria for interior wall treatments and floor coverings. To prevent lead poisoning in young children due to ingestion of lead paint. To provide safe crawling, walking and playing surfaces. Many wall graphics/cartoons and patterned carpets, while appealing to adults or appropriate in a home setting, are not developmentally appropriate in group child activity spaces. Too many patterns are distracting to children and become overwhelming when toys and equipment are in use. Walls should be left free to display childrens' art work and parent bulletin boards. This is not to preclude color graphics and striping used in lobby area or in corridors as directional guides. Children frequently sit on the floor and use carpeted areas as work spaces. Patterned designs make it difficult for children to see figure/ground relationships when using blocks, puzzles and other manipulatives. To reduce the frequency of repainting walls by replacing painted surfaces at child level with easily maintained materials. Carpeting in child activity spaces quickly becomes stained and acquires odors which are difficult to remove. For this reason, area rugs are recommended over installed carpeting to allow cost effective replacement as required.

c. Equivalency. Positive actions to close off unsafe areas/rooms until repaired, with appropriate adjustments of child occupancy load. Existing painted wall surfaces at child level may be resurfaced with wainscoting materials when routing painting is scheduled.

d. Reference(s). AR 608–10, paragraph 5–35; and AEI, appendix G.

C–52. Compliance item 12.

Stairways and ramps are well constructed, child safe and support operational requirements.

a. Standard requires.

(1) Anti-slip surfaces.

(2) Handrails at both adult and child height.

(3) Protective barriers as needed.

(4) Ramps meet slope and width requirements per AEI; infant ramps slope no more than 1:12 ratio.

(5) Infant exit ramps lead to hard level surface which extends to safe distance from building.

(6) Rooms serving infants and wheel chair bound children have direct exit ramp to outside which is as wide as the exit door and wide enough at turns for maneuvering cribs.

(7) Construction of substantial materials.

b. Intent. To provide handicapped access and emergency exit access to infants who are evacuated in cribs. To ensure stairs and ramps are sturdily constructed. To minimize the risk of children and adult falls (many patrons arrive or exit with car pool groups of young children and carrying infants. To provide safe day-to-day use and emergency access routes.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 5–46*d* and 5–48*h*; NFPA 101; 29 DFR 1910, 21, 22, 23; ANSI–IES RP–3; AEI, appendix G.

C–53. Compliance item 13.

Outdoor porches, patios and decks, when present, meet requirements as specified.

a. Standard requires.

(1) Allows use of porches, patios and decks as part of outdoor activity space, especially in extremely warm or cold climates.

(2) Minimum width of seven feet for a porch or deck space.

(3) Easily drained flooring and a quick-drying surface.

(4) Decks and porches greater than one foot above grade protected by child-safe railings or barriers.

b. Intent. To encourage the integration of indoor and outdoor play areas.

c. Equivalency. None.

d. Reference(s). AEI, appendix G.

C–54. Compliance item 14.

Exterior walkways, parking, and roadways are provided.

a. Standard requires.

(1) Safe walkways for facility access by children and adults which are separate from automobile circulation.

(2) Drives and walks which preserve and utilize the natural landscape.

(3) Parking separate from play area.

(4) Staff and patron parking provided for authorized spaces (8% of children; 80% of staff).

(5) Handicapped parking spaces provided.

(6) Vehicular access for patrons close to facility entrance.

(7) Service access provided.

(a) Service access not through outdoor child activity areas.

(b) Physical barriers to separate outdoor child activity areas from all service areas.

(8) Access to outdoor child activity areas for maintenance and emergency vehicles.

(9) Traffic approaches properly signed. Appropriate speed limits.

b. Intent. To provide safe access and circulation patterns. Consider designating number of close-in parking spaces for patrons driving car-pools with young children, or users with several children to minimize risk of children darting into traffic.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–29*a*, and AEI, appendix G.

C–55. Compliance Item 15.

Construction and alternation projects incorporate design guidance as specified.

a. Standard requires.

(1) Use of CDS Standard Designs which:

(a) Reflect DOD and Army construction standards.

(b) Allow flexible programming to meet changing child demographics.

(c) Accommodate assessed local needs for child age groups.

(d) Support cost effective business management practices.

(e) Minimize short and long term maintenance costs.

(f) Reduce the risk of institutional child abuse.

(2) Standard designs used for all CDC construction projects approved after FY 88.

(3) Standard modules used for all joint use construction projects approved after after FY 88.

(4) Requests for exception to policy on use of the standard designs forwarded through the MACOM to the CDS Standard Design Subcommittee for approval.

b. Intent. To ensure that all new construction and alternation projects are designed IAW current CDS Standard Designs, include most current design guidance for CDCs contained in AEI, appendix G, and AR 608–10. When there is conflict between them, standards for technical architectural and engineer criteria, the AEI shall govern for the construction. To ensure functional facility layouts and program efficient age group configurations which are consistent Army wide. Standard designs/criteria reflect significant savings based on life cycle costs and value engineering analyses. Criteria is based on nationally recognized building codes/host nation requirements, child specific requirements necessary to support developmental programming, a composite of state licensing requirements, research conducted for the Army by the University of Wisconsin and compensatory structural modifications where Army program requirements do not meet code specifications.

c. Equivalency. When renovating existing facilities, criteria and functional layouts contained in standard designs must be used to the extent possible within the structural limitations of the facility.

d. Reference(s). AR 608–10, paragraph 5–27; and AEI, appendix G.

Section IV
Compliance Area: Child Development Center Administrative Support and Child Activity Areas

C–56. Compliance Item 1.

A building entrance is designated to provide a controlled access point for patrons.

a. Standard requires.

(1) Identification of entrance.

(2) An entry design which provides view of activity areas for approaching children and parents whenever possible. Clearly visible, controlled access point for the receptionist.

(3) Doorbells installed in facilities open after 2000 hours or located, in remote sites or areas subjects to terrorist activities.

(4) Intrusion alarm installed on all corridor exit doors leading to uncontrolled unfenced areas or directly into street.

b. Intent. To provide an easily recognizable, efficient, safe, and centrally controlled point of access into the facility. To preclude entry of unauthorized individuals and to alert CDS personnel to unauthorized removal of children or "wandering children".

c. Equivalency. Intrusion alarm is not required on main entrance if operations clerk or other staff are always present during operating hours.

d. Reference(s). AEI, appendix G; and AR 608–10, paragraph 5–34.

C–57. Compliance Item 2.

Spaces are provided for administrative and program support to include: patron/reception areas, office/administrative spaces, adult toilet area(s), staff workroom/break areas, sick child isolation area, kitchen/support area, laundry area, janitor closet, and central storage.

a. Standard requires.

(1) Lobby and reception area to provide work space for receptionist and/or operations clerk; a parent waiting area with comfortable seating; wall and floor space for children's art work, program information, and parent education materials; space for a pay telephone; and fire notification panel and pull alarm station.

(2) The center director's office located with direct access to staff, parents, and children. Separate work space for program directors and other management personnel provided as needed. Modular furniture may be used to define space within open office areas in lieu of providing single offices to maximize use of space.

(3) On-site toilet facilities for staff and adult patrons located separate from child bathrooms. Allows staff and public toilets to double function and be unisex in centers with fewer than 15 staff. New construction and major renovation projects include handicap accessible bathroom facilities. Handicapped adult toilets double function to serve handicapped children unless separate handicapped child activity space is provided. Public restrooms accessible to the lobby area.

(4) Separate staff space for work/lunch breaks, development of program materials, utilization of staff training resources. Room will be of sufficient size to serve as a staff training room so staff can remain on-site for training during child nap periods.

(5) Area to isolate and observe sick children until released to parents. Area sized to accommodate a cot or a crib and lockable area for storage of first aid supplies. Space immediately adjacent to the reception area or other area offering adult supervision. Area does not require in room monitoring as long as the child is visually accessible by reception desk personnel or other assigned adult. Immediate access to bathroom facilities.

(6) A separate kitchen and kitchen support space to include receiving, food storage, food preparation, distribution, and clean up space. Kitchen located adjacent to an exterior wall and service ramp/drive whenever possible. Commercial grade kitchen equipment meeting National Sanitation Foundation (NSF) standards in centers serving over 125 meals, but replacement recommended on a phased in basis for all existing kitchens providing full meal service. Deep-fat fryers not permitted in center kitchens.

(7) A secured laundry area to house equipment, store clean and soiled laundry, and laundry supplies. Laundry area cannot be located in the kitchen, child bathrooms or child activity rooms. Heavy duty laundry appliances will be provided. Existing facilities with a capacity of less than 125 child care spaces should replace domestic washers and dryers with heavy duty appliances on a phased in basis physical separation of soiled and clean laundry.

(8) A secured janitor closet equipped with a slop sink to store janitor's equipment and cleaning supplies.

(9) A lockable central storage e.g. for shared program materials, audiovisual equipment and other resource materials. Shelving for necessary efficient organization of stored materials and equipment.

b. Intent. To define minimum criteria for design and construction of administrative support areas which meet the needs of the center staff, parents and children. To provide an environment which minimizes the spread of communicable diseases and supports sanitation requirements. To provide on-site support services (e.g., food service, laundry) which reduce center expenditures which would be passed on to the soldier in the form of higher fees

if provided by outside source. To house center management staff on-site to ensure continuous professional oversight and supervision. Consideration may be given to locating Family Child Care and Supplemental Programs and Services offices within the facility.

c. Equivalency. In existing facilities where laundry areas are not possible due to facility constraints commercial laundry services or quartermaster laundry may be utilized. Costs for this service should not negatively impact on soldier fees. Full service kitchen not required in part-day programs when children are not in attendance during breakfast or lunch periods. Full service is not required when food is prepared outside the facility. However, provisions must be made to support food service operation once food has entered facility, and to ensure personnel are available to handle workload and transportation responsibilities associated with this method of providing meals to children.

d. Reference(s). AR 608–10, paragraphs 5–32 and 5–51; and AEI, appendix G.

C–58. Compliance item 3.

Adequate space is allocated to support functional program requirements for child activity rooms/modules used by children 6 weeks – 12 years of age.

a. Standard requires.

(1) A minimum of 35 net SF per child of usable activity space within the child activity room/module exclusive of areas used for cribs, diapering units, toilets, and storage closets.

(2) Space within each child activity room/module for sleeping which also double functions for other developmental activities. Separate centralized sleeping and/or eating areas within the facility are not permitted.

(3) Rooms sized or subdivided for a maximum of two child groups unless separate home bases (designated spaces) are provided for each group. Where home bases are provided, number of children may not exceed double the adult/child ratio for each age group.

(4) Activity areas separated by age group except where family style grouping is authorized.

(5) Age group categories may be subdivided to meet facility constraints or in the interest of developmental programming (e.g., separate grouping of pre-toddlers 12–24 months).

(6) Separate child activity rooms/modules or facilities provided for hourly care programs where applicable (AR 608–10 paragraph 5–2*b*.

(7) New construction and renovation projects provide direct exterior access from interior activity room/module to appropriate age group playground/outdoor activity area.

b. Intent. To define allocation of space based on occupancy load. To size or subdivide space so that children can be cared for in small groups that do not exceed maximum age group sizes specified at AR 608–10, tables 5–1 or 5–2. (A child group is composed of two caregivers and the corresponding ratio of children assigned to their care. National research links quality of care to child group size within a room.) To group children by ages/comparable developmental levels to ensure that the environment supports and enhances the child's capabilities. To minimize classroom disruptions caused by turnover of hourly care children and to achieve the flexibility needed to program effectively for hourly care. To ensure easy assess to outside playspaces so they can be used as an integral part of the developmental program. To double function eating/sleeping spaces with child play spaces.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 5–13*b*, 5–31 and tables 5–1 and 5–2; and AEI, Appendix G.

C–59. Compliance item 4.

Activity rooms/modules used for infants and pretoddlers include developmentally appropriate play areas and functional support space.

a. Standard requires.

(1) Capability of allowing infants under six months to be separated from older infants.

(2) Protected area for use by nursing mothers if needed.

(3) Space within room/module for logging in child attendance, receiving child personal items, and storage of child records.

(4) Appropriate storage within each child interest center/functional area.

(5) Protected, stain resistant soft surface crawl area.

(6) Low open storage.

(7) Wall mounted unbreakable mirrors at varying heights.

(8) Food preparation work counter with sink, adjacent to area for feeding children.

(9) Diaper changing units within each module.

(10) Integration of cribs into general activity areas. Cribs be placed at least two feet apart on all sides while in use.

(11) Separate crib rooms are not permitted.

(12) Adult toilet and lavatory within activity room/module or between child activity rooms.

b. Intent. To define criteria for infant activity room/module room. To arrange space to support developmental programming; prevent disruption by adjacent activity areas; protect immobile infants from walking infants; and to clearly communicate limitations and expectations for children. To preclude isolation of sleeping infants in separated crib rooms. To ensure that required adult/child ratios in vulnerable infant areas are maintained by eliminating times staff must leave room to use bathroom facilities or prepare infant food. Diaper changing units/sinks will not be used for food preparation purposes.

c. Equivalency. In infant areas/modules where food preparation space is not provided, foods/bottles must be prepared in the kitchen. Sufficient staff must be provided to avoid negative impact on infant/adult ratios. In existing facilities where structural constraints preclude provision of the adult toilet, additional staff must be provided to compensate for reduced staffing when the caregiver must leave the room.

d. Reference(s). DOD Manual 6060.1–M–7, Creating Environments for Infants; DOD Manual 6060.1–M.8, Creating Environments for Pre-toddlers; AR 608–10, paragraphs 4–14, 5–20*a, b, c,* and 5–31*c*; and AEI, appendix G.

C–60. Compliance item 5.

Activity rooms/modules used for toddlers, preschool-age children, and school-age children include developmentally appropriate interest centers, play areas, and functional support space.

a. Standard requires.

(1) Child activity rooms/modules for each age group include child interest centers with appropriate open and closed storage; functional support areas include: child reception/caregiver administrative area, child cubbies and child toilets.

(2) Toddler rooms/modules include diaper changing units in accordance with administrative support and child activity areas, (compliance item #6).

(3) Child interest centers for toddlers, preschool age and school-age children include the following areas:

(a) Reading/listening area with space for table, chairs, pillows, book display unit, puppet stage, flannel board, and listening center.

(b) Imaginative play area with child sized housekeeping equipment, table and chairs, unbreakable mirrors, and storage space for props.

(c) Science area with space for animal cages, plants and physical science materials, tables and chairs, located near water access.

(d) Block area located away from major circulation paths, open shelving, assorted blocks and props to support block play.

(e) Quiet area child-scaled but accessible to adults for supervision purposes, located away from major circulation paths, contains soft comfortable surfaces and pillows.

(f) Music/large motor activity area which can accommodate group as well as individual activities, separated from quiet areas and buffered from circulation, equipped with sufficient electrical outlets for use of audio-visual equipment, closed storage for supplies and equipment, use of sound absorbing materials to reduce noise.

(g) Arts and crafts area located near water source, with open shelving and closed storage, sufficient open space to accommodate easels display/drying racks, tables and chairs.

(h) Manipulative/table toys area with child assessible open storage, tables and chairs.

(i) Wood working and cooking areas included as appropriate when space allows. If provided, lockable storage required for supplies and program materials.

(4) Program areas double function for eating and sleeping.

(5) Lockable separate storage space for program materials and equipment when area double functions for more than one age group.

(6) School-age spaces include areas for hobbies and protected spaces for studying and homework.

(7) Appropriate age level adaptations when school-age programs share space with preschool-age programs.

b. Intent. To define criteria for design and construction/space allocation of child interest centers in toddler, preschool, and school-age module/rooms. To arrange space to support developmental programming: prevent disruption by adjacent activity areas: and to clearly communicate limitations and expectations for children. To provide an area capable of supporting large motor activities during periods of inclement weather. To support independent functioning by allowing children to choose activities, and locate and replace materials with minimal adult aid. To provide opportunities for two or more children to interact personally and share materials within learning centers. To promote maximum utilization of space by double functioning part-day programs which serve multiple age groups (preschool, school-age) to the fullest extent possible.

c. Equivalency. In existing facilities when structural constraints preclude a separate large motor area within each or between two classrooms, central spaces should be designated within the facility for this purpose. Scheduling of this space should ensure maximum utilization by all age groups.

d. Reference(s). AR 608–10, paragraphs 5–20*d*, and *e*; and AEI, appendix G.

C–61. Compliance item 6.

Child toilet/diapering areas are provided within child activity rooms/modules or directly accessible to child activity areas.

a. Standard requires.

(1) Space for cleaning and changing infants/storage of diaper bags which includes—

(a) Diaper changing unit per ten infants accessible to crib/sleeping areas and play/crawl space. Diaper changing unit not located adjacent to food preparation area.

(b) Adult height changing unit with a raised edge on open sides to prevent infants from falling. Changing surface sized to accommodate body length of children in activity space.

(c) Sink with hot and cold water to accommodate handwashing and bathing infants with maximum water temperature of 110 degrees F.

(d) Storage for diapers, towels, baby products, and extra clothing.

(e) Storage for individual child diaper/supply bags.

(f) Space for foot operated container for storage of soiled disposable diapers and laundry.

(g) Soap, hand lotion, and paper towel dispensers at adult height for caregiver use.

(h) Bulletin board/counter space for recordkeeping materials.

(i) Diaper changing unit located so staff can clearly see/supervise child activity spaces.

(2) Toilets within each child activity room/module between activity rooms or immediately adjacent to activity rooms.

(3) Bathrooms in child activity rooms/modules not be equipped with handicapped fixtures unless the entire module serves special needs children.

(4) Soil and odor resistant, easily cleanable seamless flooring in toilet areas.

(5) Pre-mixing faucet sets that may be set for a constant temperature not to exceed 110 degrees F.

(6) Water-resistant wall covering to a minimum level of five feet.

(7) Unbreakable safety mirrors, soap/towel/toilet paper dispensers at child height.

(8) Age group requirements as follows:

(a) Toddlers.

1. One toilet and one sink per eight toddlers.

2. Common use area for boys and girls.

3. Child sized fixtures located at a height appropriate for toddlers.

4. Open fixtures without doors.

(b) Preschool-age.

1. One toilet and one sink per 10–15 children over three years of age.

2. Common use areas for boys and girls.

3. Child sized fixtures located at a height appropriate for preschool-age children.

4. Use of open fixtures for ease of adult supervision where child users are under five years of age. If used partitions separating toilets for preschool or younger ages will not have doors and height will not preclude adult supervision.

(c) School-age.

1. Separate rooms for boys and girls.

2. One toilet and one sink per 18 school-age children.

3. Toilet partitions and stall doors if more than one water closet is required in each toilet room.

4. Toilets located to assure staff oversight while affording privacy for children.

(9) Lavatory used for handwashing separate from activity waterplay.

(10) Sufficient exhaust mechanisms to maintain an odor free environment.

b. Intent. To define requirements for child toilet/diapering areas. To provide handwashing and flush toilet and diapering fixtures with hot and cold running water to minimize the spread of disease through the oral fecal route. Disposable wipes are not an acceptable alternative for handwashing sinks. To provide bathroom facilities within or immediately adjacent to child activity area/modules. To ensure maximum staff oversight of bathrooms to minimize the risk of child abuse. To allow for child toileting to occur on the basis of individual need vs group toileting practices that are necessary when a centralized bathroom away from the classroom is used. To conserve water and minimize damage from overflowing sinks by installing automatic shutoff type faucets in child bathroom areas whenever possible.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 5–31*b, c*,5–35, and 4–14; and AEI, appendix G.

C–62. Compliance item 7.

Furnishings within child activity rooms/modules and administrative/support spaces support program requirements.

a. Standard requires.

(1) Institutional quality furnishings within child activity rooms/modules.

(2) Furnishings scaled to the age, size and activities of children served.

(3) Furnishings and partitions define activity areas (e.g., walls, storage, display space units, bookcases, puppet stages, etc) and circulation paths, and help maintain group size.

(4) Drinking fountains at child height with guarded stream drinking head.

(5) Provision of built-in and installed furnishings and equipment to support child activity, administrative and support spaces.

(6) Appropriate portable furnishing, equipment and materials for child activity and administrative and support spaces (users must designate funding sources other than MILCON funds for these items).

(7) Commercial kitchen and laundry equipment.

(8) Freestanding screens, bookcases and other storage units are anchored or otherwise secured to prevent them from falling on children or staff.

(9) Child height furnishings have rounded edges.

b. Intent. To purchase only those furnishings which are specifically designed for constant use by large numbers of children in a classroom setting versus those designed for in home use by one or two children. While the initial purchase of institutional quality equipment may be more expensive replacement costs for these less durable items will far exceed initial outlays for the institutional quality equipment. To ensure that furnishings reflect anthropomorphic (e.g., height, eye level, hand reach) data of children served. This is especially critical when multiple age groups are using the same classrooms. To minimize head, eye, and tooth injuries by ensuring that the child height furnishings have rounded edges. To purchase commercial grade appliances which can support work load comparable to a commercial food service operation or laundry.

c. Equivalency. Adhesive corner protectors may be used where furnishings have sharp corners in lieu of rounding edges. In lieu of a free standing drinking fountain, a bubbler may be attached to the children's handwashing sink. In instances where the bubbler cannot be fixed to the existing sink, a child height dispenser with disposable cups will be provided. Existing residential laundry and kitchen equipment in small centers may continue to be used pending normal replacement cycle.

d. Reference(s). AR 608–10, paragraphs 3–3, 5–22, 5–34 5–51; CTA 50–909; CTA 50–970; and AEI, appendix G.

C–63. Compliance item 8.

Developmentally appropriate outdoor play areas with outdoor storage are provided for designated age groups.

a. Standard requires.

(1) Outdoor child activity spaces provided and organized to support developmentally appropriate learning experiences for young children.

(a) A minimum of 100 SF per child using the outdoor play space during any period.

(b) Outdoor play spaces immediately accessible to child activity rooms/modules with minimal use of steps or travel through corridors.

(c) Organization of space supports individual, small group and large group activities.

(d) Seating arrangements for adults provided only in infant area.

(e) Low barriers, edges, and curbs used to define and contain play areas do not present abnormal tripping or impact hazards.

(2) Separate activity spaces for infants-toddlers, preschool age and school-age children.

(a) An enclosed outdoor play area for children six weeks to three years (infant/pretoddlers/toddlers). A variety of play area surfaces to include—

1. Soft, multi-textured, crawling surfaces and play spaces scaled for infants and young toddlers.

2. Open grassy areas for crawling and running.

3. Hard surface areas for use of strollers, wagons and wheel toys.

4. Protected sand play area.

5. Surfaces suitable for skill oriented equipment (e.g., swings, climbing structures).

6. Easy access for strollers between indoor activity room and infant/toddler playground and strolling paths.

(b) An enclosed outdoor play area for preschool-age children three – five years. A variety of play area surfaces to include—

1. Sand/dirt play area.

2. Open grassy areas for running and noncompetitive games.

3. Hard surface riding area for wheel toys and tricycles.

4. Areas to support social play and peer interaction, e.g., table activities, easels, outdoor block building.

(c) An enclosed outdoor play area for school-age children ages 5–12 years. A variety of play area surfaces to include:

1. Hard surface area for bicycles, skateboards and scooters; basketball hoop.

2. Open grassy areas for running and noncompetitive games.

3. Sand and dirt play area.

4. Areas to support social play and peer interaction, e.g., table activities, easels, outdoor block building.

(3) Water source provided in each age group play area.

(4) Outdoor, weathertight, vandal proof, storage located within each age group play space. Storage configured to provide easy access and visibility by adults. Infant storage located near activity room entrance.

(5) Playground enclosed with minimum four feet fencing which provides some visual access by children. Horizontal fencing and other designs that encourage climbing not permitted. Fences subdividing age groups within perimeter fence may be less than four feet. Hedges and other natural barriers may not be used in lieu of fencing.

(a) Exit gate provided with adult controlled securing device.

(b) Exit gate sized to allow access for maintenance and emergency vehicles/equipment.

(c) Exit gate permits child/staff egress from building area to safe, open area.

(6) Sheltered areas provided for protection from sun in absence of shade trees.

b. Intent. To design outdoor play spaces as an extension of the activity room/module to offer a comparable learning environment. To provide separate outdoor activity spaces to support age appropriate equipment and activities. Outdoor activity spaces provide a variety of equipment and allow for choices. Adult seating is limited to the infant area to preclude caregivers from assuming a passive role during outdoor play periods. Adequate square footage is provided to support program requirements. Fences are required to provide protection from unauthorized personnel, animals and other hazards but in no case is intended to substitute for staff viligence. Fencing for accident prevention does not satisfy fencing requirements for personal security/crime prevention purposes. Storage sheds are provided to protect equipment from theft, weather damage, and unauthorized use.

c. Equivalency. In existing facilities where an outside water source is not available, a water jug and disposable paper cups must be provided during outdoor play. In instances where adjacent hazards e.g., pool, heavy traffic area pose a threat to children, height of perimeter fence will be adjusted upward to meet required standards and ensure adequate protection.

d. Reference(s). AR 608–10, paragraph 5–23; and AEI, appendix G.

C–64. Compliance item 9.

Maintenance is provided on a continuing basis to ensure facilities, installed equipment, grounds and playground equipment are maintained in a safe, operational, and orderly manner.

a. Standard requires.

(1) Facilities engineers provide grounds maintenance for all CDS property to include playgrounds and adjacent areas.

(a) Upkeep of playground surfaces.

(b) Routine mowing of grassy areas.

(c) Replacement of loose material surfaces provided under equipment.

(d) Maintenance of sandboxes and periodic replacement of sand.

(2) Installed playground equipment maintained in safe working condition.

(3) Snow and ice removal from facility entrance and walkways.

(4) Regular trimming/pruning of hedges and trees.

(5) Garbage service to include—

(a) Provision of receptacles.

(b) Frequent trash removal.

(6) Herbicides/pesticides not used in weed control in children's play areas.

(7) Plantings free from thorns or sharp branches (see Health Standard #13).

(8) Pest control operations according to installation pest management plan and treatment not in effect when children are in facility.

(9) Dumpsters satisfy Consumer Product Safety Commission requirements.

(10) Playground surfaces under equipment maintained to meet 200g attenuation requirement.

(11) Work order request impacting on health and safety of children in care processed in a timely manner.

b. Intent. To ensure that walkways, playground surfaces and equipment are maintained to reduce the risk of injury to children and adults. To reduce the likelihood of insect/rodent infestation and spread of communicable disease and injury to children by outlining trash removal/grounds maintenance requirements. To allow maintenance vehicles (e.g., riding lawnmowers, snow removal equipment, trucks delivering replacement sand for sandbox) access to playground.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 5–37, and 5–38; and AEI, appendix G.

C–65. Compliance item 10.

Custodial housekeeping services, and pest control operations are provided as specified to ensure a safe, sanitary facility.

a. Standard requires.

(1) Custodial work executed by personnel employed for this purpose.

(2) Heavy cleaning of child activity spaces during periods when children are not present or when they will not be disturbed.

(3) Cleaning materials stored in locked place designated for this purpose.

(4) Toilet rooms and fixtures sanitary and odor-free at all times.

(5) Daily services include—

(a) Sweeping hard surfaces and vacuuming carpets.

(b) Mopping floors, stairs, entrance ways, and landings.

(c) Scrubbing child activity furniture, bathroom fixtures, drinking fountains, waste containers, kitchen equipment and appliances with preventive medicine approved disinfectant.

(d) Dusting and wiping other child contact surfaces.

(6) Weekly services include—

(a) Scrubbing walls, woodwork, partitions in child activity spaces, bathrooms, and food service areas.

(b) Dusting ledges, window sills, walls, woodwork, handrails, light fixtures, ducts, air-conditioning and heating units, and other surfaces where dust may collect.

(c) Cleaning carpet in infant crawl areas.

(7) As needed services, but at least semi-annually include—

(a) Cleaning of drapes and window coverings.

(b) Washing all windows inside and outside.

(c) Cleaning upholstered furniture and other miscellaneous furniture and surfaces.

(d) Waxing and buffing floors, and cleaning carpets.

(8) Annual review of cleaning contracts to comply with AR 608–10 requirements.

(9) Insects and rodents controlled in accordance with Installation Integrated Management Program in coordination with preventive medicine service. Used of non-chemical means to control pests in areas accessible to children.

(10) Cleaning/disinfectant formulations (powders or liquids) used by custodial personnel will be approved by preventive medicine.

b. Intent. Prevent disease transmission through environmental contamination. Caregiving personnel will not perform cleaning duties other than immediate after activity type clean ups. To ensure "boiler plate" custodial contracts which are ill-suited to the special requirements of centers e.g., more frequently cleaning of surfaces because of child mouth contact are not used. In many instances special child care cleaning requirements usually do not increase costs, since requirements which are necessary in other buildings and are contained in standard installation cleaning contracts e.g., cleaning stairwells, are not required in Child Development Center. Elimination of these unnecessary requirements which may be being charged against the center may actually reduce costs. To prevent infestation of insects and rodents which may lead to disease transmission to children and staff.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 5–37 and 5–38; AR 420–81; and TM 5–609.

Section V
Compliance Area: Child Development Center Fire Prevention

C–66. Compliance item 1.

Facilities meet requirements of Architectural and Engineering Instructions, and NFPA 101, Life Safety Code except as modified by AR 608–10.

a. Standard requires.

(1) Classification of CDCs as educational occupancies, Child Day Care Centers, within NFPA 101.

(2) CDCs meet the requirements of NFPA 101 except when more stringent Army guidance is specified to offset reduced DOD adult/child ratios.

(3) Fire protection requirements met for the youngest age group when a facility or space houses more than one age group.

(4) Programs serving children under five years located in noncombustible or fire resistive buildings.

(5) Programs serving children under five years located on ground floor regardless of building construction.

(6) Occupancy load conforms to NFPA 101.

(7) At least one fire hydrant located within 300 feet of the facility to ensure minimum static pressure and residual flow.

(8) Relocation or replacement plans underway to replace noncombustible facilities.

b. Intent. To define the basic criteria for design of fire protection system requirements unique to military CDCs. In some instances, Army fire safety program requirements exceed NFPA 101 Life Safety Code requirements. The Army decision to employ more rigorous facility fire protection requirements in some areas was made to offset more stringent staff/child ratios established by NFPA 101. Strict compliance with NFPA 101 staff/child ratios would increase operating costs by requiring more caregivers, resulting in increased patron fees. To ensure that children who require a greater amount of supervision or assistance, and intermittent on call staff and hourly care children, who are not regularly present in the facility to practice evacuation techniques, are provided the safest and fastest means of building evacuation. When there is conflict between criteria contained in this standard and technical the Architectural and Engineering Criteria, Architectural and Engineering Instruction (AEI) will govern for new construction and major renovation.

c. Equivalency. For existing construction—

(1) Separate spaces for school-age children (ages five and above) may be located above ground level if special construction standards or automatic fire suppression systems are included according to IAW NFPA 101.

(2) Existing child care programs located in wood frame or ordinary construction with one-hour fire barriers that separate program area and age groups may continue to be used pending relocation to or replacement with noncombustible facilities.

d. Reference(s). AR 608–10, paragraph 5–44; and AEI.

C–67. Compliance item 2.

Fire inspections are conducted and documented on a monthly basis.

a. Standard requires.

(1) Monthly indoor and outdoor on-site inspections by fire inspector to include—

(a) Walk through by inspector to identify fire hazards.

(b) Fire drill including all staff and children.

(c) Testing of FADS.

(d) Technical assistance e.g., drill procedures.

(e) Other requirements as determined locally.

(2) Annual on site inspection by fire marshal including signed verification of compliance on DA Form 4841–R.

(3) Preparation of DA Form 4283 (Facilities Engineering Work Order) for each deficiency which requires engineer support for

correction. Forwarding the work order through the DPCA Services and installation fire marshal to installation engineer.

(4) Local procedures for correcting operational deficiencies and follow up procedures to ensure corrective actions in both program and facility are completed as required in a timely manner.

b. Intent. To ensure that all fire protection systems are operational and that facility and grounds are hazard free. To ensure fire personnel and operational staff are knowledgeable of fire protection responsibilities and able to demonstrate those duties as appropriate.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–30*g* and 5–47.

C–68. Compliance item 3.

Maximum facility capacity has been established by the installation fire marshal and CDS management personnel and posted near the lobby area.

a. Standard requires.

(1) Facility capacity jointly determined by the CDS Coordinator and the fire chief based on fire space and program space criteria.

(2) Fire space criteria: occupancy load determined according to NFPA 101.

(3) Program space criteria—

(a) A minimum of 35 net square feet per child usable activity space provided within the gross child activity room/module allocation.

(b) Usable activity space calculations include only areas used exclusively for child development activities, and not include areas used for central storage, toilets, cabinets, or infant cribs. Built-in furniture which supports the developmental program, such as sand/water tables, arts and craft sinks, and low interest center storage dividers included in child usable square footage.

b. Intent. To provide a basis for limiting the building capacity based on the square footage and facility features required for each occupant. To ensure orderly, efficient evacuation in the event of an emergency.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–30.

C–69. Compliance item 4.

Doors, windows panels and walls separating age group activity rooms/modules are fire-rated as required.

a. Standard requires.

(1) In a fully sprinklered building the following apply:

(a) Fire rated corridor doors are not required.

(b) Corridor walls stop at the ceiling and are not fire rated. Walls separating child age groups are not fire rated. Unlimited glass areas (vision panels) may be provided in corridor walls.

(c) Carpeting should be installed on walls only in fully sprinklered buildings.

(d) Doors in hazardous areas (kitchens, laundry rooms, storage rooms, janitor closets, mechanical rooms, etc.) will be smoke resistant and self-closing. Walls will be of smoke resisting construction.

(2) In a partially sprinklered building the following apply:

(a) One hour rated enclosure is provided for rooms containing cooking, mechanical and laundry equipment.

(b) Sprinklers are provided in storage rooms, mechanical rooms, laundry rooms, kitchens and janitor closets.

(c) Walls separating child activity rooms are constructed to resist the passage of smoke.

(d) Walls will be extended above the ceiling a minimum of four inches.

(e) Corridor doors will include self-closing devices.

(3) In new construction, all exit doors must have a minimum clear width of 34 inches. Flush type panic hardware with a recessed strike should be used in exterior exit doors in infant areas.

(4) Smoke detectors are required in both (1) and (2) above.

b. Intent. To ensure adequate fire integrity of walls. To contain fire and smoke within the child activity room/module and prevent spread to corridors and other rooms/modules.

c. Equivalency. None.

d. Reference(s). NFPA 101; NFPA 80; AR 608–10, paragraphs 5–44 through 45; and AEI, appendix G.

C–70. Compliance item 5.

A hard-wired automatic fire alarm detection system (FADS) is provided in all child activity rooms/modules, staff work rooms, offices, and corridors according to NFPA 72E.

a. Standard requires.

(1) FADS has capability of being operated both automatically and manually.

(2) FADS located at key areas in the facility.

(3) FADS maintained in operable order at all times.

(4) Use of FADS for all center fire drills.

b. Intent. To provide an early alarm system to permit centerwide response in case of fire and minimize dependance on human response. Precludes use of hand alarm e.g., bells or voice alarms in lieu of automatic system. To free up personnel to help evacuate children as part of the compensatory measures to offset Army higher adult/child ratios.

c. Equivalency. None. Battery operated or single station smoke detectors are not acceptable.

d. Reference(s). AR 608–10, paragraph 5–45; and AEI, appendix G.

C–71. Compliance item 6.

The FADS transmits a signal directly to the fire department or fire alarm control center serving the facility.

a. Standard requires.

(1) Automatic transmission of signal to fire department, by all fire detection and alarm devices.

(2) Local procedures to ensure FADS direct hook up in operable condition at all times.

b. Intent. To ensure early response by the fire department at the first indication of fire in the building. The time factor is essential in responding to a fire. Generally, the transmission of signal is by hardwired system or radio transmission.

c. Equivalency. A military fire reporting phone line or a leased commercial line may be used in conjunction with the automatic dialing system.

d. Reference(s). AR 608–10, paragraph 5–45*a*; and AEI, appendix G.

C–72. Compliance item 7.

An automatic sprinkler system and fire separation (enclosed) construction are provided for all hazardous areas.

a. Standard requires.

(1) Automatic sprinkler system and fire separation (enclosed) construction provided in kitchens, utility/mechanical rooms, janitor areas, laundry rooms and storage rooms over 40 SF in area where combustible supplies are contained.

(2) Commercial grade kitchen hoods equipped with an automatic extinguishing system according to NFPA 96.

(3) Fire rated hoods and ducts installed where commercial equipment is used. See Administrative Support and Child Activity Area Standard #2.

b. Intent. To provide an automatic extinguishing system for immediate on-site response to fire in all hazard areas. Fire-rated walls are provided as an additional safeguard to contain a large fire in these rooms, because the extinguishing system alone may not be capable of containing the fire. To protect against the spread of flame when a stove fire occurs.

c. Equivalency.

(1) In existing facilities, sprinkler heads connected to the CDS facility's current water system meet the requirement.

(2) In existing buildings, previously installed smoke detectors that are directly wired into the FADS may continue to be used in lieu of sprinklers in normal hazard areas such as kitchens with domestic type cooking ranges, large classroom closets not containing combustible supplies, and mechanical rooms of fire resistant construction which are not adjacent to child areas.

d. Reference(s). AR 608–10, paragraph 5–39 and AEI, appendix G.

C–73. Compliance item 8.
Unobstructed fire department connection to standpipe or hose outlets is provided to support sprinkler system.

a. Standard requires. Self-explanatory.

b. Intent. To provide quick response to fire fighting via a sprinkler system, with adequate supply of water and pressure.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–45*b*; and AEI, appendix G.

C–74. Compliance item 9.
Fire notification/zoned annunciator panel and fire alarm pull station are located in the lobby area at the main entrance of the facility.

a. Standard requires. Self-explanatory.

b. Intent. Annunciator panel shows the location of fire (zone) and assists firemen in expeditiously locating the fire. Pull alarm station activates signal to fire department if the signal is not automatically transmitted.

c. Equivalency. Panels and pull alarms located in central area meet requirements in existing facilities.

d. Reference(s). AR 608–10, paragraphs 5–44 and 5–45 and AEI, appendix G.

C–75. Compliance item 10.
Fire exits are safe, properly designed and configured, and easily identifiable.

a. Standard requires.

(1) Each activity room/module have at least two remote exits neither of which requires travel through any other room or program area to reach the outside.

(2) All infant, toddler and hourly care areas in existing facilities and all child activity areas in new and renovated construction have one exit which leads directly to the outside.

(3) Corridors used as fire paths minimum of six feet wide. Dead end corridors not exceed 20 feet in length. Adjacent rooms not used as a means of egress from dead end corridors.

(4) Travel distance to fire exits not exceed 150 feet from any point in the building and 100 feet from any occupied door.

(5) Exits from infant areas are wide enough to accommodate a crib (a minimum of 34″ clear opening width).

(6) Exits from infant areas equipped with ramps which meet requirements in Facility Structural System #12.

(7) All fire exit doors have panic hardware.

(8) Doors from occupied rooms and outside exit doors swing in the direction of exit travel.

(9) All means of egress have illuminated fire exit signs as specified in NFPA 101.

(10) All occupied areas and corridors have emergency lighting.

b. Intent. To define minimum exit criteria for facilities to permit rapid, efficient, and safe evacuation for all occupants under emergency conditions.

c. Equivalency.

(1) Small rooms used as learning centers for a single activity and generally accommodating ten or fewer children do not require two exits.

(2) When two or more small areas combine to form a child activity space for a single group of children, access is provided from each small room into the protected corridor.

(3) When facility is completely sprinklered, the maximum travel distance to fire exits may be increased by 50 feet.

d. Reference(s). AR 608–10, paragraphs 5–46 and 5–47, and AEI, appendix G.

C–76. Compliance item 11.
Manual pull alarm stations are provided as specified.

a. Standard requires.

(1) Manual pull alarm is provided at each exit.

(2) A minimum of one manual pull alarm per module/activity room.

b. Intent. To permit manual activation of fire alarm by evacuating personnel prior to automatic smoke detector or sprinkler activation.

c. Equivalency. None.

d. Reference(s). AEI, appendix G and NFPA 101, 7–6.2.3.

C–77. Compliance item 12.
Portable fire extinguishers are furnished in adult accessible locations.

a. Standard requires.

(1) Portable fire extinguishers located according to NFPA 10.

(2) Class B–C fire extinguisher provided in each food preparation area.

(3) All adults trained in use of extinguishers.

(4) Extinguishers not placed on floor or within reach of children.

b. Intent. To provide adequate number of portable fire extinguishers readily accessible to adults in the event of fire.

c. Equivalency. None.

d. Reference(s). AEI, appendix G.

C–78. Compliance item 13.
Interior finishes, insulation, corridor construction materials, and carpets meet minimum combustibility/flame spread criteria as specified.

a. Standard requires.

(1) Interior finishing materials in new construction/major renovation projects conform to AEI.

(2) Thermal insulation meets minimum flame spread and smoke ratings specified in AEI.

(3) Corridors constructed of noncombustible materials or lined with ⅝″ thick gypsum board on both sides.

(4) Carpeting meets minimum flame spread and smoke ratings specified in AEI.

b. Intent. To limit combustibility/flame spread of interior finishes, construction materials, and wall/floor coverings. Carpets used in the vertical position are considered an interior finishing material.

c. Equivalency. Insulation materials within fire-rated facilities which have been tested and approved for use by UL (Underwriter's Laboratories) and FM (Factory Mutual) testing laboratories may be used.

d. Reference(s). AR 608–10, paragraph 5–35; AEI, appendix G.

C–79. Compliance item 14.
Fuel storage meets NFPA 30 requirements.

a. Standard requires. Self-explanatory.

b. Intent. To locate fuel a safe distance from the building in the event of fire.

c. Equivalency. None.

d. Reference(s). AEI, appendix G.

C–80. Compliance area: 15.
Drill and evacuation procedures are published and conspicuously posted in the building and each activity room/module.

a. Standard requires.

(1) Evacuation procedures posted in each room/module show evacuation route from that activity room/module.

(2) Quickest, most direct routes to outside identified in each evacuation plan.

b. Intent. To provide an operationally-ready reference for the evacuation of children and adults in the event of a fire or other emergency.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–47.

C–81. Compliance item 16.
Documented fire drills which involve all children and staff are conducted monthly and personnel are trained in evacuation procedures.

a. Standard requires.

(1) All personnel are trained by fire inspector in use of fire extinguishers and evacuation procedures.

(2) Training documented and repeated at least quarterly to accommodate staff turnover.

(3) Drills conducted during varying hours of operation to include mealtimes, naptime, early morning/evening hours.

(4) Evacuation procedures followed exactly as prescribed by fire inspector to include total evacuation of all children from building including infants.

(5) Accounting of all children by caregiving staff during and following drill.

(6) Documentation of drill results and corrective actions required and completed on file in facility.

b. Intent. To ensure rapid evacuation of children and adults in case of fire or other emergency and complete records of fire drill results. To ensure evacuation practiced under "worst case conditions."

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–47.

C–82. Compliance item 17.

Evacuation cribs or devices in operable condition are available to remove infants.

a. Standard requires.

(1) Provision of a sturdy wheeled apparatus which easily rolls over different indoor/outdoor surfaces.

(2) Apparatus has capability of transporting a minimum of five infants.

(3) Evacuation cribs with oversized wheels or equivalent devices e.g., laundry carts, grocery carts available to evacuate infants.

(4) Wooden cribs not permitted for evacuation purposes.

(5) Blankets/coverings provided to protect infants.

b. Intent. To have crib/cart readily accessible to evacuate five infants which will bear the weight of 18 months olds and can be easily rolled by a single small caregiver.

c. Equivalency. Although metal evacuation cribs are preferable, laundry carts, grocery carts or in cases of very young infants, hospital aprons may be substituted.

d. Reference(s). AR 608–10, paragraph 5–47.

C–83. Compliance item 18.

Smoking is permitted only in designated areas away from child activity spaces and food preparation areas.

a. Standard requires.

(1) Smoking never permitted in front of children.

(2) Smoking areas have adequate ventilation systems.

b. Intent. To avoid exposure of children to smoke inhalation, and to preclude any fire originating in child activity spaces and food preparation areas.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–47; and AR 600–63 paragraph 4–2*h.*

Section VI
Compliance Area: Child Development Center Safety

C–84. Compliance item 1.

Child Development Center is monitored as a special hazard area by installation safety office.

a. Standard requires.

(1) Annual and additional required inspections performed by suitably trained professional according to AR 385–10.

(2) Inspections performed using standard Army safety and health inspection abatement procedures.

(3) Identified safety deficiencies entered into the installation hazard tracking abatement and abatement system.

(4) An individual assigned to specifically act as a CDS additional duty safety officer.

(5) Work order preparation and release through DPCA for each deficiency requiring engineer support.

(6) Preparation of DA Form 4745 (Violation Inventory Log) and DA Form 4756 (Installation Abatement Plan) by installation safety office for each serious hazard.

b. Intent. To establish an effective accident prevention program and to assure that deficiencies that cannot be corrected on the spot are properly prioritized and abated by the appropriate regulatory proponent.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–3*e* and 5–49; AR 385–10, chapter 4; and 29 CFR 1960, 17,26,30 Executive Order 21296.

C–85. Compliance item 2.

A daily safety inspection is conducted by trained CDS personnel to identify and eliminate safety hazards.

a. Standard requires.

(1) A daily inspection of all facility grounds, child use areas and equipment to identify safety hazards and take appropriate action for their elimination.

(2) CDS management personnel trained by installation safety officer to perform inspections.

b. Intent. To identify and eliminate environmental sources of accidents. The CDS "additional-duty" safety officer assists the CDS coordinator and center/program directors in day-to-day safety awareness, staff safety training, inspections, hazard-abatement follow-up, and other duties not requiring the services of a full-time safety specialist. This individual also coordinates with the installation safety office on inspections, but does not assume responsibility for the required safety inspection. Inspection may be an informal process, however center staff must be able to demonstrate to oversight personnel how this is achieved and integrated into the daily operation of the center.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–49; AR 385–10, paragraph 2–3; and Executive Order 12196 29 CFR 1960, 59a.

C–86. Compliance item 3.

Standing operating procedures (SOPs) are available for accident prevention and motor vehicle operations.

a. Standard requires.

(1) Written, up-to-date procedures addressing accident prevention and vehicle operations.

(2) Staff and children receive accident prevention awareness training to include pedestrian safety and seatbelt use. Documentation of staff training entered on individual education plans.

(3) Personnel demonstrate working knowledge of specified procedures.

b. Intent. To ensure SOPs address accident prevention responsibilities and procedures for the center setting to include vehicle accidents, and that SOPs are actually used as working documents. To promote safety awareness in children at a receptive age as part of the educational/developmental process.

c. Equivalency. Accident prevention SOP may be eliminated by integrating a "safety" concerns in the other written safety SOPs.

d. Reference(s). AR 608–10, paragraph 5–12; and AR 385–55, paragraph 2–5b.

C–87. Compliance item 4.

A telephone capable of reaching the Medical Treatment Facility, fire department, off-post residences and parental work sites is available on the premises.

a. Standard requires. A class A2 or better line available in all centers.

b. Intent. To provide emergency communications, contact parents, and locate intermittent on call staff when needed to support staff/child ratios.

c. Equivalency. Use of radio communications in areas without reliable phone systems.

d. Reference(s). AR 608–10, paragraph 5–48*b.*

C–88. Compliance item 5.
Current instructions are posted at each telephone to facilitate calling for ambulance, medical, fire, and military police service.

a. Standard requires. Self-explanatory.

b. Intent. To assure ready access at a central location to telephone numbers for rapid response during emergencies. This does not require installation of telephones in child activity areas.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–49*e*.

C–89. Compliance item 6.
The parents, the CDS coordinator and the installation safety director are notified in case of accidents.

a. Standard requires.

(1) Parents notified immediately in the event of a serious (hospital treatment) injury. In case of first aid injuries, parents are informed when children are picked up.

(2) The CDS coordinator and the installation safety office notified immediately in case of fatal injury or hospitalization (children, staff, parents, others).

(a) Serious injuries (hospital treatment) reported to the safety office within 72 hours.

(b) First aid injuries reported within seven days.

(3) DA Form 4106, Report of Unusual Occurrence, used to report injuries and forwarded to installation safety office within time limits specified above.

(4) The installation safety office ensure submission of DA Form 285 or other required documents according to AR 385–40.

b. Intent. To assure legal and managerial information needs are satisfied.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 2–20*d*; and AR 385–40, paragraphs 1–5, 2–14, and 3–2.

C–90. Compliance item 7.
Potential head-traps and specified toys and equipment are prohibited.

a. Standard requires.

(1) Items identified by Consumer Products Safety Commission or manufacturer notices of danger to children not present in the center.

(2) Crib slats and other rails no greater than 2⅜-inches apart.

(3) Cut-outs or other openings in play pens, chairs, cribs, and furnishings not present acute angles (less than 55 degrees), or other configurations which can trap children's heads, necks, or limbs.

(4) Equipment specifically prohibited in regulatory guidance is not present.

(a) Infant walkers, toy boxes/chests or other similar top hinged equipment.

(b) Merry go rounds, narrow/steep slides, hard seat (wood, plastic or metal) swings, trampoline.

b. Intent. To prevent strangulation and limb dislocations. To prevent head injuries or entrapment. Toy boxes/chests with lids can fall on children. Toy boxes do not require or encourage children to learn to put toys away by sorting and recognizing like items. Toy boxes also encourage the spread of communicable diseases since toys touch each other routinely and often are not cleaned as required. According to the U.S. Consumer Product Safety Commission, walkers are the leading cause of serious injury to children under five in the U.S.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–13*e*; and CPSC Handbook VOL II, chapter 10.

C–91. Compliance item 8.
Indoor/outdoor equipment, toys and materials are safe, non-toxic, durable and in working order.

a. Standard requires.

(1) CDS staff screen all toys, equipment and developmental materials particularly those of non U.S. manufacturers.

(2) Mirrors in areas accessible to children are plastic or other unbreakable material.

(3) Design and construction of playground equipment meet Army and Consumer Product Safety Commission guidelines. Installation and maintenance satisfy manufacturer's recommendations and are developmentally appropriate.

(a) Slides 18 inches or wider, have an average slope of 30 degrees or less.

(b) Playground sandboxes routinely maintained to ensure removal of glass and fecal materials.

(c) Playground equipment built with installation resources are approved by the installation safety office. Equipment intended for family, rather than public, play areas not used.

(4) Removal of all broken equipment both inside facility and outdoor play areas.

b. Intent. To prevent injury to children due to faulty or inappropriate equipment. Provides a "general duty" clause, requiring that the facility be free from recognized hazards. Proper use of general safety clauses requires that the threat identified be serious and that a precedent be available in authoritative publications, standards, or other documentation. In case of questionable calls, children will not be exposed to the suspected hazard while determination of validity is made. To prevent choking. The Consumer Product Safety Commission "no-choke" testing device is the standard for evaluating this threat. Positive administrative controls or physical barriers to access must be established between infant/toddler activity areas and the areas where older children are using small items for developmental purposes. To provide a safety review for items whose country of origin might not have established consumer safety oversight agencies.

c. Equivalency. Positive assurance that inadequate facilities and equipment have been suspended from use. Restrict or closely supervise use of equipment. Local decisions to alter or use equipment outside these guidelines are approved by the installation safety officer.

d. Reference(s). AR 608–10, paragraphs 4–21 and 5–49*a*; PL 91–596, Sec 2a; CPSC Handbook, VOL I & II; Manufacturer's Instructions, CPSC Buyer's Guide—The Safe Nursery, Aug 86; and CPSC Fact Sheet—1974.

C–92. Compliance item 9.
Custodial equipment, supplies, and materials are used and stored as approved by health consultant or safety officer.

a. Standard requires.

(1) Cleaning and maintenance supplies stored on the premises kept locked and are not within child activity space or child bathrooms.

(2) Child activity areas not used for the storage of excess furnishings, toys, and program materials.

(3) Storage areas maintained in orderly fashion.

(4) Stored materials reviewed periodically for safety, serviceability and disposal.

(5) Cleaning materials approved by preventive medicine staff.

b. Intent. To prevent the introduction of highly toxic materials or materials of unknown hazard into center. To prevent accumulation of unneeded and unserviceable materials which create exiting, movement, and fire ignition hazards.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–37*c*; 29 CFR 1910.1200.

C–93. Compliance item 10.
Children are protected from hazardous substances and equipment.

a. Standard requires.

(1) Flammable, poisonous, explosive and highly caustic materials not stored in the facility.

(2) Children not present in areas while hazardous substances are in use by maintenance personnel.

(3) Hazardous items such as matches, power tools, detergents, and cleaning supplies kept in locked area other than child activity rooms or child toilets.

(4) Written operational procedures address oversight precautions to ensure compliance.

b. Intent. To eliminate materials that could create a greater fire hazard or that have wide area lethal effects. Storage of these materials presents unacceptable risk of destruction, even if no contact is permitted to children. To provide positive barriers between children and hazardous materials. To minimize risk of poisoning, fire ignition and other injuries.

c. Equivalency. Supervised use of workplace materials by trained maintenance personnel, with removal at the end of the work period does not constitute storage.

d. Reference(s). AR 608–10, paragraphs 5–49*c* and *d*; and 29 CFP 1910.1200.

C–94. Compliance item 11.

Children are protected from potential heating and electrical hazards.

a. Standard requires.

(1) Electrical appliances and heating equipment meet Army, UL, NFPA or comparable host nation standards.

(2) Electrical appliances and cords kept from reach of children except for supervised developmental activities.

(3) Power, phone, fire, water, and utility equipment not accessible to children.

(4) Open fire places, portable combustion space heaters, and electric heaters not used as a heat source.

(5) Children not permitted in room which has a furnace, domestic hot water heater or gas heater.

b. Intent. To prevent burns, shock, electrocution and fire ignition and loss of service caused by misuse or tampering. Local fire and safety personnel will determine if OCONUS equipment is satisfactory, regardless of host nation standard. To prohibit hazardous heat sources which could generate an uncontrollable fire.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 5–47 and 5–48.

C–95. Compliance item 12.

Surfaces under play equipment minimize injuries from falls.

a. Standard requires.

(1) Surfaces under playground equipment meet the Consumer Product Safety Commission's impact attenuation requirement of 200g peak acceleration.

(2) Loose materials e.g., shredded bark, sand, pea gravel used to satisfy this requirement be maintained to a uniform thickness of six inches or more.

(3) Existing concrete, asphalt, or similar surface adjacent to or beneath stationary play equipment covered with a resilient molded rubber mat safety surface meeting the impact attenuation requirement of not more than 200g peak acceleration.

(4) Materials retain shock-absorbing value year around under local conditions. Soft turf, sand, and grass not acceptable when compacted or frozen.

b. Intent. To minimize injuries from falls by providing impact-attenuating materials under swings, climbing towers, and other elevated equipment.

c. Equivalency. Positive assurance that equipment will be taken out of use while playing surface is unsuitable. Artificial turfs do not require six inch thickness.

d. Reference(s). AR 608–10, paragraph 5–23*d*; TM 5–803–11; CPSC Handbook VOL II, chapter 12; and AEI, appendix G.

C–96. Compliance item 13.

Culverts, drainage ditches, sewer accessories, and all similar hazards are inaccessible to children.

a. Standard requires. Self-explanatory.

b. Intent. To minimize risk of drowning and disease caused by stagnant/standing water.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–48*m*; and Design of Small Canal Structures, U.S. Department of Interior, chapter IX.

Section VII
Compliance Area: Child Development Center Health

C–97. Compliance item 1.

Child Development Center personnel meet health requirements as specified.

a. Standard requires.

(1) All staff including persons providing substitute care and regularly scheduled volunteers meet health requirements prior to employment.

(2) Medical assessment to include TB skin test or chest X-ray; measles, mumps, rubella vaccines unless immune; diphtheria, tetanus and polio vaccines; and any other examination as determined by the occupational health services; medical assessment updated annually. DA Form 3437 (Department of the Army Nonappropriated Funds Certificate of Medical Examination) used for NAF employees.

(3) Absence of communicable disease. Determination of communicability of a disease made by physician.

(4) Ability to walk, bend, stoop, and stand for prolonged periods, and lift 40 pounds.

(5) Food handlers (e.g. cook, food service personnel) report to occupational health service for return to duty clearance after absence due to illness.

b. Intent. To reduce risk of disease transmission and ensure staff have stamina and physical capabilities to care for children.

c. Equivalency. Evidence of a negative TB skin test may be used in lieu of a complete medical assessment for interim period not to exceed 30 days after employment, when medical appointments are unable to be scheduled in a timely manner.

d. Reference(s). AR 608–10, paragraph 4–25; AR 40–562, AR 40–5, and AR 215–3.

C–98. Compliance item 2.

Child health requirements are met as specified.

a. Standard requires.

(1) Absence of communicable disease.

(2) Documentation on record of age appropriate immunizations to include diphtheria, pertussis, tetanus and polio; measles, mumps, and rubella, and hemophilus influenza vaccine.

(3) Health assessment (DA Form 5223–R) completed by parents and medical support personnel within the past calendar year or within 30 days following enrollment.

(4) DA Form 5223–R updated annually by parents. Medical staff comments/physical exam completed only once, upon admission.

(5) Child health requirements included in parent handbook.

b. Intent. To reduce vaccine preventable diseases, determine whether child meets age-appropriate developmental milestones and is able to participate in daily activities. Failure may indicate disease (acute or chronic) and requires more extensive evaluation. Current and complete health assessment (DA Form 5223–R) will indicate allergies, diet and other special precautions necessary for care of child. To identify children who should be referred for screening and/or enrollment in Exceptional Family Member Program.

c. Equivalency. Well baby/well child examinations, school/athletic physical, or other developmental exam may be used in place of admission medical exam information on DA Form 5223–R. DA Form 5223–R should be attached to this alternative form and completed as necessary to ensure all required information is provided. Immunizations may be waived by physician for administrative reasons or exempted for medical reasons.

d. Reference(s). AR 608–10, paragraph 4–26; and AR 50–562, paragraphs 4–6, and 4–26.

C–99. Compliance item 3.

Children are screened for illness daily and denied admission based upon specific criteria.

a. Standard requires.

(1) Designated employees observe each child for obvious signs of illness upon arrival and before parent leaves.

(2) Children who appear ill or who show visible signs of fever are excluded based on the following symptoms:

(a) Temperature in excess of 100.5°F. axillary for children under three months of age and in excess of 101°F. axillary for children over three months of age.

(b) Inability to participate in daily activities.

(c) Obvious illness such as—

1. Impetigo — Red oozing erosion capped with a golden yellow crust that appears stuck on.

2. Scabies — Crusty wavy ridges and tunnels in the webs of fingers, hand, wrist, and trunk.

3. Ringworm — Flat, spreading ring-shaped lesions.

4. Chicken pox — Crops of small blisters on a red base that become cloudy and crusted in 2–4 days.

5. Head lice-nits — (whitish-grey dots) attached to hair shafts.

6. Culture proven strep infections that have not been under treatment for at least 24 hours.

7. Conjunctivitis (pink eye) — red, watery eyes with thick yellowish discharge.

8. Persistent cough, severe diarrhea, or vomiting.

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

10. Pinworm infestation.

(3) Descriptions of common childhood communicable diseases, definitions of "persistent" cough and "severe" diarrhea and list of specific criteria outlined in the installation health SOP signed by program director and health consultant.

(4) Exclusion criteria include inability to participate in daily activities regardless of cause.

(5) Children not be excluded for middle ear infection (otitis media), thrush, yeast or other diaper area infections providing they feel well enough to participate in program activities, are not communicable, and if on medication comply with medication administration requirements.

(6) Exclusion criteria/policies included in center parent handbook.

b. Intent. To exclude children with communicable diseases and reduce risk of disease transmission. To allow children who are mildly ill, but feel well enough to participate in daily program activities to remain in care provided they do not pose a health risk to others.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–28 and 4–8*b*.

C–100. Compliance item 4.

Children are readmitted after illness only when their presence does not endanger the health of other children.

a. Standard requires.

(1) Allows children to return to program when well enough to participate in usual daily activities and following conditions exist:

(a) Fever has been absent for 24 hours.

(b) Nausea, vomiting or diarrhea has subsided for 24 hours.

(c) Appropriate number of doses of antibiotics (when prescribed) have been given over a 24 hour period for known strep and other bacterial infections and the child's physician has approved readmission.

(d) Chicken pox lesions crusted (usually 5–6 days after onset).

(e) Scabies under treatment.

(f) Lice under treatment.

(g) Pinworm treatment occurred 24 hours before readmission.

(h) Impetigo lesions not draining.

(i) Conjunctivitis diminished to the point that eyes are no longer discharging.

(j) Child has completed the contagious stage of the illness as defined by the installation health proponents.

(k) Child not require specialized care/attention beyond program services provided.

(2) Installation standard operating procedures outlining readmission criteria including conditions/circumstances which requires physician or medical approval prior to readmission of child.

(3) Readmission criteria/policies included in center parent handbook.

*b. Intent.*To exclude children with communicable diseases and reduce the risk of disease transmission.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–29.

C–101. Compliance item 5.

Child medication is administered only as specified.

a. Standard requires.

(1) Only physician prescribed medication.

(a) Administered only in full-day care or on an exception basis in other programs when no other reasonable alternative exists.

(b) Prescription include child's name, name of medication, dose and time of administration, start and stop dates.

(c) Medication in original container.

(d) Medications to have specified dosages; no P.R.N (as needed instructions) medications.

(e) Child on oral medication 24 hours before dose is administered by center.

(2) CDC staff trained in techniques of administering medication.

(3) DA Form 5225–R maintained as required and parent has signed completed form.

(4) Medication locked and stored as required; labeled and returned to parent when no longer needed.

(5) Health standard operating procedure includes a list of medications approved for administration by center.

b. Intent. Provide an opportunity for children with common childhood diseases requiring medication to attend CDC program when able to participate in program activities. Support readiness by preventing an interruption of duties of parent soldiers when their children are in centers. Medication prescribed for acute situations e.g., allergy reactions are not precluded, but require consultation with medical personnel prior to administration. Center staff are not allowed to administer medication until after 24 hours in order to allow time for child to adjust to medication while under parental care.

c. Equivalency. If medication is not on the approved list, the feasibility and necessity of administration by CDC staff must be determined on an exception basis by the health consultant and physician. If medication is permitted, specific training must be provided to CDS staff by the health consultant.

d. Reference(s). AR 608–10, paragraph 4–32.

C–102. Compliance item 6.

Medical care and administrative procedures for emergencies and minor health problems after admission follow specified criteria.

a. Standard requires.

(1) DA Form 4719–R on file in center containing signed parental consent for child to receive emergency medical/dental care.

(2) Procedures developed to address conditions requiring center staff to seek immediate medical attention including a medical facility evaluation and immediate parent notification.

(3) Procedures developed to address minor health problems including parental notification by center and isolation/care of child until released to parent.

(4) CDC staff coordinates with health consultant/FCC director to determine course of action in questionable areas.

(5) CDC staff trained in first aid/CPR available on-site at all times.

(6) Program directors, assistant director, front desk personnel and caregiving employees trained in preventive health measures.

(7) Procedures to ensure caregiving staff are informed of special or potential health problems/requirements of children in care.

b. Intent. To provide appropriate approved actions during medical emergencies and minor illnesses after a child has been admitted to the center. To allow center staff to respond appropriately to potential health problems/requirement of children under care.

c. Equivalency. None.

d. Reference(s). AR 608–10.

C–103. Compliance item 7.
Parents and health consultant are notified of medical emergencies, communicable diseases or acute illness as specified.

a. Standard requires.

(1) Immediate parent notification of any emergency or acute illness.

(2) Notification of parent and health consultant of exposure to a communicable diseases occurring in center.

(3) Reportable diseases include those which are—

(a) Vaccine preventable e.g., mumps, measles.

(b) Transmitted through fecal-oral route (e.g., hepatitis, giardiasis, shigella, salmonella).

(c) Transmitted through respiratory route or fomites (e.g., chichen pox, conjunctivitis).

(4) Parent handbook includes requirement for parents to notify center if child has a communicable disease.

b. Intent. To provide parents and health consultants with essential information which may impact the health of children receiving care.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 2–20.

C–104. Compliance item 8.
Program health and sanitation procedures are followed as specified.

a. Standard requires.

(1) CDS staff wash hands before handling food, handling body secretions, feeding a child, before and after diapering and toileting children, and administering medication.

(2) Children's hands washed with soap and water before and after eating, after toileting, before participating in water play and cooking activities, after outdoor play and diaper changes.

(3) Handwashing techniques follow Center for Disease Control recommendations (app E).

(4) Handwashing procedures signs posted in activity rooms/modules and bathrooms.

(5) Sink located in infant, toddler child activity rooms/modules.

(6) Toilet rooms and fixtures sanitary and odor free.

(7) Personal items e.g., toothbrushes, towels, and similar items not stored or used in common.

(8) Disposable items e.g., cups, utensils not reused.

(9) Dirty linen separated and inaccessable to children.

(10) Children served water at regular intervals, but at a minimum after large muscle activity, outdoor play, and midmorning when breakfast is provided in lieu of morning snack.

b. Intent. To ensure procedures which reduce the potential for disease spread. Young children may be infected with a communicable disease such as hepatitis and show no outward signs of illness. However, during this time they pass the diseases to others, especially adults, who become extremely ill. Good handwashing techniques reduce the spread of disease in child care settings by over 50 percent and protect caregiving adults from serious illness. To prevent environmental contamination and reduce risk of disease outbreaks.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–33; and Center for Disease Control program materials.

C–105. Compliance item 9.
Toys used by children are washable and cleaned as specified.

a. Standard requires.

(1) Daily cleaning and sanitation of toys shared by children under three years.

(2) Weekly cleaning and sanitation of toys used by children over three years.

(3) Cleaning procedures are as follows:

(a) Wash with soap and water to remove particular matter.

(b) Rinse with water to remove soap solution.

(c) Apply bleach solution of one teaspoon bleach per quart of water. Solution is to be made fresh daily.

(d) Air dry.

b. Intent. To prevent spread of communicable diseases from contaminated toys.

c. Equivalency. Dishwasher may be used to sanitize toys in lieu of chemical (bleach) sanitation.

(1) Wash with soap and water to remove particulate matter.

(2) Place securely in dishwasher and use complete dishwashing cycle.

(3) Wash separately from dishes.

(4) If toys not compatible with heat drying cycle, open door to air dry.

d. Reference(s). AR 608–10, paragraph 4–33.

C–106. Compliance item 10.
Diapering and toileting procedures are implemented as specified.

a. Standard requires.

(1) Center for Disease Control procedures followed by staff (see app D).

(2) Disposable diapers used exclusively except for medically validated exceptions.

(3) Soiled diapers and clothing are changed promptly.

(4) Soiled diapers stored in covered containers with plastic liners. Containers emptied, cleaned, and sanitized daily using bleach solution (one tablespoon bleach per one quart of water).

(5) Portable training chairs used only with approval of preventive medicine personnel.

(a) Made of smooth, nonporous materials which are easily cleaned.

(b) Emptied and sanitized after each use with bleach solution (see item 10e).

(c) Not located in the kitchen or eating area, and inaccessible to children when not in use.

(d) Not transported thorough center activity areas.

(6) Soiled clothing placed in secured plastic bag and stored separate from clean clothing until returned to parent.

(7) Toilet training cooperatively planned by caregiver and parent.

b. Intent. To reduce environmental and personal contamination from disease producing organisms.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–14 and 4–33.

C–107. Compliance item 11.
Nap and rest periods are provided for children as specified.

a. Standard requires.

(1) A regularly scheduled rest period.

(2) Each child rest on individual cot, mat, crib with own sheet/blanket.

(3) Programs have:

(a) One crib/cot/mat on hand for each full-day child under 18 months.

(b) One crib/cot/mat on hand for every two hourly care children.

(c) One crib/cot/mat available for each child over 18 months present during rest/nap period.

(4) Crib surfaces smooth, free from splinters, sturdy, and easily cleaned.

(5) Cribs cleaned on a daily basis. Mat/cots cleaned weekly or as needed. Use of sanitizing solution of ¼ cup of bleach to one gallon of water or one tablespoon bleach per one quart of water.

(6) No pillows or other items placed in the crib which could interfere with breathing.

(7) Cribs, cots, or mats placed two feet apart.

(8) See safety standard #7 for crib slats requirements.

(9) Mattress have waterproof covers; crib mattresses fit securely.

b. Intent. To provide rest necessary for growth and development; eliminate environmental contamination and prevent disease transmission. To prevent strangulation and head entrapment. To reduce number of large cribs in order to increase usable floor space available to children (e.g., provide cribs for children 12–14 months, but alternative sleeping options, cots with raised sides/mats for older infant and toddlers). Large numbers of cribs are not

necessary in hourly programs. Children should not be put down all at the same time.

c. Equivalency. Cribs with solid headboards may be placed head to head when used by children under nine months of age.

d. Reference(s). AR 608–10, paragraph 4–13.

C–108. Compliance item 12.

Pets are free from diseases, immunized as appropriate and sanitarily maintained.

a. Standard requires.

(1) Pets in good health with current immunization records if appropriate.

(2) Pet cages, pens, bowls, and holding areas clean. Pet waste and litter boxes cleaned and changed frequently and inaccessible to crawling children.

(3) Parents notified at registration if animals are in the center or any time a new pet is added to the center.

(4) Pet food and supplies out of the reach of children.

(5) Pets handled humanely and in a manner that protects the well being of both children and pets.

(6) Pets bred or trained for attack, "known aggressive pets", and pets recognized as dangerous (predators, poisonous spiders or snakes) prohibited.

(7) Pets maintained at center on a permanent basis inspected monthly by installation vet.

(8) Sanitary condition of pets monitored by preventive medicine staff as part of monthly inspection.

b. Intent. To provide developmental experiences for children while preventing disease transmission between pets and children. To prevent high risk situations involving children and pets with unpredictable or unsafe behavior.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–34*b* and *c*.

C–109. Compliance item 13.

Toxic plants are not present in centers or in outside play areas. (See figs C–9 and C–10.)

a. Standard requires.

(1) Indoor and outdoor areas accessible to children free from plants with poisonous leaves, berries.

(2) Director of Engineering and Housing, health consultant staff and center director have list of authorized and unauthorized plants (see app B).

(3) Allows non-poisonous plants for science/developmental activities and to enhance physical environment.

b. Intent. To prevent exposure to hazardous plants which children may chew, consume or handle.

c. Equivalency. Hanging plants, not accessible to children, are permitted.

d. Reference(s). AR 608–10, paragraph 4–39; and appendix C.

C–110. Compliance item 14.

A health inspection is conducted on a monthly basis and as needed by preventive medicine officials.

a. Standard requires.

(1) Monthly indoor and outdoor on-site inspections by preventive medicine officials to include—

(a) Walk through by inspectors to identify health hazards.

(b) Inspection of food service operation including food preparation and cold and dry storage procedures.

(c) Inspection of sanitary conditions including toilet facilities, diaper changing areas, handwashing procedures, general level of housekeeping custodial services and pets/cages.

(d) Review of pest control and weed control operations/types of cleaning supplies used.

(e) Review of custodial/cleaning contracts when required standards of cleanliness are not met.

(f) Spot check of medication storage/administration procedures, child and staff health records, staff training records for CPR/first aid.

(g) Spot check of staff knowledge of health related SOPs e.g., admission screening procedures and safety procedures.

(h) Other requirements as determined locally.

(2) On-site assessment of health status of children and review of staff and child health records as needed.

(3) Technical assistance to CDS staff with overall health issues as needed.

(4) Preparation of DA Form 4238 (work order request) by CDS staff for each deficiency which requires engineer support for correction. Forwarding the work order (counter signed by health inspector) through the DPCA and health consultant to installation engineer.

(5) Local procedures for correcting operational deficiencies and follow up procedures to ensure corrective actions in both program and facility are completed as required in a timely manner.

(6) Annual on-site inspection by preventive medical officials including signed verification of compliance with standards on DA Form 4841–R.

b. Intent. To ensure programs are operated in a sanitary manner supportive of good health practices, and the facility and grounds are free of health hazards. To ensure preventive medicine officials and center staff are knowledgable of health and sanitation responsibilities and able to demonstrate those duties as appropriate.

c. Equivalency. None

d. Reference(s). AR 40–5; TB Med 530; and AR 608–10, paragraphs 2–3, 4–25 through 4–34, 5–6, 5–8, 5–12*h* and *i*, 5–37 through 5–38, 48*c* and *d*, and appendix C.

Section VIII
Compliance Area: Child Development Center Food and Nutrition

C–111. Compliance item 1.

Meals and snacks are provided appropriate to hours of service and help meet children's total nutritional needs.

a. Standard requires.

(1) No child to go without food for more than three consecutive hours.

(2) Breakfast or morning snack, lunch and afternoon snack served to children in full-day programs.

(3) A nutritious snack served to children enrolled in part-day programs.

(4) Supper, evening snack, and breakfast served as required for children who remain for evening or overnight care.

(5) Children cared for 5–8 hours a day given 1/3 of their daily nutritional requirements.

(6) Children cared for 8–12 hours are served 2/3 of their daily nutritional requirements.

(7) Children cared for over 12 hours served all of their daily nutritional requirements.

b. Intent. Many children are cared for in centers for 10–12 hours per day or longer and receive all or most of their daily nutritional needs in the CDC center. Children do not have the capacity to consume and digest large amounts of food. As a result they need smaller amounts more often than adults. Center caregivers must be sensitive to the individual needs and schedules of children since the eating patterns established during these years will be reflected in later life.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–35.

C–112. Compliance item 2.

All food is provided by the center except for infant formula, baby food, special diets and food for special occasions as specified.

a. Standard requires.

(1) Meals provided by center either through preparation in on-site kitchen, transportation from centralized kitchen or catering.

(2) "Brown bag" or home prepared foods sent by parents are not permitted.

(3) Allows baby food and formula, special diets and food for special occasions e.g., birthdays, holidays to be brought from home.

(4) Infant formula provided by parents in single serving bottles which are labeled and dated.

(5) All formula stored at appropriate temperature.

(6) Feeding instructions provided for food brought from home.

b. Intent. To ensure high quality nutritious meals are served to all children. Although most parents have acceptable standards of sanitation, many do not. Food prepared at home and transported has a higher risk of contamination and spoilage. Although the parent may have prepared the food which the center serves, the center accepts responsibility for the quality of the food at time of service and could be accused of serving tainted foods over which it has no control. Additionally, it is difficult for parents to consistently provide nutritious meals which meet all United States Department of Agriculture (USDA) requirements. The center has no control over what is provided from home and non-nutritious foods such as potato chips or artificially flavored and colored fruit drinks often are sent by parents.

c. Equivalency. Parents may provide special diets for medical or religious reasons when approved in writing by the health consultant.

d. Reference(s). AR 608–10, paragraph 4–35.

C–113. Compliance item 3.

All center programs are enrolled in or meet the requirements for the USDA Child Care Food Program (CCFP).

a. Standard requires.

(1) Enrollment of all center components e.g., full-day, part-day, hourly in the CCFP.

(2) Written request on DA Form 4841–R to HQDA to participate and written approval from USACFSC (CFSC–FSC).

(3) Installation compliance with all CCFP regulations pertaining to enrollment of children, recordkeeping and nutritional requirements.

(4) Food program expenses and USDA reimbursements accounted for as separate identifiable data.

(5) Salaries of appropriated fund (APF) employees or those reimbursed with APF not charged to the CCFP as administrative time.

(6) Appropriate institutional food service management practices.

b. Intent. To provide nutritious meals to children by providing foods which include the four food groups and meet nutritional requirements. Nutritious foods such as full strength juices, meats, and fresh fruits are more expensive to provide than sugary drinks, potato chips and foods high in carbohydrates. To compensate for the added costs associated with the nutrition requirements, USDA CCFP provides funds to help meet food program expenses. Participation in the food program helps keep fees charged to soldiers at an affordable rate, since higher food costs would be passed on to the parents in the form of higher fees.

c. Equivalency. OCONUS installations are not eligible for CCFP enrollment due to legislative constraints but do receive comparable NAF funding from HQDA. OCONUS CDC programs must comply with USDA CCFP nutritional requirements and operate cost-effective institutional food service operations in accordance with HQDA and MACOM guidance.

d. Reference(s). AR 608–10, paragraphs 3–7, 4–4, and 5–6.

C–114. Compliance item 4.

Menus meet meal pattern and quantity requirements of the USDA CCFP for all age groups.

a. Standard requires.

(1) Meals served which meet the USDA meal component requirement for ages 12 months–12 years. (See Table C–1 below.)

Table C–1
USDA meal requirements 12 months–12 years

Breakfast	Fluid Milk Juice or Fruit or Vegetable Bread or Bread Alternate
Lunch	Fluid Milk Meat or Meat Alternate (Fish, Cheese, Egg, Cooked Dry Beans, Peas, or Peanut Butter Vegetables and/or Fruits (two or more) Bread or Bread Alternate
Snack	Two of the Following Components: Fluid Milk Juice or Fruit or Vegetable Meat or Meat Alternate Bread or Bread Alternate

(2) Meals served which meet the USDA meal requirement for ages 4 weeks–12 months (See Table C–2).

Table C–2
USDA meal requirements 4 weeks–12 months

Ages 0–4 mos	
Breakfast	Infant Formula
Lunch	Infant Formula
Snack	Infant Formula
Ages 4–8 mos	
Breakfast	Infant Formula or Full Strength Juice Infant Cereal
Lunch	Infant Formula or Full Strength Juice Infant Cereal Strained Fruit/Vegetables
Snack	Infant Formula or Full Strength Juice Bread or Bread Alternative
Ages 8–12 mos	
Breakfast	Infant Formula or Whole Fluid Milk Infant Cereal
Lunch	Infant Formula or Whole Fluid Milk Strained Meat or Meat Alterative Strained Fruit/Vegetables
Snack	Infant Formula or Whole Fluid Milk or Full Strength Juice Bread or Bread Alternative

(3) Only nutritious foods served for all meals and snacks.

(4) Limited use of foods high in sugar, fat, and salt.

(5) Children under two years of age not served foods which could cause choking.

(6) Use of food preparation methods which conserve nutritional value, flavor and appearance. Fried foods not served.

b. Intent. To ensure nutritious, balanced meals which meet nationally accepted nutrition standards are served. To eliminate serving of costly junk food. To encourage life long healthy eating patterns.

c. Equivalency. Meal requirements for infants may differ from above if documented in by physician. Variances should be addressed in writing with USDA representatives before meals are claimed for reimbursement.

d. Reference(s). AR 608–10, paragraph 4–35c.

C–115. Compliance item 5.

Food service personnel and caregiving staff receive appropriate training in food and nutrition practices.

a. Standard requires.

(1) Food service manager receives training appropriate to operating an institutional food service program.

(2) Training for food service personnel in child nutrition, menu planning, food handling, food preparation, food sanitation practices, food borne disease control and environmental sanitation.

(3) Food handling training for caregiving staff who handle food as part of family style meal service, coordinated with preventive medicine activity staff. Training in family style meal service procedures.

b. Intent. To ensure food service personnel have knowledge required to operate an institutional food service program. To ensure cooking methods used maximize the nutritional value of food and to prevent transmission of food borne illnesses associated with improper food handling, preparation or storage. To ensure caregivers are able to implement the food program for example, child-sized portions and portion-control and family style dining in child activity rooms/modules.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–12*d*, 3–17, 4–22*b*, 4–36, and 5–8*d*.

C–116. Compliance item 6.

Food is prepared, stored and served to prevent food borne illness.

a. Standard requires.

(1) Food prepared, stored and served according to AR 40–5 and TB Med 530.

(2) Monthly inspections of kitchens and food areas by preventive medicine personnel.

(3) Microwave ovens not used to heat infant formula bottles and baby food jars.

(4) Refrigerators maintain air temperature of 40 degrees F., or below (but above freezing).

(5) Freezers maintain food at 0 degrees F., or below.

(6) Hot food held at 140 degrees F., or above.

(7) Mercury thermometers not be used in contact with food or food contact surfaces.

(8) Formula/drink in labeled individualized container used only for one feeding.

(9) Food and milk leftovers not saved (with exception of such items as unsliced hardskinned fruits, unopened crackers etc.).

(10) Poisonous and toxic materials and cleaning supplies stored separate from kitchens or food service equipment storage areas.

(11) Food transported between facilities carried in equipment which ensures proper temperature control.

(12) Food dated upon delivery, stored and used on a "first in, first out" basis.

b. Intent. To ensure that foods are prepared, stored and served to prevent food borne illness. To identify items that present high risk of contamination. Special attention must be paid to food brought from home per paragraph 4–35.

c. Equivalency. Facilities with inadequate food storage and preparation areas may contract food services operations provided that sanitary food service handling is ensured at the center.

d. Reference(s). AR 608–10, paragraph 5–6c; TB Med 530; and AR 40–5.

C–117. Compliance item 7.

Kitchen and food service areas are inspected monthly and maintained in sanitary condition.

a. Standard requires.

(1) Monthly on site inspection by health consultant or designee (preventive medicine staff).

(a) Verification that food service area maintained according to AR 40–5 and TB Med 530.

(b) Review of menus for appropriateness for children and adherence to preplanned items. (dietition or professional equivalent review menus for nutritional content and compliance with USDA guidances quarterly).

(c) Technical assistance as needed.

(2) Food contact surfaces easily cleanable, smooth, and free of breaks, open seams, cracks, chips, pits and similar imperfections.

(3) No food service equipment located under exposed or unprotected sewer or waterlines, open stairwells or other sources of potential contamination.

(4) Table mounted equipment sealed to the surface or elevated at least four inches to allow cleaning.

(5) Floor mounted equipment sealed to the floor or elevated at least six inches to allow cleaning.

(6) Manual dishwashing (done) using a three compartment sink in accordance with paragraph 4–26, TB Med 530.

(7) Mechanical dishwashing machines operate according to paragraph 4–27, TB Med 530.

b. Intent. To minimize risk of food borne illnesses due to food contamination caused by unsanitary food service areas.

c. Equivalency. Use of disposable dishes and utensils when mechanical dishwasher or three compartment sink is not available.

d. Reference(s). AR 608–10, paragraph 5–6c; TB Med 530; and AR 40–5.

C–118. Compliance item 8.

Preplanned menus, reviewed by a dietition are costed, posted and available to parents.

a. Standard requires.

(1) Development of preplanned menus, preferably in four–six week seasonal cycles.

(2) Dated menus posted in lobby area/classroom activity space or otherwise disseminated to parents.

(3) Dated, corrected menus kept on file for three years for USDA or MACOM auditing purposes.

(4) Medical treatment facility (MTF) dietitian or professional equivalent review all menus a minimum of annually to ensure compliance with USDA nutritional guidance and sound nutrition principles.

(5) Menus precosted and randomly checked for actual cost to monitor CCFP expenses impact.

b. Intent. To ensure cost-effective menus, planning practices and ensure documentation is available to prevent overclaim of USDA or HQDA funds. To provide parents with information about food served to their children.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–3*d*, 4–4*f*, 4–35*k*, and 5–6*a*.

C–119. Compliance item 9.

Parental and physician desires concerning food practices are provided within program capabilities.

a. Standard requires.

(1) Children on special diets have documentation from medical personnel which specifies food allergy and permissible substitutions.

(2) Special diet requirements are updated annually.

(3) List of children with food allergies posted in kitchen and child's activity area.

(4) Documentation of special diets for religious reasons.

(5) Center provide equivalent substitutions for meal components within program capabilities.

b. Intent. To identify and respond to special food requirements. Child records should be screened at time of intake by a designated staff member to note and disperse this type of information.

c. Equivalency. Parents may be asked to provide food substitutions when documented requirements can not be met within program capabilities and when requirements are beyond usual items served in the center.

d. Reference(s). AR 608–10, paragraphs 4–35*f* and *g*.

C–120. Compliance item 10.

Children are served meals and snacks family style within their activity room/module and participate in all phases of meal service whenever possible.

a. Standard requires.

(1) Toddlers, preschool-age children and school-age children participate in food preparation, table setting, serving and cleanup.

(2) Caregiving staff sit and eat with children.

(3) Caregiving staff not eat non-nutritious food/beverages in the presence of children.

(4) Provision of child sized equipment, furniture.

(5) Centralized dining rooms not be used.

(6) Avoidance long waiting times for children while food is being served.

b. Intent. Meal time is an excellent time to encourage children to develop self-help skills such as feeding and handwashing. Family style meal service encourages social development through sharing, passing and conversation. Concept development is promoted by counting during table setting. Pouring and serving help develop fine motor skills. Since young children are unable to wait for long periods of time, children should not be seated for meals until food is in the room and ready to be served. Children eat in small groups within their activity rooms/modules rather than in centralized dining rooms to promote a homelike atmosphere, and avoid long waiting periods.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–36, and 5–6*b*.

C–121. Compliance item 11.

Eating areas are not adjacent to diaper changing units, toileting areas or pet cages.

a. Standard requires.

(1) Ample separation provided between eating and diapering or toileting areas.

(2) Separate sinks provided for handwashing after diapering and for food preparation.

(3) Distance between areas large enough so that caregivers do not inadvertently use diapering areas in food preparation/storage.

(4) Pet cages not adjacent to food preparation and service.

b. Intent. To prevent food contamination via the oral/fecal route by not using the same sink for food preparation handwashing as for diapering. When only one sink is present it will primarily function to support diapering activities; clean-up support for food services should be provided by the kitchen/food service staff. The intent here is not to require additional installation of sinks in existing facilities. To locate child tables used for eating away from diapering and toileting areas. To eliminate odors from diaper changing which are not conducive to food consumption.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–6*b*.

C–122. Compliance item 12.

Infant feeding is individualized and developmentally appropriate.

a. Standard requires.

(1) Feeding plan established with parent and health professional as necessary.

(2) Individualized infant feeding schedule.

(3) Infants within sight of caregiving personnel while self-feeding.

(4) Infants not fed in groups of more than three.

(5) High chairs, if used, have wide bases and straps.

(6) High chairs used only during feedings and children are not left unattended.

(7) Infants regularly held for bottle feedings. Unsound bottle feeding practices, including bottle propping, putting infants to bed with bottles, and permitting infants to walk around with bottles, be discontinued with parent coordination.

(8) Infants allowed to self-feed and hold a spoon or cup as soon as interest is displayed.

(9) Introduction of new foods coordinated with parents.

(10) Child's intake of foods communicated daily to parents.

(11) Infants not fed honey, low fat or skim milk or foods which present potential choking hazard.

b. Intent. To ensure safe, caring, feeding of infants. Infants should be fed when they are hungry, rather than on caregiver-imposed schedules. Infants should be fed individually or in small groups to promote a nurturing atmosphere. Feeding infants in large groups also promotes poor sanitation practices such as sharing of spoons. Propping of bottles for children too young to hold their own bottles and putting older infants to bed holding milk or juice filled bottles are unsound, non-nurturing practices which may result in middle ear infections, dental problems, or choking. Many parents are unaware of the health implications related to these practices. CDS staff should discuss reasons for discontinuing these practices with parents, and establish a coordinated plan to gradually phase them out by substituting water for milk or juice, weaning etc. Young children walking around with bottles are exposed to health and safety risks. Daily communication with parents is especially important for infants, where food allergies may develop as new foods are introduced.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–35*d* and *e*, 4–36, and 5–6*b* and *c*.

C–123. Compliance item 13.

Children are not forced to eat and food is not used as a punishment or reward.

a. Standard requires.

(1) All meal components served to children including a dessert which is a nutritional component.

(2) Procedures to ensure children are not—

(a) Required to clean their plates.

(b) Forced to eat any food.

(c) Promised food or treats for good behavior.

b. Intent. All parts of the meal are nutritionally important. One food such as fruit or milk should not be used to bribe children. Withholding food or snacks as a punishment can result in nutritional imbalance. Lifelong eating habits are influenced during childhood. Children who are forced to eat or "join the clean plate club" may form eating habits which lead to obesity.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–36*b* and 4–36*a*.

Section IX
Compliance Area: Child Development Center Developmental Programming

C–124. Compliance item 1.

A developmental program plan is developed by CDC center/program director(s), assistant director(s), supervisory teachers/program assistants, the nutritionist and the education program specialist (EPS).

a. Standard requires.

(1) An annual plan for developmental program implementation which describes the overall CDC curriculum philosophy to include—

(a) An action plan which outlines—

1. Specific goals and objectives outlined to meet the needs of children and family members served.

2. A system heavily reliant on observation findings for documenting children's progress in all areas of development.

3. Procedures for training staff and communicating with parents on the implementation of the curriculum.

4. A management system for implementing the curriculum.

5. A method for determining the effectiveness of the curriculum.

(b) A curriculum framework which—

1. Is organized, by developmental goals or learning centers in the classroom or seasonal or learning experience themes.

2. Promotes physical, social, cognitive, and emotional growth of children 0–12 years.

3. Incorporates as needed, commercially produced curricula with materials reviewed for compatibility with program goals; and materials used for planned activities geared to identified levels of children, rather than a prescribed method for delivering activities.

(c) Provision for early childhood experiences which begin and end with emphasis on appropriate expectations for children vs. scaled down versions of elementary programs.

(2) Identification of required resources to implement the plan.

(a) Defined space requirements needed to provide indoor and outdoor opportunities.

(b) A listing of appropriate equipment and materials; opportunities for child selection of activities.

(c) A description of staffing requirements and responsibilities.

(3) A training plan for all CDC personnel to ensure—

(a) Consistent application of philosophy and goals.

(b) Preparation of caregiving staff to implement the plan within the individual activity room/module (see standards 13 and 15).

(c) All training is competency-based.

(4) A plan for providing opportunities for implementation of the formal CDA credential process.

(5) Identification of procedures to be used to review, evaluate, and update the developmental program plan on an on-going basis.

b. Intent. To ensure CDC management personnel are directly involved in formulating the CDC developmental philosophy and support established goals, and objectives. To ensure developmental programs are planned by both management and caregiving employees. To ensure curriculum is based on an understanding of the natural growth and development of young children. To ensure programs are continually reviewed and assessed for effectiveness. To ensure that activities provided are carefully planned and the environment organized to support developmental objectives including individual and parents needs.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–16, and 5–18 through 5–22.

C–125. Compliance item 2.

Education Program Specialist(s) (EPS) assigned to CDC programs oversee implementation of developmental programs and monitor quality assurance.

a. Standard requires.

(1) EPS support staff in identifying child needs as follows:

(a) Train staff to observe children to identify individual abilities and developmental levels.

(b) Assist staff in selecting learning experiences appropriate to identified needs of children.

(2) EPS support staff during development, implementation, and evaluation of program goals and activities.

(a) Guide staff in designing/conducting activities appropriate to both individual child and the total age group.

(b) Make available relevant written resource materials to staff.

(c) Coordinate field trips, special events involving multiple staff.

(d) Facilitate staff assessment of child activity room arrangement and materials for compatibility with program goals.

(e) Guide staff in activity assessment process to identify causes for success, failure, and overall effectiveness.

(f) Work with caregiving staff to review schedule of activities.

1. Smooth, integrated transition periods.

2. Routines correlating to child developmental abilities.

3. Ample times for involved play, balance of activities, child choice, and staff/parent communications at arrival and departure times.

(3) EPS function as advisor to CDC director in providing regular updates on strengths and weaknesses of developmental program, status of corrective initiatives.

(a) Provide input to the CDC director in the selection of toys, equipment and materials for centers.

(b) Document and keep a written record of classroom observations of new staff.

(c) Inform director immediately of concerns noted during classroom visits.

(d) Identify areas where administration of the CDC Child Abuse Risk Assessment Tool (CARAT) is needed.

b. Intent. To ensure assignment of EPS to CDC programs to oversee development, implementation and evaluation of the developmental program by CDC caregiving staff. To clarify CDC EPS role as one which functions as a resource person, subject matter expert on developmental programming, and trainer for staff members. To ensure EPS assigned to CDC programs develop staff abilities to execute developmental programming by *guiding* and *assisting* staff vs "doing it for them". To set up a program planning and review process that allows staff to *learn* and *refine* their skills while actually *doing* the program planning and implementation.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–11*c*, 5–16, 5–18, and 5–19.

C–126. Compliance item 3.

EPS assigned to CDC program implement staff training to support developmental programming.

a. Standard requires.

(1) EPS develop and execute staff training plan that promotes caregiving staff abilities to—

(a) Conduct child observations:

1. View child's total behavior for developmental characteristics, ways of responding, self-expression and interests.

2. Record observations objectively and factually.

(b) Plan developmental learning experiences:

1. Develop a program of activities designed to promote child levels of development/interests and meet identified needs.

2. Assess effectiveness in meeting those needs and identify methods of improvement.

(c) Implement learning experiences.

1. Interact with children, provide emotional encouragement, and stimulate/expand the learning process.

2. View activity as an on going process rather than a product.

3. Model behaviors and attitudes through language, day to day happenings, problem solving, and respect of others.

4. Focus on child discovery rather than adult instruction.

5. Effectively use transition periods to minimize abrupt changes and integrate learning opportunities.

(d) Communicate with parents regarding daily happenings, program goals, observed child progress and center events.

(2) Sufficient time allowed for EPS to perform administrative and coordination tasks to support training program:

(a) Administer and maintain CDC staff individual education plans.

(b) Support those caregiving staff who are caring for special needs children and children who have been identified as developmental with additional training as necessary.

(c) Coordinate initial entry level, skill level and on-going staff training.

(d) Integrate caregiving staff training with FCC provider training when feasible.

(e) Target staff who need to improve caregiving skills. Visit these classrooms more frequently to offer support and program assistance.

(f) Work with individual activity rooms/modules on a regular basis to model appropriate developmental practices and conduct hands on training.

b. Intent. To ensure provision of a training plan for CDC caregiving personnel which incorporates development of specific abilities and skills required to carry out the developmental program plan.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–11*c* and 5–19.

C–127. Compliance item 4.

Training for caregiving employees is based on the National Child Development Associate (CDA) credential competencies.

a. Standard requires.

(1) All caregiving employee training organized to achieve a level of competency in caregiving skills as identified by Council for Early Childhood Professional Recognition.

(2) All training including orientation, entry level, skill level and on-going annual inservice training be consistent with and focused toward competency goals and the functional areas as outlined in the National Child Development Associate (CDA) process:

(a) Goal: To establish and maintain a safe, healthy, learning environment. *Functional Areas:* Safe, Healthy, and Learning Environment.

(b) Goal: To advance physical and intellectual competence. *Functional Areas:* Physical, Cognitive, Communication, and Creative.

(c) Goal: To support social and emotional development and provide positive guidance. *Functional Areas.* Self, Social, and Guidance.

(d) Goal: To establish positive and productive relationships with families. *Functional Area:* Families.

(e) Goal: To ensure a well-run purposeful program responsive to participant needs. *Functional Area:* Program Management.

(f) Goal: To maintain a commitment to professionalism. *Functional Area:* Professionalism.

(3) Training evaluated based on demonstrated ability in child activity area, rather than on written or verbal knowledge.

(4) Supervisory follow-up upon completion of training to observe improved performance.

(5) EPS work with CDC director to identify certain caregiving staff to receive more intensive training which will lead to the CDA credential.

(6) Caregiving staff selected and given opportunity to formally apply for CDA credential.

(7) EPS function as CDA advisors and identify other CDS staff qualified as advisors for specified CDA candidates.

b. Intent. To ensure all caregiving employee training is geared toward professional competency. To ensure staff competence is assessed based on performance of nationally recognized early childhood professional skills. The CDA Credentialing Program is a national assessment process which awards a credential to individuals who have successfully demonstrated "hands on" classroom competence in caregiving skills. The CDA credentialing process allows caregiving staff to demonstrate their "on the job capabilities" and be evaluated as they actually work with children and families. The incorporation of CDA competency based training as the basis for all CDC training will allow for the standardization of training, enhance developmental care, and provide for consistency in CDC training programs. The CDA process also provides for a source of outside evaluation of CDC staff and gives credibility to the Army CDC training program. All CDS training for caregiving staff should be based on or relate to the competencies and skill areas needed to achieve the CDA competency goals. Not all caregiving employees will actually achieve the performance level needed to apply for the formal CDA credential, but all should be aware that all training they receive will help make them eligible for the CDA credential. Working toward the CDA credential is a natural process that should be integrated into the CDC developmental plan.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–18*c* and 4–22.

C–128. Compliance item 5.

Adult/child ratios and child group sizes are maintained.

a. Standard requires.

(1) Adult/child ratios maintained as specified at tables 5–1 or 5–2.

Table 5–1
CDC ratios and group sizes

Category	Age group	Adult/Child ratio	Maximum group size
Infants	Birth–6 wks [1]	1:2	7
	6 wks–18 mths	1:5	10
Toddlers	18 mths–3 yrs [2]	1:8	16
Preschool age	3 yrs–5 yrs [3,4]	1:10	20
	3 yrs–5 yrs	1:15	30
Family style	6 wks–5 yrs [5]		
School-age	5 yrs–8 yrs	1:15	30
	9 yrs–12 yrs	1:18	36

Notes:
1. Limited to children of single and dual military sponsors. Group will not exceed one adult with two newborns and one adult with five infants.
2. No group of toddlers will have fewer than two caregivers at any time. An additional "mobile" caregiver will be provided for every two groups of toddlers (32 children) per paragraph 5–14*i*.
3. A 25 group size for preschool age children is authorized when staff of that group includes a teacher (para 3–13*c*) and a caregiver/program assistant.
4. The 1:15 ratio is authorized only when teachers are used.
5. In a family style grouping, the adult/child ratio and group size requirements for the age of the youngest child in the group must be met if children in the youngest age category make up 20 percent or more of the group. If the children in the youngest age category make up less than 20 percent of the group, the ratios and group size requirements for the next highest age category must be met. Maximum group sizes will be in accordance with para 5–13*a*(3).

Table 5–2
CDC ratios and group sizes (as of 1 Oct 90)

Category	Age group	Adult/child ratio	Maximum group size
Infants	Birth–6 wks [1]	1:2	6
	6 wks–12 mths	1:4	8
Pre-toddlers	12 mths–24 mths	1:5	10
Toddlers	24 mths–3 yrs	1:7	14
Preschool age	3 yrs–5 yrs	1:10	20
	3 yrs–5 yrs [2,3]	1:12	24
Family style	6 wks–5 yrs [4]		
School-age	5 yrs–8 yrs	1:15	30
	9 yrs–12 yrs	1:18	36

Notes:
1. Limited to children of single and dual military sponsors. Group will not exceed one adult with two newborns and one adult with four infants.
2. A 22 group size for preschool age children is authorized when staff of that group includes a teacher (para 3–13*c*) and a caregiver/program assistant.
3. The 1:12 ratio and 24 group size may be used only when teachers are used.
4. In a family style grouping, the adult/child ratio and group size requirements for the age of the youngest child in the group must be met if children in the youngest age category makes up 20 percent or more of the group. If the children in the youngest age category make up less than 20 percent of the group, the ratios and group size requirement for the next highest age category must be met. Maximum group sizes will be in accordance with paragraph 5–13*b*.

(2) Specified staffing instructions followed:

(a) Additional on-call personnel utilized as necessitated by shifts in population, but limited to 25% of staff.

(b) Ratios met at all times of day except when naptimes are used for on site staff training.

(c) More stringent ratios for special needs children as determined by Special Needs Resource Team.

(d) Adults counted in ratio only when physically present and providing direct care.

(e) Allows use of CDS support and management personnel in caregiving capacities only on a short-term basis (less than two hours/day on a temporary basis).

(3) Maximum child group sizes limited as specified.

(a) Group sizes met at all times of the day except during playground periods and special activities such as field trips where group size may double NTE 50 children.

(b) Physical separation of groups through structural space separation, purposeful assignment of staff, and scheduling of activities.

(c) Group size for youngest age child met when youngest age category in family style grouping comprises 20 percent or more of group.

(d) Group size of 25 (22) preschool-age children allowed when group includes a teacher (series 1710) and a caregiver/program assistant.

(e) Group size of 30 (24) preschool-age children allowed when group is staffed by two teachers (series 1710).

b. Intent. To ensure adult supervision of children at a level which is compatible with needs of child age group. CDC ratios are at the median level of state standards of care. National research links the quality of care to reduced adult/child ratios and limited group sizes. Enforcement of ratios and group sizes is necessary to ensure adequate supervision of children at all times and to minimize liability to the Army.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 5–13*a* and *b* and 5–14.

C–129. Compliance item 6.

One supervisory teacher or program assistant is assigned to every two child groups per age category.

a. Standard requires.

(1) Every age category i.e., infant, toddler, preschool-age, school-age, or a maximum of two age groups within an age category, have a supervisory staff member.

(2) Responsibilities of first line supervision to include assignment of duties, on-the-job training, supervision of child activity room programs, to include personnel oversight and health/safety classroom concerns as specified by the program director.

b. Intent. To ensure appropriate first line supervision of all caregiving employees and to ensure equivalency of program quality for all age groups and types of programs.

c. Equivalency. None

d. Reference(s). AR 608–10, paragraph 3–13.

C–130. Compliance item 7.

Primary caregiving staff are assigned to all children in full-day and part-day programs.

a. Standard requires.

(1) Assignment of caregiving staff to provide consistent care for designated children within the child activity space/module.

(2) Assigned staff be regularly scheduled full-time or part-time employees.

(3) Parents informed of designated primary caregivers for child.

b. Intent. To ensure that regularly scheduled full and part-time employees serve as primary caregivers/program assistants/teachers in each child activity area. To provide continuity, familiarity and a stable environment for the children. To provide designated personnel that parents can identify as the individuals who are consistently responsible for the care of their children.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–14*e*.

C–131. Compliance item 8.

Caregiving staff will nurture and care for children with affection, use appropriate caregiving techniques, interact directly with children appropriately during activities, role model communication and social interaction skills, foster positive self-concept in children, stimulate children's intellectual capabilities, recognize parents as partners in care of children and present image as child care professional.

a. Standard requires.

(1) Criteria included during performance evaluation of caregiving staff:

(a) Recognization of individual differences in children and response to these differences.

(b) Interaction with children rather than passively observing and monitoring.

(c) Communication with parents regarding the children's daily experiences and activities.

(d) Administration of first aid, ability of carry out emergency measures in case of illness, accidents or fires.

(e) Responsive to children's needs and desires.

(f) Expression of respect, comfort, and acceptance for children regardless of the child's behavior.

(g) Collaboration with parents in working with their children.

(2) Caregiving staff dress in appropriate clothing which allows close interaction with children.

b. Intent. To ensurer caregiving staff relate to children positively, use appropriate caregiving techniques, and possess the caregiving skills necessary to support children's developmental needs and to provide quality care.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–13*a* through *c*, and 4–22.

C–132. Compliance item 9.

Program practices reflect individual children and age group needs.

a. Standard requires.

(1) Caregiving staff have age appropriate expectations of children's behavior and use knowledge and understanding of developmental stages of children to plan activities.

(2) Program activities, practices and materials provided for infants, toddlers, preschool, or school-age children include—

(a) For infants and pretoddlers—

1. Individualized schedules.

2. Infants not remain in cribs, swings, or high chairs for more than 15 minutes when awake.

3. Frequent opportunities for play in large protected crawl areas.

4. Infants held, talked to, and rocked.

5. Opportunities for activities that develop large and small muscles.

6. Daily outside time, weather permitting.

(b) For toddlers—

1. Cribs and high chairs not used for children over 18 months.

2. Toilet training when children are developmentally ready.

3. Opportunities for large and small muscle development, developing speech and language skills, independent functioning and self-help skills, and increasing attention span through group and individual activities.

(c) For preschool-age children—

1. Activities to promote cooperative play.

2. Opportunities for small and large muscle development.

3. Activities to stimulate interest in readiness concepts.

4. Worksheets and coloring books not used.

5. Experiences which promote problem solving and language development.

(d) For school-age children—

1. Activities which offer a change of pace from the elementary school setting to include opportunities for physical expression; experiences for self-expression through arts and crafts; and socialization with peers.

2. Opportunities to participate in community after school activities.

3. Protected areas to study or have privacy.

4. Opportunities to develop self-help skills.

5. Integration of program activities with the SPS SA/LK program.

b. Intent. To ensure that programs are geared to the assigned ages and to individual children's needs and interests.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–16 and 4–23.

C–133. Compliance item 10.

Program content and quality of full-day and part-day programs are comparable.

a. Standard requires.

(1) Equivalent allocation of space, program resources and staff as described in policy standard C–6.

(2) Children enrolled in full-day programs not to leave their activity room/module to attent a separate part-day preschool-age program.

b. Intent. To ensure full-day and part-day programs are allocated equivalent resources which promote quality and consistency regardless of age or program type. Program reorganization may be necessary to achieve this capability. To increase available spaces by precluding the need for children to be enrolled in more than one program (especially part-day preschool and full-day program) where parents may perceive differences in program quality.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 5–2.

C–134. Compliance item 11.

Constructive discipline techniques are used consistent with installation touch policy. No form of corporal punishment is permitted.

a. Standard requires.

(1) Caregiving staff help children learn to develop self-control, express their feelings in acceptable ways, and when age appropriate, learn to resolve their own conflicts and be involved in rule making.

(2) Establishment of simple understandable rules.

(3) Caregiving staff role model appropriate behavior and conflict resolution skills, and use positive rather than negative language.

(4) Caregivers demonstrate realistic, age appropriate expectations of children's behavior.

(5) Guidance techniques used include diversion, separation of child from situations, praise of appropriate behavior or gentle physical restraint. No inappropriate touch including corporal punishment, slapping, pinching, prolonged tickling, fondling or molestation.

(6) Children not punished by spanking or other physical means, isolation from adult sight, confinement, binding, humiliation or verbal abuse, or deprivation of food, outdoor play or other program components.

(7) Children not punished for lapses in toileting or refusing food.

(8) Use of time-out limited to one per minute per year of age.

(9) Highchairs not used for discipline purposes.

(10) Biting policies focus on modifying children's behavior within the and working cooperatively with parents to identify alternative strategies environment rather than suspending child.

(11) Development of a written touch and discipline policy, communicated to staff and coordinated with appropriate functional proponents and provided to parents at time of enrollment.

b. Intent. To ensure use of appropriate guidance techniques (compatible with child's developmental level), which minimize risk of child abuse. To ensure guidance techniques focus on inappropriate behavior rather than "bad" children. To ensure corporal punishment is never allowed under any circumstances, even with parental approval.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–7*c* and 4–10.

C–135. Compliance item 12.

Child activity room staff prepare schedules of developmental activities for all age groups.

a. Standard requires.

(1) A monthly schedule of activities approved by the CDC director based on—

(a) Appropriate expectations of children.

(b) Understanding of developmental stages of children ages infants to 12 years.

(c) Indoor and outdoor environments organized to encourage child exploration and child-choice.

(2) A daily schedule of activities for all children, including infants, posted in each child activity room/module.

(a) Indoor and outdoor experiences each day, weather permitting.

(b) Quiet and active experiences.

(c) Individual, small and large group opportunities.

(d) Child selected and adult initiated experiences.

(e) Transition times as a means for learning.

(f) Active use of varied learning centers.

(3) Developmental activities planned to—

(a) Meet needs and interests of children identified through staff observations of children.

(b) Promote child learning through play.

(c) Use concrete/real objects to promote learning.

(d) Use touch, sight, hearing and smelling as an approach to early learning.

(e) Help children feel successful.

(f) Use space and materials to promote self-help skills.

b. Intent. To ensure purposeful planning by caregiving staff for increased program effectiveness for both indoor and outdoor activities. To ensure outdoor areas are routinely incorporated in daily schedule to offer expand learning opportunities. To inform parents of scheduled program activities. General schedule of time blocks without specific entries does not meet intent.

c. Equivalency. None.

d. Reference(s). AR 608–10, chapter 4, section IV and paragraph 5–19.

C–136. Compliance item 13.

Child routines support growth and development patterns.

a. Standard requires.

(1) Child routines including meal times, napping and rest times, diapering and toileting conducted in such a way to support children's growth and development.

(2) Caregiving staff interact with children during routines.

(3) Night care routines are followed and activities provided as specified when care is offered in CDC settings between 1800–0600 hours.

(a) CDC staff awake at all times and trained in night time evacuation procedures.

(b) CDS/CDC management personnel monitor CDC night care operations on a regular basis.

b. Intent.

(1) To define requirements for occasional overnight CDC operations when necessary to support unit mission requirements.

(2) To identify routines as developmental activities for young children. Routines facilitate children's learning and social development and self help skills. Staff should take advantage of—

(a) Casual and spontaneous learning opportunities. For example using toileting time as an opportunity to practice buttoning and zippering skills, conversing with infants while diapering and feeding.

(b) Routines and transition periods that may have greater impact on the child than planned program activities.

c. Equivalency. Although evening care is provided at most sites and CDC programs should be capable of providing this care, overnight care should be primarily offered through the FCC system.

d. Reference(s). AR 608–10, paragraphs 4–13—4–15 and 4–36.

C–137. Compliance item 14.

Child activity areas are organized to support growth and development of assigned children.

a. Standard requires.

(1) Child activity areas planned and set up so that space and materials specifically promote age group/individual needs and abilities of children, as identified through child observation and parent goals and objectives.

(2) Space orderly and arranged to prevent disruption by adjacent activity areas.

(3) Indoor child activity rooms organized into recognizable activity areas and learning centers as specified in CDC administrative support and child activity areas standards C–58, C–59, C–60.

(4) Space clearly communicates expectations for children.

b. Intent. To use activity centers to support appropriate learning experiences for young children. To encourage exploration and problem solving and reduce children's negative behavior through the use of a developmentally organized environment. To assist parents in defining age appropriate goals for their children e.g., readiness skills developed through use of manipulatives vs teaching "reading".

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–19, 5–18, and 5–20.

C–138. Compliance item 15.

Toys, equipment, and materials are of institutional quality, available in sufficient quantities, and accessible to children per program requirements.

a. Standard requires.

(1) Institutional quality materials in sufficient quantities for each age group so interest centers are adequately supplied for the number of children using them as determined by CDC program staff.

(2) Toys and equipment available to support program activities.

(a) Toys, materials, and equipment selected for use in hourly programs are open ended, support different developmental levels, and have a minimum of loose or small pieces.

(b) Provision of modified equipment and supplies for Special Needs children.

(c) Tables and chairs function for both eating and program activities.

(d) Minimal use of infant seats, highchairs, multiple seat infant tables, mechanical swings, and playpens.

(3) Toys, equipment and materials on low shelves accessible to children to support self-help skills.

(a) Furnishings clean and orderly.

(b) Learning centers arranged to allow space for children's use.

(c) Learning centers and shelves labeled to allow children to choose activities, and locate and replace toys/materials with minimal adult aid.

(4) Use of CTA 50–909 and CTA 50–970 to procure equipment and supplies.

b. Intent. To utilize institutional quality materials which are durable and support demands of repeated use by large numbers of children. To ensure quantities of materials and equipment are sufficient to avoid excessive competition among children, long waits for use, and inadequately stocked learning centers. To provide accessible materials that support children's independent functioning.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–21, 5–21, and 5–22.

C–139. Compliance item 16.

Television operation is limited to developmentally appropriate programs.

a. Standard requires.

(1) Very selective showing of television programs. Programs of educational nature may be appropriate.

(2) Television viewing not appropriate for infants and toddlers.

(3) Children always given alternative activity to watching television.

b. Intent. To minimize or eliminate use of television in CDCs. To ensure television is not used in place of appropriate developmental activities. Television is not to be used as a substitute for caregiving staff oversight and interactions with children.

c. Equivalency. Limited, planned use of other appropriate audio-visual materials e.g., filmstrips, movies, children's videos. Cartoons, adult programs and rock videos not appropriate.

d. Reference(s). AR 608–10, paragraph 4–12.

C–140. Compliance item 17.

Outdoor play spaces are organized to support children's growth and development.

a. Standard requires.

(1) Outdoor play spaces extend indoor learning experiences, such as—

(a) Creative art activities.

(b) Science experiences.

(c) Snack and meal settings.

(2) Opportunities for small and large motor play.

(a) Play equipment of type, size and height appropriate to age of children served.

(b) Skill-oriented equipment such as climbing structures, tire swings, and obstacle courses, wheel toys, props to support sand and water activities, and low tables for children's activities. Sports equipment provided in school age area.

(3) Equipment and materials support individual, small group and large group developmental activities.

b. Intent. To provide safe, challenging outdoor spaces which provide a setting for continued learning experiences and outdoor play opportunities. To ensure outdoor spaces are planned and comparably equipped to indoor learning centers with children's needs in mind.

c. Equivalency. Permanently installed equipment may be augmented by portable equipment to ensure adequate equipment for each age group and provide variety of play experiences.

d. Reference(s). AR 608–10, paragraph 5–24; DG 1110–3–143; and TM 5–803–11.

C–141. Compliance item 18.

CDC programs are assessed for child environment quality and level of developmental programming.

a. Standard requires.

(1) Use of a environment rating instrument to—

(a) Systematically assess individual child activity spaces/modules to quantify acceptable level of care.

(b) Identify caregiving areas and situations which need corrective action.

(2) Instrument used on an ongoing basis with assessment completed annually by CDC management personnel.

(3) EPS(s) work directly with caregiving staff to improve caregiving skills and modify CDC environments to support child activities.

(4) Caregiving staff complete selected portions of the instrument as an IEP self-assessment requirement.

b. Intent. To improve quality of developmental programming provided to children in care. To provide an objective assessment of program quality by using nationally recognized assessment and evaluation instrument(s) which can provide a baseline for quality control. To target CDC staff training opportunities in areas identified as needing corrective action. To provide a means for documenting whether or not an acceptable level of care has been provided.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–12, 5–54*a*, and 6–14.

Section X
Compliance Area: Child Development Center Child Abuse Prevention

C–142. Compliance item 1.

Application screening procedures are followed during the recruitment/hiring of employees and volunteers.

a. Standard requires.

(1) New employees and volunteers screened by Child Development Services (CDS) and Civilian Personnel Office (CPO) as an adjunct to the background checks specified in standard C–143.

(2) Application screening procedures followed during recruitment/hiring of employees.

(a) CPO staff review applications for accuracy of employment information.

(b) Personal interview of applicant(s) conducted by CDC management staff using standard interview questions.

(c) Telephonic check of previous employers or in the absence such, professional references and personal references.

(d) Screening of youth applications e.g., summer hires includes written parental consent, school reference checks, and subsequent assignment with experienced personnel.

(e) Applicants for caregiving positions minimum of eighteen years of age.

(3) Volunteer applications reviewed by supplemental programs and services director.

(4) Individuals working in CDC not—

(a) Use or be under the influence of alcohol while children in care.

(b) Use prescription drugs which negatively impact on ability to care for children.

(c) Smoke in presence of children or parents.

(5) Caregiving employees able to speak, read, and write the English language.

(6) Management and supervisory employees possess sound judgement and strong human relations skills measured through job performance standards.

(7) Personnel in good health as evidenced by preemployment physical (see Health Standard C–97).

(8) Employees present well groomed appearance and dress in modest attire.

(9) Results of interviews, background checks, personal and professional references, physical exam, language/reading capability used to determine most highly qualified applicant(s).

b. Intent. To ensure that only most highly qualified applicants are selected. To screen applicants seeking employment opportunities in CDC settings by checking previous employment, education, and professional contacts. To ensure caregiving employees are able to effectively execute health and safety directives e.g., reading medical instructions, writing notes to parents, as determined by

CDC program director. To ensure children are cared for by mature adults who act as positive role models in language, speech, attire and personal behaviors while in the presence of children.

c. Equivalency. CPO recommendations obtained according to AR 215–3 may count as the reference checks.

d. Reference(s). AR 215–3, paragraph 2–9*d*; AR 608–10, Section V, paragraphs 3–9 and 4–25.

C–143. Compliance item 2.

Favorable background checks are completed for CDC employee applicants and volunteers.

a. Standard requires.

(1) Favorable background checks completed for CDC employee applicants and volunteers prior to employment or placement. (See app F.)

(a) Local Military Police (MP) check initiated by Civilian Personnel Office (CPO).

(b) Criminal Investigation Division (CID) records check to include Defense Central Investigative Index (DCII) initiated by CPO.

(c) Army Family Advocacy Central Registry check initiated by chairperson, Family Advocacy Case Management Team upon request of CDC director.

(d) Civilian law enforcement records check (if obtainable) initiated by CPO.

(e) Alcohol and Drug Abuse Prevention Control Program (ADAPCP) (if obtainable) initiated by CDC director.

(2) Record checks include as a minimum—

(a) Prior instances of misconduct involving children.

(b) Assaultive behavior.

(c) Substance abuse.

(d) Larceny or related misconduct.

(3) Signed release of information statement by individual or sponsor accompany screening requirements.

(4) Screening request for ADAPCP records accompanied by a signed DA Form 5018–R.

(5) National Agency Check (NAC)/National Agency Check Investigation (NACI) initiated by CPO at time of employment. Permanent assignment contingent upon NAF employee(s) receiving favorable NACs and APF employee(s) receiving favorable NACI.

(6) Written verification by proponent screening agencies to CDC director that checks have been completed.

b. Intent. To hire only those employees or place these volunteers who have had a satisfactory background check. To reduce the risk for child abuse in CDC settings by screening adults seeking employment or volunteer opportunities where child contact is likely. To use multiple background checks options as part of a comprehensive background screening process. As NAC and NACI results are frequently unavailable prior to employment, other background checks serve as a means for more immediate information.

c. Equivalency. In emergency situations, an assignment may be made prior to the receipt of favorable pre-employment checks in para *a*. Waivers will be granted only by the DPCA. Waivers will be in writing and should be requested and approved only after carefully considering the risks. Waivers will be filed in individual's personnel record. OCONUS MACOMs may develop policy for alternative solution to telephonic checks if necessary.

d. Reference(s). AR 608–10, Section V, and AR 215–3, paragraph 2–9.

C–144. Compliance item 3.

CDC management staff use established personnel management procedures to ensure appropriate supervision of employees.

a. Standard requires.

(1) Assignment of new staff with experienced personnel whenever possible.

(2) Education program specialist/Child Development Center director unannounced documented observations of staff during first six weeks of employment and quarterly thereafter.

(3) Interim evaluations of new staff prior to end of probationary period.

(4) Use of performance standards for all staff positions.

(5) Appropriate disciplinary action taken as necessary when child's well-being is jeopardized by employee actions.

(6) Action to remove new employees if unfavorable reference checks results are received.

b. Intent. To closely monitor and evaluate new, inexperienced personnel prior to end of probationary period to determine suitability for work with children. To include adequate supervision and performance reviews of all employees. Personnel procedures will be in place to facilitate expeditious disciplinary/dismissal action as necessary.

c. Equivalency. Supervisory teachers or program assistants may be designated to conduct required observations when in a higher position than that of the employee observed.

d. Reference(s). AR 608–10, paragraphs 5–15, 5–16, and 2–26*c*; AR 215–3, paragraphs 6–6, and 6–5.

C–145. Compliance item 4.

CDC management and caregiving employees and volunteers receive training on child abuse prevention, identification, and reporting.

a. Standard requires.

(1) Special attention paid to training staff.

(a) Definition of abuse and neglect.

(b) Identification of behavioral and physical indicators of abuse/neglect.

(c) Internal CDC and installation reporting procedures.

(d) Discipline policies including non use of corporal punishment.

(e) Touch policy.

(f) Field trips and outdoor play supervision.

(g) Parent access policy.

(h) Release of children to other than parent(s).

(i) Stress factors related to child abuse/neglect.

(j) Self protection against false allegations.

(k) Circumstances requiring reassignment when an allegation is made against an individual employee.

(2) Training provided to caregiving employees.

(a) Discipline/child guidance "techniques" as part of orientation training prior to provision of care.

(b) Identification, reporting and standing operating procedure topics as part of entry level training within first 3 months of hire (2 hours).

(c) Prevention and response to child abuse in CDC settings within 6–9 months of hire (2 hours).

(3) Volunteers trained in child abuse identification, prevention, and reporting procedures prior to placement.

(4) Family Advocacy Program Manager provides training in conjunction with CDS management personnel and has major responsibility for training on identification and reporting procedures.

(5) Training documented as follows:

(a) DA Form 5764–R for caregiving employees.

(b) DA Form 5760–R for management staff.

(c) Personal file of volunteers.

b. Intent. To ensure all CDC management personnel, caregiving employees, and volunteers possess knowledge of installation policies and procedures of child abuse prevention, identification, and reporting for both familial and institutional child abuse/neglect.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–26*c*, and 5–8.

C–146. Compliance item 5.

Children are supervised closely at all times and environment facilitates staff visibility and access to children.

a. Standard requires.

(1) Minimum of two CDC personnel on duty in facility regardless of number of children present.

(2) Personnel employed for support purposes such as food service, clerical functions or facility maintenance not counted in ratios while performing these tasks.

(3) Visual supervision of children maintained at all times.

(a) Special attention at nap time when fewer staff are present.

(b) Special attention to child toilets not contained within child activity room/module.

(4) Precludes child reentering center from outdoor play area without adult oversight.

(5) Extra vigilance during transition periods, i.e., arrival, departure, employees shift changes.

(6) Child accountability mechanisms when large groups of children are together e.g., field trips, playgrounds.

(7) Adults supervising outdoor play areas move constantly keeping children in view.

(8) Child activity spaces sized large enough to accommodate a minimum of two caregiving employees with appropriate number of children whenever possible.

(9) Child toilets with low partitions and no doors for all age groups except school-age children.

(10) Vision panels in walk in closets, rooms without direct corridor access, and doors to janitor closets, laundry rooms, general storage areas, and offices.

(11) Doorbells for use after 2000 hours and intrusion alarms on doors to unfenced areas or opening directly onto the street.

(12) Diapering stations located to allow visual oversight by other caregiving employees in the activity room/module.

(13) Mirrors installed to permit visual supervision of children in e.g., bathrooms, room/module entrances which have full height partition separation or obstructed views.

b. Intent. To reduce the potential for child abuse in CDC settings through facility modifications which increase the visibility. To provide strong facility security procedures. To alert CDC personnel to "wandering children" and prevent removal of children by unauthorized persons or staff. To increase visibility of children in vulnerable areas e.g., enclosed storage spaces, bathroom etc. To minimize opportunities for an adult to be alone with children.

c. Equivalency. Video surveillance equipment installed in small rooms that can only accommodate one caregiving employee and do not have substantial visual access by adjacent activity rooms.

d. Reference(s). AR 608–10, paragraphs 5–17, 5–31, 5–33 and 5–34.

C–147. Compliance item 6.

Management procedures are established to minimize the potential for child abuse allegations in the CDC setting.

a. Standard requires.

(1) Room darkening restrictions:

(a) Total room darkening not permitted.

(b) Precludes adults sleeping/resting on childrens' cots, mats or on the floor.

(2) Field trip safeguards:

(a) Minimum two adults supervising children at all times.

(b) Signed parental permission slips for each planned excursion or when children will be taken off the premises.

(c) Notification to center management and front desk personnel upon activity room departure.

(d) Written documentation of participants, dates, times, destination maintained for three years.

(3) Sign in/out procedures/release of children.

(a) Daily child attendance record maintained in child activity room/module to include child name, time in/out, assigned CDC personnel and volunteers.

(b) Procedures to ensure children released only to authorized personnel i.e., listed in child file.

(c) Procedures addressing care of children left at center after closing. Precludes CDC employees from taking children to own homes unless specifically authorized by installation commander.

(4) Touch policy:

(a) Installation specific touch policy coordinated with Family Advocacy Program Manager, Social Work Services, Staff Judge Advocate officer.

(b) Policy addressees at a minimum appropriate versus inappropriate touches.

1. Examples of appropriate touches include hugs, lab sitting, reassuring touches on shoulder, naptime, backrubs.

2. Examples of inappropriate touches include: forced goodbye kisses, corporal punishment, slapping, striking, pinching, tickling for prolonged period, fondling or molestation.

(c) Policy distributed in written form to parents and staff.

(d) Training on policy incorporated as part of staff orientation.

(5) Parent access policy:

(a) "Open door" policy to include unannounced visits at anytime during child attendance.

(b) Parents encouraged to take advantage of opportunities to "check up" on children and participate in program activities.

(6) Staff identification:

(a) All CDC and other CDS personnel located in center visually identifiable to patrons through use of name tags with first and last name.

(b) Allows option of colorful aprons or smocks worn by caregiving employees.

(7) Professional management staff on duty during all hours of operation.

(8) Restricted access to children:

(a) Visitor sign in/out log at front desk and service delivery areas.

(b) Visitors identified with badges.

(c) Visitors not allowed to "wander" unaccompanied through buildings.

(d) Maintenance and other service personnel not allowed in child bathroom unless accompanied by CDS personnel.

(9) Education Program Specialist(s) spend majority of duty hours in child activity areas and support child abuse prevention initiatives through extensive classroom oversight and observation of caregiving staff.

b. Intent. To ensure proactive child abuse prevention management procedures are routinely practiced. To identify center visitors and limit the movement of non CDS personnel. To ensure parents and management staff are knowledgeable of children's whereabouts at all times. To reduce the potential of opportunistic child abuse incidents e.g., fondling children in darkened room. To encourage parents to "stop in" for unannounced visits and act as monitoring agents for the care and protection of their children. To define appropriate touching practices within the context of adult/child physical interactions in the center. The intent is not to make caregiving staff afraid of physical contract with children, but rather delineate "boundaries" and stress that appropriate nurturing interaction are healthy and necessary for the development of children. Installation touch policy should expand on information provided in AR 608–10.

c. Equivalency. No acceptable substitute for individual parental field trips permission slips.

d. Reference(s). AR 608–10, paragraphs 2–26, 2–28, 2–29, 4–7, 4–8, and 5–14; and 3–12*c*.

C–148. Compliance item 7.

Child abuse prevention education is offered to parents.

a. Standard requires.

(1) Family Advocacy Program manager (FAMP) and CDS management personnel offer training sessions as a cooperative effort.

(2) Training sessions:

(a) Provided on a quarterly basis or more frequently if needed on larger installations.

(b) Emphasize "protection of children from abuse is shared responsibility between Army and parents".

(c) Offered in a variety of locations accessible to majority of parents.

(d) Offered at a variety of times including evenings, lunch hours.

(3) Parents notified in advance of upcoming classes.

(4) Signed parental acknowledgement of shared responsibility for child abuse prevention.

(5) Documentation of parent attendance at training sessions.

(6) Consideration of innovative approaches to reach large numbers of parents and show command interest and support such as—

(a) Command letter.

(b) Direct participation of Commander.

(c) Incorporation of training session within scheduled event or command function.

(d) Consideration of releasing soldiers during duty time to maximize attendance.

b. Intent. To educate parents so they can provide child abuse prevention education to their own children. It is a parental responsibility to determine how much and at what age child abuse prevention education is appropriate for their children. To exclude children under six years of age from child abuse prevention education training. Although there are many child abuse education programs available for children, most of these are not developmentally appropriate for young children (under 6 years). Children can not understand the concepts used to distinguish distinct "good and bad touches etc.,". Experts are divided over value of such training, and there is some concern that its use with very young children is not appropriate and could even lead to false accusations of abuse.

c. Equivalency. Child abuse prevention may be provided to children over six years with signed parental approval. Curriculum used will be selected jointly by the CDS coordinator and the Family Advocacy Program manager.

d. Reference(s). AR 608–10, paragraph 2–29.

C–149. Compliance item 8.

Reports of child abuse are reported to appropriate authorities.

a. Standard requires.

(1) Child Development Center (CDC) caregiving employees and management personnel observe children in care for evidence of child abuse or neglect.

(2) CDC employees or others suspecting or observing evidence of child abuse or neglect in the CDC or in a familial setting report concerns as specified.

(a) Information reported immediately and directly to CDS Center director of designee in the absence of the director.

(b) CDS center director is present when report is immediately forwarded to installation reporting point of contact (RPOC) and simultaneously informs CDC program director and CDS coordinator.

(c) Procedures for reporting child abuse and applicable phone number are posted in areas accessible to all employees.

(3) Staff knowledgeable of procedures for reporting cases of suspected abuse/neglect.

(4) Installation RPOC report allegations to military police, Criminal Investigation Division (CID) or other law enforcement/child protective agencies according to AR 608–18 requirements.

(5) Confirmation of action taken provided to individual making original report within 24 hours.

b. Intent. To ensure CDC employees are aware of reporting requirements and procedures. To ensure CDC management personnel and CDS coordinator are kept informed of all allegations reported. To assure reporting individual that information has been passed to appropriate authorities.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 2–22.

C–150. Compliance item 9.

Established written procedures are followed when an abuse allegation is made in a Child Development Center (CDC) setting.

a. Standard requires.

(1) Procedures in effect when an allegation of child abuse of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated occurs in CDC setting.

(2) Alleged perpetrator reassigned to a position without child contact until a determination of the case has been made by the Family Advocacy Case Management Team (FACMT) and law enforcement authorities.

(3) Minimum of two staff members present in all child activity rooms/modules, other indoor or outdoor play spaces including playgrounds until allegation is resolved. Includes visual supervision of child toilets by at least two staff members.

(a) May require hiring of additional personnel to ensure a "relief" person is available to cover for caregiving employees.

(b) Requires closure of small rooms staffed with only one person if second person is not assigned.

(c) Staffing not relaxed during naptime periods used for on site training.

(4) Staffing configuration remains inplace until—

(a) Investigation completed.

(b) Close out report according to AR 608–18 is submitted and formal relief requirement provided by USACFSC (CFSC–FSC) and USACFSC (CFSC–FSA).

(5) Current child abuse standard operating procedure coordinated with FAPM and other proponent agencies.

(6) Availability of administrative files, attendance records, work schedules, incident reports, other official records to investigators and Army personnel with an official need to know.

(7) Plan to address parental concerns and provide update information as permitted to staff and parents.

(8) CDC management personnel keep command informed of staff and parental concerns, media inquiries, status of management procedures implemented in response to allegations.

(9) Medical and law enforcement agencies provide CDC management personnel information necessary to make key management decisions affecting personnel changes which could impact on the ability to protect children in care or identify other potential victims. Examples of such information include location of incident, program type, time period, age of child.

b. Intent. To safeguard children and staff at a time of program upheaval. To preclude possibility that multiple perpetrators may be involved. To respond to concerns of CDC employees and parents. To ensure CDS perspective/pertinent operational information is provided in the course of the investigation. To make a distinction between confidentiality issues applied in familial child abuse cases versus institutional child abuse where critical CDS management information needed to protect other children in care. Installation SOP should reflect local requirements and not merely restate AR 608–10.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–22*c*, 2–23*a* and 5–17; and AR 608–18.

Section XI
Compliance Area; Family Child Care Program Management

C–151. Compliance item 1.

Individuals providing services (FCC providers) and the occupied housing units (FCC Homes) are certified by Army CDS before children are enrolled in care.

a. Standard requires.

(1) All child care regulated by AR 608–10 (see applicability statement and single source policy standard C–2) within government owned or leased quarters or privately owned housing located on the installation occurs in CDS certified FCC homes.

(2) Family housing units certified for FCC meet DOD and Army CDS standards.

(3) FCC certification document displayed within FCC home in area frequented by parents.

(4) FCC identification sign displayed in window observable from the street.

(5) Does not allow FCC system to be implemented unless sufficient professional personnel provided to:

(a) Recruit FCC providers.

(b) Certify individual FCC providers/housing units in accordance with AR 608–10.

(c) Monitor individual FCC providers/housing units in accordance with AR 608–10.

(6) Restriction of services/capping number of FCC homes if professional oversight and administrative support not available due to vacancies in FCC director or outreach worker positions.

b. Standard excludes. Certification not required for individuals.

(1) Providing care in occupant's housing unit and no additional children present except children of individual providing care.

(2) Providing occasional care between families/friends which does not occur on a regular basis.

(3) Providing less than 10 child care hours per week on a regular basis.

c. Intent. To ensure that both the individual providing care and the housing unit used for care meet all fire, health, safety, nutrition, developmental program, and operational/administrative requirements before care is provided to children. To help protect the health, safety, and well being of children placed in a care setting that does not have continuous on-site professional oversight.

d. Equivalency. If a vacancy exists in FCC director or outreach worker positions, other CDS management staff may be temporarily detailed or provide oversight until vacancy is filled in lieu of restricting services, provided there is not a negative impact on the oversight responsibilities of the detailed individual.

e. Reference(s). AR 608–10, paragraphs 1–5, 1–8*e, f,* 6–1*b,* 6–2, 6–9, and 6–42.

C–152. Compliance item 2.

FCC staffing reflects program requirements to support number of registered, provisionally and fully certified homes. This includes: professionally qualified directors/outreach workers, specified caseloads, administrative support and assigned education program specialist.

a. Standard requires.

(1) Use of FCC standard position descriptions (DA Pam 690–41).

(2) Application of DA Pam 570–551.

(3) FCC director manage no more than 30 homes.

(4) Outreach worker(s) hired for systems comprised of more than 30 homes.

(5) Each outreach worker's caseload not exceed 40 FCC homes. Outreach worker hired each time, a caseload reaches maximum level.

(6) Allows FCC director caseload to be reduced by five homes for each outreach worker supervised, but must maintain a minimum load of 5 homes.

(7) Clerical support provided to FCC director/outreach worker(s).

(8) Only registered, provisionally, and fully certified providers count in management caseload.

(9) Inactive status provider not counted in caseload.

(10) Where one EPS authorized on installation, EPS time alloted proportionately between FCC system and CDC.

(11) Where more than one EPS authorized on installation, EPS(s) dedicated specifically to FCC system.

b. Intent. To ensure sufficient qualified FCC management personnel oversee homes and ensure quality care, thus reducing the risk to children and the Army's liability. To ensure adequate administrative support so FCC director/outreach worker time is devoted to program oversight and quality care issues rather than clerical duties. Director accompanies each outreach worker on two homes visits per month to ensure the standards have been met and to maintain "hands on contact" with care providers.

c. Equivalency. DPCA or comparable designee may assume FCC staff responsibilities when care is provided at sites with fewer than 10 providers and there is no CDS delivery system. In these cases, MACOM CDS proponent or design and representative(s) will provide technical assistance and professional oversight.

(1) Care at remote sites with fewer than 35 housing units, no CDS program, and less than 10 individuals caring for children.

(2) Care provided as follows:

(a) Providers meet minimum age, and background clearance requirements.

(b) Providers comply with health, fire, and safety requirements.

(c) Ratios, group size, and patron eligibility requirements are enforced.

(3) Individual not FCC certified.

d. Reference(s). AR 608–10, paragraphs 3–9, 3–12*c, g,* and *h,* 3–14, 6–3, and 6–39; DA Pam 570–551; and DA PAM 690–41.

C–153. Compliance item 3.

Certification status of FCC applicants/providers is defined and categorized as specified.

a. Standard requires.

(1) CDS assumes proponency for FCC certification process with approval by installation commander or designee.

(2) All providers/homes classified according to certification status. Information on file in FCC office.

(3) Registered status:

(a) Applicant in process of completing initial requirements for provisional certification.

(b) May not provide care.

(c) Must complete precertification requirements within 60 days of receipt of approved background clearances.

(4) Provisional status:

(a) Applicant has completed training and operational requirements per AR 608–10 paragraph 6–17*a*(2).

(b) Provisional certification period to last minimum of six months, but no longer than 12 months.

(5) Full certification status:

(a) Provider has met all provisional requirements and requirements per AR 608–10 paragraph 6–17*a*(3).

(b) Full certification valid for three years.

(6) Inactive status:

(a) Provider has completed certification requirements but is not providing care.

(b) Provider must return certificate/home identification poster to FCC office until ready to resume care.

(c) Requirements necessary for return to active status include—

(1) Updated health requirements and background checks if more than 120 days have elapsed since provision of care.

(2) Changes in status reported per AR 608–10 paragraph 6–16.

(c) Provider allowed to resume care only if vacancy exists in FCC management personnel caseload. When no opening available, provider may be given priority on waiting list ahead of first time applicants.

(d) Waiting status. Names of provider applicants who can not be accepted into FCC system because FCC caseload is at maximum level kept on waiting list.

b. Intent. To track distribution of home categories for planning and caseload purposes. To provide a quality assurance measure by monitoring status e.g., ensure provider applicants are placed in a waiting status vs being added as an overload to a staff member existing caseload. To establish a probationary period for providers to demonstrate a satisfactory level of care prior to being fully certified.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–20, 6–16 and 6–17.

C–154. Compliance item 4.

The FCC system is composed of homes which reflect the assessed needs for full-day, part-day and hourly care services as well as needs for infant, toddler, preschool and school-age care.

a. Standard requires.

(1) FCC system composed of the following three major categories of homes when waiting lists exist:

(a) Multi-age homes.

(b) Age-specific homes.

(c) Special purpose homes.

(2) Multi-age homes accept children 4 weeks–12 years of age.

(3) Age-specific homes may include—

(a) Infant/toddler (4 weeks–2 years).

(b) School-age (5–12 years).

(4) Special purpose homes may include—

(a) Special needs homes.

(b) Sick child homes.

(c) Human immunodeficiency virus (HIV) homes.
(d) Bilingual/bicultural homes.
(e) Newborn/infant homes.
(5) A needs assessment conducted at least every two years to determine FCC program needs and mix of home categories.
(6) Waiting lists used to determine provider recruitment objectives and schedule of provider orientation briefings.
(a) Restriction of new provider applicants to those who agree to provide type of care needed.
(b) Priority for provider training, background clearances and home certification inspections given to applicants who can provide care options most needed at the time.
b. *Intent.* To ensure FCC services are responsible to the needs of individual families and children. To provide a greater flexibility of hours and types of services than is usually possible in a center setting. FCC homes are often more suitable for infants needing small group care and care for children with special needs that may be unavailable in center-based programs. FCC management should recruit for specific types of providers depending on installation needs assessments and waiting lists. For example, where there are waiting lists for infant providers, FCC personnel should recruit providers willing to provide infant care. These providers should move to the top of the priority for training classes, certification inspections, and background clearances.
c. *Equivalency.* None.
d. *Reference(s).* AR 608–10, paragraphs 1–8c, 2–17, 6–9, and 6–22.

C–155. Compliance item 5.
FCC providers meet all operational requirements prior to full certification including: application process/requirements, background screening, home inspections, administrative requirements, home visit(s), and performance of services.
a. *Standard requires.*
(1) Provider/home certification process defined in SOP coordinated with regulatory proponents.
(a) Description of process/role of CDS management personnel and other regulatory proponents.
(b) Local requirements.
(c) Plan for recruitment/screening of providers.
(2) DA Forms used as specified:
(a) DA Form 5219–R (FCC Provider Application).
(b) DA Form 5220–R (FCC Provider Background Clearance Request).
(c) DA Form 5762–R (FCC Certification Requirements).
(3) Applicant process/requirements:
(a) FCC applicant packet of forms/information necessary to complete certification process.
(b) Includes orientation briefing, prescreening home visit, medical evaluation, USDA program application, signed statement of understanding/paid any costs associated with claims program.
(c) Provider application processed within 60 days of submission.
(4) Background screening:
(a) Includes clearances and references checks on provider applicants, family members 12 years and older and other adults residing in home.
(b) See single source standard C–46.
(5) Home inspections:
(a) Fire, health, safety, nutrition and program areas (see single source policy standards C–11.)
(b) Signed verification by regulatory proponents.
(6) Administrative requirements:
(a) Program planning to include emergency plans, sample monthly menus and developmental activity plans, written discipline/touch policy.
(b) Statement of understanding in regard to FCC requirements/responsibilities.
(c) Spouse/family member agreement.
(7) Home visits:
(a) Minimum of two (one unannounced).
(b) Evidence of compliance with FCC standards.
(c) Maintenance of required recordkeeping and evidence of required reporting.
(8) Performance of services:
(a) Compliance violations/concerns.
(b) Parental imput.
b. *Intent.* To establish a baseline of requirements necessary for completion prior to being fully certified as eligible to provide child care services within the FCC system. To assure parents that FCC providers referred through the FCC system have completed minimum requirements which will help to ensure the health, safety and well being of their children while under the care of the provider.
c. *Equivalency.* None.
d. *Reference(s).* AR 608–10, paragraphs 2–24, 4–17, 6–10–12, and 6–14.

C–156. Compliance item 6.
Individual Education Plans (IEPS) are developed for FCC providers.
a. *Standard requires.*
(1) Individualized training plan for each FCC provider developed for certification and annual training.
(2) Education program specialist(s) (EPS) meet the FCC provider applicants during precertification period to set up an IEP.
(3) Some training credits awarded for previous training if validated and approved as specified.
(4) IEPs reviewed quarterly by FCC provider and EPS using specified worksheet format to determine needs and assess progress.
(5) Training documented on DA Forms 5763–R and 5765–R.
(6) Copies of training records provided to transferring provider for reciprocal use at other installation.
b. *Intent.* To ensure a minimum level of initial and ongoing training is established for all FCC providers. To provide training related to FCC program requirements, type of FCC care provided, and geared to the individual provider's competency level. To ensure a training plan is developed for all FCC providers and documented on standard forms which can be forwarded to another installation.
c. *Equivalency.* None.
d. *Reference(s).* AR 608–10, paragraph 3–18.

C–157. Compliance item 7.
FCC applicants/providers complete all training requirements prior to and following certification. The requirements are twenty credit hours of training for provisional certification, eighteen additional credit hours of training for full certification and twenty four credit hours annual inservice training.
a. *Standard requires.*
(1) Prior to provisional certification (20 hours).
(a) Eight hours of orientation i.e., health, safety, program activities, child environment, child growth and development, regulations SOPs, parent/public relations, child guidance.
(b) FCC business practices.
(c) Child abuse/neglect identification and reporting.
(d) First aid.
(e) CPR.
(f) Communicable diseases/SIDS.
(g) Administering medication.
(2) Prior to certification (18 hours).
(a) Child abuse/neglect prevention.
(b) Home environment assessment.
(c) Special projects.
(d) Center/other home observations.
(e) Local requirements/related topics.
(3) Annual inservice training (24 hours).
(a) Topics as determined by CDS coordinator/FCC director/EPS.
(b) Training format to include—
1. Observations.
2. Home assessments.
3. Special projects.
4. Workshops.

5. Reading/videos.
(c) Minimum six hours training provided each quarter.
(d) Certification renewal training:
1. Child abuse/neglect identification, reporting and prevention.
2. CPR and first aid.
3. Communicable disease/SIDS.
4. Administration of medication.
(e) Special endorsement training:
1. Extended hours/oversight and long term care (1 hour).
2. Mildly Ill Care (2 hours).
3. Respite/Emergency Care (2 hours).
4. Mainstreamed Special Needs Care (2 hours).
(f) Special purpose homes training:
1. Special Needs Homes (8 hours).
2. Newborn/Infant Homes (2 hours).
3. HIV Homes (2 hours).
4. Bilingual/Bicultural Homes (1 hour).
5. Sick Child Home (2 hours).
(g) Actual number of hours required to complete unit may exceed the number of credit hours given.
(h) Substitute providers will complete CPR and a two hour orientation which includes child abuse prevention and basic safety procedures.
(i) No fees charged for training.
(j) Suspension of provider/revocation of certification or denial of certification application if training not completed.
(k) Precertification/certification training documented on DA Form 5763–R.
(l) Annual inservice training documented on DA Form 5765–R.
(m) Training certificates (user designed) awarded to all FCC providers following:
1. Completion of 20 hours provisional certification training.
2. Eighteen hours of certification training.
3. Twenty four hours annual inservice training.

b. Intent. To ensure FCC providers have an understanding of child development in order to provide appropriate care, set realistic guidelines and expectations for children, and possess the skills and knowledge to perform at an acceptable level. Providers who have realistic expectations of children are less likely to use inappropriate guidance techniques which could result in abuse or neglect of children. National research studies link inservice training with quality of care. To ensure FCC providers achieve comparable training to center caregivers to ensure comparable quality care for children and to allow career progression between the CDC and FCC systems.

c. Equivalency. Prior documented training, or college or other approval workshops/classes taken during training period may be substituted for specific topics, but equivalent number of hours of training and equivalent course content are required. The first aid training requirement may be met by training opportunities which address the same content but are not the specific course listed at *b*(2) (above) under standard requires.

d. Reference(s). AR 608–10, paragraphs 3–17, 6–13, and 6–20–21.

C–158. Compliance item 8.

FCC providers obtain endorsements prior to provision of specialized services. Endorsements are: extended hours care, mildly ill care, long-term care, respite/emergency care, long-term care, and mainstreamed special needs care.

a. Standard requires.

(1) Allows only fully certified providers to receive endorsements.

(2) Specified training completed and operational requirements met by provider before endorsement(s) granted.

(3) Preventive medicine and exceptional family member personnel provide training and support as needed to ensure FCC provider competency in specialized area.

(4) Endorsement(s) annotated on provider certification document.

(5) Providers with endorsement(s) receive monitoring appropriate to situation i.e., extended hours home visited at night.

(6) Additional endorsements permitted as locally determined, but required MACOM and USACFSC (CFSC–FSC) approval prior to implementation.

(7) Special endorsements not permitted for religious education purposes.

b. Intent. To ensure FCC provider receives additional training in subject areas pertinent to specialized area e.g., handling a shunt for a hydrocephalic child, night time emergency evacuation. To ensure FCC provider has completed basic training requirements and has some FCC experience before providing specialized services, especially those involving children with medical or handicapping conditions. To identify special care arrangements being provided in a FCC home to allow FCC management personnel and other regulatory proponent to provide required oversight e.g., conduct evening inspection when care is provided overnight.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–9*b*.

C–159. Compliance item 9.

Orientation sessions are conducted on a regular basis or as needed to recruit new FCC providers.

a. Standard requires.

(1) Orientation sessions for provider applicants scheduled regularly based on demand.

(2) Orientation targeted to meet the needs of the community.

(3) Standard briefing format is used.

b. Intent. To conduct orientation sessions for provider applicants at regular intervals e.g., minimum quarterly and more often where demand requires. To provide realistic information on FCC requirements to assist potential providers in understanding program and care responsibilities. FCC orientation briefings should serve as a recruitment initiative for a specific type of care if necessary e.g., when there is a demand for infant care the briefing should be targeted toward those potential providers who are interested in and willing to care, for infants. To use USACFSC (CFSC–FSC) standard FCC orientation briefing or comparable locally developed standard format to ensure consistent information is available to interested applicants.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 6–10 and 6–21.

C–160. Compliance item 10.

Provider caregiving and administrative responsibilities are defined in writing as specified.

a. Standard requires.

(1) A written description of FCC provider duties and responsibilities.

(2) Minimum responsibilities include—

(a) Implementing indoor and outdoor program activities that support children's physical, social, emotional, and intellectual development.

(b) Encouraging children's curiosity, problem solving, and task attainment.

(c) Role modeling communication and interaction skills for children.

(d) Extending children's knowledge of concepts appropriate to their developmental levels.

(e) Recognizing individual differences in children and responding to their individual needs.

(f) Providing for children's daily routines such as meals, snacks, toileting, and rest periods.

(g) Providing for physical safety and well-being of children.

(h) Administering minor first aid and carrying out emergency measures in case of illness, accidents, or fire.

(i) Communicating with parents regarding the child's daily experiences within the program.

(3) The description of duties given to each potential FCC provider at the time of initial application.

(4) The description of duties used as a standard framework of measurement to determine—

(a) Applicant qualifications during the prescreening interview.

(b) Provider caregiving competency level during pre and post certification home visits.

b. Intent. To provide a standard description of duties and responsibilities which may be used to measure applicants suitability to be an FCC provider. This description should also be used during the orientation to ensure providers have a clear understanding of the requirements prior to application.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–12.

C–161. Compliance item 11.

FCC providers understand Army Risk Management Program (RIMP) claims program.

a. Standard requires.

(1) Understanding that claims program limited to provisionally or fully certified individuals only.

(2) All FCC providers pay any necessary costs associated with claims program and receipt is in provider file.

(3) Installation provide update of number of providers to USACFSC (CFSC–RMB–I).

(4) All providers sign a statement of understanding concerning the claims program.

(5) All parents sign a statement of understanding re FCC.

(6) Parents sign waiver regarding transportation of children, if applicable.

(7) Names and addresses of certified providers available at FCC office.

b. Intent. To establish a program to provide for the payment of certain claims arising from the activities of FCC providers. Provision of names and other data re FCC providers to USACFSC allows for determining authorized NAF claims costs billed to installation morale, welfare, and recreation fund and ultimately collectible from FCC providers. A provider's decision to carry private, commercial liability insurance is an independent business decision but compliance with all necessary requirements, to include payment of any costs associated with the claims program, is a prerequisite to certification.

c. Reference(s). AR 608–10, paragraph 6–19; AR 215–1; and AR 27–20.

C–162. Compliance item 12.

FCC Providers receive ongoing written, oral and on-site CDS program and policy guidance.

a. Standard requires.

(1) Provisions for provider communication, newsletter and referrals from CDS central referral covered in a standard operating procedure.

(2) Each provider receive a summary of all regulatory and pertinent guidance as part of certification process.

(3) FCC management personnel ensure providers have convenient access to training materials, newsletters and other forms of communication.

(4) Provider informed of state and federal programs such as USDA CCFP that offer funding reimbursements.

(5) FCC management personnel document training, policy/program guidance and information provided during FCC oversight home visits on DA Form 5762–R.

b. Intent. To ensure providers receive current guidance regarding CDS and installation policies and procedures. To allow providers access to a wide range of resources including technical assistance training and program support not available to private operators in an effort to provide a comparable quality of care for children in FCC homes with that received by children in CDC settings.

c. Equivalency. Notes, memorandum, checklists or other forms of documentation may be attached to DA Form 5762–R.

d. Reference(s). AR 608–10, paragraphs 2–4, 3–16 and 6–34.

C–163. Compliance item 13.

FCC Director provides budget input and has responsibility for execution of funds.

a. Standard requires.

(1) FCC director submit written budget requests annually or as requested concerning FCC staffing, training, and equipment needs.

(2) FCC director track installation APF dollars programmed for FCC system and receive regular reports on status of funds from CDS coordinator.

b. Intent. To ensure FCC director is knowledgeable of installation budgetary cycles/milestones of the program and has budgetary input. To ensure FCC director is accountable for planning, justifying and executing funds needed for FCC system.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 3–12*g*.

C–164. Compliance item 14.

Standard operating procedures are available and updated to ensure consistent system application.

a. Standard requires.

(1) Written procedures covering the following subjects:

(a) Certification requirements.

(b) Resource and program management responsibilities.

(c) FCC system response to unauthorized care.

(d) Provider/home compliance with standards.

(e) Prevention, response to, identification and reporting of child abuse/neglect allegations.

(f) FCC Resource Library implementation and maintenance.

(g) USDA Child Care Food Program enrollment/oversight.

(h) Special endorsements.

(i) Health procedures and local standards for orderliness and cleanliness.

(j) Substitute provider requirements.

(k) Release of children.

(l) Emergency procedures.

(m) Unique local requirements.

(2) SOPs accessible to staff and providers as appropriate.

(3) Management staff and FCC providers demonstrate working knowledge of content.

b. Intent. To provide written instructions which detail procedures to be taken in specific situations and circumstances pertaining to program operation and child well-being. To ensure such instructions are readily accessible to parents and personnel and are included in the staff/provider training program. These documents should be regularly updated to reflect policy and procedural changes. SOPs should be written to reflect the unique requirements of individual FCC system and should clearly explain the procedures in effect at that installation. SOPs should not merely restate AR 608–10. SOPs should be written in a manner to provide consistency during time of administrative or provider turnover. Separate SOPs on each topic not required. Several topics may be included within a SOP, but a single SOP for the FCC system is too cumbersome for active usage.

c. Equivalency. Other forms of written correspondence, e.g., LOIs, local regulations, and supplements may suffice if equally accessible and perform a like function.

d. Reference(s). AR 608–10, paragraph 6–24.

C–165. Compliance item 15.

An FCC resource/toy lending library is established to support providers.

a. Standard requires.

(1) Variety of equipment and materials that include, but not limited to—

(a) Cribs, playpens, strollers, child size furniture.

(b) Institutional quality toys/equipment for multiple age groups.

(c) Training materials e.g., curriculum activity books, posters, cassettes.

(d) Allows portable/removable fencing, fire extinguishers.

(2) Equipment safe, durable, appropriate for home use and maintained in working order.

(3) Resources materials/equipment made available to providers.

(a) At central point accessible on some evenings/weekends.

(b) As part of FCC management personnel home visits.

(4) Inventory maintained of all items.

(5) Check out/return system established:

(a) Limits on loan of materials e.g., time, number.

(b) Mechanism for reimbursement expenses for lost/damaged items.

(c) Oversight procedures to monitor condition of returned items to include requirements that all toys sanitized prior to return.

(6) Services provided at no cost to provider except for replacement of lost/damaged items if determined necessary.

b. Intent. To provide a no cost source of equipment, toys and resource materials available on a rotating basis to FCC providers. Concept of resource library is to enhance the child care provided and offer an opportunity to place such care on an equitable basis with that offered in Army CDC. Library is designed as a supplement to materials and resources expected to be provided by the FCC provider. An FCC provider could not rely exclusively on the lending library to procure and utilize all the materials necessary to provide an acceptable level of care. Intent is not to charge providers for items damaged as part of normal "wear and tear".

c. Equivalency. If a toy or piece of equipment is damaged or lost, it is the responsibility of the provider to replace the lost or damaged item. If the exact item cannot be replaced, the FCC director will determine an acceptable equivalent.

d. Reference(s). AR 608–10, paragraph 6–6.

C–166. Compliance item 16.

Child admission and release criteria is implemented as specified.

a. Standard requires.

(1) Initial admission requirements include—

(a) Patron interviews with CDS management personnel to determine child care needs.

(b) FCC referrals provided to parents.

(c) Opportunity for parent to tour FCC homes and providers to meet children as part of selection process.

(d) Parents notify Central registry/FCC system of home selection and receive required forms from CDS.

(e) Parents submit completed forms prior to provision of care:

1. Child Registration (DA Form 4719–R).

2. Sponsor/Parent Agreement (DA Form 5226–R).

3. Sponsor Consent (DA Form 5222–R).

4. USDA CCFP Enrollment Form (if applicable).

(f) Parents submit completed forms within 30 days of enrollment:

1. Child Health Assessment (DA Form 5223–R).

2. Child/Family Profile (DA Form 5224–R).

3. Family Care Plan (if applicable).

(2) Daily admission procedures include—

(a) Child health screening, upon arrival and before parent departs.

(b) Opportunity for exchange of information between provider and parent.

(c) Parent access to FCC home at all time of child attendance.

(3) Child release procedures include—

(a) Release of children only to parent/designee on DA Form 4719–R unless prior documented arrangement made.

(b) Non-release of children to siblings or others under age 13.

(c) Allowance of school-age children to leave unaccompanied if parental permission granted on DA Form 5222–R.

(d) File copy of custody agreement or court restraining order on file to deny child access by a specified parent.

(e) Coordination with provost marshal officer in regard to parents appearing under the influence of drugs or alcohol.

(4) Provisions for flexible registration/admission requirements in release of children to individual emergency situations.

b. Intent. To provide staff and providers with information needed to protect the health, safety and well being of children in care. To provide information/procedures for handling emergency situations. To establish admission requirements which will be consistent in all FCC systems Army wide. To use standard forms which provide baseline data needed for effective and efficient program administration. To ensure parents notify CDS of FCC provider selection.

c. Equivalency. A waiver of immunizations signed by chief, preventive medicine may be considered for religious convictions. Parents must be counseled that the child may be excluded during an outbreak of vaccine preventable communicable disease.

d. Reference(s). AR 608–10, paragraphs 4–6 through 4–8.

C–167. Compliance item 17.

Child records are maintained as specified.

a. Standard requires.

(1) The following records for each child are maintained in the FCC home where the child is enrolled:

(a) Registration Card (DA Form 4719–R).

(b) Sponsor Consent (DA Form 5222).

(c) Health Assessment (DA Form 5223–R).

(d) Child/Family Profile (DA Form 5224–R).

(e) Medical Dispensation Record (DA Form 5225–R).

(f) Family Care Plan for single and dual military enlisted personnel.

(g) Sponsor/Program Agreement (DA Form 5226–R).

(h) USDA enrollment data (CONUS ONLY).

(2) All child records updated annually.

(3) Records remain on file for as long as the children are enrolled.

(4) Copies of records provided to patrons when transferring to another installation.

(5) Records of children who have had an injury or serious incident maintained in the FCC system for three years.

b. Intent. Information is readily available on site in the FCC home in the event of an emergency.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 2–13.

C–168. Compliance item 18.

Child placement data is centrally available to monitor FCC home age group composition.

a. Standard requires.

(1) FCC office maintain child enrollment information by home, name, age, and group composition.

(2) Coordination with personnel responsible for CDS central enrollment registry to ensure sharing of data and preclude duplication of workload.

b. Intent. To ensure each FCC director/outreach worker is always aware of the enrollment data pertinent to homes in assigned caseload. To help FCC management personnel monitor provider compliance with maximum group size and age composition. To ensure availability of enrollment information should an emergency arise which requires closure of a home or need to notify parents of potential problems.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–13, 2–16 and 4–5.

C–169. Compliance item 19.

Each FCC provider has a contingency plan established in the event of illness, emergency or planned absence.

a. Standard requires.

(1) FCC provider have a written contingency plan for emergency care

(a) Plan developed during certification process.

(b) Plan revised as needed.

(c) Plan reviewed by FCC program management during inspection visits.

(d) Plan identifies substitute providers.

(2) FCC system maintain a current file of substitutes available to providers.

(a) Substitute providers meet the following criteria:

1. Eighteen years old.

2. Speak, read and write English.

3. Completed background checks.

4. CPR.

5. Two hour orientation on safety and child abuse.

(b) Spouses, except as specified in equivalency never used as substitutes.

b. Intent. To provide a safe, consistent environment for children. Military spouses are subject to immediate recall to duty and therefore are not considered reliable as back-up providers. To ensure substitutes meet minimal level of qualifications.

c. Equivalency. Spouses may be used as substitute providers in extended hours or long term care homes when parents of children in care have provided approval in writing.

d. Reference(s). AR 608–10, paragraphs 6–13, 6–17 and 6–24.

C–170. Compliance item 20.

A parent involvement/education plan is established to keep parents informed of matters relating to their children.

a. Standard requires.

(1) A written annual plan to encourage parent involvement in FCC activities to include, but not limited to:

(a) Supportive administrative policies and procedures.

(b) Opportunities for interviews/conferences with FCC staff and provider.

(c) Opportunities to volunteer services.

(d) Opportunities to observe children within FCC homes.

(e) Parent/patron satisfaction surveys for voicing suggestions and complaints.

(f) Parent access to training workshops held for FCC providers.

(g) Parent education workshops.

(h) Parent handbooks outlining policies and procedures.

(i) Parent information and referral services.

(j) FCC parent representation on parent advisory boards.

(2) Coordination between FCC and SPS management personnel to ensure integration of services and to preclude duplication of workload.

b. Intent. To establish procedures which ensure avenues for parental involvement. To keep parents informed on matters relating to FCC operations, changes in program emphasis and their child's progress. To increase parental awareness and understanding of the CDS program goals and philosophies. To assist parents with their parenting skills so they can make educated decisions about their child's care. To provide consistency between the care offered at home and care offered by the provider.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 1–17, 3–23, 3–25 and 3–26, 4–17, 6–4, and 7–18.

C–171. Compliance item 21.

Unauthorized care is prohibited in government-owned or leased housing.

a. Standard requires.

(1) Each new applicant for housing made aware of FCC requirements at the time of application for housing.

(2) SOP describing installation procedures for handling unauthorized care reports to include:

(a) Visit by FCC management personnel to verify care is occurring without valid certification.

(b) Individual in violation informed in writing within two working days to cease care immediately.

(c) Copy of notification provided to DEH.

(d) Interim requirements necessary to continue care.

(e) Plan to ensure patrons using services understand unauthorized provider is being notified of the FCC requirements.

(f) Procedures necessary when individual is unresponsive to and continues to provide care inviolation of AR 608–10.

(3) Installation commander support efforts to reduce unauthorized care.

b. Intent. Provision of child care on an Army installation is a privilege, not a right. To reduce the potential liability to the U.S. Army for unauthorized care in Government-owned or leased quarters and to reduce the risk of child abuse or neglect to children cared for in these homes. To provide some flexibility which will reduce the amount of disruption to children and parents. Equivalency provided to encourage providers to come forward and comply with the regulation. Unauthorized providers are more likely to "stay underground" if FCC is seen as bureaucratic and inflexible in addressing this problem.

c. Equivalency.

(1) See C–253.

d. Reference(s). AR 608–10, paragraph 6–38, C–253.

C–172. Compliance item 22.

FCC Providers transferring from another installation are screened and trained as specified.

a. Standard requires.

(1) Screening procedures of transferring providers to include review of provider's training record and related documents:

(a) Provider records be sent through the mail to the receiving installation upon request of FCC provider.

(b) Sending installation indicates provider description of training and status at time of move.

(c) Allows photo copies of provider records to be handcarried, but precludes final acceptance into receiving FCC system until official files are received and reviewed by FCC personnel.

(2) Transfer requirements to include:

(a) Completion of new DA Form 5219–R.

(b) Minimum eight hours orientation training on unique local requirements to include child abuse reporting requirements.

(c) Fire, health, safety inspection of new housing unit.

(d) New contingency/back up plans.

(e) Background check completed if more than one year has elapsed since provision of care. If less, check limited to AFAP central registry and Army Crime Records Center.

(3) Allows receiving installation to require FCC Provider to repeat any training class or be placed in provisional status.

b. Intent. To ensure FCC provider skills and caregiving competency is equivalent with those of other providers on the receiving installation. Until FCC Provider certification training is standardized, Army-wide, quality of training provided may not be consistent among installations. To ensure all providers have installation specific training, including child abuse prevention and reporting. To assist providers in continuation of their career during PCS move.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 6–10 and 6–18.

Section XII
Compliance Area: Family Child Care Fire Prevention

C–173. Compliance item 1.

FCC Homes meet the requirements of NFPA 101, Section 11–9 except as modified by AR 608–10.

a. Standard requires.

(1) Compliance with NFPA fire safety provisions.

(2) Compliance with the additional regulatory requirements detailed in the FCC fire standards.

b. NFPA standards require.

(1) One-hour fire-rated walls between units in multi-family dwellings.

(2) Doors used for egress not less than 28" wide.

(3) Class A, B, or C interior finish in occupied spaces in homes.

c. Intent. To define the basic requirements for fire safety in FCC homes. To provide more stringent safety features where necessary to compensate for less stringent adult/child ratios and unique circumstances resulting when group care of unrelated children occurs in housing located on a military installation or in government owned or leased housing off the installation.

d. Equivalency. None.

e. Reference(s). AR 608–10, paragraph 6–48; and NFPA 101, section 11–9.

C–174. Compliance item 2.

A fire inspection is conducted annually by the fire marshal and more frequently as determined by local requirements.

a. Standard requires.

(1) On site inspection by fire marshal as part of provisional certification operational requirements. Inspection documented/dated on DA Form 5762–R.

(2) Annual on site inspection by fire marshal including signed verification of compliance on DA Form 4841–R for each FCC Home.

(3) Preparation of DA Form 4238 (work order request) for each deficiency which requires engineer support for correction. Forwarding work order request through the DPCA Services Division and installation fire marshal to the installation engineer.

(4) Fire inspector witness provider and children perform actual drill procedures during inspections.

b. Intent. To maintain fire safe FCC Homes through initial and annual inspection procedures and to correct all fire deficiencies noted as a result of these inspections.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–49.

C–175. Compliance item 3.

Housing units used for FCC homes are not located above the fourth floor in a multi-story building.

a. Standard requires. Self-explanatory.

b. Intent. To ensure that fire rescue equipment and personnel can quickly reach locations holding children and to provide providers and children with quick means of egress. It is not appropriate to compare FCC providers who are caring for multiple, unrelated young children to non-FCC families living above the fourth floor. Most non-FCC families do not have to evacuate 3–6 children under the age of five (most of whom can not walk or evacuate independently).

c. Equivalency. Government housing units above the fourth floor may be used as FCC Homes if the servicing fire department's rescue equipment can reach a housing unit exit window within 10 minutes from the time the fire is reported. The fire marshal will assess and certify in writing the capability of the servicing fire department(s) to accomplish this requirement.

d. Reference(s). AR 608–10, paragraph 6–48.

C–176. Compliance item 4.

Each floor that is occupied by children in care has at least two separate means of escape to the outside, one of which may be a window.

a. Standard requires.

(1) Window identified as exit route on each floor that does not have two door exits.

(2) Window egress less than 22-inches from floor with minimum clear opening of five square feet.

b. Intent. To provide two means of escape in the event of a fire when one exit is blocked.

c. Equivalency. Window size may vary if provider can demonstrate satisfactory exiting plan as approved in writing by the fire inspector.

d. Reference(s). AR 608–10, paragraphs 6–48 and 6–49.

C–177. Compliance item 5.

In a dwelling of unprotected wood frame construction, every room used for sleeping, living or dining purposes has at least two means of exit, one of which may be a window.

a. Standard requires.

(1) Window identified as exit route in each room that does not have two door exits.

(2) Window egress less than 22 inches from floor with minimum clear opening of five square feet.

b. Intent. To provide two means of escape in the event of a fire, when one escape route is blocked.

c. Equivalency. Window size may vary if provider can demonstrate satisfactory exiting plan as approved in writing by the fire inspector.

d. Reference(s). AR 608–10, paragraph 6–48.

C–178. Compliance item 6.

There is smoke detector on each floor in a shared hallway with open stairways where levels above ground floor are used for care in a multi-story building.

a. Standard requires.

(1) Local procedures to ensure smoke detector remains operable at all times.

(2) Alarm warning capable of being heard inside FCC housing unit.

(3) Positive verification of operable condition and sound level of smoke detector by fire inspector during initial precertification and annual FCC compliance inspections.

(4) Smoke detectors at no greater than 30″ spacing in hallway in multi-home dwellings.

b. Intent. To provide an early warning of fire in open stairways at all floor levels (including the upper floor level) where child care is provided.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–48; and AR 420–90.

C–179. Compliance item 7.

There is a battery operated or hardwired smoke detector inside the FCC housing unit used for child care.

a. Standard requires.

(1) Smoke detectors.

(a) Located in hallway(s) adjacent to the sleeping rooms.

(b) In the basement or near stairway to the floor.

(c) On each additional level of the living unit.

(2) Procedures to ensure smoke detector operable at all times.

(3) Operable condition verified by fire inspector during precertification and annual compliance inspection.

b. Intent. To provide early warning of fire within FCC Home. Battery operated smoke detectors may be loaned to providers through FCC resource/toy lending library. To ensure approved battery operated smoke detectors are stocked in sales outlets available to FCC providers, especially in OCONUS areas.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 6–48 and 6–49; and AR 420–90.

C–180. Compliance item 8.

There is an operable ABC multi-purpose dry chemical extinguisher (minimum 2¾ pound) inside the FCC housing unit.

a. Standard requires.

(1) Extinguisher located in or near the kitchen.

(2) Extinguisher mounted on a wall or cabinet.

(3) Fire inspector train provider on use during initial precertification and annual compliance inspections.

b. Intent. To provide quick response to extinguish any small, early fire within the FCC housing unit. Extinguishers that are not mounted can be knocked over and damaged, or fall behind existing furnishings. To ensure approved extinguishers are stocked in sales outlets available to FCC providers, especially in OCONUS areas.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–49.

C–181. Compliance item 9.

The FCC provider has been trained in evacuation procedures and has a viable contingency plan for evacuation of children.

a. Standard requires.

(1) General training provided by fire marshal as part of FCC orientation and follow up application in FCC home setting during precertification fire inspection.

(2) Plan posted showing the two means of escape from each floor where child care is provided.

(3) Plan available for substitute provider(s).

(4) Plan addresses special environmental threats such as tornado, hurricane, and earthquake, as appropriate.

(5) Plan posted showing the two means of escape from floor where child care is provided.

b. Intent. To provide the provider the necessary knowledge of evacuation procedures in the event of fire or other emergency. To ensure fire inspector provides appropriate training to FCC provider.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–49.

C–182. Compliance item 10.

Documented fire drills involving all children are held at least once every month at different times of the day and within 3 days of enrollment of a new child.

a. Standard requires.

(1) Provider demonstrates competency in evacuation procedures.

(a) To fire inspector during precertification inspection.

(b) With children during annual compliance inspection by fire inspector.

(2) Provider and children demonstrate evacuation procedures during quarterly visits conducted by FCC management personnel.

(3) Documentation of drills available in FCC home.

b. Intent. To ensure that all children and the provider are thoroughly familiar with evacuation procedures. To make drills a matter of record. To identify weaknesses/unfamiliarity with evacuation procedures so corrective action can be taken.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–49.

C–183. Compliance item 11.

The FCC provider does not smoke when engaged in caregiving practices, i.e., child feeding, diapering, dressing, rocking, holding.

a. Standard requires.

(1) Designated smoking area in FCC home established for smoker(s) when children are present.

(2) Parents advised prior to enrollment when FCC provider is a smoker.

b. Intent. To minimize exposure of children to smoke and prevent any mishap such as burning the child during caregiving routines. To preclude fire caused by placement of unattended lighted cigarettes.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 6–12 and 6–49.

C–184. Compliance item 12.

Children are not left unaccompanied in the kitchen.

a. Standard requires.

(1) Provider present during all times children in kitchen area.

(2) Observation for compliance during any FCC home visit by FCC management personnel.

(3) Requirement covered during FCC orientation training.

b. Intent. To prevent unsupervised exposure of children to appliances which can cause serious injury or fire.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–49.

Section XIII
Compliance Area: Family Child Care Safety

C–185. Compliance item 1.

Safety procedures are implemented and annual inspections are conducted as specified.

a. Standard requires.

(1) On-site FCC home inspection by suitably trained professional according to AR 385–10 as part of FCC provisional certification operational requirements. Inspection documented/dated on DA Form 5762–R.

(2) Annual on site inspection by suitably trained professional according to AR 385–10 including signed verification of compliance on DA Form 4841–R for each FCC home.

(3) Quarterly inspections performed by suitably trained FCC staff member.

(4) Training of FCC staff member accomplished IAW guidance provided by the installation safety manager.

(5) Preparation of DA Form 4283 (Work Order Request) for each deficiency which requires engineer support for correction. Forwarding the work order request through the DPCA Services Division and the Installation Safety Office to the installation engineer.

(6) Preparation of DA Form 4754 (Violation Inventory Log) and DA Form 4756 (Installation Abatement Plan) by the Safety Officer for each serious hazard.

(7) Safety inspector review provider's daily inspection procedures during inspection process.

(8) Local procedures established for follow up and monitoring to ensure corrective actions completed.

b. Intent. To establish an effective accident prevention program using qualified safety professionals and FCC program experts. To ensure that deficiencies that cannot be corrected on the spot are properly prioritized and abated by the appropriate regulatory proponent.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–3 and 6–51; AR 385–10; Executive Order 12196; and 29 CFR 1960.17, 26, 30.

C–186. Compliance item 2.

A daily inspection of the home is conducted by the FCC Provider to identify and eliminate safety hazards.

a. Standard requires.

(1) Check of home, grounds, areas, and equipment used by children to identify safety hazards.

(2) Appropriate action to eliminate identified safety hazards.

b. Intent. To identify and eliminate environmental sources of accidents e.g., uncapped electrical outlets, cords which can present strangulation or tripping hazards and flammable or hazardous substances. Inspection is meant to be informal, however, provider must be able to demonstrate to oversight personal how this is achieved and integrated into the daily routine.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–51*b*.

C–187. Compliance item 3.

The FCC Provider provides continuous, watchful and responsible supervision of children.

a. Standard requires.

(1) Provider remain on the premises when children are in the home.

(2) Provider remain in close proximity to children during periods of activity.

(3) Provider ensure constant supervision when children under five years of age are—

(a) In the bathtub, shower, wading pool.

(b) Playing with standing water.

(c) Using plumbing fixtures that have a water temperature that exceeds 110°F.

(4) Provider accompany children under five years of age whenever they are playing in unfenced child activity spaces. Play areas will be effectively fenced if traffic hazards, bodies of water, industrial operations, or other hazards areas are within 200 feet.

b. Intent. To provide adequate and constant supervision. Providers must not leave children alone at any time including while walking other children to a bus stop, visiting next door neighbors etc.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–28.

C–188. Compliance item 4.

There is a working telephone within the individual FCC housing unit.

a. Standard requires.

(1) Installation of a telephone prior to provisional certification.

(2) A working telephone in the home as long as it is certified.

b. Intent. To ensure quick access to emergency personnel, fire department, police and ambulance.

c. Equivalency. In OCONUS areas where telephones take a long time to install, providers may be certified if there is a common use public telephone located within the housing common space and reasonably located to allow the provider to place emergency calls without jeopardizing the care of the children. MACOM determines implementing guidance when this equivalency is used.

d. Reference(s). AR 608–10, paragraph 6–50*a*.

C–189. Compliance item 5.

Current instructions are posted at each telephone to facilitate calling for ambulance, medical, fire and military police service.

a. Standard requires. Self explanatory.

b. Intent. To provide ready access to telephone numbers for rapid response during emergencies.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–51.

C–190. Compliance item 6.

Indoor and outdoor program equipment, toys, and materials are safe, non-toxic, durable, and in working order.

a. Standard requires.

(1) FCC management personnel and FCC provider screen all toys, equipment and developmental materials particularly those of non U.S. manufacturers.

(2) Mirrors in areas accessible at child level are plastic or other unbreakable material.

(3) Toys, toy parts, hardware, and miscellaneous items smaller than 1⅝-inches not present in infant and toddler areas.

(4) Infants and toddlers not have access to cords, ribbons, wires, and strings which could present a strangulation hazard (longer than 12 inches).

(5) Slides have average slope of 30 degrees or less.

(6) Sandboxes contain at least six inches of sand, free of foreign matter, and be sifted through a quarter inch screen every six months (or more frequently) if needed.

(7) Playground equipment built with installation resources and used by FCC home approved by the installation safety office.

(8) Removal of all broken equipment both inside the home and outside immediate surroundings.

(9) Assembly, installation and maintenance of family playground equipment satisfies manufacturers recommendations.

b. Intent. To prevent increasing injury to children due to faulty or inappropriate equipment. Provides a "general duty" clause, requiring that the home and immediate surroundings be free from recognized hazards. Proper use of general safety clauses requires that the threat identified be serious and that a precedent be available in authoritative publications, standards, or other documentation. In case of questionable calls, children will not be exposed to the suspected hazard while determination of validity is made. To prevent strangulation and choking. The Consumer Product Safety Commission "no-choke" testing device is the standard for evaluating this threat. Positive administrative controls or physical barriers to access must be established between infant/toddler activity areas and the areas where older children are using small items for developmental purposes.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–21, 6–31, 6–32, and 6–51; PL 91–596, sec 2a; CPSC Handbook, Vol I & II; and Manufacturer's instructions.

C–191. Compliance item 7.

Children are protected from potential heating and electrical hazards.

a. Standard requires.

(1) Children not permitted in rooms which have a furnace, domestic hot water heater, gas meter, or open flame heater.

(2) Heating elements, including radiators, pipes, and heat-generating appliances protected from child contact.

(3) Electrical appliances and heating equipment meet Army, UL, NFPA, or comparable host nation standards.

(4) All electrical outlets in areas accessible to children covered by child-safe caps when not in use.

(5) Electrical appliances and their cords kept from the reach of children, except for supervised developmental activities.

(6) All areas within the home free of bare electrical wiring and exposed current-carrying conductors.

b. Intent. To assure electrical appliances and heaters meet minimum fire and electrical safety standards. To prevent shock, burns, electrocution, and fire ignition caused by children inserting items into outlets.

c. Equivalency.

(1) Local fire and safety personnel will determine if equipment purchased OCONUS is satisfactory, regardless of host nation standards.

(2) Outlets which are permanently placed out of reach by heavy equipment, such as refrigerators or built-in cabinetry are considered to be protected.

d. Reference(s). AR 608–10, paragraphs 6–50 and 6–51; NFPA 70; and NFPA 70 Art 110–117.

C–192. Compliance item 8.

Potential head-traps and specified toys/equipment are prohibited.

a. Standard requires.

(1) Items identified by Consumer Products Safety Commission or manufacturers notices of danger to children not present in the FCC home or FCC resource toy lending library.

(2) Crib slats and other rails in play pens, chairs, cribs and furnishing will be no greater than 2⅜-inches between slats.

(3) Cut-outs or other openings not present acute angles (less than 55 degrees), or other configurations which can trap children's heads, necks, or limbs.

(4) Infant walkers, toy boxes/chests or other similar hinged top containers and trampolines specifically prohibited in areas used by FCC children.

b. Intent. To prevent strangulation and limb dislocation. To prevent head injuries entrapment strangulation or limb dislocation. Toy boxes/chests with lids can fall on children. Toy boxes do not require or encourage children to learn to put toys away by sorting and recognizing like items. Toy boxes also encourage the spread of communicable disease since toys touch each other routinely and often are not cleaned as required. According to the U.S. Consumer Product Safety Commission, walkers are the leading cause of serious injury to children under five in the U.S.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–13*e*, CPSC Handbook Vol II, chapter 10.

C–193. Compliance item 9.

Windows and doors are protected to prevent climbing and unauthorized egress.

a. Standard requires.

(1) Windows and doors leading to upper level balconies and porches secured or locked at all times children are present.

(2) Doors having direct outside egress not left ajar without protective barrier.

(3) Door hardware operable, free from dangerous protrusions and capable of being unlocked from either side.

(4) Glass doors, walls, and low windows plainly marked at child eye level to avoid accidental impact.

b. Intent. To prevent uncontrolled access to elevated areas. To prevent children from locking themselves away from adult supervision and assistance, particularly in case of fire. Item is not intended to prohibit locks on doors specifically lockable to provide security for hazardous items or valuables. Such doors must be locked against child entry at all times. To prevent impacts and cuts from shattered glass, in glazed areas which might be mistaken for open passages. Does not apply to window(s) designed as fire exits.

c. Equivalency. Windows which open only from the top or positive stops which do not allow a window to be opened wide enough to allow passage of children.

d. Reference(s). AR 608–10, paragraph 6–50; CPSC Architectural Glazing Standards, 16; CFR, 1201; and CPSC Buyer's Guide—The Safe Nursery, Aug 86.

C–194. Compliance item 10.
Children are protected from hazardous substances and equipment.

a. Standard requires.

(1) Matches, power tools, detergents, cleaning supplies, drugs, poisons, liquor, flammable, caustic materials, and insecticides kept in a secured area inaccessible to children.

(2) Firearms separated from ammunition. Firearms, other weapons, and ammunition stored in locked cabinets or areas at a height of 56-inches or more.

b. Intent. To provide positive barriers between children and acutely hazardous materials. To minimize risk of child poisonings, opportunities for children to "play with" matches and loaded weapons.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–51.

C–195. Compliance item 11.
Interior stairways and exterior stairwells are well constructed of substantial materials and have protective barrier as required.

a. Standard requires.

(1) Barrier at the entry to any stairway accessible to children under three years of age.

(2) All barriers meet the U.S. Consumer Product Safety Commission requirements for construction.

(3) Barrier located on the child access side of a stairway whether top bottom or both.

(4) Barriers not cause a fire evacuation hazard.

(5) Handrails available at user height.

(6) Anti-slip surfaces as required in the National Life Safety Codes.

(7) Stairwells lighted.

b. Intent. To protect children and providers from falls related to accessible, unsafe stairs. Stair treads are particularly important. Many providers care for young children who must be carried up/down stairs. Anti-slip surfaces will be determined by local safety personnel. Varnished stair surfaces may not be waxed. The upstairs will be off limits to all FCC activities where stairs do not meet these requirements.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–50; and NFPA 5–2.2.4.4.

C–196. Compliance item 12.
Surfaces under family or installation community (real property) playground equipment are soft and free of stones, debris, and obstructions.

a. Standard requires. Well maintained clean turf, sand, and grass which are not compacted and not frozen.

b. Intent. To minimize injuries from falls, by providing soft soils as a minimum impact-attenuating material under swings, climbing towers, and other elevated equipment.

c. Equivalency. Positive assurance/initiatives to ensure that equipment will be taken out of use while playing surface is unsuitable, as during a hard freeze e.g., removal of swings during winter season.

d. Reference(s). AR 608–10, paragraphs 4–21 and 6–33.

C–197. Compliance item 13.
Parents, the FCC director, and the installation safety director are notified in case of accidents.

a. Standard requires.

(1) Parents notified immediately in the event of a serious (hospital treatment) injury. In case of first aid injuries, parents are informed when children are picked up.

(2) The CDS coordinator and the installation safety office notified immediately in case of fatal injury or hospitalization (children, staff, parents, others).

(a) Serious injuries (hospital treatment) reported to the safety officer with 72 hours.

(b) First aid injuries reported within seven days.

(3) DA Form 4106, Report of Unusual Occurrence, used to report injuries and forwarded to installation safety office within time limits specified above.

(4) The installation safety office ensure submission of DA Form 285 or other required documents according to AR 385–40.

b. Intent. To assure legal, moral, and managerial information needs are satisfied.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–12, 2–20, 2–21 and 6–16; and AR 385–40, paragraphs 1–5, 2–14, and 3–2.

Section XIV
Compliance Area: Family Child Care Health

C–198. Compliance item 1.
Family Child Care (FCC) Providers meets health requirements as specified.

a. Standard requires.

(1) Provider meet health requirements prior to provision of care.

(2) Medical assessment to include TB skin test or chest X-ray; measles, mumps, rubella vaccines unless immune; diphtheria, tetanus and polio vaccines; and any other examination as determined by the occupational health service; medical assessment updated annually.

(3) Absence of communicable disease. Determination of communicability of a disease made by physician.

(4) Ability to walk, bend, stoop, and stand for prolonged periods, and lift 30 pounds.

b. Intent. To reduce risk of disease transmission and ensure staff have stamina and physical capabilities to care for children.

c. Equivalency. Evidence of a negative TB skin test may be used in lieu of a complete medical assessment for interim period not to exceed 30 days when medical appointments are unable to be scheduled in a timely manner.

d. Reference(s). AR 608–10, paragraph 4–25; AR 40–562, paragraph 4–3*d*; and AR 40–5, paragraph 5–6*a* and *c*.

C–199. Compliance item 2.
Child health requirements are met as specified.

a. Standard requires.

(1) Absence of communicable disease.

(2) Documentation on record of age appropriate immunizations to include diphtheria, pertussis, tetanus and polio; measles, mumps, and rubella, and hemophilus influenza vaccine.

(3) Health assessment (DA Form 5223–R) completed by parents and medical support personnel within the past calendar year or within 30 days following enrollment.

(4) DA Form 5223–R updated annually by parents. Medical staff comments/physical exam completed only once, upon admission.

(5) Child health requirements included in FCC system parent handbook.

b. Intent. To reduce vaccine preventable diseases, determine whether child meets age-appropriate developmental milestones and is able to participate in daily activities. Failure may indicate disease (acute or chronic) and requires more extensive evaluation. Current and complete health assessment (DA Form 5223–R) will indicate allergies, diet and other special precautions necessary for care of child. To identify children who should be referred for screening and/or enrollment in Exceptional Family Member program.

c. Equivalency. Well baby/well child examinations, school/athletic physical, or other developmental exam may be used in place of admission medical exam information on DA Form 5223–R. DA Form 5223–R should be attached to this alternative form and completed as necessary to ensure all required information is provided. Immunizations may be waived by physician for administrative reasons or exempted for medical reasons.

d. Reference(s). AR 608–10 paragraph 4–26, AR 50–562, paragraphs 4–1, 4–3*b*, and 4–4*d*.

C–200. Compliance item 3.
Children are screened for illness daily and denied admission based upon specific criteria.

a. Standard requires.

(1) Provider observes each child for obvious signs of illness upon arrival and before parent leaves.

(2) Children who appear ill or who show visible signs of fever are excluded based on the following symptoms:

(a) Temperature in excess of 100.5°F axillary for children under three months of age and in excess of 101°F. axillary for children over three months of age.

(b) Inability to participate in daily activities.

(c) Obvious illness such as—

1. Impetigo—Red oozing erosion capped with a golden yellow crust that appears stuck on.

2. Scabies—Crusty wavy ridges and tunnels in the webs of fingers, hand, wrist, and trunk.

3. Ringworm—Flat, spreading ring-shaped lesions.

4. Chicken pox—Crops of small blisters on a red base that become cloudy and crusted in 2–4 days.

5. Head lice-nits—(Whitish-grey dots) attached to hair shafts.

6. Culture proven strep infections that have not been under treatment for at least 24 hours.

7. Conjunctivitis (pink eye)—red, watery eyes with thick yellowish discharge.

8. Persistent cough, severe diarrhea, or vomiting.

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

10. Pinworm infestation.

(3) Descriptions of common childhood communicable diseases, definitions of "persistent" cough and "severe" diarrhea and list of specific criteria outlined in the installation health SOP signed by program director and health consultant.

(4) Exclusion criteria include inability to participate in daily activities regardless of cause.

(5) Children not be excluded for middle ear infection (otitis media), thrush, yeast or other diaper area infections providing they feel well enough to participate in program activities, are not communicable, and if on medication comply with medication administration requirements.

(6) Allows children to remain in care throughout course of illness when provider has endorsement to care for mildly ill children.

(7) Exclusion criteria/policies included in FCC system parent handbook.

b. Intent. To exclude children with communicable diseases and reduce risk of disease transmission. To allow children who are mildly ill, but feel well enough to participate in daily program activities to remain in care provided they do not pose a health risk to others.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–28, 4–8*b*, 4–31 and 6–9.

C–201. Compliance item 4.
Children are readmitted after illness only when their presence does not endanger the health of other children.

a. Standard requires.

(1) Allows children to return to program when well enough to participate in usual daily activities and following conditions exist:

(a) Fever has been absent for 24 hours.

(b) Nausea, vomiting or diarrhea has subsided for 24 hours.

(c) Appropriate number of doses of antibiotics (when prescribed) have been given over a 24-hour period for known strep and other bacterial infections and the child's physician has approved readmission.

(d) Chicken pox lesions crusted (usually 5–6 days after onset).

(e) Scabies under treatment.

(f) Lice under treatment.

(g) Pinworm treatment occurred 24 hours before readmission.

(h) Impetigo lesions not draining.

(i) Conjunctivitis diminished to the point that eyes are no longer discharging.

(j) Child has completed the contagious stage of the illness as defined by the installation health proponents.

(k) Child not require specialized care/attention beyond program services provided.

(2) Installation standard operating procedures outlining readmission criteria including conditions/circumstances which require physician or medical approval prior to readmission of child.

(3) Readmission criteria/policies included in FCC system parent handbook.

b. Intent. To exclude children with communicable diseases and reduce the risk of disease transmission.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–29 and 6–24.

C–202. Compliance item 5.
Child medication is administered only as specified.

a. Standard requires.

(1) Only physician prescribed medication.

(a) Administered only in full-day care or on an exception basis in other programs when no other reasonable alternative exists.

(b) Prescription include child's name, name of medication, dose and time of administration, start and stop dates.

(c) Medication in original container.

(d) Medications to have specified dosages; no P.R.N (as needed instructions) medications.

(e) Child on oral medication 24 hours before dose is administered by FCC provider.

(2) FCC provider trained in techniques of administering medication.

(3) DA Form 5225–R maintained as required and parent has signed completed form.

(4) Medication locked and stored as required; labeled and returned to parent when no longer needed.

(5) Health standard operating procedure includes a list of medications approved for administration by FCC provider.

b. Intent. Provide an opportunity for children with common childhood diseases requiring medication to attend FCC home when able to participate in program activities. Support readiness by preventing an interruption of duties of parent soldiers when their children are in FCC homes. Medication prescribed for acute situations e.g., allergy reactions are not precluded, but require consultation with medical personnel prior to administration. FCC provider not allowed to administer medication until after 24 hours in order to allow time for child to adjust to medication while under parental care.

c. Equivalency. If medication is not on the approved list, the feasibility and necessity of administration by FCC provider must be determined on an exception basis by the health consultant and physician. If medication is permitted, specific training must be provided to FCC provider by the health consultant.

d. Reference(s). AR 608–10, paragraphs 4–32 and 6–29.

C–203. Compliance item 6.
Medical care and administrative procedures for emergencies and minor health problems after admission follow specified criteria.

a. Standard requires.

(1) DA Form 4719–R on file in home containing signed parental consent for child to receive emergency medical/dental care.

(2) Procedures developed to address conditions requiring FCC provider to seek immediate medical attention including a medical facility evaluation and immediate parent notification.

(3) Procedures developed to address minor health problems including parental notification by FCC provider and isolation/care of child until released to parent.

(4) FCC provider coordinates with health consultant/FCC director to determine course of action in questionable areas.

(5) FCC provider not provide care until trained in first aid/CPR.

(6) FCC provider trained in preventive health measures.

(7) Procedures to ensure FCC providers are informed of special or potential health problems/requirements of children in care.

b. Intent. To provide appropriate approved actions during medical emergencies and minor illnesses after a child has been admitted to the FCC Home. To allow FCC provider to respond appropriately to potential health problems/requirements of children under care.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–30 through 4–31.

C–204. Compliance item 7.

Parents and health consultant are notified of medical emergencies, communicable diseases or acute illness as specified.

a. Standard requires.

(1) Immediate parent notification of any emergency or acute illness.

(2) Notification of parent and health consultant of exposure to communicable diseases occurring in home.

(3) Reportable diseases include those which are—

(a) Vaccine preventable e.g., mumps, measles.

(b) Transmitted through fecal-oral route (e.g., hepatitis, giardiasis, shigella, salmonella).

(c) Transmitted through respiratory route or fomites (e.g., chicken pox, conjunctivitis).

(4) Parent handbook includes requirement for parents to notify FCC provider if child has a communicable disease.

b. Intent. To provide parents and health consultants with essential information which may impact the health of children receiving care.

c. Equivalency. If all parents have been notified and agree, children with mild illnesses may remain in the home. "Mild" illnesses must be described in the health SOP and the SOP approved/signed by the health consultant.

d. Reference(s). AR 608–10, paragraphs 2–20, 2–21, and 4–30.

C–205. Compliance item B.

Health and sanitation procedures are followed as specified.

a. Standard requires.

(1) FCC providers wash hands before handling food, handling body secretions, feeding a child, before and after diapering and toileting children, and administering medication.

(2) Children's hands washed with soap and water before and after eating, after toileting, before participating in water play and cooking activities, after outdoor play and diaper changes.

(3) Handwashing techniques follow Centers for Disease Control recommendations.

(4) Home free from evidence of rodent and vermin infestation.

(5) No soiled diapers or animal feces or urine on floors, furniture etc.

(6) Toilet rooms and fixtures sanitary and odor-free.

(7) Personal items e.g., toothbrushes, towels, and similar items not stored or used in common.

(8) Disposable items e.g., cups, utensils not reused.

(9) Dirty linen inaccessible to children.

(10) Children served water at regular intervals, but at a minimum after large muscle activity, outdoor play, and midmorning when breakfast is provided in lieu of morning snack.

(11) Bathrooms, kitchen, sleeping space and other areas used for care of children meet local standards for orderliness and cleanliness.

b. Intent. To ensure procedures which reduce the potential for disease spread. Young children may be infected with a communicable disease such as hepatitis and show no outward signs of illness. However, during this time they pass the disease to others, especially adults, who become extremely ill. Good handwashing techniques reduce the spread of disease in child care settings by over 50 percent and protect caregiving adults from serious illness. To prevent environmental contamination and reduce risk of disease outbreaks.

c. Equivalency. Aerosol may be used in lieu of running water for handwashing purposes.

d. Reference(s). AR 608–10, paragraphs 4–33 and 6–41; and HQDA CFSC "How to Prevent the Spread of Contagious Disease in Army Family Child Care Home".

C–206. Compliance item 9.

Diaper changing areas are provided when children under three years are in care.

a. Standard requires.

(1) Diapering surfaces used only for diapering. Children not changed in cribs, on floors, counters, or common use tables.

(2) Diaper changing surfaces covered with washable material sanitized after each use with one tablespoon bleach per one quart water. Solution made fresh daily.

(3) Disposable paper surfaces changed after each use. Surface under the paper thoroughly cleaned after each use.

(4) Diaper changing surfaces smooth, non-porous, water-proof and free from cracks and crevices.

(5) Diaper changing tables have safety straps or raised edge to prevent children from rolling off the surfaces.

(6) Diapering area close to water source for handwashing purposes.

(7) Diaper bags and disinfectants stored out of reach of children. Clean diapers, clothing located within easy reach of the diaper changing area.

b. Intent. Reduce environmental and personal contamination from disease producing organisms.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–14.

C–207. Compliance item 10.

Diapering and toileting procedures are implemented as specified.

a. Standard requires.

(1) Centers for Disease Control procedures followed when changing diapers (see Appendix D).

(2) Disposable diapers used exclusively except for medically validated exceptions.

(3) Soiled diapers and clothing changed promptly.

(4) Soiled diapers stored in covered containers with plastic liners. Container emptied, cleaned and sanitized daily using bleach solution (one tablespoon bleach per one quart of water).

(5) Allows FCC provider to launder clothing when a child is in care 24 hours or longer. Clothing with body fluids or excrement washed separately from other laundry.

(6) Portable training chairs used only with approval of preventive medicine personnel.

(a) Made of smooth, nonporous materials which are easily cleaned.

(b) Emptied and sanitized after each use with bleach solution (one tablespoon bleach per one quart water).

(c) Not located in the kitchen or eating area, and inaccessible to children when not in use.

(d) Not transported through common living areas in FCC home.

(7) Soiled clothing placed in secured plastic bag and stored separate from clean clothing until returned to parent.

(8) Toilet training cooperatively planned by FCC provider and parent.

b. Intent. To reduce environmental and personal contamination from disease producing organisms.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–14 and 4–33.

C–208. Compliance item 11.

Toys used by children are washable and cleaned as specified.

a. Standard requires.

(1) Daily cleaning and sanitation of toys shared by children under three years.

(2) Weekly cleaning and sanitation of toys used by children over three years.

(3) Cleaning procedures:

(a) Wash with soap and water to remove particulate matter.

(b) Rinse with water to remove soap solution.

(c) Apply bleach solution of one teaspoon bleach per quart of water. Solution is to be made fresh daily.

(d) Air dry.

b. Intent. To prevent spread of communicable diseases from contaminated toys.

c. Equivalency. Dishwasher may be used to sanitize toys in lieu of chemical (bleach) sanitation.

(1) Wash with soap and water to remove particulate matter.

(2) Place securely in dishwasher and use complete dishwashing cycle.

(3) Wash separately from dishes.

(4) If toys not compatible with heat drying cycle, open door to air dry.

d. Reference(s). AR 608–10, paragraph 4–33.

C–209. Compliance item 12.

Nap and rest periods are provided for children as specified.

a. Standard requires.

(1) A regularly scheduled rest period.

(2) Each child rest on individual cot, mat, crib with own sheet/blanket.

(3) Crib surfaces smooth, free from splinters, sturdy, and easily cleaned.

(4) Cribs cleaned on a daily basis. Mat/cots cleaned weekly or as needed. Use of sanitizing solution of ¼ cup of bleach to one gallon of water or one tablespoon bleach per one quart of water.

(5) No pillows or other items placed in the crib which could interfere with breathing.

(6) See safety standard #7 for crib slats requirements.

b. Intent. To provide rest necessary for growth and development; eliminate environmental contamination and prevent disease transmission. To prevent strangulation and head entrapment.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–13.

C–210. Compliance item 13.

Pets are free from disease, immunized as appropriate and sanitarily maintained.

a. Standard requires.

(1) Pets in good health with current immunization records if appropriate.

(2) Pet cages, pens, bowls, and holding areas clean. Pet waste and litter boxes cleaned and changed frequently and inaccessible to crawling children.

(3) Parents notified at registration if animals are in the home and any time a new pet is added to the FCC home.

(4) Pet food and supplies out of the reach of children.

(5) Pets handled humanely and in a manner that protects the well being of both children and pets.

(6) Pets bred or trained for attack, "known aggressive pets", and pets recognized as dangerous (predators, poisonous spiders or snakes) kept away from FCC children by physical barriers.

(7) Installation veterinarian determines appropriateness e.g., acceptable temperament of pets in home as part of certification process and as needed.

(8) Installation standard operating procedure for pets in FCC homes if local circumstances indicate a need for one.

b. Intent. To provide developmental experiences for children while preventing disease transmission between pets and children. To prevent high risk situations involving children and pets with unpredictable or unsafe behavior.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–34*b*.

C–211. Compliance item 14.

Toxic plants are not present in home or in outside play areas. (See figures C–9 and C–10).

a. Standard requires.

(1) Family quarters and immediate surroundings including playgrounds inspected for hazardous plants as part of certification home inspections and quarterly visits.

(2) Indoor and outdoor areas accessible to children free from plants with poisonous leaves, berries.

(3) Director of Engineering and Housing, health consultant staff and FCC director have list of authorized and unauthorized plants (see app B).

(4) Allows non poisonous plants for science/developmental activities and to enhance physical environment.

b. Intent. To prevent exposure to hazardous plants which children may chew, consume or handle.

c. Equivalency. Hanging plants, not accessible to children, are permitted.

d. Reference(s). AR 608–10, paragraph 4–34 and appendix C.

C–212. Compliance item 15.

Areas used for care of children are free from accessible lead based paint and hazardous insulation materials.

a. Standard requires.

(1) Lead based paint not accessible to children.

(a) Testing of existing paint for lead content (either by direct reach or instrumentation or by chemical analysis of sample). Special attention to vulnerable areas including accessible chewable lead based paint surfaces e.g., wood trim, window sills, baseboards, and wall surfaces which children can pick off during idle moments e.g., rest time.

(b) Positive identification of lead paint requires scheduled removal. Chipped, cracked or loosened lead based paint constitutes an immediate hazard to children and must be removed or enclosed in imperious construction wall board, e.g., panel, vinyl covering, immediately.

(c) Latex paint not acceptable covering. Epoxy paint acceptable in areas above reach of children.

(2) Areas used for care of children are free of loose asbestos particles and ureaformaldehyde insulation.

(a) Assessment of home by DEH required to determine presence of asbestos/other substances and risk of exposure.

(b) If required, housing unit included in Asbestos Management Program and children removed from care.

b. Intent. To prevent lead poisoning in children due to ingestion of lead. To prevent diseases/illnesses in children due to exposure to asbestos or other hazardous substance.

c. Equivalency. Lead based paint or intact walls, ceilings and other surfaces which are not chewable or accessible do not constitute a health hazard.

d. Reference(s). AR 608–10, paragraphs 4–33 and 6–50; Consumer Product Safety Act; 2057, 058 in 42 CRF, 4199, Sep 77; UD 24 CFR letters A*4–1–87), ARA 35.40, CDC; Preventing Poisoning Young Children, Jan 1985, section; TB Med 513.

Section XV
Compliance Area: Family Child Care Food and Nutrition

C–213. Compliance item 1.

Meals and snacks are provided appropriate to the hours of service to help meet children's total nutrition needs.

a. Standard requires.

(1) No child will go without food for more than three consecutive hours.

(2) Breakfast or morning snack, lunch and afternoon snack served to children in full-day programs.

(3) School-age children provided a snack after school.

(4) Supper, evening snack and breakfast served as required for children who remain for evening or overnight care.

(5) Children cared for 5–8 hours during the day served 1/3 of their daily nutritional requirements.

(6) Children cared for over eight hours served 2/3 of their daily nutritional requirements.

(7) Children cared for over 12 hours served all of their daily nutritional requirements.

b. Intent. Many children are cared for in FCC homes for 10–12 hours per day or longer and receive all or most of their daily nutritional needs in the FCC setting. Children do not have the capacity to consume and digest large amounts of food. As a result,

they need smaller amounts more often than adults. FCC providers must be sensitive to the individual needs and schedules of children since the eating patterns established during these years will reflect those in later life.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–35.

C–214. Compliance item 2.

All food is provided by the FCC provider except for infant formula, baby food, special diets and food for special occasions as specified.

a. Standard requires.

(1) Provider prepare and serve all meals on site.

(2) "Brown bag" or home prepared foods sent by parents are not permitted.

(3) Allows baby food and formula, special diets and food for special occasions to be brought by parents.

(4) Infant food provided by parents or food required for special diets is labeled with child's name and refrigerated if applicable. Feeding instructions are provided.

(5) Feeding instructions provided for food brought from home.

(6) Infant formula provided by the parent or provider is in single service container and is labeled and dated.

(7) All formula stored at appropriate temperature.

b. Intent. To ensure high quality nutritious meals are served to all children. Although most parents have acceptable standards of sanitation, many do not. Food prepared at home and transported has a higher risk of contamination and spoilage. Although the parent may have prepared the food and a provider only serves it, the provider accepts responsibility for the quality of the food at time of service. She could be accused of serving tainted foods over which she has no control. Additionally it is difficult to consistently provide nutritious meals which meet all USDA requirements. Providers have no control over what is provided from home and non-nutritious foods such as potato chips or artificially flavored and colored fruit drinks often are sent by parents.

c. Equivalency. Parents may provide special diets for medical or religious reasons when approved writing by the health consultant. FCC providers may purchase ready to feed formula and pour it into bottles provided by parents.

d. Reference(s). AR 608–10, paragraphs 4–35 and 4–36.

C–215. Compliance item 3.

The FCC provider is enrolled in or meets all of the requirements of the United States Department of Agriculture (USDA) Child Care Food Program (CCFP).

a. Standard requires.

(1) All providers are enrolled in the CCFP or meet all program requirements.

(2) FCC program serve as the CCFP sponsor. Where local circumstances prevent this, documentation must be provided in writing.

(3) Written request on DA Form 4841–R to HQDA for system to participate and written approval from USACFSC (CFSC–FSC).

(4) Installation compliance with all CCFP regulations pertaining to the enrollment of children, recordkeeping, nutritional requirements, and disbursement of payments to providers.

(5) Food program expenses and USDA reimbursement records are accounted for in a separate identifiable cost accounting procedure.

(6) Salaries of appropriated fund (APF) employees or those reimbursed with APF funds not charged to CCFP as administrative time.

(7) Appropriate meal preparation techniques and practices.

b. Intent. To provide nutritious meals to children by providing foods which include the four food groups and meet nutritional requirements. Nutritious foods such as full strength juices, meats and fresh fruits are more expensive to provide than sugary drinks, potato chips and foods high in carbohydrates. To compensate for the added costs associated with the nutrition requirements, USDA reimburses providers for these costs. Participation in the food program helps keep fees charged to soldiers at an affordable rate. If providers do not get reimbursed, they will probably pass the costs on to the parents in the form of rate increases which increase fees to soldiers. OCONUS providers are not eligible for CCFP enrollment.

c. Equivalency. A CONUS provider may decide not to enroll in the USDA food program, but must still meet all of the nutritional, food service and recordkeeping requirements of the program. This information should be documented in the provider's file and parents should be advised of this fact prior to enrollment or referral.

d. Reference(s). AR 608–10, paragraphs 3–7. 4–4 and 6–7.

C–216. Compliance item 4.

Menus meet meal patterns and quantity requirements of the USDA CCFP for all groups.

a. Standard requires.

(1) Meals served which meet the USDA meal component requirement for ages 12 months–12 years (See Table C–3)

Table C–3
USDA meal requirements for ages 12 months–12 years.

Breakfast	Fluid Milk Juice or Fruit or Vegetable Bread or Bread Alternate
Lunch	Fluid Milk Meat or Meat Alternate (Fish, Cheese, Egg, Cooked Dry Beans, Peas, or Peanut Butter, Vegetables and/or Fruits (two or more) Bread or Bread Alternate
Snack	Two of the Following Components: Fluid Milk Juice or Fruit or Vegetable Meat or Meat Alternate Bread or Bread Alternate

(2) Meals served which meet the USDA meal component requirement for ages 4 weeks–12 months. (See Table C–4)

Table C–4
USDA meal requirements for ages 4 weeks–12 months.

Ages 0–4 mos	
Breakfast	Infant Formula
Lunch	Infant Formula
Snack	Infant Formula
Ages 4–8 mos	
Breakfast	Infant Formula or Full Strength Juice Infant Cereal
Lunch	Infant Formula or Full Strength Juice Infant Cereal Strained Fruit/Vegetables
Snack	Infant Formula or Full Strength Juice Bread or Bread Alternative
Ages 8–12 mos	
Breakfast	Infant Formula or Whole Fluid Milk Infant Cereal
Lunch	Infant Formula or Whole Fluid Milk Strained Meat or Meat Alternative Strained Fruit/Vegetables
Snack	Infant Formula or Whole Fluid Milk or Full Strength Juice Bread or Bread Alternative

(3) Only nutritious foods served for all meals and snacks.

(4) Children under two years of age not served foods which could cause choking.

(5) Use of food preparation methods which conserve nutritional value, flavor and appearance. Fried foods not served.

b. Intent. To ensure nutritious, balanced meals which meet nationally accepted nutrition standards; to eliminate serving of costly junk food. To encourage life long healthy eating habits.

c. Equivalency. Meal requirements for infants may differ from above if documented by a physician or by parents. Variances should be addressed with USDA representatives before meals are claimed for reimbursement.

d. Reference(s). AR 608–10, paragraph 4–35*c*.

C–217. Compliance item 5.

Menus are preplanned, posted and available to parents.

a. Standard requires.

(1) Menus are planned in advance.

(2) Dated menus are posted in accessible area for parents to review.

(3) Dated, corrected menus kept on file by FCC system for three years for USDA or MACOM auditing purposes.

(4) Menus reviewed by CDS staff for compliance with USDA CCFP requirements.

b. Intent. To ensure parents have same access to information on menus as parents using CDCs. To ensure meals are nutritionally balanced and parents can inform the provider of any individual child's allergies and likes and dislikes. To ensure cost-effective meal planning practices. To ensure documentation is available to prevent overclaim or repayment of USDA funds.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–3*d*, 4–35*k*, and 4–46.

C–218. Compliance item 6.

Parental and physician desires concerning food practices are provided within program capabilities.

a. Standard requires.

(1) Children on special diets have documentation from medical personnel which specifics food allergies and permissable substitutions.

(2) Special diet requirements are updated annually.

(3) List of children's allergies posted in the kitchen.

(4) Documentation of special dietary needs for religious reasons.

(5) Provider makes appropriate substitutions for meal components within her capabilities.

b. Intent. To identify and respond to special food requirements. Child records should be screened by provider at time of intake to note this information.

c. Equivalency. Parents may be asked to provide special food substitutions when requirements are beyond the usual items served in the FCC home.

d. Reference(s). AR 608–10, paragraph 4–35.

C–219. Compliance item 7.

Children are not forced to eat and food is not used as a punishment or reward.

a. Standard requires.

(1) All meal components served to children at one time including dessert (which is a nutritional component).

(a) Procedures to ensure children are not

(b) Required to clean their plates.

(c) Forced to eat any food.

(d) Promised food or treats for good behavior.

b. Intent. All parts of the meal are nutritionally important. One food such as fruit or milk should not be used to bribe children. Withholding food or snacks as punishment can result in nutritional imbalance. Lifelong eating habits are influenced during childhood. Children who are forced to eat or "join the clean plate club" may form eating habits which lead to obesity.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–35 and 4–36*b*.

C–220. Compliance item 8.

Infant feeding is individualized and developmentally appropriate.

a. Standard requires.

(1) Infant feeding schedules and plans are established with parent and health professional as necessary.

(2) Individualized infant feeding schedules.

(3) Infants within provider sight when feeding.

(4) Highchairs if used have wide bases and straps.

(5) Highchairs used only during feeding and children are not left unattended.

(6) Infants are held regularly for bottle feedings. Unsound bottle feeding practices, including bottle propping, putting infants to bed with bottles, and permitting infants to walk around with bottles be discontinued with parent coordination.

(7) Infants are allowed to self-feed or hold a cup or spoon as soon as interest is displayed.

(8) Introduction of new foods is coordinated with parents.

(9) Provider inform parents daily of child's intake of foods.

(10) Infants not fed honey, low fat or skim milk or foods which present potential choking hazard.

b. Intent. To ensure safe, caring feeding of infants, Infants should be fed when they are hungry, rather than on provider-imposed schedules. Infants should be fed individually or in small groups to promote a nurturing atmosphere. Many parents are unaware of the health implications related to bottle propping and putting older infants to bed with milk or juice filled bottles and use these practices. Young children walking around with bottles are exposed to health and safety risks. FCC providers should discuss implications with parents. Daily communication with parents is especially important for infants, where food allergies may develop as new foods are introduced.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–35*d* and *e*, and 4–36.

C–221. Compliance item 9.

Children participate in all phases of meal service whenever possible.

a. Standard requires.

(1) Toddlers, preschool and school-age children participate in food preparation, table setting and clean-up.

(2) Tables, chairs, plates, and utensils are sized or adapted for children.

(3) Providers sit with children during the meal.

(4) Meals served family style to include passing and serving food, pouring beverages whenever possible.

(5) Avoidance of long waiting times for children while food is being served.

b. Intent. Meal time is an excellent time to encourage children to develop self-help skills such as feeding and handwashing. Family style meal service encourages social development through sharing, passing and conversation. Concept development is promoted by counting during table setting. Pouring and serving help develop fine motor skills. Young children are unable to wait for long periods of time.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–36.

C–222. Compliance item 10.

The FCC Provider prepares and serves nutritional meals using sanitary practices as specified.

a. Standard requires.

(1) Providers wash hands before any food preparation, after handling non-food items and after smoking.

(2) Fruits and vegetables washed before eating.

(3) All trash covered and emptied daily.

(4) Refrigerator temperature does not exceed 45°F.

(5) Food storage areas including refrigerators clean and odor free.

(6) Where possible, dishes washed in a dishwasher. If not available, final hand rinse solution has 1 tablespoon chlorine bleach added.

(7) Adequate food supply within home to ensure children are fed.

(8) Foods not left uncovered on counters to cool.

(9) Heated foods kept above 140°F. until served.

(10) Non-food items such as cleaning agents stored away from food items.

(11) When children participate in food experiences, they wash their hands and are taught to handle only the food they will eat.

b. Intent. Food is easily contaminated and will support the growth of disease producing organisms. Food should be prepared and served in a manner that reduces risk to children.

c. Equivalency. None.

d. Reference(s). TB MED 530; and AR 608–10, paragraph 4–33.

C–223. Compliance item 11.

FCC management personnel and providers receive appropriate training in food and nutrition practices.

a. Standard requires.

(1) FCC management personnel receive training in administering and providing oversight for an FCC system food program.

(2) Training for FCC providers in child nutrition, planning, cost-effective, nutritious meals, food handling, food preparation, food sanitation practices, food borne disease control, environmental sanitation, and family style meal service procedures.

b. Intent. To ensure FCC management personnel program staff have knowledge required to administer and monitor FCC food service program. To ensure FCC providers are able to plan nutritious, cost-effective menus, use cooking methods which maximize the nutritional value of food, know how to prevent transmission of food borne illnesses associated with improper food handling, preparation, or storage. To ensure providers are able to implement family style dining.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–12*g*, 3–17, 4–22*b*, and 4–36.

Section XVI
Compliance Area: Family Child Care Developmental Programming

C–224. Compliance item 1.

Education program specialists (EPSs) implement provider training to support developmental programming and monitor quality assurance.

a. Standard requires.

(1) EPS(s) assigned to FCC system:

(a) Visit(s) individual FCC homes on a regular basis to model appropriate developmental practices and conduct hands-on training.

(b) Target(s) providers who are considered "high risk". Visit(s) these homes more frequently to offer support and program assistance.

(c) Support(s) those providers who are caring for special needs children who have been identified as developmentally delayed with additional training etc., as necessary.

(d) Administer(s) and maintain providers' individual education plans.

(e) Provider(s) input to the FCC director on the selection of toys, equipment and materials for FCC toy/resource library.

(f) Document(s) and keep(s) a written record of all home visits.

(g) Inform(s) FCC director immediately of concerns noted during home visits.

(h) Administers the FCC Child Abuse Risk Assessment Tool in conjunction with FCC management personnel.

(i) Assist(s) in orientation and certification training.

(j) Plan(s) and/or coordinate(s) monthly curriculum ideas, newsletters and training sessions for providers.

(k) Coordinate(s) field trips, special parties and events for groups of FCC providers and children.

(2) EPS(s) coordinate(s) FCC provider training with center caregiver training when feasible.

b. Intent. To ensure that children in FCC homes receive a quality of care equivalent to that offered in the Child Development Center. To ensure that providers receive the training and the skills necessary to maintain a safe and nurturing environment which allows children to meet their full potential and minimizes the risk of child abuse. To identify providers in high risk situations and develop a training plan to correct problem areas and reduce stress. To provide program evaluation and monitoring of homes to assure parents that their child(ren) are receiving the best care possible.

c. Equivalency. In smaller installations, an EPS may work in both CDC and FCC programs.

d. Reference(s). AR 608–10, paragraphs 3–12*c*, 6–20, and 6–30.

C–225. Compliance item 2.

A developmental program plan is prepared by the FCC director, outreach worker(s), education program specialist (EPS) and nutritionist.

a. Standard requires.

(1) An annual plan for implementation of developmental programming standards which describes the philosophy of the FCC system.

(2) Developmental program goals defined for FCC system.

(3) A training plan for all FCC management personnel to ensure consistent application of philosophy, goals, and objectives.

(4) Specified procedures used to assess the program.

(5) A parent involvement plan.

(6) An annual training agenda for FCC management personnel and providers which focuses on the components of a developmental program and "how to" implement these in individual homes.

b. Intent. To ensure all FCC management personnel have discussed and agree upon the basic developmental philosophy, goals and objectives and have prepared a written understandable plan of how these will be incorporated into each provider's home. To accomplish this, all FCC personnel need training in each area to ensure providers do not receive mixed messages from different staff members. To develop a plan that details the "how to's" of developmental programming for providers. This plan may include such topics as: "How to Use Daily Routines to Improve Social, Emotional, Physical and Intellectual Development," "How to Prepare a Daily Activity Plan" or "How to Select Activities That Meet the Developmental Needs of a Multi-age Group".

c. Equivalency. The health proponent may designate an alternative, when a nutritionist is not assigned to the FCC system.

d. Reference(s). AR 608–10, paragraphs 4–16*a* and *b*, 6–29, and 6–30*a* through *c*.

C–226. Compliance item 3.

FCC provider training is based on the National Child Development Associate (CDA) credential caregiving competencies.

a. Standard requires.

(1) All FCC providers' training organized to achieve a level of competency in caregiving skills as identified by Council for Early Childhood Professional Recognition.

(2) EPS(s) work with FCC director and outreach worker to ensure all FCC training incorporates CDA competency skill factors.

(3) All training including orientation, provisional certification, full certification, special endorsement and on-going annual inservice training be consistent with and focused toward the 13 competency goals and the functional areas as outlined in the National Child Development Associate (CDA) process e.g.,:

(a) Goal: To establish and maintain a safe, healthy, learning environment. *Functional Areas:* Safe, Healthy, and Learning Environment.

(b) Goal: To advance physical and intellectual competence. *Functional Areas:* Physical, Cognitive, Communication, and Creative.

(c) Goal: To support social and emotional development and provide positive guidance. *Functional Areas:* Self, Social, and Guidance.

(d) Goal: To establish positive and productive relationships with families. *Functional Area:* Families.

(e) Goal: To ensure a well-run purposeful program responsive to participant needs. *Functional Area:* Program Management.

(f) Goal: To maintain a commitment to professionalism. *Functional Area:* Professionalism.

(4) EPS(s) train FCC director and outreach worker on the CDA competencies and training program.

(5) FCC director and outreach worker augment EPS in providing hands on training in homes and conducting observations.

(6) Training evaluated based on demonstrated ability of caregiving skills in home rather than on written or verbal knowledge.

(7) FCC management personnel follow up upon completion of training to observe improved performance.

(8) FCC providers selected and given opportunity to formally apply for CDA credential.

(9) EPS function as CDA advisors and identify other CDS staff qualified as advisors for specified CDA candidates.

b. Intent. To ensure all FCC provider training is geared toward professional competency. To ensure provider competence is assessed based on performance of nationally recognized early childhood professional skills. The CDA Credentialing Program is a national assessment process which awards a credential to individuals who have successfully demonstrated "hands on" competence in caregiving skills. The CDA credentialing process allows FCC providers to demonstrate their "on the job capabilities" and be evaluated as they actually work with children and families. The incorporation of CDA competency based training as the basis for all FCC training will allow for the standardization of training, enhance developmental care, and provide for consistency in FCC training programs. The CDA process also provides for a source of outside evaluation of FCC providers and gives credibility to the Army FCC training program. All FCC training for providers should be based on or relate to the competencies and skill areas needed to achieve the CDA competency goals. Not all FCC providers will actually achieve the performance level needed to apply for the formal CDA credential, but all should be aware that all training they receive will help make them eligible for the CDA credential. Working toward the CDA credential is a natural process that should be integrated into the FCC developmental plan.

c. Equivalency. Outreach workers should also serve as trainer advisors to 6–10 providers who are working toward the credential.

d. Reference(s). AR 608–10, paragraphs 4–22 and 6–20*f*.

C–227. Compliance item 4.

The EPS, FCC director and outreach worker(s) prepare a monthly developmental program guide for FCC providers.

a. Standard requires.

(1) Monthly program guide for use by FCC providers—

(a) Is adaptable to individual FCC homes.

(b) Enhances the provider's ability to use the home and surroundings as a learning environment for children.

(c) Uses the flexibility of the home and the provider to meet specific needs of children.

(d) Does not use formal or center-like curriculum and routines.

(2) Program guide contains activity ideas which are—

(a) Low cost.

(b) Use home environment and equipment to the fullest extent possible.

(c) Address individual as well as multi-age group needs.

(d) Include ways parents can be involved.

(e) Encourage use of the FCC resource library.

(3) Weekly "fill in the blank" activity plans for individual provider use which include space for—

(a) Developmental goals for each child.

(b) Parental involvement in plans/activities.

(c) Group activities.

(d) Activities for large and small muscle development.

(e) Activities which promote intellectual growth.

(4) Equipment and materials.

(5) Music, games, songs, books and creative art activities for various ages.

b. Intent. To give EPS and provider a framework for initiating developmental program plans in FCC homes. Providing developmentally appropriate learning activities and environment are particularly difficult in the FCC home due to financial constraints, the age diversity of the children in many FCC homes, and the lack of supportive materials in the FCC arena. Additionally, most providers have no formalized early childhood education and need more structure to conceptualize their program. In many ways, it is like asking a person who has never been in a kitchen to bake a cake before the person has learned to measure, mix, and read a recipe. Most FCC providers will be more comfortable with a framework which outlines what should be done in their day-to-day developmental programs. The EPS may wish to use weekly themes or other such short range goals as a starting point for providers who are new to developmental programming. As the providers grow in their ability to plan, these may be discarded in favor of more individualized programming methods.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–16, 6–20*a* through *f*, 6–29, 6–30*a* through *e*, 6–32*a* through *c*, and 6–33*a* through *d*.

C–228. Compliance item 5.

Adult/child ratios and specified age composition of children (table C–5) are maintained in each FCC home.

a. Standard requires.

(1) Enforcement of ratios and group sizes.

Table C–5
FCC home ratio and group size

Home type/ setting	Age group composition	Adult/child ratio	Maximum group size
Multi-age [1]	4 wks – 12 yrs	1:6	6
Infant/ Toddler [2]	4 wks – 3 yrs	1:3	3
Newborn [3]	birth – 12 mos	1:3	3
School-age [4]	5 yrs – 12 yrs	1:8	3
Special purpose [5]	birth – 12 yrs	Determined on individual basis not to exceed 1:5	Determined on individual basis not to exceed 1:5
Mobile home unit [1]	4 wks – 12 yrs	1:4	

Notes:
1. See paragraph 2a for explanation of multi-age and mobile home unit ratios.
2. See paragraph 2b for explanation of infant/toddler ratio.
3. See paragraph 2c for explanation of newborn ratio.
4. See paragraph 2d for explanation of school age ratio.
5. See paragraph 2e for explanation of special purpose ratio.

(2) The following additional restrictions:

(a) Age group includes only two children under two years of age.

(b) Age group restricted to infants/toddlers with only three children under the age of two.

(c) Age group restricted to children under 12 months.

(d) Age group restricted to kindergarten and elementary school children.

(e) Ratios in special purpose homes locally determined after consultation with health consultant or other agencies.

(3) Providers' own children under the age of eight count in all ratios except for school-age homes where providers' own children under the age of 12 are counted.

(4) Allows school-age children normally enrolled for the school year to continue in care during summer and vacations to prevent disruption of care. However, no new children may be enrolled during the summer who would increase the adult/child ratio beyond 1:8.

(5) Allows ratios and group sizes to be reduced (more stringent) at the local level based on quarters' size and other local factors.

b. Intent. To ensure proper adult/child ratios are maintained at all times for safety and well being of the children in care. FCC ratios are consistent with federal Head Start Family Day Care Program. National research links the quality of care to reduced adult/child ratios and limited group sizes. Enforcement of ratios and age group is necessary to ensure adequate supervision of children at all times and to minimize liability to the Army.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–26.

C–229. Compliance item 6.

The FCC provider nurtures and cares for children with affection; uses appropriate caregiving techniques; acts as a positive role model for children and presents image as a child care professional.

a. Standard requires.

(1) Provider recognize individual differences in children, and respond to these differences.

(2) Provider administer minimum first aid, carry out emergency measures in cases of illness, accidents or fire.

(3) Provider dress in appropriate street clothing while children are in care.

b. Intent. To ensure FCC providers are mature and self-confident individuals who possess the caregiving skills and motivation necessary to interact with children to support their developmental needs and provide quality care.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–13*a*, and 4–22.

C–230. Compliance item 7.

The provider supports and promotes children's intellectual development.

a. Standard requires.

(1) FCC home environment which—

(a) Allows children to solve problems, initiate activities, explore, experiment, question and learn by doing.

(b) Provides a balance of provider directed and child initiated experiences.

(c) Promotes language understanding and use.

(d) Contains a variety of materials, books, equipment that stimulate each child and are suitable to individual developmental levels.

(2) Provider demonstrates appropriate practices.

(a) Understands that process is more important that the product. Avoids "look alike" art projects.

(b) Has sufficient books, materials and equipment to stimulate learning.

(c) Provides unstructured play options such as blocks, musical instruments, books, and dress up materials.

(d) Offers opportunities for messy play such as sand and water play, paints and play dough.

(e) Ensures a balance of active and passive, free and structured and indoor and outdoor activities for all children.

(f) Allows children to explore and play with safe household items such as pots and pans, magazines and empty cartons and boxes.

(g) Is flexible and changes routines to take advantage of natural or unusual opportunities such as rain or snow outside.

b. Intent. To help providers understand that the home is a natural learning environment that can be supplemented with some additional supplies and equipment. Many activities such as playing with pots and pans, sorting laundry and setting the table develop intellectual skills.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–16*a* and *b*, 6–29, 6–30*a* through *c*, 6–31*a* through *e*, and 6–32*a* through *d*.

C–231. Compliance item 8.

The provider supports and promotes children's physical growth and development.

a. Standard requires.

(1) FCC home environment contains—

(a) Adequate indoor and outdoor space(s).

(b) Materials and equipment to support large and small muscle development.

(2) Provider demonstrates appropriate practices.

(a) Schedules daily age appropriate large muscle activities such as crawling, running, jumping and climbing both indoors and outdoors.

(b) Provides activities such as fingerplays, use of manipulatives which encourage small muscle development.

(c) Provides activities which develop the five senses such as smelling odors, distinguishing sounds, feeling objects and tasting foods.

(d) Observes and evaluates each child's physical development and plans activities to meet this level.

(e) Provides and arranges equipment, materials and activities which encourage physical development.

(f) Provides appropriate guidance while children are using equipment.

b. Intent. To ensure providers are aware of the physical developmental level of children and structure activities and equipment accordingly. For example, toddlers are learning to climb and need appropriate equipment to practice their skills. If appropriate equipment isn't available, they will climb on furniture, stairs or shelves which is dangerous and the provider may assume the child is disobedient rather than maturing "on schedule". Providers must also understand that large muscles will develop before small muscles, and it is inappropriate to assume toddlers have the small muscle control necessary to learn to write with a pencil. It is also inappropriate to try to toilet train a child who lacks control of the necessary muscles. To ensure providers understand that the child develops as a "whole unit" and physical development is an integral part of total child development.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 6–32*a* through *e*, and 6–33*a* through *d*.

C–232. Compliance item 9.

The provider establishes a supportive social and emotional climate for children.

a. Standard requires.

(1) FCC home environment which—

(a) Enhances children's understanding of themselves as persons and in relation to others.

(b) Provides children many opportunities for success through program activities.

(c) Helps each child develop a positive self image, enhance individual strengths and develop social relationships.

(2) Provider demonstrates appropriate practices:

(a) Offers children choices in activities, materials and foods whenever possible and respects their choices.

(b) Provides activities which allow children to experience success and shows encouragement for success.

(c) Refers to each child by name in a positive manner.

(d) Gives children meaningful things to do (i.e., set the table) which helps them feel important and effective.

(e) Encourages children to practice self help skills (i.e., handwashing, getting dressed and picking up toys) according to developmental levels.

(f) Accepts children's feeling such as anger, fear, and jealously without shaming.

(g) Alerts children in advance of a change in schedule, activity or routine.

b. Intent. To encourage provider to respect a child's feelings and need for success and positive recognition because it impacts on the child's view of himself. A child who gets no positive feedback and has no positive experiences may develop a poor self image and become a behavior problem, since a child would rather have negative attention than no attention.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–17*a* and *b*, 6–29, and 6–30*a* through *c*.

C–233. Compliance item 10.
Program practices in FCC home reflect unique age group needs.
a. Standard requires.
(1) Provider caring for infants provides an environment which supports unique age group needs.
(a) Listens for and responds to infant crying in a positive supportive manner.
(b) Provides basic physical care (feeding, diapering, etc) and uses these times to talk to and make warm physical contact with the child.
(c) Recognizes that older infants have difficulty separating from parents and supports the child and parent during these times.
(d) Allows infants to move around and explore in a safely controlled environment.
(e) Spends time individually reading to, singing and holding infants.
(f) Accommodates infants own sleeping and eating patterns.
(g) Takes infants outside on a regular basis.
(2) Provider caring for toddlers provides an environment which supports unique age group needs.
(a) Offers toddlers opportunities to practice large muscle skills such as climbing, running and jumping.
(b) Uses positive language with toddlers, says "walk" rather than "don't run".
(c) Lets toddlers solve their own problems if possible.
(d) Avoids power struggles with toddlers who say "no" and uses redirection and distraction instead.
(e) Sets and explains limits in simple terms.
(f) Uses make believe props such as dress up using the toddler lead.
(g) Gradually introduces a variety of creative art materials.
(3) Provider caring for preschool age children provides an environment which supports unique age group needs.
(a) Offers activities which promote small muscle development e.g., buttoning or zippering.
(b) Uses art activities which are child centered/child choice, not cutouts and dittos.
(c) Includes children in food preparation table setting and self service at meals.
(d) Uses spontaneous activities such as weather, food preparation, household routines to talk to children and enlist help which leads to skill development.
(e) Offers materials such as blocks, art supplies, small manipulatives which children may use freely.
(f) Has musical experiences and instruments available routinely
(g) Reads to children routinely.
(h) Allows children to develop self help skills by toothbrushing, handwashing, etc.
(i) Incorporates walking field trips into the schedule to broaden the learning environment.
b. Intent. Provider must be aware of the important development that occurs during the early months. Infants are learning language through cooing, repeating sounds and listening to the adults around them. Infants need lots of physical loving contact with adults. Routines such as feeding are a time for providers to talk to infants. Infants learn to trust adults when adults respond to their needs promptly and positively. To ensure providers who work with toddlers understand the developmental processes. Toddlers are very physical and need opportunities to develop large muscle control. They are trying to establish independence and use the word "no" often. Providers who believe the toddlers are misbehaving will not be able to cope with them on a day to day basis. Providers need to make certain changes to their homes to protect breakables and keep toddlers safe while encouraging development. Providers should not expect toddlers to sit still quietly.
c. Equivalency. None.
d. Reference(s). AR 608–10, paragraphs 4–17*a* and *b*, 4–23*a* through *d*, 6–29, 6–30*a* through *c*, and 6–32*a* through *c*.

C–234. Compliance item 11.
The provider recognizes parents as partners in care of children.
a. Standard requires.
(1) Provider discusses child's accomplishments with the parents daily.
(2) Provider routinely asks parents how the child's day has been and if there are new accomplishments.
(3) Provider posts activity plans for parents to see and ask parents to share ideas with her.
(4) Provider requests parental input and/or support for holidays and other special occasions.
b. Intent. Parents are a resource which can help providers plan activities which meet their children needs, reflect cultural diversity and assist the provider with holiday celebrations.
c. Equivalency. None.
d. Reference(s). AR 608–10, paragraph 3–25.

C–235. Compliance item 12.
Providers observe and evaluate each child's growth and development for program planning.
a. Standard requires.
(1) Procedures for on-going observation, readings and evaluation of each child's growth and development included in developmental plan.
(2) Provider trained in basic developmental milestones for each age group.
(3) Provider observe and record each child's developmental progress and use the observations to plan activities.
(4) Provider use parental input to determine child's need.
(5) EPS(s) review provider's activity plans to ensure children's individual needs addressed.
(6) Provider notes child's developmental changes in child's file.
b. Intent. The purpose of these observations is to use information gained from observations and parent/provider discussions to plan activities that suit the individual child's needs. The intent is, not to use complicated screening devices, but for instance, the parent may note that a toddler is interested in playing in the dog's water dish at home. Focus should be on how the provider can incorporate water play into programmed activities to allow the toddler to explore water in a positive way. The provider should make simple notes in the child's file such as "Jonathan drank from a cup today instead of drinking from the dog's bowl."
c. Equivalency. None.
d. Reference(s). AR 608–10, paragraphs 4–22, 6–29, and 6–30*a* through *d*.

C–236. Compliance item 13.
Indoor play space and furnishings are arranged to allow developmentally appropriate child activities.
a. Standard requires.
(1) Children able to choose and replace toys with little assistance.
(2) Space for rest and quiet activities
(3) Open, safe space for crawling children.
(4) Tables, chairs child sized or adapted for child use.
(5) Eating utensils easily handled by the children.
(6) Toys and equipment accessible to children on low shelves.
(7) Equipment available supports the type of care offered.
(8) Breakable objects kept to minimum in child accessible areas.
(9) Special areas for children's belongings e.g., indicated tubs, hooks.
(10) Basement rooms not used unless dry, free from fire hazards and have adequate exists.
b. Intent. To assist providers in understanding and recognizing the ways the home environment can be used to support children. Children should be included in normal routines e.g., sorting laundry, cooking, simple repair/maintenance which can foster small muscle, eye, hand coordination and other such skills. Intent is not to use children to accomplish household tasks.
c. Equivalency. None.
d. Reference(s). AR 608–10, paragraph 6–32.

C–237. Compliance item 14.
Toys and equipment are provided according to program requirements.

a. Standard requires.

(1) Program equipment, toys and materials furnished or utilized by FCC provider per AR 608–10, paragraphs 4–21 and 6–31.

(2) A sufficient number of toys and equipment available to avoid excessive competition and long waits for use.

(3) Child size furniture or adult furniture safety adapted for use by children.

(4) Step stools at sink to facilitate handwashing.

(5) Individual sleep mats or sleeping areas.

(6) Small manpulativeness such as puzzles, legos, games.

(7) Creative materials such as play dough, art supplies, and dramatic play props.

(8) Books, blocks and sensory materials.

b. Intent. To ensure a variety of toys, materials and equipment are available that support a variety of ages and developmental needs as found in the FCC homes. The provider should augment own supply and variety of toys and equipment by using the FCC toy/resource library. This includes acquiring some equipment such as low tables and chairs, low shelves, step stools for sinks and child storage areas. Providers not asked to make "mini centers", but rather to provide the basic equipment that parents would provide in their own homes for their own children.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–21, and 6–31.

C–238. Compliance item 15.
Daily indoor and outdoor activities are planned for all children.

a. Standard requires.

(1) A written daily activity schedule available to parents.

(2) The daily schedule provide opportunities for age appropriate indoor and outdoor activities.

(3) Signed parental permission slips for activities that involve leaving the provider's home.

(4) Daily program activities are informal, yet provide consistency and stability.

(5) A variety of activities are planned to accommodate the age and developmental needs of children in care.

b. Intent. To ensure purposeful planning by provider. Parents need to be informed that their child's day is organized to include a variety of activities and a balance between indoor and outdoor activities. Parents must be assured that the activities planned in the FCC home are developmental and age appropriate. Activity planning incorporates the outdoor environment as a tool for learning.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–13, 4–14, 4–16, 4–20, 4–36, and 6–30.

C–239. Compliance item 16.
Developmentally appropriate outside play areas are available within walking distance of FCC home.

a. Standard requires.

(1) Children have access to hazard free outdoor play space.

(2) Children under 5 years not permitted outside unless accompanied by FCC provider.

b. Intent. To accommodate constraints and differences found in government housing areas. Many housing units do not have individual yards as would be found in private sector housing. Additionally, fencing which is usually a requirement for private sector FCC licensing, is not feasible in every military setting. Installations and/or individual FCC providers are encouraged to fence individual yards whenever possible. Portable/removable fencing to include small play areas may be provided as part of FCC toy/resource library.

c. Equivalency. Where such play space is not available on the premises, parks, playgrounds or other easily accessible outdoor space may be used with the approval of the FCC director. Since providers may not regularly transport FCC children unless they obtain their own insurance coverage, it is necessary that a suitable outside play space be available within walking distance.

d. Reference(s). AR 608–10, paragraph 6–33.

C–240. Compliance item 17.
Television is limited to developmentally appropriate programs

a. Standard requires.

(1) Children always given alternative to watching television.

(2) Television viewing not exceed one hour for each five hours children are in care.

b. Intent. To minimize use of television in FCC homes when children are in care. Television viewing is not appropriate for infants and young toddlers. To limit child viewing to programs especially designed for children. To ensure television is not used in place of appropriate developmental activities. Television is not to be used as a substitute for provider oversight and interactions with children.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–12.

C–241. Compliance item 18.
Constructive discipline techniques are used consistent with installation touch policy. No form of corporal punishment is permitted.

a. Standard requires.

(1) FCC provider help children learn to develop self-control, express their feelings in acceptable ways, and when age appropriate, learn to resolve their own conflicts and be involved in rule making.

(2) Establishment of simple understandable rules.

(3) FCC provider role model appropriate behavior and conflict resolution skills, and use positive rather than negative language.

(4) FCC provider demonstrate realistic, age appropriate expectations of children's behavior.

(5) Guidance techniques used include diversion, separation of child from situations, praise of appropriate behavior or gentle physical restraint. No inappropriate touch including corporal punishment, slapping pinching, prolonged tickling, fondling or molestation.

(6) Children not punished by spanking or other physical means, isolation from adult sight, confinement, binding, humiliation or verbal abuse, or deprivation of food, outdoor play or other program components.

(7) Children not punished for lapses in toileting or refusing food.

(8) Use of time-out limited to one per minute-per-year of age.

(9) Highchairs not used for discipline purposes.

(10) Biting policies focus on modifying children's behavior within the setting and working cooperatively with parents to identify alternative strategies environment rather than suspending child.

(11) Development of a written touch and discipline policy, communicated to staff, coordinated with appropriate functional proponents and provided to parents at time of enrollment.

b. Intent. To ensure use of appropriate guidance techniques (compatible with child's developmental level), which minimize risk of child abuse. To ensure guidance techniques focus on inappropriate behavior rather than "bad" children. Corporal punishment is not allowed in the FCC home under any circumstances even with parental approval. Discipline techniques used in the home are realistic to the infraction the child has committed. The provider and the parent are in philosophical agreement as to which discipline techniques will be employed for the child. Providers may not use corporal punishment with own children when FCC children are present in home.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–7, 4–10, and 6–25.

C–242. Compliance item 19.
Child routines support growth and developmental patterns.

a. Standard requires.

(1) Child routines including meal times, napping and rest time, diapering and toileting conducted in such a way to support children's growth and development.

(2) Providers interact with children during time of routine and are alert to "teachable moments".

b. Intent. Providers take advantage of casual and spontaneous learning opportunities during routines or transition periods that may provide a greater learning opportunity than the planned program activities. For example counting out raisins during snack, using toileting time as an opportunity to practice buttoning and zippering skills, conversing with infants while diapering and feeding.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 4–13, 4–14, and 4–36.

C–243. Compliance item 20.

Night care requirements are met as specified.

a. Standard requires.

(1) Applies to care given between 1800 and 0600.

(2) Children enrolled in night care may remain more than 12 hours to avoid disrupting sleeping patterns.

(3) Each child have bed, cot or crib with individual sheets and blanket.

(4) Children present during the evening meal are fed.

(5) A nighttime snack is available.

(6) Children who stay overnight:

(a) Have sleeping garments, towel, toothbrush, and change of clothing.

(b) Receive a bath if necessary; children under five years supervised while bathing.

(c) Served breakfast.

(7) Evening and morning schedule of program activities planned for hours children are awake.

(8) Provider trained in night time evacuation procedure.

(9) FCC management personnel monitor homes on a regular basis during periods of extended care.

b. Intent. To ensure that children cared for in evening hours receive the same protection, care and development opportunities as children cared for during the day.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 4–15.

C–244. Compliance item 21.

FCC homes are assessed for child environment quality and level of developmental programming.

a. Standard requires.

(1) Use of a program evaluation instrument—

(a) Systematically assess individual FCC homes to quantify acceptable level of care.

(b) Identified caregiving areas and situations which need corrective action.

(2) Instrument used on an ongoing basis with assessment completed annually by FCC management personnel.

(3) EPS(s) work directly with FCC providers to improve caregiving skills and modify home environments to support child activities.

b. Intent. To improve quality of developmental programming provided to children in care. To provide an objective assessment of program quality by using nationally recognized assessment and evaluation instrument(s) which can provide a baseline for quality control. To target FCC provider training opportunities in areas identified as needing corrective action. To provide a means for documenting whether or not an acceptable level of care has been provided.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 3–12, 6–14, and 6–52.

Section XVII
Compliance Area: Family Child Care Child Abuse Prevention

C–245. Compliance item 1.

Application screening procedures are followed to ensure only the best qualified applicants are certified.

a. Standard requires.

(1) Potential FCC provider applicants attend an FCC orientation session and are interviewed by FCC management personnel prior to beginning certification process.

(2) Provider applicant a minimum of 18 years or age.

(3) Screening interview—

(a) Standard interview format used for provider applicants.

(b) Include questions related to caregiving and administrative responsibilities.

(c) Conducted in applicant's home with all family members present.

(4) Applicants screened for serious language, financial and reading difficulties which could compromise children's health, safety or developmental progress.

(5) Efforts to ensure applicants understand FCC system expections of their responsibilities.

(6) Satisfactory background clearances completed prior to beginning precertification training and annually thereafter.

(7) Personal references checked by FCC management personnel.

(8) Provider and family member not—

(a) Use or be under the influence of alcohol while children in care.

(b) Use prescription drugs which negatively impact on ability to care for children.

(c) Smoke in presence of children or parent.

(9) Provider able to speak, read and write English language.

(10) Provider in good health as evidenced by precertification physical (see health standards C–97).

(11) Provider present well groomed appearance and dress in modest attire.

(12) Results of screening interview, background checks, personal reference checks, physical exam and information presented by family members used to determine suitability for continuing precertification process and may be used to deny an application.

b. Intent. To choose the most highly qualified among all the applicants. As in other areas (employees, contractors), the Army reserves the right to select the best candidates from among those available. To ensure provider applicants, FCC management personnel. DPCAs and installation commander understand that providing child care in government quarters is a privilege, not a right. To ensure applicants meet minimal skill, ability, aptitude and background check requirements prior to expending time and financial resources involved in precertification training and operational requirements/home inspections. To ensure family members are fully aware of the impact on their lives when their home becomes a source of child care for the FCC system. To ensure provider is able to effectively execute health and safety directives e.g., reading medical instructions, writing notes to parents, as determined by FCC director. To ensure children are cared for by mature adults who act as positive role models in language, speech, attire, and personal behavior while in the presence of children.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 6–2, 6–10, 11, and 12.

C–246. Compliance item 2.

Favorable background checks are completed for FCC provider applicants and all family members over age 12 residing in FCC homes.

a. Standard requires.

(1) Background checks initiated by FCC management personnel and documentation of satisfactory results completed prior to provision of care and annually thereafter.

(a) Local military police (MP) records check:

(b) Criminal Investigation Division (CID) records check to include Defense Central Investigation Index (DCII).

(c) Army Family Advocacy Central Registry.

(d) Civilian law enforcement checks (if obtainable).

(e) Alcohol and Drug Abuse Prevention and Control Program (ADAPCP).

(2) Record checks include—

(a) Prior instances of misconduct including children.

(b) Assaultive behavior.

(c) Substance abuse.

(d) Larceny or related misconduct.

(3) Signed released of information statement by individual or sponsor accompany screening requests.

(4) Screening requests for ADAPCP records as permitted pursuant to AR 600–85, chapter 6.

(5) Proponent screening agencies (CID, MP, etc) provide individual status of check, including appropriate information necessary to make informed decision to allow or deny provider applicant entry into the FCC system.

b. Intent. To reduce the risk of child abuse in FCC homes by screening family members over age 12 and other adults regularly present in the FCC home who might have close child contact. To use multiple background checks options as part of a comprehensive screening process. To approve only those FCC provider applicants who have a satisfactory background check for entry to the FCC system. The safety and well being of children in care is the first priority and should be considered the overriding factor when background check contains questionable information. Caring for children as a FCC provider is not an appropriate therapy recommendation for medical or social work professionals to make to their clients.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–24 and 6–11; and AR 600–85, section III, chapter 6.

C–247. Compliance item 3.

FCC management personnel identify and respond to indicators of potential abuse during quarterly and unannounced home visits.

a. Standard requires.

(1) FCC management personnel observe following during regularly scheduled and unannounced visits to FCC Homes.

(a) Behavior and appearance of children.

(b) Provider/child interactions including indicators of stress or behavior problems.

(c) Guidance (discipline) techniques.

(d) General organization and condition of home including noise level and excessive clutter.

(e) Unsupervised care.

(f) Evidence of adequate food supply.

(g) Behaviors of provider's own child which could lead to physical harm or neglect of other children.

(h) Financial instability which could lead to stress or neglect.

(i) General resistance of provider to guidelines or regulation.

(j) Presence of other adults of teens and their interactions with children.

(k) Other conditions which could produce high stress levels.

(2) Immediate actions taken to defuse potential problems.

(3) Documentation of findings and corrective action in provider file on DA Form 5726–R and DA Form 5221–R.

(4) EPS(s) support group training and on site technical assistance initiatives to minimize risk of abuse.

b. Intent. To identify some of the major indicators which could lead to abuse of children. Unusual stress, isolation, changes in the family constellation and financial hardships may put children at risk. Since these factors change often without notice, FCC management personnel should be in the home as often as possible (at least quarterly) and sometimes without prior notice (at least two times per year) to note major changes in circumstances and the impact on the provider as well as the children in care. To maximize number of overall visits and the "sets of eyes" observing in FCC homes. To avoid potential abusive situations by taking proactive measures once indication of abuse have been identified. The quality of care offered is closely linked to risk of child abuse. Providers who do not understand the developmental levels of children in care are more likely to have unrealistic expectations of children. When children fail to measure up, they become frustrated and lash out physically or verbally at the children.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–27 and 6–34.

C–248. Compliance item 4.

Child abuse prevention education is offered to parents.

a. Standard requires.

(1) Family Advocacy Program Manager (FAMP) and CDS management personnel offer training sessions as a cooperative effort.

(2) Training sessions:

(a) Provided on a quarterly basis or more frequently if needed on larger installations.

(b) Emphasize "protection of children from abuse is shared responsibility between Army and parents."

(c) Offered in a variety of locations accessible to majority of parents.

(d) Offered at a variety of times including evenings, lunch hours.

(3) Parents notified in advance of upcoming classes.

(4) Signed parental statement acknowledging responsibility for child abuse prevention including documentation of parent attendance at training session.

(5) Innovative approaches to reach large numbers of parents and show command interest and support such as—

(a) Command letter.

(b) Direct participation of Commander.

(c) Incorporation of training session within scheduled event or command function.

(d) Consideration of releasing soldiers during duty time to maximize attendance.

b. Intent. To educate parents so they can provide child abuse prevention education to their own children. It is a parental responsibility to determine how much and at what age child abuse prevention education is appropriate for their children. To exclude children under six years of age from child abuse prevention education training. Although there are many child abuse education programs available for children, most of these are not developmentally appropriate for young children (under 6 years). Children can not understand the concepts used to distinguish distinct "good and bad touches etc.,." Experts are divided over value of such training, and there is some concern that its use with very young children is not appropriate and could even lead to false accusations of abuse.

c. Equivalency. Child abuse prevention may be provided to children over six years with signed parental approval. Curriculum used will be selected jointly by the CDS coordinator and the Family Advocacy Program manager.

d. Reference(s). AR 608–10, paragraph 2–29.

C–249. Compliance item 5.

FCC management personnel monitor homes using FCC Child Abuse Risk Assessment Tool (CARAT) and take appropriate action when risk is indicated.

a. Standard requires.

(1) CARAT administered—

(a) As part of initial certification process.

(b) As part of annual Developmental Assessment Team Review process.

(c) Whenever a child abuse allegation is made against a FCC home.

(2) CARAT not used as sole basis for denying certification.

(3) Each installation develop plans for CARAT use as part of standard operating procedures for certification, suspension, and denial of certification.

(a) Training on purpose/content of CARAT provided during provisional certification period.

(b) CARAT not used to assess any provider who has not completed child abuse prevention training.

(c) CARAT assessment visits scheduled with providers' full knowledge of purpose.

(d) CARAT administered while majority of children are awake and present in the home.

(4) Consistent application of CARAT through FCC system:

(a) Training in use of tool for all staff involved in assessment process.

(b) Joint assessment with other staff members as specified to establish reliability factor.

(c) Ensure provider review of Privacy Act Statement before use of the CARAT.

(5) Written plan to address follow up initiatives for provider identified as having moderate and high risk factors.

(a) FCC management actions to referral services if warranted.

(b) Plan coordinated with Family Advocacy Program manager.

(6) Written follow up reports of CARAT assessment documented on DA Form 5761–3–R. Where provider determined to be "marginal", plan must address specific findings. Provisions may include—

(a) Extended provisional certification period which include requirements for further training.

(b) Increased home visits.

(c) Education program specialist involvement to address specific area(s) of concern.

(d) Counseling by outside professional(s).

(e) Denial of certification.

b. Intent. To review administrative procedures and operational policies of both the FCC system and individual providers. To provide a systemic and consistent method of identifying high risk indicators, which if not corrected, could lead to the abuse of children in the FCC home. To provide an objective assessment by professionally qualified personnel who does not have oversight responsibility for the FCC provider/home. It is very possible that primary FCC staff member is in the provider's home so often, that obvious risk factors are overlooked. To identify training requirements for both individual and groups of providers. To identify situations which will require increased management oversight/intervention to help providers improve caregiving skills. The tool does not identify actual child abuse per se or evidence of child abuse. The end result is not to allege child abuse, but to identify potentially unsafe environments for children.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 6–52; and HQDA Letter, Letter of Instruction (LOI) For Use of Family Child Care (FCC) Risk Assessment Tool (CARAT) 19 Sep 88.

C–250. Compliance item 6.

FCC management personnel receive training on child abuse prevention, identification reporting.

a. Standard requires.

(1) CDS coordinator provide or arrange the following training for FCC management personnel.

(a) Child abuse identification, prevention and reporting.

(b) Indicators of high risk homes and methods of prevention/intervention.

(c) Legal and liability issues.

(d) Basic counseling techniques.

(e) Interviewing skills.

(f) Use of the FCC Child Abuse Risk Assessment Tool.

(2) Family Advocacy Program staff support inservice training requirements for FCC staff.

(3) Training documented on DA Form 5760–R.

(4) A written annual training plan which includes a schedule of, or provisions for, these sessions.

b. Intent. To train FCC personnel to identify, not only abuse, but those conditions in a home which could lead to abuse. When high risk factors are identified, FCC management personnel need basic skills in areas such as interviews/questioning techniques, observing behavior, how to counsel providers to achieve change, or if necessary how to initiate procedures to close the home.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 3–20.

C–251. Compliance item 7.

FCC Providers receive training on child abuse prevention, identification and reporting.

a. Standard requires.

(1) Special attention to training providers in:

(a) Definition of abuse and neglect.

(b) Identification of behavioral and physical indicators of abuse/neglect.

(c) Reporting procedures.

(d) Discipline policies including non use of corporal punishment.

(e) Touch policy.

(f) Field trips and outdoor policy supervision.

(g) Parent access policy.

(h) Use of substitute providers.

(i) Release of children to other than parent(s).

(j) Stress factors related to child abuse.

(k) Self protection against false allegations.

(l) Circumstances requiring temporary or permanent closure of home.

(2) Training provided.

(a) Identification, reporting, and standard operating procedures topics as part of precertification training prior to provision of care (2 hours).

(b) Prevention of child abuse within FCC home as part of certification training during first six months as a provider (2 hours).

(3) Use of standard training materials as developed and provided by USACFSC (CFSC–FSC).

(4) Training documented on DA Form 5763–R in provider files.

(5) Family Advocacy Program staff provide training in conjunction with FCC management personnel and have major responsibility for training on identifying and reporting procedures.

b. Intent. To ensure all providers possess knowledge of installation policies and procedures for child abuse prevention, identification and reporting of both familial and institutional child abuse/neglect. Many providers have personal values which strongly influence their practices regarding discipline, substitute care, and supervision of children. Even though they may personally believe in corporal punishment, they must clearly understand that physical punishment, is strictly forbidden. To help providers understand the vulnerability of children when left unsupervised or with unqualified substitutes and the rationale for this policy. To help providers recognize stress factors in their lives which could lead to abuse situations.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–3*m*, and 6–21.

C–252. Compliance item 8.

A touch policy has been implemented.

a. Standard requires.

(1) Installation specific touch policy coordinated with Family Advocacy Program manager, Social Work Services, Staff Judge Advocate office.

(2) Policy addresses at a minimum appropriate versus inappropriate touches.

(a) Examples of appropriate touches include hugs, lap sitting, reassuring touches on shoulder, naptime, backrubs.

(b) Examples of inappropriate touches include: forced goodbye kisses, corporal punishment, slapping, striking, pinching, tickling for prolonged period, fondling or molestation.

(3) Policy distributed in written form to FCC providers and parents.

(4) Training on policy incorporated as part of FCC provider precertification training.

b. Intent. To define appropriate touching practices within the context of adult/child physical interactions in the FCC home. The intent is not to make providers afraid of physical contract with children, but rather delineate "boundaries" and stress that appropriate nurturing interaction are healthy and necessary for the development of children. Installation touch policy should expand on information provided in AR 608–10.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–28, 6–21 and 6–25.

C–253. Compliance item 9.

Reports of unauthorized care are followed up as specified.

a. Standard requires.

(1) FCC management personnel visit home within three working days of complaint.

(2) If care is in violation of AR 608–10 requirements, individual notified by command letter to cease care immediately.

(3) FCC director begin certification procedures as alternative to if permanent closure.

(a) Individual expresses willingness to participate.

(b) Openings exist in FCC management caseload.

(4) Interim precertification procedures established as condition for care to continue uninterrupted.

(a) Background checks completed within five days.

(b) Successful completion of fire, health, safety home inspections within 5 days.

(c) In home screening interview.

(d) Minimum weekly unannounced visits by FCC management personnel.

(5) FCC management personnel work with parents and uncertified individuals to minimize disruption to children in care.

(6) Parents of children involved notified in writing that provider is not certified.

(7) If interim procedures take more than 5 days, children may return to care when—

(a) Uncertified individual meets interim certification requirements.

(b) Number of children in care is according to AR 608–10, paragraph 6–26.

(c) Signed agreement with milestones for uncertified individual to complete precertification requirements.

(8) Closure of home on permanent basis if uncertified individual does not complete provision certification requirements in a timely manner as agreed.

(9) CDS management personnel provide written follow up report to the commander and Family Housing Office:

(a) When uncertified individual is continuing to provide care and has made no attempt to begin certification process within 10 days of receipt of notice violation.

(b) Include recommendation(s) as to further action.

b. Intent. To confirm care being provided is in violation of AR 608–10. To establish procedures for bringing individuals providing unauthorized care under the oversight of the FCC system with the least amount of disruption to children in care and families using care. To advise individual that government housing privileges may be terminated if unauthorized care continues. To allow interim requirements to be met which do not jeopardize the health, safety, and well being of children as an alternative to permanent closing home at the time. To provide some flexibility in helping unauthorized individuals meet requirements to reduce the number of "under ground homes." The intent however is not to "reward" non compliance by allowing identified unauthorized providers priority entry to the FCC system.

c. Equivalency. FCC management personnel will not enter housing unit without the express consent of an adult occupant. If occupant refuses admittance, the Provost Marshall will be contacted.

d. Reference(s). AR 608–10, paragraph 6–38.

C–254. Compliance item 10.

Appropriate management actions are taken to prevent provider isolation and reduce stress.

a. Standard requires.

(1) Whenever possible, new FCC providers assigned to experienced providers who volunteer as sponsors/advisors.

(2) FCC management personnel encourage FCC providers to use substitutes during times of stress or when familial responsibilities are particularly demanding.

(3) FCC management personnel encourage providers to form support groups.

(4) Providers encouraged to contact FCC management personnel when feeling isolated, discouraged or unable to cope with children.

(5) FCC management personnel visit home more frequently/increase telephonic communications when indications are such that provider is experiencing "burn out", unusual stress or feeling isolated.

b. Intent. To initiate management actions to help reduce the potential for child abuse resulting from provider's inability to deal with the stress or isolation frequently present when spouse is on a training exercise, TDY, or on a remote assignment. The stress caused by the additional responsibilities providers must assume during these periods has been a contributing factor in many FCC child abuse cases.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 2–27.

C–255. Compliance item 11.

FCC providers take measures to prevent child abuse/neglect in their homes.

a. Standard requires.

(1) Written viable plans for emergency care of children.

(2) Back up/substitute providers meet criteria specified in AR 608–10, paragraph 6–14.

(3) Spouses not used to provide emergency or back up care.

(4) Parents required to sign children in and out of home each day.

(5) Provider has written agreement which includes fee policy, late arrival, long term care provisions, meal policies, and provider vacation policies.

(6) Providers with teenage children in the home have been briefed on recommended prevention measures.

(7) Providers provide written discipline policy to parents as part of admission process.

(a) Policy clearly states which disciplinary techniques will be used.

(b) Policy precludes corporal punishment even if parents request its use.

b. Intent. Many false allegations occur when parents and providers have misunderstandings over fees or fee policies or hours of care and late arrivals. To protect spouses and teenage children from false allegations and to protect the children in FCC homes from actual abuse. Many of the sexual abuse allegations in FCC homes are directed at teenage children or the provider's spouse. Many of these have proved unfounded, but some have been confirmed.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–22, 6–24, 6–25, and 6–27.

C–256. Compliance item 12.

Reports of child abuse are forwarded to appropriate authorities.

a. Standard requires.

(1) FCC providers and FCC management personnel suspecting or observing evidence of child abuse or neglect in FCC homes or familial setting report concerns as specified.

(2) Providers knowledgeable of procedures for reporting suspected cases of familial abuse.

(a) Reporting requirements instructions including names and phone number of RPOC and FCC management personnel posted in each home.

(b) Direct reporting by provider to installation RPOC.

(c) Information simultaneously provided to assigned FCC staff member who informs CDS coordinator.

(3) FCC management personnel knowledgeable of procedures for reporting suspected caused of abuse in FCC home.

(a) Report information to FCC director who immediately informs installation RPOC.

(b) Simultaneously inform CDS coordinator.

(4) Installation RPOC reports allegations to military police, Criminal Investigation Division, and child protective agencies according to AR 608–18.

(5) Confirmation of action taken provided to individual making original report within 24 hours.

b. Intent. To ensure providers are aware of reporting requirements and procedures so that they are able to report directly to the installation RPOC. Direct reporting is necessary since many

providers offer evening and weekend care when FCC management personnel are not available. To ensure FCC management personnel and CDS Coordinator are kept informed of all allegations reported. To assure reporting individual that information has been passed on to appropriate authorities.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 2–22; and AR 608–18.

C–257. Compliance item 13.

Established procedures are followed when an abuse allegation is made in a FCC home.

a. Standard requires.

(1) Procedures followed when an allegation of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated is made against an FCC provider, family member or other individual associated with the home.

(2) FCC home closed until a determination is made by the Family Advocacy Case Manager Team (FACMT) and local law authorities.

(3) Certificate revoked and kept at FCC office pending outcome of investigation.

(4) Care resumed only when the FACMT and/or appropriate law enforcement authorities has closed case as unfounded or unsubstantiated.

(5) Current child abuse standard operating procedure coordinated with Family Advocacy Program Manager (FAP) and other proponent agencies.

(6) Availability of provider and FCC system administrative files, child attendance records, home visits, and other official records to investigative and Army personnel with an official need to know.

(7) Plan to address parental concerns and provide update information as permitted to FCC staff, other FCC providers and parents.

b. Intent. To safeguard children. To respond to concerns of providers, parents, and FCC staff. To ensure FCC perspective/operational information is provided in the course of the investigation. Installation SOP should reflect local requirements and not merely restate AR 608–10.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–22 and 6–24.

Section XVIII
Compliance Area: Supplemental Programs and Services Program Management

C–258. Compliance item 1.

Supplemental Programs and Services (SPS) are implemented as necessary to augment and support Child Development Center (CDC) and Family Child Care (FCC) systems.

a. Standard requires.

(1) SPS delivery system implemented to maximize program integration potential among CDS delivery systems, and between CDS delivery systems and other installation activities.

(2) SPS delivery system:

(a) Provides common support services for existing CDC and/or FCC systems.

(b) Sponsors school-age/latch key (SA/LK) program when supported by installation needs assessment.

(c) Offers optional programs and services to supplement CDC and FCC services when there is an unmet demand for child care.

(3) SPS serve as an alternative delivery system at remote sites and small installations where establishment of a CDC or FCC homes is not feasible and demand for service is validated.

b. Intent. To establish the SPS system as an integral part of installation child care operations. To increase availability of child care services by providing alternative care options and to coordinate support services now being duplicated in existing CDC and FCC systems. Diversification of services is necessary to respond to strong congressional indications that Army's increasing demand for child care must, in part, be met through off-post civilian child care services and innovative care options.

c. Equivalency. When installation has a single child care delivery system, SPS functions are provided by system director/coordinator.

d. Reference(s). AR 608–10, paragraphs 7–1 and 7–2.

C–259. Compliance item 2.

SPS staffing reflects personnel requirements necessary for programs and services offered.

a. Standard requires.

(1) A professionally qualified designated SPS director when child population (age 0–12) is 2,000 or more and requirement for service are validated.

(2) SPS workload included in the CDS coordinator's position on installations with a child population of less than 2,000.

(3) Operations clerk to support program.

(4) SA/LK specialists based on school-age child population (age 5–18) as specified in DA PAM 570–551. Position classification will reflect both YS and CDS professional requirements.

(5) Other SPS personnel as determined by local manpower surveys to support program requirements.

b. Intent. To staff the SPS system to adequately deliver programs and services required by the installation to increase the availability of care and support existing CDC and FCC systems. The SPS director's position has been recognized and authorized in anticipation of this new mission, and because implementation of many of these existing requirements has been limited or nonexistent due to the rapid growth of CDS and the overwhelming responsibilities presently assigned to the CDS coordinator.

c. Equivalency. On small installations when a separate SPS director has not been authorized, the CDS coordinator should dual function as the SPS director in lieu of the center director. FCC director may dual function as SPS director when there are less than 15 FCC homes on the installation.

d. Reference(s). AR 608–10, paragraphs 1–8, 3–11–14, 7–3, 7–14 and 7–15; and DA Pam 570–551.

C–260. Compliance item 3.

All programs and services comply with provisions of AR 608–10 as specified.

a. Standard requires.

(1) Chapters 1–4 apply to programs and services in SPS system with exception of statements referring specifically to Army operated FCC and CDCs.

(2) SPS programs meet system component requirements specified in chapter 5 and chapter 6 for the type of care unless requirements are waived or specified differently.

(a) Facility standards waived when parents are on site or immediately accessible for the duration of the child care session.

(b) Installation fire, safety, health and SPS proponents certify that SPS site meets basic safety and health needs according to local SOPs.

(3) Allows private organization to operate a center when services comply with all fire, safety, health, facility, and program requirements for a center-based program.

(4) Statement of work for all contracted programs and services approved by the MACOM. Copies of contracts provided by USACFSC (CFSC–FSC) annually.

(5) SPS options receive technical assistance and oversight from SPS director, CDS coordinator or designated CDC or FCC director.

(6) Local SOPs written prior to implementation of each SPS option.

b. Intent. To provide CDS oversight for all child care programs and related services on property controlled by the U.S. Army and to ensure standards are met. Individual standards for the evaluation of each SPS will be developed at a later time. To take a "common sense approach" in the applicable of standards to specified programs e.g., less stringent fire, safety, and health standards are in effect when parents are on site for duration of SPS session since parents retain custody of their children.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraphs 2–6 and 7–1; and AR 215–1.

C–261. Compliance item 4.
Support services common to all Child Development Services (CDS) programs are provided through the SPS system.

a. Standard requires.

(1) Coordination of parent education services.

(2) Establishment of child care resource and referral services as required.

(3) Implementation and maintenance of a Central Enrollment Registry.

(4) Management of the recruitment training and referral of volunteers in CDS systems.

(5) Development, monitoring and implementation of CDS plans to support mobilization.

(6) Coordination of CDS participation in special events e.g., Month of the Military Child.

(7) Coordination of program-generated statistical data for planning and reporting purposes.

(8) Maintaining a centralized waiting list for all CDS delivery systems to track and monitor child placements and vacancies.

(9) Preparation of all CDS statements of work for initiating and maintaining child care contract services.

(10) Authentication and updating of family care plans.

b. Intent. To ensure specified services common to all CDS systems are centrally managed or coordinated. To ensure maximum program integration potential among CDS delivery systems; and between CDS delivery systems and other installation activities. Coordination role is necessary to allow the CDC and FCC delivery systems to focus on basic quality assurance factors needed to ensure the health, safety, and well being of children in care.

c. Equivalency. When installation has single CDS delivery system, common support services are provided by system director/coordinator.

d. Reference(s). AR 608–10, paragraphs 7–1 and 7–2, and DOD Manual 6060.1–M–16 and 17.

C–262. Compliance item 5.
Parent education services and special events are coordinated for all CDS systems.

a. Standard requires.

(1) A central point for coordination of parent education training, resources and special events for all CDS systems.

(2) The SPS director to serve as the central POC for parent education services when there is more than one CDS delivery system.

(3) SOP for parent education services which includes services offered, CDC and FCC coordination requirements, SPS responsibilities, and record keeping/reporting requirements.

(4) Annual Parent Education Training Plan for all CDS delivery systems coordinated with CDC and FCC directors.

(5) CDC and FCC directors select and implement parent education training within own system. SPS assist/deliver training as needed.

(6) Parent education training sites determined by CDS system directors.

(7) Parent education offered at time/manner convenient to users.

(8) SPS director maintain records to include Annual Parent Education Training Plan, title and date of sessions offered, number of participants per session, annotated summary of each training session, and listing of resources available for parents.

(9) SPS director order and maintaining parent resource materials.

(10) Arranging for speakers, special programs and classes of interest to all CDS parents.

(11) Input from CDC, FCC, and SPS staff to facilitate coordination, preparation, and distribution of system newsletters.

(12) The SPS director serve as the CDS POC for special events (e.g., Month of the Military Child).

b. Intent. To reduce duplication of CDS management staff efforts, minimize development and implementation costs, increase efficiency, and ensure a well-organized efficient system of parent education services.

c. Equivalency. None.

d. Reference(s). AR 608–10, paragraph 7–18.

C–263. Compliance item 6.
Resource and Referral Services are available to CDS patrons when waiting lists exist for CDC and FCC services.

a. Standard requires.

(1) Installation CDS resource and referral service established when waiting lists for center and/or FCC exceed 30 days.

(2) Installation CDS resource and referral service provide information about on and local off-post child care options.

(a) A written SOP which includes services available, coordinated efforts required with other agencies, SPS responsibilities, recordkeeping/reporting requirements, and exclusion criteria.

(b) No recommendations endorsements given.

(c) Parents provided with guidelines for selecting quality child care.

(d) Parents complete statement of understanding regarding CDS resource and referral services.

(e) Follow up inquiries to patrons to monitor quality of services provided by SPS.

(3) Army-wide child care referral services established to assist eligible patrons transferring to new assignments.

(a) SPS personnel contact gaining installation for information about available on and off-post child care and the status of waiting lists.

(b) Gaining installations provide accurate information about on and off-post child care availability and status of waiting lists. SPS director provide specific on-post data and coordinate closely with civilian agencies to provide off-post information.

(c) Parents complete the statement of understanding regarding child care resource and referral services at losing installation. SPS sends signed copy to gaining installation.

(d) Follow up inquiries to patrons to monitor quality of service.

b. Intent. To increase availability of child care through CDS resource and referral services. To reduce the amount of soldier and DOD civilian duty time lost while locating and enrolling children in child care programs. Allows soldiers to place children on waiting lists prior to a permanent change of station move. Assistance with temporary and/or permanent child care arrangements.

c. Equivalency. Installation needs for local referrals are met with existing CDS services. Installation representative and off-post community official sign memorandum of understanding, reflecting private sector resource and referral agency's agreement to provide local services.

d. Reference(s). AR 608–10, paragraph 7–20.

C–264. Compliance item 7.
Volunteers in CDS programs are centrally trained and referred through the SPS system.

a. Standard requires.

(1) SPS director serve as the CDS POC with the Installation Volunteer Coordinator (IVC).

(2) SPS director develop an SOP for volunteer services which includes program management and operation, personnel criteria, training, child abuse training and response procedures, and recordkeeping requirements.

(3) Processing of regularly scheduled volunteers through the IVC.

(4) Volunteer applications kept on file.

(5) Volunteers interviewed prior to referral to CDC or FCC system or placement in SPS system.

(6) Regularly scheduled volunteers meet background screening requirements.

(7) Volunteers provided basic CDS orientation training to include discipline procedures, identification and reporting of child abuse and general program policies prior to referral to CDC or FCC system or placement in SPS system.

(8) Each volunteer provided written description of duties.

(9) Volunteers provided a CDS handbook which outlines policies and procedures.

(10) SPS director coordinate with other CDS system directors to determine specific program needs and the volunteer skills and background requirements necessary to meet system needs.

(11) Maintenance of required records on all CDS volunteers. Records include: signed copy of Gratuitous Service Agreement; verification of compliance with CDS volunteer requirements (e.g. health certification, training, background clearance); number of CDS volunteers and hours of service per CDS system; information on the volunteers' interests and abilities.

(12) Documentation of services performed provided to volunteer upon termination of services.

b. Intent. To coordinate all CDS volunteer services through the SPS system to reduce duplication of administrative and basic training duties. Volunteers referred to CDC and FCC Directors based on identified needs of the system after administrative, training, background clearance and health requirements are met. CDC, FCC and SPS directors place volunteers within their own systems. SPS ensures volunteers in CDS delivery systems considered persons providing gratuitous services who receive no present or future salary, wages or related services. 31 USC 1342 prohibits the acceptance of voluntary services except as authorized by law or for emergencies. Volunteers cannot be used in any capacity for which others are or can be paid. Family members offering voluntary services for special events (e.g., field trips, parties, etc) five or less times during a calendar year or other individuals who, with the approval of the CDS coordinator, volunteer for the purpose of accomplishing a special project (e.g., boy/girl scout badge, family life or home economics class project) are considered occasional volunteers. Individuals who offer a special skill or service as a part of the curriculum (e.g., mariachi dancing, obi tying, job skills) may also be considered occasional volunteers. Occasional volunteers are not required to meet training, health and background clearance requirements. Occasional volunteers are placed through the volunteer service to ensure tracking of volunteer hours. In order to protect all volunteers and children and eliminate potential opportunities for child abuse, volunteers will never be left alone with children.

c. Equivalency. When installation has single child care delivery system, volunteer services are provided by system director/coordinator.

d. Reference(s). AR 608–10, paragraphs 3–15 and 7–16; and DOD Manual 6060–1–M–16 (Involving Parents and Volunteers in Military Child Care Centers).

C–265. Compliance item 8.

A School-Age/Latch Key (SA/LK) Program is implemented under CDS or Youth Services (YS) proponency when installation needs assessment supports requirement.

a. Standard requires.

(1) Supervised care options for school-age children/youth of dual military couples, dual working couples or single soldiers who need supervision during parental work hours, before and after school, during school holidays, vacations, teacher in-service days, and school closures due to inclement weather.

(2) Installation commander designate CDS or YS as the installation SA/LK proponent.

(3) Consideration of SA/LK care models to include before and after school, check in, young teen and day camp.

(4) Guidance contained in program materials provided by United States Army Community and Family Support Center used as basis for program operations.

(5) CDS and YS implement SA/LK care models cooperatively and collaboratively to avoid duplication of efforts and to ensure maximum program integration.

(6) Comparable fees charged in all SA/LK programs whether operated by CDS or YS.

(7) Maintenance of child/staff ratios of 15:1 with maximum group size of 30.

(8) Telephone line with the capability of receiving incoming calls and making outgoing calls.

(9) Allows dual functioning of SA/LK specialist only with CDS or YS staff positions that do not have overlapping time periods of primary program responsibility.

(10) SA/LK program specialists receive training by YS or CDS proponent director. SA/LK program specialist train caregiving staff in SA/LK programs.

(11) Information about the SA/LK program included in the CDS resource and referral service.

(12) SPS director serve as CDS representative for the program when CDS is the SA/LK proponent.

(a) Supervise the lead or single SA/LK program specialist.

(b) Recommend initiation and consolidation of SA/LK models to the installation commander.

(c) Monitor SA/LK resources to ensure each SA/LK model is adequately funded.

(d) Prepare and forward all required MACOM and USACFSC reports for the SA/LK program.

(e) Ensure coordination between the SA/LK programs and all other community programs appropriate for school-age children.

(f) Monitor SA/LK program compliance with all USACFSC and MACOM directives on the SA/LK program.

b. Intent. To ensure supervised programs are available to potential Army latch key children; SA/LK programs are operated consistently, regardless of proponency; and both CDS and YS have input into the development of SA/LK programs.

c. Equivalency. Existing supervised programs operated by CDS and YS meet the needs of school-age children/youth.

d. Reference(s). AR 608–10, paragraphs 7–2 and 7–22–24; and USACFSC operational guidance.

C–266. Compliance item 9.

Optional programs and services are implemented based on installation need, and at the discretion of the commander.

a. Standard requires.

(1) Consideration of optional programs when—

(a) Existing CDS delivery systems unable to absorb increased requirements for service.

(b) Existing CDS delivery systems unable to meet requirements for unique services service member.

(c) Funding for construction and renovation of facilities is not available.

(2) Conditions for implementation as follows:

(a) Need for programs and/or services is documented.

(b) Sufficient CDS oversight available to assure program compliance.

(c) Funding and resources available to support programs/services to ensure program quality and maintain affordable fees.

(d) Completion of an installation SOP stating the operational requirements of the option.

(3) Optional programs and services may include the following:

(a) Short term alternative child care program. Provision on site hourly group child care within the same building where the parents or guardians of all children in care are attending the same on-post function.

(b) Child care programs for civilian employees. Technical assistance and program oversight of child care programs established for the purpose of providing child care to children of Department of Army civilian employees when such children can not be accommodated within CDS operated facilities.

(c) SPS homes. Private homes located off-post and operated by family members or off-post civilians to provide child care services for Army patrons. Providers are trained and the program is monitored by Army CDS. Homes meet State/county/host nation requirements for FCC. An agreement between the Army and appropriate State/county/host nation agency is signed.

(d) Volunteer child care in unit settings. Low cost alternative program that enables free child care services to be provided by family members in one military unit or organization (or within the same military unit or organization) in exchange for similar services at a future, mutually agreed upon time. Care is provided

within the same building where the parents or guardians of all children in care are attending the same on-post function.

(e) CDS babysitter training and referral service. Training and referral services for adult and teen family member babysitters living on and off the installation. When this service is offered it will be offered by the CDS SPS system. The function will no longer be assumed by Army Community Services.

(f) Parent co-ops. Low cost alternative programs established to provide care for children whose parents are available to participate in the operation and/or management of this care option in return for free or reduced cost child care.

(g) Private organization child care. Private organizations may operate on installations when services comply with all fire, safety, health, facility and program requirements for a center-based program.

(h) Contracted programs and services. Third party contractors may operate child development programs on installations when services comply with all requirements except those applicable only to government employees.

(i) Special interest programs. CDS oversight of child care services provided by Army activities, other than CDS, to met unique patron care requirements related to these activities and not available through CDS operated programs e.g., chaplain sponsored preschool, Exceptional Family Member Program, Child Care Program.

(j) Alternative sick child care programs. Child care for sick children offered within a MTF or in a separate facility outside the CDC. Technical assistance and support to CDC and FCC systems offering sick care options.

(k) Foster grandparent program services. Placement and training of foster grandparents within CDS delivery systems when CDS participates in this national programs sponsored under the auspices of ACS.

(l) Other alternatives. Other alternatives recommended by the CDS coordinator and approved by the installation commander may be implemented on a pilot basis when approved by the MACOM and USACFSC (CFSC–FSC).

b. Intent. To increase availability of child care services by providing alternative care options implemented at command discretion. Options free up some existing center space for full-day care, reduce need for costly construction and address family member concerns about accessibility to low cost alternative child care. To help to offset high center costs by diversification of services.

c. Equivalency. Existing CDC and FCC systems meet installation child care needs.

d. Reference(s). AR 608–10, paragraphs 7–2 and 7–25 through 7–36.

ARMY CHILD DEVELOPMENT SERVICES

BACKGROUND CHECKS

*INITIATED BY	RESPONSIBLE PROPONENT	REQUIREMENTS SCREENING	WHO NEEDS	TIME FRAME	VERIFICATION	*TRACKED BY
Child Development Services POC Tel	Family Child Care POC Tel	Group interview of FCC Provider applicant provider, spouse, family members in home setting.	B, C	Prior to pre-certification training.	FCC documentation in provider file.	FCC Director
Child Development Services POC Tel	Installation Counseling Center (Alcohol and Drug Prevention and Control Program (ADPCP) POC Tel	Review records for any reports of abuse of drugs or alcohol, if obtainable. Request accompained by signed DA Form 5018-R.	A, B, C, D, E	Prior to employ-ment or provision of care.	Receipt of written results of inquiry from ADPCP (DA Form 5552-R for FCC Providers).	CDC Director FCC Director SPS Director
Child Development Services POC Tel	Family Housing Officer/ Building Coordinator POC Tel	Information from neighbors and housing office.	B, C	Prior to provision of care	Receipt of written response to inquiry from Housing Officer (DA Form 5220-R for FCC Providers).	FCC Director
Child Development Services POC Tel	Unit Commander POC Tel	Adverse information concerning FCC Provider applicant and family members.	B, C	Prior to provision of care.	Receipt of written response to inquiry (DA Form 5220-R).	FCC Director
Child Development Services POC Tel	School Counselor POC Tel	Report of misconduct, violence, or abuse on teenage family member of FCC Provider applicant or youth applicants for seasonal hire positions.	C, E	Prior to employ-ment or provision of care.	Receipt of written response to inquiry from school officials.	CDC Director FCC Director SPS Director

A = APF & NAF CDS EMPLOYEE APPLICANTS B= FCC PROVIDER APPLICANTS C= PROVIDER FAMILY MEMBERS OVER 12 YRS OLD D= VOLUNTEERS E=YOUTH APPLICANTS

Figure C-1. Army Child Development Services background checks

ARMY CHILD DEVELOPMENT SERVICES

BACKGROUND CHECKS

*INITIATED BY	RESPONSIBLE PROPONENT	REQUIREMENTS SCREENING	WHO NEEDS	TIME FRAME	VERIFICATION	*TRACKED BY
Child Development Services POC Tel	Family Advocacy Case Management Team (FACMT) POC Tel	(1) Check local reports of family violence and child abuse/neglect. (2) Request, by telephone when possible, the Patient Administration Systems and Biostatistics Activity (PASBA), Fort Houston (AUTOVON 471-5470/7728), to check the Army Family Advocacy Central Registry for any past or current incidents of family violence. (3) Send information from the registry of confirmed and suspected violence to the chief of patient administration department at the serving medical treatment facility. (4) Maintain records of telephone conversations for reference.	A, B, C, D, E	Prior to employment or provision of care. (CDC) Annually (FCC)	FAP manager provides written confirmation of local amd Family Advocacy Central Registry inquiry results.	CDC Director FCC Director SPS Director
Local Civilian Personnel Office POC Tel	Provost Marshal (PM) POC Tel	(1) Check for negative information in blotter entries and police records at assigned installation. (2) Civilian Law Enforcement Records if obtainable from local civilian community.	A, B, C, D, E	Prior to employment or provision of care. (CDC) Annually (FCC	Receipt of written results to inquiry from Provost Marshal.	CDC Director FCC Director SPS Director
Civilian Personnel Office POC Tel	Criminal Investigation Division (CID) POC Tel	(1) Local records check where obtainable amd feasible for prior instances of reported misconduct involving children, assaultive behavior substance abuse, larcency or related misconduct. (2) U.S. Crime Records Center to include a check of the Defense Central Investigation Index (DCII) for instances listed in local checks.	A, B, C, D, E	Prior to employment or provision of care. (CDC) Annually (FCC	Receipt of written results to inquiry from CID.	CDC Director FCC Director SPS Director

A = APF & NAF CDS EMPLOYEE APPLICANTS B= FCC PROVIDER APPLICANTS C= PROVIDER FAMILY MEMBERS OVER 12 YRS OLD D= VOLUNTEERS E=YOUTH APPLICANTS

Figure C-1. Army Child Development Services background checks—Continued

ARMY CHILD DEVELOPMENT SERVICES

BACKGROUND CHECKS

*INITIATED BY	RESPONSIBLE PROPONENT	REQUIREMENTS SCREENING	WHO NEEDS	TIME FRAME	VERIFICATION	*TRACKED BY
Local Civilian Personnel Office (CPO) POC Tel	Defense Investigative Service POC Telephone	National Agency Check (NAC) - (NAF).	A	Completed during first 6 months of employment.	CPO provides written statement that individual (NAC) (NACI) has returned with no adverse information.	CDS Coordinator/ System or Program Directors.
	Office of Personnel Management POC Tel	National Agency Check Inquiry (NACI) - (APF)	A	Completed during first 6 months of employment.		
Local Civilian Personnel Office (CPO) POC Tel	Child Development Services POC Tel Civilian Personnel Staff POC Tel	Reference checks of former employers, professional references, and personnal references.	A, B, C, D, E	Prior to employment or provision of care.	Documentation in employee or provider files.	CPO, FCC Director.
Child Development Services POC Tel	Comany commander POC Tel	Company commander reference check.	B, C, E	Prior to provision of care.	Documentation in provider files.	FCC Director.

A = APF & NAF CDS EMPLOYEE APPLICANTS B= FCC PROVIDER APPLICANTS C= PROVIDER FAMILY MEMBERS OVER 12 YRS OLD D= VOLUNTEERS E=YOUTH APPLICANTS

Figure C-1. Army Child Development Services background checks—Continued

ARMY CHILD DEVELOPMENT CENTER

INSPECTIONS

PROPONENT RESPONSIBLE	COMPLIANCE AREA	REQUIREMENTS	PERTINENT DOCUMENTS	FREQUENCY		
				ANNUAL	MONTHLY	OTHER
*Medical Department Activity (MEDDAC) or Medical Center (MEDCEN) Health Consultant	Food and Nutrition Health		AR 608-10 TB Med 530 AR 40-5			
*Community health nurse. POC Tel		On site assessment of health status of children view of health records of staff and children, assistance with overall health.		X		As needed
*Environmental Science Officer POC Tel		On site inspection of food services operation, sanitary conditions, pets .			X	As needed
*Dietitian POC Tel		Reviews menus to ensure compliance with USDA nutritional and meal component guidance.		X		As needed
*Child Development Services POC Tel	Child Abuse Prevention	On site assessment of potential risk of child abuse/neglect in center.	CDC Child Abuse Risk Assessment Tool (CARAT)	X		When child abuse allegation is made
*Family Advocacy Program POC Tel						

*PROPONENTS REQUIRED TO SIGN ANNUAL VERIFICATION ON DA FORM 4841-R

Figure C-2. Army child development center inspections

ARMY CHILD DEVELOPMENT CENTER

INSPECTIONS

PROPONENT RESPONSIBLE	COMPLIANCE AREA	REQUIREMENTS	PERTINENT DOCUMENTS	FREQUENCY		
				ANNUAL	MONTHLY	OTHER
United States Department of Agriculture Regional Requirement POC Tel	Food and Nutrition	On site audit/inspection of food service operations.	AR 608-10 USDA			Every 3 years
Inspector General (IG) POC Tel	All or selected	As directed by commander.	N/A			As directed by commander
Criminal Investigation Division (CID) POC Tel	All or selected	As directed by commander.	N/A			As directed by commander
*Installation Services Division POC Tel	Program Management	On site inspection of internal controls procedures.	AR 11-2 DA Circular 11-88-1	X		

*PROPONENTS REQUIRED TO SIGN ANNUAL VERIFICATION OF DA FORM 4841-R

Figure C-2. Army child development center inspections—Continued

ARMY CHILD DEVELOPMENT CENTER

INSPECTIONS

PROPONENT RESPONSIBLE	COMPLIANCE AREA	REQUIREMENTS	PERTINENT DOCUMENTS	FREQUENCY		
				ANNUAL	MONTHLY	OTHER
*Director of Engineering and Housing (DEH) POC Tel	Facility Structural/ Systems	On site structural inspection of each building.	AR 608-10 AR 420-70 AR 210-20	X		
*Fire Marshal POC Tel	Fire Prevention	On site fire inspection of each building and outside surroundings.	AR 608-10 NFPA 101		X	
*Safety Program Manager POC Tel	Safety	On site safety inspection of each building, equipment and outside surroundings including playground.	AR 608-10 AR 385-10			Mimimum semi-annually
*Child Development Services POC Tel	Safety	On site inspection of each building, equipment and outside surroundings including playground.	AR 608-10			Daily

*PROPONENTS REQUIRED TO SIGN ANNUAL VERIFICATION OF DA FORM 4841-R

Figure C-2. Army child development center inspections—Continued

ARMY FAMILY CHILD CARE

INSPECTIONS

PROPONENT RESPONSIBLE	COMPLIANCE AREA	REQUIREMENTS	PERTINENT DOCUMENTS	FREQUENCY		
				ANNUAL	MONTHLY	OTHER
Director of Engineering and Housing POC Tel	Safety Health		AR 608-10 NFPA 5			As required for home certification
Fire Marshal POC Tel	Fire Prevention	On site inspection of each housing unit used as FCC Home including common areas in multi unit building and outside surroundings.	AR 608-10 NFPA 101	X		Initital pre-certification
Safety Program Manager POC Tel Child Development Services POC Tel	Safety	On site inspection of each housing unit used as FCC Home including common areas in multi unit building, equipment and outside surroundings, by suitably trained professional per AR 385-10.	AR 608-10 AR 385-10	X		Initital pre-certification
FCC Provider POC Tel	Safety	Inspection of home, equipment and immediate outside surroundings.	AR 608-10			Daily

Figure C-3. Army family child care inspections

ARMY FAMILY CHILD CARE

INSPECTIONS

PROPONENT RESPONSIBLE	COMPLIANCE AREA	REQUIREMENTS	PERTINENT DOCUMENTS	FREQUENCY		
				ANNUAL	MONTHLY	OTHER
Medical Department Activity (MEDDAC) or Medical Center (MEDCEN) Health Consultant e.g., Community health nurse. POC Tel	Health Food and Nutrition	On site assessment of overall health, health conditions of home, and ability of FCC Provider to care for high risk child per AR 608-10 by Health professional. On site inspection of sanitary conditions kitchen, pets, health records in FCC Homes where health problems are identified.	AR 608-10 AR 40-5 TB Med 530			Precertification and as needed Upon request of FCC staff
Environmental Science Officer POC Tel		On site inspection of sanitary conditions, kitchen, pets, by Environmental health staff when 15 or fewer homes.		X		Precertification and as needed
Child Development Services POC Tel		On site inspections of kitchen, pets, health records, sanitary conditions, in remaining FCC Homes after first 15 by CDS management personnel when special training has been provided by health consultant.		X		Precertification and as needed
Dietitian POC Tel		Review representative menus to ensure compliance with USDA nutritional and meal component guidane.		X		Upon request of FCC staff

Figure C-3. Army family child care inspections—Continued

ARMY FAMILY CHILD CARE

INSPECTIONS

PROPONENT RESPONSIBLE	COMPLIANCE AREA	REQUIREMENTS	PERTINENT DOCUMENTS	FREQUENCY		
				ANNUAL	MONTHLY	OTHER
Child Development Services POC Tel Family Advocacy Program POC Tel	Child Abuse Prevention	On site assessment of potential risk of child abuse/neglect.	FCC Child Abuse Risk Assessment Tool (CARAT)	X		Prior to final certiifcation
Child Development Services POC Tel	Developmental Programming	All FCC Homes assessed for quality of child environment and level of developmental programming.	FCC Home Environment/ Program Evaluation Instrument	X		As needed
Services Division Personnel POC Tel	Program Management	On site inspections of FCC system internal controls procedures.	AR 11-2 DA Circular 11-88-1	X		
United States Department of Agriculture POC Tel	Food and Nutrition	On site audit/inspections of FCC system adminstration procedures and selected FCC Homes.	USDA			Every 3 years

Figure C-3. Army family child care Inspections—Continued

ARMY FAMILY CHILD CARE

INSPECTIONS

PROPONENT RESPONSIBLE	COMPLIANCE AREA	REQUIREMENTS	PERTINENT DOCUMENTS	FREQUENCY		
				ANNUAL	MONTHLY	OTHER
Inspector General (IG) POC Tel	All or selected	As directed by commander.	N/A			As directed by commander
Criminal Investigation Division (CID) POC Tel	All or selected	As directed by commander.	N/A			As directed by commander
*Child Development Services POC Tel	Program Management	On site home inspection visits to provide program guidance and determine overall program compliance.				Minimum quarterly (two unannounced)

*PROPONENTS REQUIRED TO SIGN ANNUAL VERIFICATION ON DA FORM 4841-R

Figure C-3. Army family child care inspections—Continued

ANTHROPOMETRIC CHART FOR A CHILD-SCALED ENVIRONMENT

Children's Dimensions	Infants	Toddlers	Pre-school Age	School Age	
	Dimensions in Inches				
a. Crawling height	13 3/4	16	19 1/2	21 1/2	24 1/2
b. Standing height	29	33 3/4	41	46	54 1/4
c. Eye level	25	30 1/2	36 1/2	41 1/2	43 3/4
d. Overhead reach	38	44 1/4	49 1/4	53 1/2	66
e. Seat height	20	7 1/2	10	11	13
f. Table height (seated)	27	14	17 1/2	18 1/2	22
g. Eye level (seated)	33	25	29 1/4	34 1/4	37 1/4
h. Table height (standing)	-	17	20	24	29
i. Vertical reach between rungs	-	11 1/2	16 1/2	24 1/4	23
j. Rung diameter		1 1/4	1 1/2	1 3/4	2 1/4
k. Stair rise	1-3	3	4	5	6
l. Slope	14°	14°	19°	25°	35°

1. Infant feeding chair seat height
2. No loose items in infant areas should be less than 1 1/2 inches in diameter

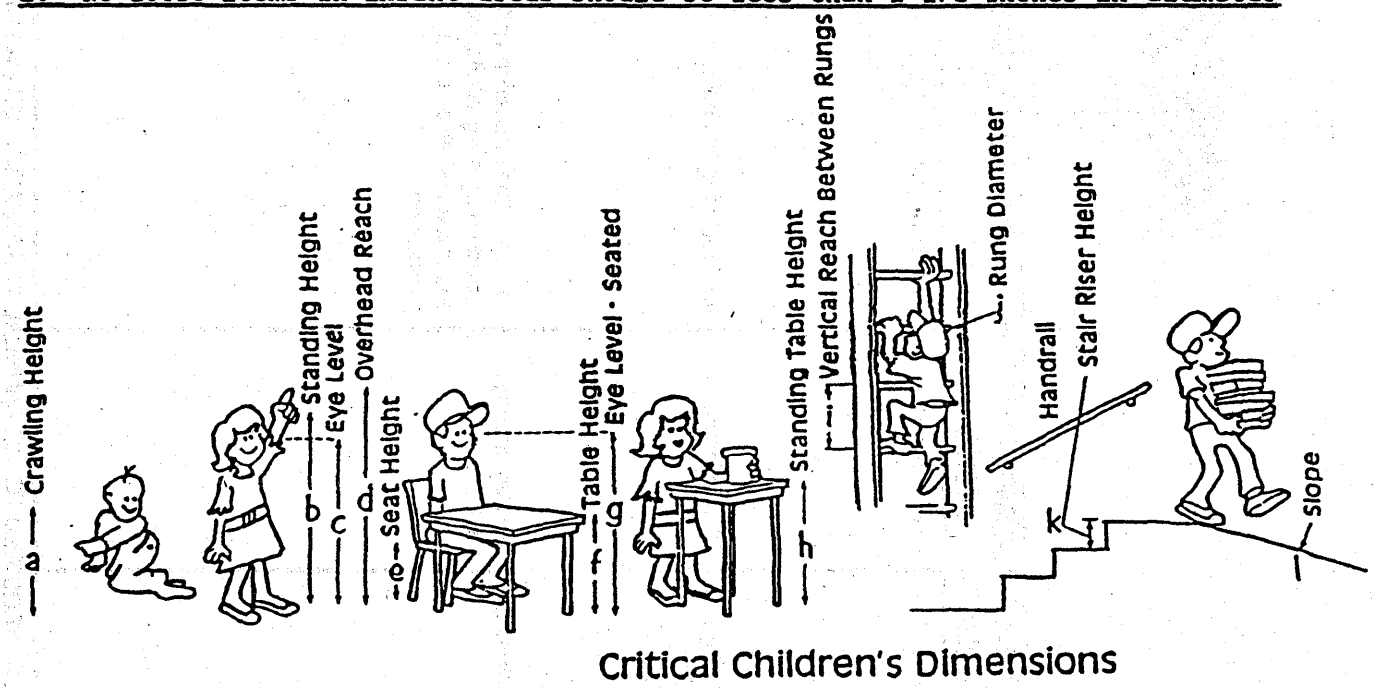


Figure C–4. Anthropometric chart for a child-scaled environment

FOOD CHART Child Care Food Program

		AGE 1 up to 3	AGE 3 up to 6	AGE 6 up to 12
BREAKFAST	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	½ cup	½ cup
	Bread or Bread Alternate	½ slice	½ slice	1 slice
SNACK (Supplement) Select 2 out of 4 components	Fluid Milk	½ cup	½ cup	1 cup
	Juice or Fruit or Vegetable	½ cup	½ cup	¾ cup
	Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
	Bread or Bread Alternate	½ slice	½ slice	1 slice
LUNCH/ SUPPER	Fluid Milk	½ cup	¾ cup	1 cup
	Meat or Poultry or Fish or	1 ounce	1½ ounces	2 ounces
	Cheese or	1 ounce	1½ ounces	2 ounces
	Egg or	1	1	1
	Cooked Dry Beans and Peas or	¼ cup	⅜ cup	½ cup
	Peanut Butter	2 Tablespoons	3 Tablespoons	4 Tablespoons
	Vegetables and/or Fruits (2 or more)	¼ cup total	½ cup total	¾ cup total
	Bread or Bread Alternate	½ slice	½ slice	1 slice

Figure C–5. Food chart

The Child Care Food Program Infant Meal Pattern Requirements

Age of Baby by Month	Breakfast	Lunch and Supper	Snack
Birth through 3 months 	4-6 fluid ounces (fl oz) breast milk[1] or formula[2]	4-6 fl oz breast milk[1] or formula[2]	4-6 fl oz. breast milk[1] or formula[2]
4 months through 7 months 	4-8 fl oz breast milk[1] or formula[2] 0-3 tablespoons (tbsp.) infant cereal[3] (optional)	4-8 fl oz breast milk[1] or formula[2] 0-3 tbsp. infant cereal[3] (optional) 0-3 tbsp. fruit and/or vegetable (optional)	4-6 fl oz breast milk[1] or formula[2]
8 months through 11 months 	6-8 fl oz breast milk, formula[2], or whole milk 2-4 tbsp. infant cereal[3] 1-4 tbsp. fruit and/or vegetable	6-8 fl oz breast milk, formula[2], or whole milk 2-4 tbsp. infant cereal[3] ***and/or*** 1-4 tbsp. meat, fish, poultry, egg yolk, or cooked dry beans or peas, ***or*** 1-4 oz cottage cheese, cheese food, or cheese spread ***or*** 1/2 - 2 oz of cheese. 1-4 tbsp. fruit and/or vegetable	2-4 fl oz breast milk, formula[2], whole milk, or fruit juice[4] 0-½ slice bread or 0-2 crackers[5] (optional)

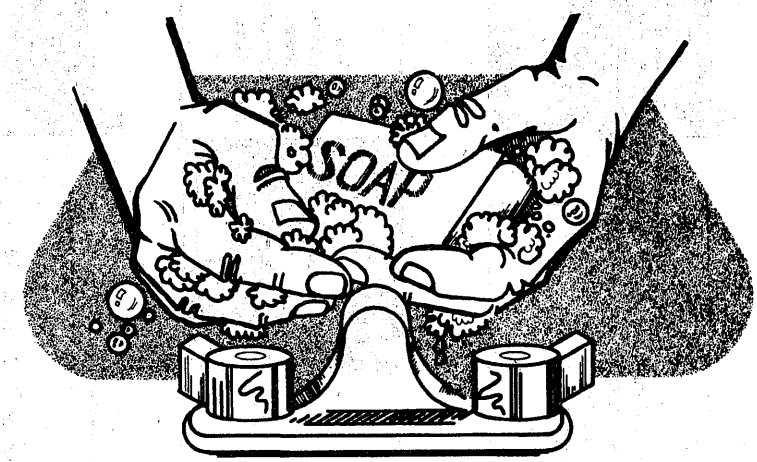
[1] Meals containing only breast milk are not reimbursable
[2] Iron-fortified infant formula
[3] Iron-fortified dry infant cereal
[4] Full-strength fruit juice
[5] Made from whole-grain or enriched meal or flour

Figure C–6. Child care food program infant meal pattern requirements

The "STOP DISEASE"

METHOD OF

HANDWASHING



- Use SOAP and RUNNING WATER
- RUB hands vigorously
- WASH ALL SURFACES, including:
  - back of hands
  - between fingers
  - wrists
  - under fingernails
- RINSE well
- DRY hands with a paper towel
- Turn off the water using a PAPER TOWEL instead of bare hands



Figure C–7. Method of hand washing

The STOP DISEASE Method of CHANGING DIAPERS

1



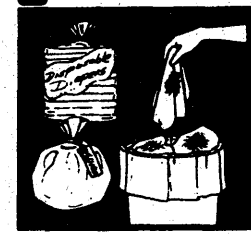
CHECK to be sure supplies you need are ready.
PLACE roll paper or disposable towel on diapering surface where the child will be.

2



LAY the child on the diapering surface, taking care to hold him only with your hands if his diaper is soiled.

3



REMOVE soiled diaper and clothes.
- PUT disposable diapers in a plastic bag or plastic-lined receptacle.
- PUT soiled clothes in a plastic bag to be taken home.

4



CLEAN the child's bottom with
a premoistened disposable towelette
or
a damp paper towel.
Then DISPOSE of the towelette or paper towel in the plastic bag or plastic-lined receptacle.
REMOVE the paper towel from beneath the child and dispose of it the same way.

5



WIPE your hands with a premoistened towelette or a damp paper towel.
DISPOSE of it in the plastic bag or plastic-lined receptacle.

6



DIAPER or dress the child.
Now you can hold him close to you.

7



WASH the child's hands and return him to his crib or group.

8



CLEAN and DISINFECT the diapering area, and any equipment and supplies you touched.
Then wash YOUR hands.

Figure C-8. Method of changing diapers

Toxic Plant Listing

Aloe Vera, Anemone, Angel Trumpet Tree, Angel Wings, Apricot (Kernels), Arrowhead, Avocado (leaves), Azaleas, Betel Nut Palm, Bittersweet, Bleeding Heart, Buckeye, Buttercups, Caladium, Calla Lily, Castor Bean, Cat Tail, Cherries (seeds, bark, pits, leaves), Christmas Rose, Chrysanthemum, Crocus, Autumn.

Daffodil, Daphne, Delphinium, Devil's Ivy, Dieffenbachia, Dutchman's Breeches, Elderberry, Elephant Ear, English Ivy, Four O'Clock, Foxglove, Holly Berries, Horsetail Reed, Hyacinth, Hydrangea, Iris, Ivy (Boston, English, and others).

Jack-in-the Pulpit, Jequirity Bean, Jerusalem Cherry, Jessamine Pea, Jimsom Weed, Jonquil, Lantana Camara, Larkspur, Laurels, Lily-of-the-Valley, Lobelia, Marijuana, Mayapple, Milkweed, Mistletoe, Moonseed, Monkshood, Morning Glory, Mother-in-Law-Plant, Mushroom.

Narcissus, Nightshade, Oleander, Orchid, Ornamental Pepper, Periwinkle, Peyote (Mescal), Philodendron, Poison Hemlock, Poison Ivy, Poison Oak, Primrose, Ranunculus, Rhododendron, Rhubarb, Rosary Pea, Star of Bethlehem, Sweet Pea, Tobacco, Tomato (vines), Tulip, Water Hemlock, Wisteria, Yew.

Figure C–9. Toxic plant listing

Non-Toxic Plant Listing

Abella, Abyssinian Sword Lily, African Daisy, African Palm, African Violet, Air Fern, Airplane Plant, Aluminum Plant, Aralia, Araucaria, Areca Palm, Asparagus Fern, Aspidistra, Aster.

Baby's Breath, Baby's Tears, Bachelor Buttons, Bamboo, Banana Plant, Begonia, Bird's Nest Fern, Blood Leaf, Boston Fern, Bougainvillea, Bridal Veil Plant, Burro Tail, California Holly, California Poppy, Camellia, Chinese Evergreen, Christmas Cactus, Coleus, Copperleaf Plant, Corn Plant, Creeping Jennie, Croton.

Dahlia, Daisies, Dandelion, Dogwood, Donkey Tail, Dracaena, Easter Lily, Echeveria, Eugenia, Fig. Grape Ivy, Hens & Chicks, Hibiscus, Honeysuckle, Hoya, Impatiens, Jade Plant, Kalanchoe.

Lily, Lipstick Plant, Magnolia, Marigold, Monkey Plant, Mother-in-Law Tongue, Mountain Ash, Norfolk Pine, Palm, Panda Plant, Pepperomia, Petunia, Phylox, Pitcher Plant, Prayer Plant, Pregnant Plant.

Rose, Rose of Sharon, Rubber Tree, Sanseveria, Schefflera, Sensitivity Plant, Snap Dragon, Spider Plant, Swedish Ivy, Tiger Lily, Tulip Tree, Umbrella, Violets, Wandering Jew, Weeping Fig, Weeping Willow, Wild Onion, Yucca, Zebra Plant, Zinnia.

Figure C–10. Non toxic plant listing

Appendix D
Instructions for Completing DA Form 5246–R (Child Development Services (CDS) Program Report)

D–1. Section I—Child Development Services (CDS) Summary

a. Part I. Installation/MACOM data.

(1) Installation (A)—Self-explanatory. If a sub-community/post include, both sub-community/post name and installation name.

(2) MACOM (B). Self-explanatory.

(3) MACOM Code (C). Leave blank.

(4) Subordinate Command Code (D). Enter name of subordinate command.

(5) Address (E). Enter complete accurate mailing address for CDS Coordinator.

(6) Telephone number (F). Include area code with commercial and autovon telephone numbers.

(7) Proponent (G). Enter DPCA and indicate if CDS is under any other activity, e.g., ACS.

(8) Name (H). Self-explanatory.

(9) Signature (I). Self-explanatory.

b. Part II. Fiscal data. This section will provide data on funds allocated and obligated for operating CDS programs. Installation resource management offices have reports which will provide some of the financial data to prepare this portion of the report. The 218 Report, "Obligations by Object Class," provides data on CDS OMA funds by Army Management Structure (AMS) Codes. Income Statements from the NAF Central Accounting Office can provide much of the NAF data required.

(1) *CDS Funding Source.* (A) Enter the total dollar amount (APF and NAF) actually allocated for CDS programs.

(a) Appropriated funds (1)—enter dollar amounts of all APF actually allocated for the fiscal year (CDS base in the DPCA Core plus the MDEP).

(b) Nonappropriated funds (2)—enter the total dollar amount of NAF revenue (user fees and charges) for the fiscal year.

(c) Nonappropriated funds (3)—enter subsidy from the IMWRF/Single Fund or other NAF sources. Do not include APF/NAF reimbursement dollars.

(d) USDA Child Care Food Program (4)—Include all funds received (center reimbursements, FCC direct subsidies and FCC administrative reimbursements). OCONUS communities should include the NAF subsidy.

(e) Donations/grants (5)—enter dollar amount of all donations/grants received to support the program (e.g. cash donations from individuals and all private associations, and grants from Combined Federal Campaign, Title I, Title XX or other State, local or federal funding sources).

(2) *CDS operational costs.* (B)Enter the actual amount of dollars obligated to operate CDS programs.

(a) Personnel salaries and benefits (1)—enter the actual dollar amount obligated for personnel (APF and NAF) to include benefits.

(b) Food service (2)—enter dollar amount (APF and NAF) obligated/spent for food service (e.g. food, paper products, self service food related supplies)

(c) Equipment/supplies (3)—enter dollar amount (APF and NAF) obligated/spent for all supplies and equipment.

(d) Other (4)—enter dollar amount of any other costs not shown in the above items 1 thru 3 (e.g., training, contracts, TDY, central accounting expenses, etc.).

(3) *Funds committed for renovation efforts.* (C) Self-explanatory. Information available from the DEH.

(4) *Funds programmed for new construction.* (D) Enter dollar amounts for MCA projects LIMMCA, NAF or other funds (both major or minor).

c. Part III—Personnel. Prepare a personnel sheet for each professional staff or management employee. This includes one for the Coordinator, each Program Director and Assistant Program Director, Food Service Manager, Education Program Specialist, FCC Outreach Worker, Program Operations Specialist and School-Age/Latch Key Specialist.

(1) *Administrative staff. (A)*

(a) Position (1). Self-explanatory.

(b) Title (2). Indicate year of employment in addition to title/grade.

(c) Series (3). Self-explanatory.

(d) Percent of time spent on duties (4). Enter percent of time spent on each job when double functioned.

(2) *Training (5).*

(a) Entry level (a). Self-explanatory.

(b) Annual (b). Self-explanatory.

(c) Army and DOD (c and d). Indicate what training attended and dates.

(d) Remaining training (e and g). self-explanatory.

(3) *Positions (B).* Fill this section in only one time—on the coordinator's personnel sheet.

(a) APF Staff (1). Enter total full time equivalent APF positions. Break out authorized, overhire, and contract.

(b) NAF Staff (2). Enter total number of full time equivalent NAF positions. Indicate in parentheses how many of these are reimbursed with APF.

d. Part IV—Services.

(1) *Child Development Center(s) (A).*

(a) CDS facilities (1).—Enter the total number of separate facilities. Count each facility identified as a separate building by the engineers.

(b) Child capability (2).—enter the total number of child spaces available at any one time. If the number changes because of double functioning of rooms for different age groups or program types, (e.g., 15 pre-school vs 18 school-age children) enter the number of spaces available during prime occupancy period (e.g., 0900–1700).

(c) Child capacity (3).—enter the maximum number of children who could use the center on a given day. Include all different groups of children who share the same space. (e.g., AM and PM pre-school groups/school-age children, and factor in usual turnover rate in hourly care spaces.)

(d) Child age group enrollment (4).—enter the total number of children who used center services during the reporting period. If a child uses more than one service, count the child in each service used. (e.g., If the child uses part-day care and hourly care services, count the child twice.)

(e) Program types/average daily attendance (5).—enter total of (a) through (e).

1. Full-day program—enter the total number of attendees for 5 typical days per quarter divided by 20.

2. Part-day preschool program—enter the total number of attendees in AM plus PM sessions per week for 4 typical weeks in the preschool year and divide by 20. If some days have only AM or PM select a day representative of the majority of the week.

3. Part-day school-age program—enter the total number of attendees for 5 typical days per quarter divided by 20.

4. Hourly program—enter the total number of attendees for 5 typical days per quarter and divide by 20.

5. Special needs program services—enter the total number of children in the program for 5 typical days per quarter and divide by 20.

(2) *CDS Family Child Care (FCC) Homes (B).*

(a) FCC certified homes (1).—enter the total number of provisionally and fully certified homes operating during the reporting period.

(b) Child capacity (2).—enter the total number of child spaces in total FCC system as of 30 Sep/end of the FY.

(c) Child age group enrollment (3)—enter the total number of individual children using FCC services during the reporting period per registration cards.

(3) *Supplemental programs and services (C).*

(a) Programs offered (1). Check those programs that are offered.

(b) Enrollment. Enter total enrollment (2). (If a child uses more than one program, count the child once for each program used.)

(c) Services offered (3). Check those services that are offered.

e. Part V—Utilization data

(1) Sponsors (A)—enter total of 1 through 5

(a) Enter total per registration cards.

(b) Same.

(c) Same.

(d) Same.

(e) Include military retirees in this category.

(2) Child age group enrollment—total of 1 through 4

(a) Infant (1). Enter total number per registration cards ages 4 weeks to 18 months.

(b) Toddler (2). Enter total number per registration cards ages 18 months to 3 years.

(c) Preschool (3). Enter total number per registration cards ages three to five years regardless of program (e.g. include full-day, pre-school, and part-day pre-school attendees).

(d) School Age (4). Enter total number per registration cards ages 5 to 12 years.

(3) Family Structure (c) (CDC, FCC and SPS programs inclusive).

(a) More than 1 child (1). Self-explanatory.

(b) Sole parents (2)(3). Self-explanatory.

(c) Active duty couples (4). Both parents must be active duty.

(d) Active duty couples (5). Both parents must be active duty.

(4) Off-post resident patrons. Self-explanatory.

f. Part VI—Remarks. Include program materials, parent handbook, staff handbook, sample SOP's, fliers, Month of Military Child Program, fee schedules—BRAG about your program!!!

D–2. Section II—Child Development Services Center-Based System

a. Part I—Center operational costs.—take from Section I, Part II, Line B.

b. Part IB—Fees.

(1) Rate structure (1) Self-explanatory.

(2) Multiple Child Discount Rate (2).

(a) Second Child—take 1st child rate minus 2nd child rate and divide by 1st child rate to get a percent.

(b) Third child—same as a, but substitute 3rd child rate for 2nd child rate.

(c) Each additional child—substitute additional child rate for 2nd child rate in formula in a.

(3) Hourly rate scale (3)—enter most frequently paid rate.

(4) Weekly rate scale (4)—enter most frequency paid rate.

(5) Monthly rate scale (5)—most frequency paid rate.

(6) Preschool monthly rate (6)—enter rate charged for one child. (a–c)

(7) Part-day School-Age Monthly Rate per Child (7) Enter rate charged for one child (a–c).

c. Part II—Personnel.

(1) Regularly scheduled full-time and part-time employees in the full-day program (A)—Enter the total number of employees and corresponding percentage of staff.

(2) Regularly scheduled full-time and part-time employees in the hourly program (B)—Enter the total number of employees and corresponding percentage of staff.

(3) Intermittent-on-call employees in Child Development Centers (C)—Enter the total number of IOC's in the CDC programs. Additionally indicate the total number of workyears filled by IOC's (count the total hours worked by IOC's and divide by 1740 hours-hours in one workyear).

d. Part III—Services.

(1) Operations (A).

(a) Check applicable boxes in 1–4.

(b) Operational hours (5)

1. Enter total number of hours per week an individual program operates. (a–d).

2. Special needs (e). Enter a total here only if Special Needs is a *seperate* program.

(2) Program Type Capacity—Enter total of lines 1–5. This figure should be the center capacity.

(a) Full day and hourly program. (1–2). Enter total number of spaces allocated to these programs and accompanying percentage of the capacity.

(b) Part-day preschool (3). Enter the total number of spaces allotted to this program.

(c) Part-day school-age (4). Enter the total number of spaces allotted to the program.

(d) Special Needs (5). Enter the total number of spaces allotted to special needs program.

(e) Unmet demand. Check any applicable box of unmet demand in program capacity in excess of 20% as documented on a waiting list. Add g. The number on the waiting list.

e. Part IV—Utilization Data.

(1) Sponsors (A).

(a) Full day (1). Enter the total of lines a–e below and the corresponding percentage.

1. Grades (a–e) Enter the total number of sponsors per the registration cards for the appropriate grade.

(b) The remainder of this section is self-explanatory (2–5).

(2) Child Age Group Enrollment (B).

(a) Lines 1–4. Enter the total enrollment in each age category based on registration cards.

(b) Unmet demand (5). Check appropriate boxes indicating unmet demand in excess of 20 percent of existing age group capacity.

(3) Off Post Residence CDS Patrons (C)—Total of lines 1–5 below. (Enter total number of patrons based on registration cards. Do not double count patrons.)

f. Part V—Remarks. Indicate whether a Developmental Assessment Team Review was conducted and the date(s). Include any installation comments.

D–3. Section III—Family Child Care System

a. Part I—Fiscal Data.

(1) FCC Operational Costs (A).—FCC portion of Section I, Part II line B, page 1.

(2) Fee Range.

(a) Lines 1–2. Self-explanatory.

(b) Average weekly fee (3). Enter the amount charged by the majority of FCC providers (e.g., the mode not the mean fee).

b. Part II—Personnel.

(1) FCC Director (A). Enter the number of FCC Program director(s) and the number of homes supervised.

(2) Outreach worker (B). Enter the number of Outreach workers.

c. Part III—Services.

(1) Multi-Age FCC homes (A).—Enter the total number of homes with mixed age groupings and corresponding percentage

(2) Special purpose homes (B). Enter the total number of special purpose homes. Count each home only one time. Total of A and B should equal Part IV, B 1, page 3.

(3) Homes Certified, Registered and Monitored (C–E). Enter the total number of homes in each category for the year and them as of 30 September.

d. Part IV—Utilization Data.

(1) Sponsors (A)—Enter total of lines 1–5 below. (1–5. Enter the number of sponsors per registration cards).

(2) Child Age Group Enrollment (B)—Enter total of lines 1–5 below.

(a) Children enrolled (1–4). Enter the total number of children enrolled in each category using registration cards and the corresponding percentage of FCC system enrollment.

(b) Unmet demand (5). Check all applicable boxes of unmet demand in excess of 20% of existing age group capacity.

e. Part V—Remarks. Enter any installation remarks concerning the FCC system.

D–4. Section IV—Child Development Services (CDS) Supplemental Programs and Services (SPS) System

a. Part I—Services and Utilization Data. Throughout this part, report all federal government employees other civilians and retirees under civilian patrons. Count both parents only for dual military parents.

(1) Common Services (A).

(a) Parent Education Services (1)—Include services for all systems

(b) Volunteer Services (2)—Include volunteers in all systems.

(2) All other blocks in section IV are self-explanatory.

b. Section V—School-Age/Latch Key Program.

(1) Part I Identifying Data.

(2) Lines A–C are Self-explanatory.

c. Part II—Financial Data.

(1) APF Operating Funds (A)—Enter total APF funds expensed under the SA/LK AMS Code.

(2) NAF (B). Enter Total NAF income. Itemize patron fees, APF–NAF reimbursement and donations. Enter total of NAF expenses, and itemize as noted. Enter Net Income (Loss) before depreciation.

d. Part III—Personnel Data. Self explanatory.

e. Part IV—SA/LK Programs. Enter data on each of the four programs (if offered).

f. Part V—Utilization Data. Self-explanatory.

g. Part VI—Training. Enter dates of training under the appropriate column. Add extra lines if there are more than two SA/LK specialists or SA/LK program assistants.

Glossary

Section I
Abbreviations

ACCRS
Armywide Child Care Referral Services

ACS
Army Community Service

ADA
average daily attendance

ADCO
Alcohol and Drug Prevention Control

ADP
automatic data processing

AEI
Architectural and Engineering Instructions

AIDS
acquired immune deficiency syndrome

APF
appropriated fund(s)

ARC
American Red Cross

AUTOVON
automatic voice network

CARAT
Child Abuse Risk Assessment Tool

CCFP
Child Care Food Program

CDA
child development associate

CDC
Child Development Center

CDS
Child Development Services

CFSC
Community and Family Support Center

CID
Criminal Investigation Division

COE
Chief of Engineers

CONUS
continental United States

CPMC
capital purchase and minor construction

CPR
cardiovascular pulmonary resuscitation

CPSC
Consumer Product Safety Commission

CTA
common table of allowances

DA
Department of Army

DAR
daily activity report

DAT
Developmental Assessment Team

DATR
Developmental Assessment Team Review

DCSPER
Deputy Chief of Staff for Personnel

DEERS
Defense Eligibility Enrollment Reporting System

DEH
Director of Engineer and Housing

DOD
Department of Defense

DOIM
Director of Information Management

DPCA
Director of Personnel and Community Activities

EFMP
Exceptional Family Member Program

EPS
education program specialist

FACMT
Family Advocacy Case Management Team

FADS
fire alarm detection system

FCC
Family Child Care

FY
fiscal year

GAO
General Accounting Office

HIV
human immunodeficiency virus

HQDA
Headquarters, Department of Army

HUD
Housing Urban Development

ICC
Interstate Commerce Commission

IEP
individual education plan

IMWRF
installation, morale, welfare and recreation fund

IVC
installation volunteer coordinator

LCCRS
Local Child Care Referral Services

MACOMs
major Army commands

MCA
Military Construction, Army

MDEP
management decision package

MEDCEN
United States Army Medical Center

MEDDAC
medical department activity

MIA
missing in action

MILCON
military construction

MOU
Memorandum of Understanding

MRA&L
Manpower, Reserve Affairs, and Logistics

MTF
medical treatment facility

MWR
morale, welfare, and recreation

NAC
National Agency Check

NACI
National Agency Check Investigation

NAF
nonappropriated fund(s)

NAFI
nonappropriated fund instrumentality

NFPA
National Fire Protection Association

OCONUS
outside continental United States

OMA
Operations and Maintenance, Army

OPM
Office of Personnel Management

PAM
pamphlet

PARR
Program Analysis and Resource Review

PDSA
part-day school-age

POC
point of contact

POV
privately owned vehicle

POW
prisoner of war

PRB
Program Review Board

PX
Army exchange

RIMP
Risk Management Program

RPOC
reporting point of contact

SASOHI
Standard Army Safety and Health Inspections

SIDPERS
Standard Installation/Division Personnel System

SIDS
Sudden infant death syndrome

SJA
Staff Judge Advocate

SOP
standing operating procedure

SPECAT
special category

SPS
Supplemental Programs and Services

STACC
Short Term Alternative Child Care

TAG
The Adjutant General

TISSA
Troop Issue Supply Service Agency

TJAG
The Judge Advocate General

TSG
The Surgeon General

UL
underwriters laboratory

U.S.
United States (of America)

USDA
United States Department of Agriculture

VCCUS
volunteer child care in unit settings

VCR
video cassette recorder

YS
Youth Services

Section II
Terms

Acute illness
An illness with a sudden onset lasting a limited period of time. (days to weeks).

Alternative child care
On and off-post child care programs and services which augment and support Child Development Center and Family Child Care Home programs to increase the availability of child care for military and Department of Defense civilian employees (i.e., resources and referral service, parent co-ops, off-post consortium or interagency initiatives).

Alternative equivalency
Compensatory actions/conditions approved by HQDA and MACOM proponents which provide equivalent status/protection to established criteria/standards

Caregiver
Child Development Services center-based staff position responsible for providing direct services to children.

Caregiving employees
All individuals providing actual child care services to children are counted in the required adult/child ratios (e.g., caregivers, program assistants, teachers)

Center-based
Refers to child care programs and personnel within centralized facilities.

Center-based setting
Child Development Centers or Supplemental Programs housed in a centralized facility as opposed to a family housing unit.

Child
A military family member, whether natural, adopted, foster, stepchild, or ward who is 12 years of age or younger.

Child activity room
Child program areas within spaces encompassed by fire rated walls in existing facilities.

Child care
Care and supervision of children in an Army-operated or regulated setting by other than the child's parent, guardian or blood relative. The organization providing care assumes full responsibility for the children's health, safety, and well being in loco parentis.

Child care hour
One child under care for one hour.

Child Development Center (CDC)
A centralized installation facility or part of a facility used for one or more child development programs.

Child Development Services (CDS)
Army-operated or regulated Child Development Center, Family Child Care Home, and Supplemental Programs and Services delivery systems with provisions for full-day, part-day, and hourly program services as required to address the unique child care needs of military and eligible civilian families.

CDC delivery system
A system of programs within centralized facilities for the delivery of developmental child care services to include a full-day program, part-day program, and hourly program according to local needs.

CDS babysitter training and referral services
SPS service that trains and refers family member babysitters ages 13 years or older.

CDS center director
A professionally qualified educator and administrator (1701 classification series) who is responsible for the overall management of daily operations and maintenance of the facility and who supervises other program directors in the center.

CDS coordinator
A professionally qualified educator and administrator (1701 classification series) responsibile for coordinating and monitoring all Army-operated or regulated Child Development Services programs.

CDS program
Any child care option within one of the Child Development Services Delivery Systems.

CDS program director
A professionally qualified educator and administrator (1701 classification series) responsible for direct management of a specific program in a child development center, or the Supplemental Programs and Services system, the Family Child Care system.

CDS resource and referral service
SPS essential service that provides information about child care services on and off-post to meet each patron's unique child care needs. Service assists patrons with child care arrangements prior to new duty assignments.

CDS volunteers
Individuals donating services accepted by Child Development Services for which the persons donating such services receive no present or future salary, wages, or related benefits as payments.

Communicable disease
An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, to the inanimate environment.

Comparable services
Equivalent care requirements e.g., adult/child ratios, group sizes and child age group categories, program types; staff qualifications and training requirements; and meal services according to United States Department of Agriculture guidelines.

Delivery system
Provision of child care services through a designated organizational structure of Child Development Centers, Family Child Care Homes, or Supplemental Programs and Services.

Developmental programming
Personnel management practices, facilities, age-appropriate equipment, materials, and experiences designated to foster and support a child's physical, intellectual, social and emotional capabilities regardless of the setting or length of time in care.

Early childhood
Encompasses growth and development of children birth through 8 years of age or third grade.

Education program specialist (EPS)
A professionally qualified educator (1710 classification series) responsible for training and technical assistance in quality assurance to minimize the risk of institutional child abuse. Does not have direct supervisory responsibilities for oversight of direct services personnel and is not counted in the adult/child ratios.

Evacuation crib
Standard size metal crib which has been modified with large wheels to facilitate removal of infants and young toddlers from activity rooms/modules during emergency situations.

Extended hours Family Child Care
Care for children of parents who require routine evening child care, work unusual or long hours, or have mission-related child care needs that require child care services over 12 hours a day, but not to exceed 14 consecutive days.

FCC delivery system
A system of quarters-based care for the delivery of developmental child care services provided by military family members in individual housing units located on a military installation or in Government-controlled housing off the installation.

FCC home
An authorized family housing unit, other than the child's home, in which a family member provides child care to one or more unrelated children on a regular basis.

FCC management personnel
Includes the FCC director, outreach worker, and education program specialist assigned to the Family Child Care System. Does not include the FCC operations clerk.

FCC outreach worker
A professionally qualified educator and administrator (1701 classification series) who is responsible for the oversight of a maximum of 40 FCC Homes. Works under the direct supervision of the FCC Director.

FCC provider
A family member who has been certified by Child Development Services to provide child care to one or more unrelated children on a regular basis in an authorized family housing unit.

Family style care
The center-based component of the full-day and/or hourly programs that defines and ensures developmental care of children in cross-age (6 weeks–5 years) groupings.

Foster grandparents program
National program offering opportunities for low income persons, age 60 and over to provide part-time volunteer supportive services to children with physical, mental, emotional, or social disabilities on selected installations in the United States and Puerto Rico.

Full-day program
Center-based developmental services for children 6 weeks–5 years, that meet the needs of working parents requiring child care on a regularly scheduled daily basis (5 to 12 hours per day).

Handicapped child
Any child who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment, or is regarded as having such an impairment.

Hourly care program
Center-based developmental services for children 6 weeks through 12 years, that meet the needs of parents requiring short-term child care on an intermittent basis.

Infant
A child between the ages of 4 weeks and 18 months.

Installation
A military installation is equivalent to a military community in foreign countries.

Legal guardian
One who legally has the care and management of the person, estate, or both, of a child during its minority.

Long term FCC
Care for children which encompasses 15 or more days but does not exceed 60 days unless on an exception basis.

Mainstreaming
Integration of special needs children into usual child activity room/module or FCC Home with minimal program adaptations.

Management personnel
Child Development Services Coordinator, Program Operations Specialist, Center and Program Directors, Supplemental Programs and Services Director, Family Child Care Director, Family Child Care Outreach Worker(s), Education Program Specialist(s), Assistant Program Director(s), Food Service Manager or other professionally qualified persons having Child Development Services monitoring or oversight responsibilities. (This does not include lead teachers, program assistants, caregivers or clerical personnel.)

Military family member
An individual whose relationship to the sponsor authorizes entitlement to treatment in a medical facility of military services.

Mobile caregiver
Direct services person assigned to two groups of children in a center-based setting but is not counted in the adult/child ratio for either group.

Module
Child program areas within spaces encompassed by 1-hour fire rated walls in existing facilities.

Multi-age FCC homes
FCC Homes authorized to provide services to one or more unrelated children from 4 weeks through 12 years in regulated age-group configurations.

Newborn
A child from birth through 4 weeks of age.

Optional Supplemental Programs and Services (SPS)
SPS which are implemented at the discretion of the installation commander, based on installation need.

Panic hardware
Consists of a door catching assembly incorporating a device which releases the latch upon the application of a force in the direction of exit travel and does not require use of hands.

Parent
The father or mother of a child related by blood, step-parent, an adoptive parent, a guardian, or any other person charged with a parent's rights, duties, and responsibilities.

Parent co-ops
Low cost SPS program established to provide care for children whose parents are available to participate in the operation and management of this care option in return for free or reduced cost child care.

Parent education resources
SPS common support service that coordinates all parent education services including newsletters, for all Child Development Services delivery system.

Part-day programs
Center-based developmental services that meet the needs of parents requiring child care on a regularly scheduled basis (less than 6 hours per day). These include but are not limited to part-day programs for children ages 3 through 5 years, before and after school programs in child development centers, vacation period self-contained programs for children ages 5 through 12 years, and specialized programs to meet unique local demands.

Preschool age
A child 3 through 5 years of age.

Preschool
A center-based component of the part-day program that offers time intensive, regularly scheduled developmental experiences for children ages 3 through 5, for 4 hours or less per day. May be provided as a separate program or incorporated as a segment of the preschool-age component in full-day programs. Program content and resource allocation for separate preschool part-day program and full-day preschool age service will be comparable.

Primary caregiving employees
Regulatory scheduled full-time and part-time employees assigned on a consistent basis to specific groups of children within full-day and part-day programs.

Program assistant
Child Development Services center-based staff position responsible for providing direct child care services to children.

Quarters-based
Refers to child care services provided within family housing units located on a military installation or in Government-controlled housing off the installation.

Regulatory proponent
Agencies at HQDA, MACOM, and installation levels responsible for establishing and enforcing CDS standards in the areas of fire, health and nutrition, safety, developmental programming, facilities and child abuse.

Relative
Family members to include grandparents, in-laws, siblings over age 13, and other extended family members residing on Government-controlled property.

Remote exit
A fire exit which opens to the exterior of the building. This exit must be within 100 feet from the occupied room/activity space door and within 150 feet from any point in the facility.

Remote site
An installation without most normally available services, that has 500 or fewer active duty personnel, is over 1 hour commuting time from an installation with full support services, and is more than 1 hour from an urban area with a population center of 50,000 or more which can provide American style facilities and services.

Rescue equipment
Aerial ladder trucks or portable ladders capable of reaching and serving as a means of evacuation for occupants above ground level.

Respite/emergency care
Short-term hourly care in respite situations e.g., parents need time away from children as part of an overall treatment plan for the parent, or for emergency care situations e.g., children left at center after closing hours. May be provided in a FCC Home or CDC setting.

School-age children
Children between the ages of 5 and 12 enrolled in part-day or hourly care CDS programs.

School-Age/Latch Key (SA/LK) children
Children (5 through 18) of dual-military couples, dual-working couples and single soldiers who require supervision during duty hours before and after school, on school holidays, during school vacations, on teacher inservice days and during school closings.

Shift child care
Care including meal service provided to multiple groups of children over a 24-hour period in a FCC home. At no time may the number of children present exceed the number of children authorized for the FCC home.

Short term alternative child care (STACC)
Optional SPS program that provides on-site hourly group child care when the parents or guardian of all children in care are attending the same function in the facility.

Sick child care options
Optional SPS child care services for sick children of working parents provided in Family Child Care Special Purpose Homes, center-based programs or in a Supplemental Programs and Services setting e.g., Medical Treatment Facility.

Sick child FCC homes
A quarters-based child development option for those children of working parents whose condition of illness prevents attendance in their usual child care setting.

Small installation
For Child Development Services purposes, any installation whose Child Development Services operation average daily attendance is less than 100.

Special interest programs
Child care services provided by Army activities other than Child Development Services to meet unique patron care requirements related to these activities and not available through Child Development Services operated programs e.g., chaplain sponsored preschool.

Special needs FCC homes
A quarters-based child development option for special needs children.

Special needs children
Children who are identified by the CDS Coordinator and the appropriate medical, educational, or social service authority as having unique requirements in child care settings.

Statement of work (SOW)
A document that describes accurately the essential program and technical requirements for items, materials, or services including the standards used to determine whether the requirements have been met.

Structural changes
Removal of walls, doors, flooring, and major construction work. Does not include such items as adding safety latches, fencing etc.

SPS homes
Private homes located off-post and operated by family members to provide child care services to Army patrons under an agreement between the Army and the State/county or host nation appropriate agency.

SPS setting
Physical site used for the provision of authorized child care services not provided in a FCC home or CDC e.g., elementary school, club, recreation center, youth activities center, chapel.

SPS delivery system
A system of alternative child care programs and services offered to augment and support the Child Development Center and Family Child Care delivery systems.

Support personnel
Operations clerk(s) receptionist, food service worker(s), custodial worker or other persons specifically designated to have administrative and program support responsibilities.

Surge care
Requirement for a large number of hourly care slots at the same time. Occurs on an occasional basis.

Teacher
A professionally qualified educator (1710 classification series) with training and experience in early childhood education.

Toddler
A child between the ages of 18 months and 3 years of age.

Unauthorized child care
Child care in Government-owned or leased facilities or family housing units located on a military installation which is provided by a person who is not in compliance with AR 608–10.

Volunteer child care in unit setting (VCCUS)
Optional SPS program that enables free child care services to be provided by family members in one military unit or organization for family members in another military unit or organization (or within the same military unit or organization) in exchange for similar services at a future, mutually agreed upon time.

Waiver
Temporary conditions approved by HQDA which partially compensate for noncompliance with established standards for a specified period of time. Reportable by installations and MACOMs to HQDA.

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  FCC providers, AR 608–10, 6–9*g*, 6–12*b*, 6–14*g*, 6–15, 6–17*a*, 6–20, 6–29*a*, c–157
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  management personnel, AR 608–10, 3–19, 3–20, c–15
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CHILD DEVELOPMENT SERVICES *(CDS)* REGISTRATION CARD

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013.

PRINCIPAL PURPOSE(S): To provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.

ROUTINE USES: Information is furnished the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent. Information on immunization and medical problems will be used as part of the program admission screening procedure. Family income data will be used to determine USDA food program qualification and rate structures.

DISCLOSURE: Disclosure of requested information is voluntary, however, if information is not provided, individuals may not be allowed to participate in CDS programs.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, or sex, within the limits of AR 608-10. CDS programs participating in the USDA Food Program shall offer meals without physical segregation of, or discrimination against any child regardless of ability to pay.

NAME OF SPONSOR *(Last, First, MI)*	GRADE	SSN	SERVICE *(Check One)* ☐ ACT ☐ RET ☐ CIV	SOLE PARENT ☐ YES ☐ NO
HOME ADDRESS OF SPOUSE *(Include ZIP Code)*	ON POST ☐	HOME PHONE	DUTY/EMPLOYER ADDRESS *(Include ZIP Code)*	
	OFF POST ☐	HOME PHONE		
NAME OF SPONSOR *(Last, First, MI)*	GRADE	SSN	SERVICE *(Check One)* ☐ ACT ☐ RET ☐ CIV	DUAL MILITARY SPONSOR ☐
HOME ADDRESS OF SPOUSE *(Include ZIP Code)*	ON POST ☐	HOME PHONE	DUTY/EMPLOYER ADDRESS *(Include ZIP Code)*	
	OFF POST ☐	DUTY PHONE		

EMERGENCY NOTIFICATION DESIGNEE	HOME PHONE	DUTY PHONE	CHILD RELEASE DESIGNEE

FAMILY SIZE	GROSS INCOME	USDA CATEGORY *(Check One)* ☐ FULL ☐ REDUCED ☐ PAID	MULTIPLE CHILD DISCOUNT ☐ FD ☐ PD ☐ HR ☐ FCC ☐ N/A

CDS PROGRAM RATES

B/A SCHOOL _____ FULL DAY_____ PRESCHOOL_____ HOURLY_____ FCC HOME_____

DA FORM 4719-R, JUL 89 EDITION OF AUG 83 IS OBSOLETE

NAME OF CHILD *(Last, first, MI)*				NAME OF CHILD *(Last, first, MI)*				NAME OF CHILD *(Last, first, MI)*			
PHYS EXAM DATE		BIRTH DATE	SEX	PHYS EXAM DATE		BIRTH DATE	SEX	PHYS EXAM DATE		BIRTH DATE	SEX
IMMUNIZATION DATES				IMMUNIZATION DATES				IMMUNIZATION DATES			
DPT				DPT				DPT			
TOPV				TOPV				TOPV			
MMR				MMR				MMR			
TINE				TINE				TINE			
MEDICAL PROBLEMS				MEDICAL PROBLEMS				MEDICAL PROBLEMS			
ALLERGIES				ALLERGIES				ALLERGIES			
REGISTRATION INFORMATION				REGISTRATION INFORMATION				REGISTRATION INFORMATION			
PROGRAM	BLDG/RM	ENROLL	TERMIN	PROGRAM	BLDG/RM	ENROLL	TERMIN	PROGRAM	BLDG/RM	ENROLL	TERMIN
FULL DAY				FULL DAY				FULL DAY			
HOURLY				HOURLY				HOURLY			
PRESCH				PRESCH				PRESCH			
B/A SCH				B/A SCH				B/A SCH			
FCC HOME				FCC HOME				FCC HOME			
OTHER				OTHER				OTHER			

SPONSOR CONSENT: I _____ *(parent) (guardian)* of _____ give consent for an authorized CDS representative to take my child/children for care, medical or dental, in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-24b.

DATE	SIGNATURE OF SPONSOR

REVERSE, DA FORM 4719-R, JUL 89

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT

For use of this form, see AR 608-10; the proponent agency is DCSPER

REQUIREMENTS CONTROL SYMBOL - CSGPA - 1710

SECTION I - ALL CHILD DEVELOPMENT SERVICES *(CDS)* SYSTEMS

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

STANDARDS COMPLIANCE VERFICATION	CDS SYSTEMS

CDS POLICY STANDARDS

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. All activities, contractors, individuals and private organizations providing child care on property controlled by the U.S. Army comply with AR 608-10 as applicable.		AR 608-10 Applicability Statement. 1-8(1), 2-6, c-2		7. CDS operations are resourced IAW DOD and Army guidance.		AR 608-10, 3-1-4, 3-6, 3-7 Appendix B, c-8 AR 215-1 Appendix C	
2. Services provided reflect an integrated long range plan for delivery through Child Development Center *(CDC)*, Family Child Care *(FCC)* and Supplemental Programs and Services *(SPS)* delivery systems		AR 608-10, 1-5, 1-6, 1-8b, c,d, 2-3b(6), 2-17, 4-5, c-3		8. Written CDS program policies are available.		AR 608-10, 2-4, 3-16, 4-17, 5-12, 6-24, c-9	
3. Child care services support mission requirements.		AR 608-10, 1-4, 5-2, 5-11, 6-1, 7-2, c-4 DA PAM 600-19 Feb 87		9. Religious materials or activities designed to teach or promote religious doctrine are not permitted.		AR 608-10, 1-8i, c-10	
4. Child care services support Army Quality of Life standards and are responsive to needs of eligible patrons.		AR 608-10, 1-4, 1-5, 1-7, 1-8, 2-9, 2-10, 4-2, 5-2c, c-5 DA PAM 600-19		10. Installation agencies inspect CDS operations and provide oversight and technical assistance as specified.		AR 608-10, 2-3, 2-6 Appendix C, c-11	
5. All programs operations are developmental in nature regardless of setting or length time in care.		AR 608-10, 1-4d, 1-8g, 4-16-23, 5-18-22, 6-30-33, 7-16, c-6		11. Staffing reflects program requirements as specified and is sufficient to support implementation of CDS system.		AR 608-10, 2-3a(2), 3-9-14, 3-17, Appendix C, c-12 DA PAM 570-551 DA PAM 690-41, DOD 1401.1-M-1, 22 Mar 85	
6. All programs services are affordable by eligible patrons.		AR 608-10, 1-4, 3-1, 3-5, 3-6, c-7					

DATE	CDS COORDINATOR *(Signature)*	DATE	FAMILY SUPPORT DIVISION CHIEF *(Signature)*	DATE	DIRECTOR, PERSONNEL AND COMMUNITY ACTIVITIES *(DPCA) (Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
5. Other - Specify on Comment Sheet
9. Nonapplicable

DA FORM 4841-R, JUL 89

SECTION I - ALL CHILD DEVELOPMENT SERVICES *(CDS)* SYSTEMS

STANDARDS COMPLIANCE VERIFICATION	CDS SYSTEMS

CDS POLICY STANDARDS *(Cont'd.)*

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
12. Management roles and responsibilities are clearly defined and delegated to activity manager levels.		AR 608-10, 3-12, 4-3, 5-3, c-13		19. Reporting requirements to command, MACOM and HQDA are met as specified.		AR 608-10, 2-16-21, c-20 AR 608-18	
13. CDS personnel receive written and oral program and policy guidance as specified.		AR 608-10, 3-16, c-14 AR 5-3		20. An annual internal review is conducted by an installation Developmental Assessment Team *(DAT).*		AR 608-10, 2-3, 2-5, 5-54c, 6-52c, 7-42b, c-21	
14. CDS Coordinator and CDS Management staff receive training as specified.		AR 608-10, 2-3a(6), 3-18c (4), 3-19, 3-20, c-15		21. CDS Programs annually assessed for compliance with DOD and Army Standards and monitored for quality assurance on a continuing basis.		AR 608-10, 2-1-11 5-54, 6-52, 7-42, c-22	
15. The CDS Coordinator is a member of the Family Advocacy Case Management Team *(FACMT).*		AR 608-10, 2-22b, c-16 AR 608-18, 2-4					
16. Child enrollment is handled centrally.		AR 608-10, 4-5, 4-2c(7), 2-16, 1-6, c-17					
17. Parents provide advisory input and play an active role in monitoring the quality of services provided in CDS programs.		AR 608-10, 2-5, 3-23, 3-25, 4-17, c-18					
18 Program and operational data are collected, maintained and reviewed as specified.		AR 608-10, 2-13-17, c-19					

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
5. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd,)*

SECTION I - ALL CHILD DEVELOPMENT SERVICES *(CDS)* SYSTEMS

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

CHILD DEVELOPMENT SERVICES *(CDS)* POLICY STANDARDS CORRECTIVE ACTION PLAN

REFERENCE	NONCOMPLIANCE			DESCRIPTION OF CORRECTIVE ACTION TAKEN/TO BE TAKEN	COMPLIANCE DATE(S)	SIGNATURE OF REGULATORY OFFICIAL
	ITEM NO.	AREA	CODE			

DATE	COMMAND REPRESENTATIVE *(Signature)*	TELEPHONE NO.*(S) (AUTOVON an Commercial)*

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

CDC BUILDING NUMBER	CDC STREET ADDRESS	CDC TELEPHONE NO./AUTOVON

PROGRAM/FACILITY OPERATION *(Check appropriate box)*

☐ CDS ☐ PRIVATE ORGANIZATION ☐ CONTRACT ☐ ARMY ACTIVITY

FACILITY PROGRAM TYPES *(Check appropriate box)*		CHILD SPACE CAPACITY	CHILD ENROLLMENT	AVERAGE DAILY ATTENDANCE
FULL-DAY	☐			
PART-DAY PRESCHOOL	☐			
PART-DAY SCHOOL AGE	☐			
HOURLY	☐			
SPECIAL NEEDS	☐			
TOTAL				

Minimum standard compliance verification for this facility has been completed and can be documented upon request. Minimum standards are applicable for the following areas: policy, program management, developmental programming, health, nutrition, facility, fire and safety.

INSTALLATION REPRESENTATIVE SIGNATURE AND TITLE	MACOM REPRESENTATIVE SIGNATURE AND TITLE

TO BE COMPLETED BY MACOM *(Check Appropriate Boxes)*

REQUEST DEPARTMENT OF ARMY APPROVAL FOR UNITED STATES DEPARTMENT OF AGRICULTURE *(USDA)* CHILD CARE FOOD PROGRAM

☐ INITIAL APPLICATION ☐ SUBMISSION OF COMPLIANCE VERIFICATION SHEETS AS REQUIRED

☐ RENEWAL ☐ SUBMISSION OF FACILITY CORRECTIVE ACTION PLAN ☐ SUBMISSION OF FOOD SERVICE PROGRAM DATA

TO BE COMPLETED BY HQDA

☐ APPROVAL IS DENIED PENDING CORRECTION OF NOTED NONCOMPLIANCE ITEMS AND RESUBMISSION OF CDS PROGRAM/FACILITY REPORT *(DA FORM 4841-R)*

_____

_____

_____

_____

_____

_____

_____

_____

☐ MINIMUM STANDARD CORRECTIVE ACTION PLAN SHOULD BE RESUBMITTED NO LATER THAN _____.

REMARKS

DATE	CHIEF, CHILD DEVELOPMENT SERVICES DIVISION	TELEPHONE NUMBERS *(AUTOVON and Commercial)*

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

PROGRAM MANAGEMENT

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE	COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
1. Child Development Center *(CDC)* services offered reflect assessed needs: a. Full-day, part-day and hourly care. b. Infant, toddler, preschool and school-age age groups.			AR 608-10, 1-8c, 2-17, 4-26, 5-2, c-23		9. Individual Education Plans *(IEPs)* are developed for all caregiving staff.			AR 608-10, 3-18, c-31	
2. Center staffing reflects program requirements necessary for services offered and to support unique mission requirements.			AR 608-10, 3-10, 3-12, 3-13, 5-37b, DA Pam 570-552, DA Pam 690-41, c-24		10. CDC caregiving employees receive: a. On-site orientation and supervised work experience. b. Thirty-eight credit hours of training within first nine months. c. Twenty-four hours annual in-service training.			AR 608-10, 3-18, 5-8, c-32	
3. Staffing patterns support developmental programming and ensure appropriate supervision.			AR 608-10, 5-14, c -25		11. Designated CDS personnel receive specialized documented training asappropriate.			AR 608-10, 5-8, TB Med 530, c-33	
4. A parent involvement program is established and implemented to ensure parent participation and center home partnership.			AR 608-10, 1-7, 3-23, 3-25, 4-17, 5-4, 7-18, c-26		12. Standard training resources are accessible to all CDC staff.			AR 608-10, 5-13, c-34/	
5. Part-day programs double function space and staff when feasible.			AR 608-10, 5-2, c-27		13. Procedures for use of volunteers in CDC programs are followed as specified.			AR 608-10, 3-17, c-35	
6. Hourly care spaces are retained for short term intermittent child care needs.			AR 608-10, 5-2b, c-28		14. CDC standing operating procedures are available and updated to ensure consistent application in all CDC programs.			AR 608-10, 5-12, c-36	
7. Management oversight of food service operations is provided.			AR 608-10, 5-6, c-29						
8. CDC personnel receive written and oral program guidance as specified.			AR 608-10, 2-4, 5-3, 5-9, 5-12, c-30		15. Child admission and release criteria are implemented as specified.			AR 608-10, 4-6, 4-7, 4-8, c-37	

DATE	CENTER/PROGRAM DIRECTOR *(Signature)*	DATE	CDS COORDINATOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
5. Other - Specify on Comment Sheet
9. Nonapplicable

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDS)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION

CHILD DEVELOPMENT CENTER: BLDG:

PROGRAM MANAGEMENT *(Cont'd.)*

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE	COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
16. Personnel records are maintained as specified.			AR 608-10, 2-14, AR 215-3, ch 16, c-38						
17. Child records are maintained as specified.			AR 608-10, 2-13, c-39						
18. CDC business operations reflect effective execution of an integrated budget, and use of sound fiscal management practices.			AR 608-10, 3-1, 5-5, c-40.						

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
5. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

DEVELOPMENTAL PROGRAMMING

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
1. A developmental program plan is developed by CDC Center/Program Director*(s)*. Assistant Director*(s)*, Supervisory Teacher/Program Assistants, the Nutritionist and the Education Program Specialists*(s)* *(EPS)*.			AR 608-10, 4-16, 5-18-22 c-124	
2. Education Program Specialist*(s)* *(EPS)* assigned to CDC programs oversee implementation of developmental programs and monitor quality assurance.			AR 608-10, 3-11c, 5-16, 5-18, 5-19. c-125	
3. EPS assigned to CDC programs implement staff training to support developmental programming.			AR 608-10, 3-11c, 5-19, c-126	
4. Training for caregiving employees is based on the National Child Development Associate *(CDA)* credential competencies.			AR 608-10, 3-18c, 4-22. c-127	
5. Adult/child ratios and child group sizes are maintained.			AR 608-10, 5-13a, b; 5-14, c-128	
6. One supervisory teacher or program assistant is assigned to every two child groups per age category.			AR 608-10, 3-13, c-129	
7. Primary caregiving staff are assigned to all children in full-day and part-day programs.			AR 608-10, 5-14e, c-130	
8. Caregiving staff: a. Nurture and care for children with affection. b. Use appropriate caregiving techniques. c. Interact directly with children appropriately during activities. d. Role model communication and social interaction skills. e. Foster positive self-concept in children. f. Stimulate children's intellectual capabilities. g. Recognize parents as partners in care of children. h. Present image as child care professional.			AR 608-10, 3-13a b, c, 4-22, c-131	
9. Program practices reflect individual children and age group needs.			AR 608-10, 4-16, 4-23, c-132	
10. Program content and quality of full-day and part-day programs are comparable.			AR 608-10, 5-2, c-133	
11. Constructive discipline is used consistent with installation touch policy. No form of corporal punishment is permitted.			AR 608-10, 4-7c, 4-10, c-134	
12. Child activity room staff prepare schedules of developmental activities for all age groups.			AR 608-10, Chapter 4, Section IV, 5-19, c-135	

DATE	CENTER/PROGRAM DIRECTOR *(Signature)*	DATE	EDUCATION PROGRAM SPECIALIST *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Applicable

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

DEVELOPMENTAL PROGRAMMING *(Cont'd.)*

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE	COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
13. Child routines support growth and development patterns.			AR 608-10, 4-13, 4-15, 4-36 c-136						
14. Child activity areas are organized to support growth and development of assigned children.			AR 608-10, 4-19, 5-18, 5-20. c-137						
15. Toys, equipment and materials are of institutional quality, available in sufficient quantities, and accessible to children per program requirements.			AR 608-10, 4-21, 5-21, 5-22. c-138						
16. Television operation is limited to developmentally appropriate programs.			AR 608-10, 4-12 c-139						
17. Outdoor play spaces are organized to support children's growth and development.			AR 608-10, 5-24, c-140 DG 1110-3-143, TM 5-803-11						
18. CDC programs are assessed for child environment quality and level of developmental programming.			AR 608-10, 3-12, 5-54a. c-141						

DATE	CENTER/PROGRAM DIRECTOR *(Signature)*	DATE	EDUCATION PROGRAM SPECIALIST *(Signature)*

*Check YES, or NO. **If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Applicable

SECTION II CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

FACILITY STRUCTURAL/SYSTEMS

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
1. Child Development Center *(CDC)* does not accommodate less than 23 children or more than 303 children and is identified for patrons.			AR 608-10, 5-25, 5-29, c-41 AEI Appendix G	
2. A structural inspection of the building is made annually.			AR 608-10, 5-28, 5-36a, c-42, AR 420 -70, AR 210-20	
3. The mechanical equipment room opens directly to the exterior of the building with no access to interior space or direct access to the playground.			AR 608-10, 5-39e, c-43 AEI Appendix G NFPA 30	
4. Peak noise levels do not exceed 85 dBA in child activity rooms/modules; sustained noise levels are no greater than 45 dBA.			AR 608-10, 5-13, 5-43, c-44 AEI Appendix G	
5. The heating, ventilation, and cooling system is safe and responsive to operational needs			AR 608-10, 5-39, 5-42, c-45 AEI Appendix G, TB Med 513	
6. Electrical wiring and electrical fixtures are installed to support functional and operational requirements and ensure safety of children, patrons, and staff.			AR 608-10, 5-40, c-46 AEI Appendix G	
7. Lighting requirements provide adequate task and general lighting to support safe operation and energy conservation needs.			AR 608-10, 5-41, c-47 AEI Appendix G, IES Lighting Handbook	
8. Plumbing requirements support special needs of children, safety, health and sanitation practices.			AR 608-10, 4-33b, c-48 AR 40-5, AEI Appendix G	
9. Doors and windows are child-safe and provide natural lighting and ventilation.			AR 608-10, 5-31a, 5- 39, 41c, 5-48e, f, j; c-49. ANSI Z 97.1; AEI Appendix G, CPSC Buyer's Guide, The Safe Nursery, Aug 86	
10. Hardware and fixtures are child safe and support operational requirements.			AR 608-10, 5-31b, 5-48g, c-50 AEI Appendix G,	
11. Interior wall treatments and floor coverings are safe, fire resistant, easily maintained, aesthetically pleasing, and minimize sanitation requirements.			AR 608-10, 5-35, c-51 AEI Appendix G	
12. Stairways and ramps are well constructed, child safe and support operational requirements.			AR 608-10, 5-46d, 5-48h; NFPA 101; 29 DFR 1910-21,22,23; ANSI-IES RP-3, AEI Appendix G	
13. Outdoor porches, patios and decks, when present, meet requirements as specified.			AR 608-10, c-53 AEI Appendix G	
14. Exterior walkways, parking, and roadways are provided.			AR 608-10, 5-29a, c-54 AEI Appendix G	
15. Construction and alteration projects incorporate design guidance as specified.			AR 608-10, 5-27, c-55 AEI Appendix G	

DATE	FACILITIES ENGINEER *(Signature)*	DATE	SAFETY OFFICER *(Signature)*	DATE	HEALTH CONSULTANT *(Signature)*	DATE	CENTER/PROGRAM DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Applicable

SECTION II CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

ADMINISTRATIVE SUPPORT AND CHILD ACTIVITY AREAS

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
1. A building entrance is designated to provide a controlled access point for patrons.			AR 608-10, 5-34, c-56 AEI Appendix G	
2. Spaces are provided for administrative and program support to include: a. Patron reception areas. b. Office/administrative space. c. Adult toilet area(s). d. Staff workroom/break areas. e. Sick child isolation area. f. Kitchen, food service support area. g. Laundry area. h. Janitor closet. i. Central storage.			AR 608-10, 5-32, 5-51, c-57 AEI Appendix G	
3. Adequate space is allocated to support functional program/ requirements for child activity rooms/modules used by children 6 weeks - 12 years of age.			AR 608-10, 5-13b, 5-31, Figure 5-1 and 5-2, c-58 AEI Appendix G	
4. Activity rooms/modules used for infants and pretoddlers include developmentally appropriate play areas and functional support space.			AR 608-10, 4-14, 5-20 a-c, 5-31c, c-59 DOD 6060.1-M 7, 8 AEI Appendix G	
5. Activity rooms/modules used for toddlers, preschool-age and school-age children include developmentally appropriate interest centers, play areas and functional support space.			AR 608-10, 5-20d, e, c-60 AEI Appendix G	
6. Child toilet/diapering areas are provided within child activity rooms/modules or directly accessible to child activity areas.			AR 608-10, 4-14, 5-31b, c, 5-35, c-61 AEI Appendix G,	
7. Furnishings within child activity rooms/ modules and administrative/support spaces support program requirements.			AR 608-10, 3-3, 5-22, 5-34, 5-51, c-62, CTA 50-909, CTA 50-970 AEI Appendix G	
8. Developmentally appropriate outdoor play areas are provided for designated age groups.			AR 608-10, 5-23, c-63 AEI Appendix G	
9. Maintenance provided on a continuing basis to ensure facilities, installed equipment, grounds and playground equipment are maintained in a safe, operational and orderly manner.			AR 608-10, 5-37, 5-38, c-64 AEI Appendix G	
10. Custodial/housekeeping services and pest control operations are provided as specified to ensure a safe, sanitary facility.			AR 608-10, 5-37, 5-38; c-65 AR 420-81, TM 5-609	

DATE	FACILITIES ENGINEER *(Signature)*	DATE	SAFETY OFFICER *(Signature)*	DATE	HEALTH CONSULTANT *(Signature)*	DATE	CENTER/PROGRAM DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

SECTION II CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

HEALTH

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Child Development Center personnel meet health requirements as specified.		AR 608-10, 4-25, c-97 AR 40-562, AR 40-5, 5-6 AR 215-3		8. Program health and sanitation procedures are followed as specified.		AR 608-10, 4-33, c-104 Centers for Disease Control Program Materials	
2. Child health requirements are met as specified.		AR 608-10, 4-26, c98 AR 50-562, 4-6, 4-26		9. Toys used by children are washable and cleaned as specified.		AR 608-10, 4-33, c-105	
3. Children are screened for illness daily and denied admission based upon specific criteria.		AR 608-10, 4-8b, 4-28 c-99		10. Diapering and toileting procedures are implemented as specified.		AR 608-10, 4-14, 4-33, c-106	
4. Children are readmitted after illness only when their presence does not endanger the health of other children.		AR 608-10, 4-29, c-100		11. Nap and rest periods are provided for children as specified.		AR 608-10, 4-13 c-107	
5. Child medication is administered only as specified.		AR 608-10, 4-32, c-101		12. Pets are free from diseases, immunized as appropriate and sanitarily maintained.		AR 608-10, 4-34b, c c-108	
6. Medical care and administrative procedures for emergencies and minor health problems after admission follow specified criteria.		AR 608-10, c-102		13. Toxic plants are not present in centers or in outside play areas.		AR 608-10, 4-39, c-109 Appendix C	
7. Parents and health consultant are notified of medical emergencies, communicable diseases or acute illnesses as specified.		AR 608-10, 2-20, c-103		14. A health inspection is conducted as specified by preventive medicine officials on a monthly basis and as needed.		AR 40-5, TB Med 530 AR 608-10, 2-3, 4-25 through 4-34, 5-6, 5-8, 5-12, 5-37, 5-38, 5-48, c-110 Appendix C	

DATE	HEALTH CONSULTANT *(Signature)*	DATE	CENTER/PROGRAM DIRECTOR *(Signature)*
DATE	SAFETY OFFICER *(Signature)*	DATE	FACILITIES ENGINEER *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

SECTIPON II CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

FOOD AND NUTRITION

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Meals and snacks are provided appropriate to hours of service and help meet children's total nutritional needs.		AR 608-10, 4-35, c-111		9. Parental and physician desires concerning food practices are provided within program capabilities.		AR 608-10, 4-35g c-119	
2. All food is provided by the center except for infant formula, baby food, special diets, and food for special occasions as specified.		AR 608-10, 4-35, c-112		10. Children are served meals and snacks family style within their activity room/module and participate in all phases of meal service whenever possible .		AR 608-10, 4-36, 5-6b, c-120	
3. All center programs are enrolled in or meet the requirements for the USDA Child Care Food Program (CCFP).		AR 608-10, 3-7, 4-4, 5-6 c-113		11. Eating areas are not adjacent to diaper changing units, toileting areas or pet cages.		AR 608-10, 5-6b, c-121	
4. Menus meet meal pattern and quantity requirements of the USDA CCFP for all age groups.		AR 608-10, 4-35c, c-114		12. Infant feeding is individualized and developmentally appropriate.		AR 608-10, 4-35 d, e, 4-36, 5-6b, c, c-122	
5. Food service personnel and caregiving staff receive appropriate training in food and nutrition practices.		AR 608-10, 3-12d, 3-17, 4-22b, 4-36, 5-8d, c-115		13. Children are not forced to eat and food is not used as a punishment or reward.		AR 608-10, 4-36b, d, 4-36a, c-123	
6. Food is prepared, stored and served to prevent food borne illness.		AR 608-10, 5-6c, c-116 TB Med 530 AR 40-5					
7. Kitchen and food service areas are inspected monthly and maintained in sanitary condition.		AR 608-10,5-6c, c-117 TB Med 530, AR 40-5					
8. Preplanned menus, reviewed by a dietitian, are costed, posted and available to parents.		AR 608-10, 2-3d, 4-4f, 4-35h, 5-6a, c-118					

DATE	DIETITIAN *(Signature)*	DATE	HEALTH CONSULTANT *(Signature)*	DATE	CENTER/PROGRAM DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Applicable

STANDARDS COMPLIANCE VERIFICATION | CHILD DEVELOPMENT CENTER: BLDG:

FIRE PREVENTION

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Facilities meet requirements of Architectural and Engineering Instructions, and NFPA 101, Life Safety Code except as modified by AR 608-10.		AR 608-10, 5-44, c-66 AEI, Appendix G		7. An automatic sprinkler system and one-hour fire separation *(enclosed)* construction are provided for all hazardous areas.		AR 608-10, 5-39j c-72 AEI, Appendix G	
2. Fire inspections are conducted and documented monthly.		AR 608-10, 2-30g, 5-47, c-67		8. Unobstructed fire department connection to stand-pipe or hose outlets is provided to support sprinkler system.		AR 608-10, 5-45b c-73 AEI, Appendix G	
3. Maximum facility capacity has been established by the installation fire marshal and CDS management personnel and posted near the lobby area.		AR 608-10, 5-30, c-68		9. Fire notification/zoned annunciator panel and fire alarm pull station are located in the lobby area at the main entrance of the facility.		AR 608-10, 5-44, 5-45, C-74 AEI, Appendix G	
4. Doors, windows, panels and walls separating age group activity rooms/ modules are fire-rated as required.		NFPA 101, NFPA 80, AR 608-10, 5-44, 5-45, c-69 AEI, Appendix G		10. Fire exits are safe, properly designed and configured, and easily identifiable.		AR 608-10, 5-46, 5-47, 5-48, c-75 AEI, Appendix G	
5. A hard-wired automatic fire alarm and detection system *(FADS)* is provided in all child activity rooms/modules, staff work rooms, offices, and corridors IAW NFPA 72E.		AR 608-10, 5-45 c-70 AEI, Appendix G		11. Manual pull alarm stations are provided as specified.		AR 608-10, c-76, AEI, Appendix G, NFPA 101, 7-6.2.3	
6. The FADS transmits a signal directly to the fire department or fire alarm control center serving the facility.		AR 608-10, 5-45, c-71 AEI, Appendix G		12. Portable fire extinguishers are furnished in adult accessible locations.		AR 608-10, c-77 AEI, Appendix G	
				13. Interior finishes, insulation, corridor construction materials, and carpets meet minimum combustibility/flame spread criteria specified.		AR 608-10, 5-35, c-78 AEI, Apprndix G	

DATE	FIRE MARSHAL *(Signature)*	DATE	FACILITY ENGINEER *(Signature)*	DATE	SAFETY OFFICER *(Signature)*	DATE	CENTER/PROGRAM DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

SECTION II CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

STANDARDS COMPLIANCE VERIFICATION

CHILD DEVELOPMENT CENTER: BLDG:

FIRE PREVENTION *(Cont'd.)*

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
14. Fuel storage meets NFPA 30 requirements.		AR 608-10, C-79 AEI, Appendix G					
15. Drill and evacuation procedures are published and conspicuously posted in the building and each child activity room/module.		AR 608-10, 5-47, c-80					
16. Documented fire drills which involve all children and staff are conducted monthly and all personnel are trained in evacuation procedures.		AR 608-10, 5-47, c-81					
17. Evacuation cribs or devices in operable condition are available to remove infants..		AR 608-10, 5-47H, c-82					
18. Smoking is permitted only in designated areas away from child activity spaces and food preparation areas.		AR 608-10, 5-47j, c-83					

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)* - *SECTION II*

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

SAFETY

COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Child Development Center is monitored as a special hazard area by installation safety office.		AR 608-10, 2-3e, 5-49, c-84 AR 385-10, Chapter 4, Executive Order 12196	
2. A daily safety inspection is conducted by trained CDC personnel.		AR 608-10, 5-49, c-85 AR 385-10, 2-3 Executive Order 12196 29, CFR 1960, 59a	
3. Standard operating procedures are available for accident prevention and motor vehicle operations.		AR 608-10, 5-12, c-86 AR 385-55, 2-5b	
4. A telephone capable of reaching the Medical Treatment Facility, fire department, off-post residences and parental work sites is available on the premises.		AR 608-10, 5-48b, c-87	
5. Current instructions are posted at each telephone to facilitate calling for ambulance, medical, fire and military police service.		AR 608-10, 5-49e, c-88	
6. The parents, the CDS Coordinator and the installation Safety Director are notified in case of accidents.		AR 608-10, 2-20d, c-89 AR 385-40, 1-5, 2-14, 3-2	
7. Potential head-traps and specified toys and equipment are prohibited.		AR 608-10, 4-13e, c-90 CPSC Handbook, VOL II, Chapter 10	
8. Indoor/outdoor equipment, toys and materials are safe, non-toxic, durable, and in working order.		AR 608-10, 4-21, 5-49a, b, c-91 PL 91- 596-Sec 2a CPSC Handbook, VOL I & II, Manufacturer's Instructions, CPSC Buyer's Guide - The Safe Nursery, Aug 86, and CPSC Fact Sheet - 1974	
9. Custodial equipment, supplies, and materials are used and stored as approved by health consultant or safety officer.		AR 608-10, 5-37c, c-92 29 CFR 1910, 1200,	
10. Children are protected from hazardous substances and equipment.		AR 608-10, 5-49d, c-93 29 CFR 1910, 1200	
11. Children are protected from potential heating and electrical hazards.		AR 608-10, 5-47, 5-48, c-94	
12. Surfaces under play equipment minimize injuries from falls.		AR 608-10, 5-23d, c-95 TM 5-803-11 AEI, Appendix G. CPSC Handbook VOL II, Chap 12,	
13. Culverts, drainage ditches, sewer accessories, and all similar hazards are inaccessible to children.		AR 608-10, 5-48m, c-96 Design of Small Canal Structures U.S. Dept of Interior, Chap IX	

DATE	SAFETY OFFICER *(Signature)*	DATE	FACILITIES ENGINEER *(Signature)*
DATE	HEALTH CONSULTANT *(Signature)*	DATE	CENTER/PROGRAM DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)*SYSTEM

STANDARDS COMPLIANCE VERIFICATION	CHILD DEVELOPMENT CENTER: BLDG:

CHILD ABUSE PREVENTION

COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Application screening procedures are followed during the recruitment/ hiring of employees and volunteers.		AR 215-3, 2-9d; AR 608-10, Section V, 3-9, 4-25, c-142	
2. Favorable background checks are completed for Child Development Center *(CDC)* employee applicants and volunteers: a. Local Military Police record checks. b. Criminal Investigative Division records check to include Defense Central Investigative Index *(DCII)*. c. Army Family Advocacy Central Registry. d. Civilian law enforcement checks. e. Alcohol and Drug Abuse Prevention and Control Program *(ADAPCP)*. f. National Agency Checks *(NAC)* for NAF employees. g. National Agency Check Investigation *(NACI)* for APF employees.		AR 608-10, c-143, Section V AR 215-3, 2-9	
3. CDC management staff use established personnel management procedures to ensure appropriate supervision of employees.		AR 608-10, 5-15, 5-16, 2-26; c-144 AR 215-3, 6-5, 6-6	
4. CDC management and caregiving employees and volunteers receive child abuse prevention/ identification and reporting training.		AR 608-10, 3-26c, 5-8, c-145	
5. Children are supervised closely at all times and environment facilitates staff visibility and access to children.		AR 608-10, 5-17, 5-31, 5-33, 5-34, c-146	
6. Management procedures are established to minimize the potential for child abuse allegations in the CDC setting. a. Room darkening restrictions. b. Field trip safeguards. c. Sign in/out procedures/release of children. d. Touch policy. e. Parent access policy. f. Staff identification. g. Management duty hours. h. Restricted access to children. i. Education Program Specialist (EPS) oversight.		AR 608-10, 2-26, 2-28, 2-29, 4-7, 4-8, 5-14, 3-12c, c-147	
7. Child abuse prevention education is offered to parents.		AR 608-10, 2-29, c-148	
8. Reports of child abuse are reported to appropriate authorities.		AR 608-10, 2-22, c-149	
9. Established written procedures are followed when an abuse allegation is made in a CDC setting.		AR 608-10, 2-22c, 2-23a, 5-17, c-150 AR 608-18	

DATE	FAMILY ADVOCACY PROGRAM MANAGER *(Signature)*	DATE	CIVILIAN PERSONNEL OFFICER *(Signature)*

DATE	CRIMINAL INVESTIGATIVE DIVISION *(Signature)*	DATE	MILITARY POLICE *(Signature)*	DATE	CENTER/PROGRAM DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures *(SOPs)* (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

CDC BUILDING NUMBER	CDC BUILDING ADDRESS	CDC TELEPHONE NO./AUTOVON

CHILD DEVELOPMENT CENTER *(CDC)* MINIMUM STANDARDS CORRECTIVE ACTION PLAN

REFERENCE	NONCOMPLIANCE			DESCRIPTION OF CORRECTIVE ACTION TAKEN/TO BE TAKEN	COMPLIANCE DATE(S)	SIGNATURE OF REGULATORY OFFICIAL
	ITEM NO.	AREA	CODE			

DATE	COMMAND REPRESENTATIVE *(Signature)*	TELEPHONE NO.*(S) (AUTOVON and Commercial)*

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER *(CDC)* SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

CDC BUILDING NUMBER	CDC BUILDING ADDRESS	CDC TELEPHONE NO./AUTOVON

CHILD DEVELOPMENT CENTER *(CDC)* FOOD SERVICE PROGRAM DATA

USDA CCFP ENROLLMENT DATE_____ USDA CONTRACT NO._____ RENEWAL DATE_____

PROGRAM TYPE(S) *(check appropriate box)* ☐ FULL DAY ☐ PART DAY ☐ HOURLY ☐ PRESCHOOL ☐ SCHOOL AGE

COMPLETE 1 FORM PER KITCHEN

A. NAF EXPENDITURES:

	SEP	ANNUAL
1. FOOD		
2. FOOD SERVICE SUPPLIES		
3. LABOR		
4. OTHER		
5. TOTAL		

B. FUNDING INFORMATION *(Complete either 1 or 2)*

1. CCFP DATA

	SEP	ANNUAL
REIMBUSEMENT		

COMMODITIES OPTION: FULL _____ BONUS_____ CASH-IN-LIEU_____

NUMBER OF CHILDREN ENROLLED BY INCOME CATEGORY:

FREE _____ REDUCED _____ PAID _____

2. OCONUS FOOD SERVICE SUPPLEMENTAL DIVIDEND: ANNUAL

3. DO YOU HAVE ANY APF LABOR OR SUPPLIES SUPPORTING THE FOOD PROGRAM?

NO _____ YES _____ AMOUNT _____

COMMENTS

DATE	CDC DIRECTOR *(Signature)*	TELEPHONE NO.*(s)* *(AUTOVON and Commercial)*

C. MEAL DATA

1. TOTAL NUMBER OF MEALS SERVED *(Use September Data)*

	CHILDREN	ADULT
BREAKFAST		
A. M. SNACK		
LUNCH		
P. M. SNACK		
DINNER		
TOTAL		

2. COST OF MEALS SERVED *(Use September data)*

AVERAGE DAILY FOOD COST PER MEAL

BREAKFAST	
A. M. SNACK	
LUNCH	
P. M. SNACK	
DINNER	
TOTAL	

3. NUMBER OF DAYS OF FULL FOOD SERVICE OPERATION THIS MONTH: _____

4. FOOD SERVICE LABOR COSTS

POSITION AND NUMBER OF HOURS//DAY	SALARY
_____	_____
_____	_____
_____	_____
_____	_____

5. FOOD SERVICE DELIVERY SYSTEM:

ON-SITE _____ CENTRALIZED CDS KITCHEN _____

CONTRACT _____ YES _____ NO

WITH WHOM? _____

DATE	CDC DIRECTOR	TELEPHONE NO(s) *(Autovon and Commercial)*

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

TOTAL INSTALLATION HOUSING UNITS	TOTAL FCC HOMES	TOTAL FCC HOMES CAPACITY

PROGRAM MANAGEMENT

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE	COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
1. Individuals providing services *(FCC providers)* and the occupied housing units *(FCC homes)* are certified by Army CDS before children are enrolled in care.			AR 608-10,1-8e, f, 6-lb, 6-2, 6-42, 1-5, c-151		7. FCC applicants/providers complete all training requirements as specified.			AR 608-10, 3-17, 6-13, 6-20-21 c-157	
2. FCC staffing reflects program requirements to support number of registered, provisionally and fully certified homes.			AR 608-10, 3-9, 3-12c,g,h, 6-39, 6-3, c-152 DA PAM 570-551, DA PAM 690-41		8. FCC providers obtain endorsements prior to provision of specialized services.			AR 608-10, 6-9, c-158	
3. Certification status of FCC applicants/providers is defined and categorized as specified.			AR 608-10, 2-20 6-16 and 17, c-153		9. Orientation sessions are conducted on a regular basis or as needed to recruit new FCC providers.			AR 608-10, 6-10a, 6-21, c-159	
4. The FCC system is composed of homes which reflect the assessed needs for full-day, part-day and hourly care services as well as needs for infant, toddler. preschool and school-age care.			AR 608-10, 1-8c, 2-17, 6-9, c-154		10. Provider caregiving and administrative responsibilities are defined in writing as specified.			AR 608-10, 6-12, c-160,	
5. FCC providers meet all operational requirements prior to full certification,			AR 608-10, 2-24, 6-10-12, 6-14, 6-34-35, 6-40-43, 6-48-51, c-155		11. FCC providers meet the requirements for liability coverage under the Army Risk Management Program *(RIMP)*.			AR 608-10, 6-19, c-161 AR 215-1	
6. Individual Education Plans *(IEPs)* are developed for FCC providers.			AR 608-10, 3-18, c-156		12. FCC providers receive ongoing written, oral and on-site CDS program and policy guidance.			AR 608-10, 2-4, 3-16, 6-34 c-162	

DATE	CDS COORDINATOR *(Signature)*	DATE	FAMILY CHILD CARE DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures *(SOPs)* (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE (FCC) HOME SYSTEM

STANDARDS COMPLIANCE VERIFICATION	FAMILY CHILD CARE SYSTEM

PROGRAM MANAGEMENT *(Cont'd.)*

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE	COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
13. FCC director provides budget input and has responsibility for execution of funds.			AR 608-10, 3-12g, c-163		21. Unauthorized care is prohibited in government-owned or leased housing.			AR 608-10, 6-38, c-171	
14. Standing operating procedures are available and updated to ensure consistent system application.			AR 608-10, 6-24, c-164		22. FCC providers transferring from another installation are screened and trained as specified.			AR 608-10, 6-10, 6-18, c-172	
15. An FCC Resource/Toy Lending Library is established to support providers.			AR 608-10, 6-6, c-165						
16. Child admission and release criteria is implemented as specified.			AR 608-10, 4-6-8, c-166						
17. Child records are maintained as specified.			AR 608-10, 2-13, c-167						
18. Child placement data is centrally available to monitor FCC home age group composition.			AR 608-10, 2-16, c-168						
19. Each FCC provider has a contingency plan established in the event of illness, emergency or planned absence.			AR 608-10, 6-13, c-169						
20. A parent involvement/education plan is established to keep parents informed of matters relating to their children.			AR 608-10, 3-23, 3-25-26, 6-4, 7-18 c-170						

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

FAMILY CHILD CARE SYSTEM MINIMUM STANDARDS CORRECTIVE ACTION PLAN

REFERENCE	NONCOMPLIANCE			DESCRIPTION OF CORRECTIVE ACTION TAKEN/TO BE TAKEN	COMPLIANCE DATE(S)	SIGNATURE OF REGULATORY OFFICIAL
	ITEM NO.	AREA	CODE			

DATE	COMMAND REPRESENTATIVE *(Signature)*	TELEPHONE NO.*(S)* *(AUTOVON and Commercial)*

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(CONT'D)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

FCC PROVIDER NAME	FCC HOME ADDRESS	TELEPHONE NUMBER

DEVELOPMENTAL PROGRAMMING

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Education program specialist *(EPS)* implement provider training to support developmental programming and monitor quality assurance.		AR 608-10, 3-12c, 6-20, 6-30, c-224		7. The provider supports and promotes children's intellectual development.		AR 608-10, 4-17a-b, 6-29 6-30a-c, 6-31 a-e, 6-32a-d, c-230,	
2. A developmental program plan is prepared by the FCC director, outreach workers*(s)*, education program specialist*(s)* *(EPS)* and nutritionist.		AR 608-10, 4-17a-b, 6-29, 6-30 c-225		8. The provider supports and promotes children's physical growth and development.		AR 608-10, 6-32a-e, 6-33a-d c-231	
3. FCC provider training is based on the National Child Development Associate Credential *(CDA)* caregiving competencies.		AR 608-10, 4-22, c-226		9. The provider establishes a supportive social and emotional climate for children.		AR 608-10, 4-17a-b, 6-29, 6-30a-c, c-232	
4. The EPS, FCC director and outreach worker*(s)* prepare a monthly developmental program guide for FCC providers.		AR 608-10, 4-17a-b, 6-20a-f, 6-29, 6-30a-e, c-227		10. Program practices in FCC home reflect unique age group needs.		AR 608-10, 4-17a-b, 4-23a-d, 6-29, 6-30a-c, 6-32a-c, c-233	
5. Adult/child ratios and specified age composition of children are maintained in each FCC home,		AR 608-10, 6-26, c-228		11. The provider recognizes parents as partners in care of children.		AR 608-10, 3-25, c-234	
6. The FCC provider: a. Nurtures and cares for children with affection. b. Uses appropriate caregiving techniques. c. Acts as a positive role model for children. d. Presents image as a child care professional.		AR 608-10, 3-13a, 4-22, c-229		12. Providers observe each child's growth and development for program planning.		AR 608-10, 4-22, 6-29, 6-30a-d, c-235	
				13. Indoor play space and furnishings are arranged to allow developmentally appropriate child activities.		AR 608-10, 6-32, c-236	
				14. Toys and equipment are provided per program requirements.		AR 608-10, 4-21, 6-31 c-237	
				15. Daily indoor and outdoor activities are planned for all children.		AR 608-10, 4-11, 4-20, 6-30 c-238	

DATE	FAMILY CHILD CARE DIRECTOR *(Signature)*	DATE	EDUCATION PROGRAM SPECIALIST *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures *(SOPs)* (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

FCC PROVIDER NAME	FCC HOME ADDRESS	TELEPHONE NUMBER

DEVELOPMENTAL PROGRAMMING *(Cont'd.)*

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
16. Developmentally appropriate outside play areas are available within walking distance of FCC homes.		AR 608-10, 6-33, c-239					
17. Television is limited to developmentally appropriate programs.		AR 608-10, 4-12 c-240					
18. Constructive discipline techniques are used consistent with installation touch policy. No form of corporal punishment is permitted.		AR 608-10, 4-7, 4-10, 6-25 c-241					
19. Child routines support growth and developmental patterns.		AR 608-10, 4-13, 4-14,4-36 c-242					
20. Night care requirements are met as specified.		AR 608-10, 4-15 c-243					
21. FCC homes are assessed for child environment quality and level of developmental programming.		AR 608-10, 3-12, 6-14, 6-52 c-244					

DATE	FAMILY CHILD CARE DIRECTOR *(Signature)*	DATE	EDUCATION PROGRAM SPECIALIST *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures *(SOPs)* (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

FCC PROVIDER NAME	FCC PROVIDER ADDRESS	TELEPHONE NUMBER

HEALTH

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. FCC provider meets health requirements as specified..		AR 608-10, 4-25, c-198 AR 40-562, 4-3d AR 40-5, 5-6a, c		8. Health and sanitation procedures are followed as specified.		AR 608-10, 4-33, c-205, HQDA How to Prevent Spread of Contagious Diseases in FCC Homes.	
2. Child health requirements are met as specified.		AR 608-10, 4-26, c-199 AR 50-562, 4-1, 4-3b, 4-4d,		9. Diaper changing areas are provided when children under three years are in care.		AR 608-10, 4-14b, c-206	
3. Children are screened for illness daily and denied admission based upon specific criteria.		AR 608-10,4-28, 4-8b, c-200		10. Diapering and toileting procedures are implemented as specified.		AR 608-10, 4-14, 4-33, c-207	
4. Children are readmitted after illness only when their presence does not endanger the health of other children.		AR 608-10, 4-29, c-201		11. Toys used by children are washable and cleaned as specified.		AR 608-10, 4-33, c-208	
				12. Nap and rest periods are provided for children as specified.		AR 608-10, 4-13, c-209	
5. Child medication is administered only as specified.		AR 608-10, 4-32, c-202		13. Pets are free from diseases, immunized as appropriate and sanitarily maintained.		AR 608-10, 4-34, c-210	
6. Medical care and administrative procedures for emergencies and minor health problems after admission follow specified criteria.		AR 608-10, 4-31, c-203		14. Toxic plants are not present in home or in outside play areas.		AR 608-10, 4-34, and Appendix B, c-211	
7. Parents and health consultant are notified of medical emergencies, communicable diseases or acute illnesses as specified.		AR 608-10, 2-20, 4-26 c-204		15. Areas used for care of children are free from accessible lead based paint and hazardous insulation materials.		AR 608-10, 4-33c, 6-50b, c-212 TB Med 513	

DATE	HEALTH CONSULTANT *(Signature)*	DATE	FAMILY CHILD CARE DIRECTOR *(Signature)*
DATE	SAFETY OFFICER *(Signature)*	DATE	FACILITIES ENGINEER *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures *(SOPs)* (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

FCC PROVIDER NAME	FCC HOME ADDRESS	TELEPHONE NUMBER

FOOD AND NUTRITION

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Meals and snacks are provided appropriate to hours of service and help meet children's total nutritional needs.		AR 608-10, 4-35, c-213		9. Children participate in all phases of meal service whenever possible.		AR 608-10, 4-36b, c-221	
2. All food is provided by the FCC provider except for infant formula, baby food, special diets, and food for special occasions as specified.		AR 608-10, 4-35, c-214		10. The FCC provider prepares and serves nutritional meals using sanitary practices as specified. .		AR 608-10, 4-33, c-222 TB Med 530	
3. The FCC provider is enrolled in or meets the requirements for the USDA Child Care Food Program *(CCFP)*.		AR 608-10, 3-7, 4-4, 6-7, c-215		11. FCC management personnel and providers receive appropriate training in food and nutrition practices.		AR 608-10, 3-17, 4-22b, c-223	
4. Menus meet meal pattern and quantity requirements of the USDA CCFP for all age groups.		AR 608-10, 4-35c, c-216					
5. Menus are preplanned, posted and available to parents		AR 608-10, 2-3d, 4-35f, c-217					
6. Parental and physician desires concerning food practices are provided within program capabilities.		AR 608-10, 4-35 , c-218					
7. Children are not forced to eat and food is not used as a punishment or reward.		AR 608-10, 4-36b, 4-10, c-219					
8. Infant feeding is individualized and developmentally appropriate.		AR 608-10, 4-36, c-219					

DATE	DIETITIAN *(Signature)*	DATE	HEALTH CONSULTANT *(Signature)*	DATE	FAMILY CHILD CARE DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Applicable

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

STANDARDS COMPLIANCE VERIFICATION	FCC HOME ADDRESS	TELEPHONE NUMBER

FIRE PREVENTION

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. FCC home meets the requirements of NFPA 101. Section 11-9 except as modified by AR 608-10.		AR 608-10, 6-48, NFPA 101, Section 11-9, c-173		7. There is a battery operated or hardwired smoke detector inside the FCC housing unit used for child care.		AR 608-10, 6-48e, c-179 AR 420-90	
2. A fire inspection is conducted prior to provisional certification and annually thereafter by the fire marshal and more frequently if determined by local officials.		AR 608-10, 6-49, c-174		8. There is an operable ABC multi-purpose dry chemical extinguisher (Minimum 2 3/4 pound) inside the FCC housing unit.		AR 608-10, 6-49d, c-180	
3. Housing units used for FCC homes are not located above the fourth floor in a multi-story building.		AR 608-10, 6-48a, c-175		9. The FCC provider has been trained in evacuation procedures and has a viable contingency plan for evacuation of children.		AR 608-10, 6-49e c-181	
4. Each floor that is occupied by children in care has at least two separate means of escape to the outside, one of which may be a window.		AR 608-10, 6-48b, c-176		10. Documented fire drills involving all children are held at least once every month at different times of the day and upon enrollment of a new child..		AR 608-10, 6-49f, c-182	
5. In a dwelling of unprotected wood frame construction, every room used for sleeping, living or dining purposes has at least two means of exit, one of which may be a window.		AR 608-10, 6-48c, c-177		11. The FCC provider does not smoke when engaged in caregiving practices, i.e., child feeding, diapering, dressing, rocking and holding.		AR 608-10, 6-12, c-183	
6. There is smoke detector on each floor in a shared hallway in a multi-story building with open stairways where levels above ground floor are used for care.		AR 608-10, 6-48d, AR 420-90 c-178		12. Children are not left unaccompanied in kitchen.		AR 608-10, 6-49g, c-184	

DATE	FIRE MARSHAL *(Signature)*	DATE	FACILITY ENGINEER *(Signature)*	DATE	SAFETY OFFICER *(Signature)*	DATE	FAMILY CHILD CARE DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

FCC PROVIDER NAME	FCC HOME ADDRESS	TELEPHONE NUMBER

SAFETY

COMPLIANCE STANDARD	*MET	REFERENCE	CODE	COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Safety procedures are implemented and initial and annual inspections are conducted as specified.		AR 608-10, 2-3, 6-51, c-185, AR 385-10 Executive Order 12196, 29 CFR 1960, 17, 21, 30		8. Potential head traps and specified toys/equipment are prohibited.		AR 608-10, 4-13e, c-192 CPSC Handbook	
2. A daily inspection of the home is conducted by the FCC provider to eliminate safety hazards.		AR 608-10, 6-51b, c-186		9. Windows and doors are protected for safety to prevent climbing and unauthorized egress.		AR 608-10, 6-50, c-195 CPSC Glazing Stds CFR 1201 & CPSC Buyers Guide - The Safe Nursery, Aug 86	
3. The FCC provider provides continuous, watchful and responsible supervision of children.		AR 608-10, 6-28, c-187		10. Children are protected from hazardous substances and equipment.		AR 608-10, 6-51, c-194	
4. There is a working telephone within the individual FCC housing unit.		AR 608-10, 6-50a, c-188		11. Interior stairways and exterior stairwells are well constructed of substantial materials and have protective barrier as required.		AR 608-10, 6-50, c-195 NFPA 5-2.2.4.4	
5. Current instructions are posted on each telephone to facilitate calling for ambulance, medical, fire and military police service.		AR 608-10, 6-51f, c-189		12. Surfaces under family or community (real property) playground equipment area are soft and free of stones, debris, and obstructions.		AR 608-10, 4-21, 6-33, c-196	
6. Indoor and outdoor program equipment, toy, and materials are safe, nontoxic, durable, and in working order.		AR 608-10, 4-21, 6-51c, c-190 PL 91-596 CPSC Handbook Vol I & II,		13. Parents, the FCC director, and the installation safety director are notified in case of accidents.		AR 608-10, 2-12, 2-20, 2-21, 6-16, c-197 AR 385-40, 1-5, 2-14, 3-2,	
7. Children are protected from potential heating and electrical hazards.		AR 608-10, 6-50, 6-51, c-191 NPFA 70					

DATE	SAFETY OFFICER *(Signature)*	DATE	FACILITIES ENGINEER *(Signature)*

DATE	FIRE MARSHAL *(Signature)*	DATE	HEALTH CONSULTANT *(Signature)*	DATE	FAMILY CHILD CARE DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs) (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

FCC PROVIDER NAME	FCC HOME ADDRESS	TELEPHONE NUMBER

CHILD ABUSE PREVENTION

COMPLIANCE STANDARD	*MET	REFERENCE	CODE
1. Application screening procedures are followed to ensure only the best qualified applicants are certified.		AR 608-10, 6-2a, 6-11a-c, 6-11a-h, 6-12a-c, c-245	
2. Favorable background checks are completed for FCC Provider applicants and all family members over the age of 12 residing in FCC homes. a. Local Military Police record checks. b. Criminal Investigative Division records check to include Defense Central Investigative Index (DCII). c. Army Family Advocacy Central Registry. d. Civilian law enforcement checks. e. Alcohol and Drug Abuse Prevention and Control Program (ADAPCP). f. Sponsor's company commander.		AR 608-10, 2-24 6-11, c-246 AR 600-85, Sec III, Chp 6	
3. FCC management personnel identify and respond to indicators of potential abuse during quarterly and unannounced home visits.		AR 608-10, 2-27, 6-34, c-247	
4. Child abuse prevention education is offered to parents.		AR 608-10, 2-29, c-248	
5. FCC management personnel monitor homes using the FCC Child Abuse Risk Assessment Tool (CARAT) and take appropriate actions when risk is indicated.		AR 608-10, 6-52, c-249 HQDA LOI for use of FCC CARAT 19 Sep 88 c-249	
6. FCC management personnel receive training on child abuse prevention, identification and reporting.		AR 608-10, 3-20, c-250	
7. FCC providers receive training on child abuse prevention, identification and reporting.		AR 608-10, 3-20, 6-21, c-251	
8. A touch policy has been implemented.		AR 608-10, 2-28, 6-21, 6-25, c-252	
9. Reports of unauthorized care are followed up as specified.		AR 608-10, 6-38, c-253	
10. Appropriate management actions are taken to prevent provider isolation and reduce stress.		AR 608-10, 2-27, c-254 AR 608-18,	
11. FCC providers take measures to prevent child abuse/neglect in their homes.		AR 608-10, 2-22, 6-24, 6-25, 6-27, c-255	
12. Reports of child abuse are forwarded to appropriate authorities.		AR 608-10, 2--22, c-256 AR 608-18,	
13. Established procedures are followed when an abuse allegation is made in a FCC home.		AR 608-10, 2-22, 6-24, c-257	

DATE	FAMILY ADVOCACY PROGRAM MANAGER *(Signature)*	DATE	FAMILY CHILD CARE DIRECTOR *(Signature)*
DATE	CRIMINAL INVESTIGATIVE DIVISION *(Signature)*	DATE	MILITARY POLICE *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures *(SOPs)* (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

FAMILY CHILD CARE PROVIDER NAME	FAMILY CHILD CARE HOME ADDRESS	TELEPHONE NUMBER

INDIVIDUAL FAMILY CHILD CARE HOME *(FCC)* MINIMUM STANDARDS CORRECTIVE ACTION PLAN

REFERENCE	NONCOMPLIANCE			DESCRIPTION OF CORRECTIVE ACTION TAKEN/TO BE TAKEN	COMPLIANCE DATE(s)	SIGNATURE OF REGULATORY OFFICIAL
	ITEM NO.	AREA	CODE			

DATE	FCC PROVIDER *(Signature)*	FCC DIRECTOR *(Signature)*	TELEPHONE NO.*(S)* *(AUTOVON and Commercial)*

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* HOME SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

TOTAL INSTALLATION HOUSING UNITS	TOTAL FCC HOMES	TOTAL FCC HOMES CAPACITY

FAMILY CHILD CARE *(FCC)* USDA CHILD CARE FOOD PROGRAM *(CCFP)* DATA

A. PROGRAM INFORMATION

1. NUMBER OF PROVISIONALLY AND FULLY CERTIFIED FCC HOMES *(Use September data)*
2. NUMBER OF PROVISIONALLY AND FULLY CERTIFIED FCC HOMES ENROLLED IN THE USDA CCFP *(Use September data)*

3. DOES INSTALLATION SERVE AS CCFP SPONSOR? YES ☐ NO ☐

IF INSTALLATION DOES NOT SPONSOR THE CCFP, EXPLAIN THE CIRCUMSTANCES WHICH PRECLUDE SPONSORSHIP.

_____

4. DO PROVIDERS RECEIVE COMMODITIES? YES ☐ NO ☐ FULL ☐ BONUS ☐

DESCRIBE

B. FINANCIAL DATA *(When monthly data is requested, use September data)*

1. AVERAGE MONTHLY CCFP REIMBURSEMENT PER PROVIDER _____
2. SEP CCFP REIMBURSEMENT *(Providers and Admin)* _____
3. TOTAL CCFP PROVIDER REIMBURSEMENT RECEIVED THIS FY _____
4. TOTAL CCFP FCC SYSTEM ADMINISTRATIVE REIMBURSEMENT RECEIVED THIS FY _____
5. TOTAL CCFP FCC SYSTEM REIMBURSEMENT RECEIVED THIS FY *(Provider + admin)* _____

DATE	FCC DIRECTOR *(Signature)*	TELEPHONE NO.*(S)* *(AUTOVON and Commercial)*

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION IV- CHILD DEVELOPMENT SERVICES *(CDS)* SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)* SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

STANDARDS COMPLIANCE VERIFICATION	SUPPLEMENTAL PROGRAM AND SERVICES: SYSTEM

PROGRAM MANAGEMENT

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE	COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
1. Supplemental Programs and Services *(SPS)* are implemented as necessary to augment and support Child Development Center *(CDC)* and Family Child Care *(FCC)* systems.			AR 608-10,7-1, 7-2, c-258		7. Volunteers in CDS programs are trained and referred through the SPS System			AR 608-10, 3-15, 7-19, c-264 DOD Manual 6060. 1-m-16,	
2. SPS staffing reflects personnel requirements necessary for programs and services offered.			AR 608-10, 1-8, 3-11-14, 7-3, 7-14, 7-15, c-259 DA PAM 570-551		8. A School-Age/Latch Key *(SA/LK)* Program is implemented under CDS or Youth Services proponency when installation needs assessment supports requirement.			AR 608-10, 7-2, 7-22-24, c-265 CFSC Operational Guidance	
3. All programs and services comply with provisions of AR 608-10 as specified.			AR 608-10, 2-6, 7-1, c-260 AR 215-1,		9. Optional programs and services are implemented based on installation needs and at the discretion of the commander.			AR 608-10, 7-2, 7-25-36 c-266	
4. Support services common to Child Development Services *(CDS)* programs are provided through the SPS system.			AR 608-10, 7-1, 7-2, 7-17-21 (Sect V), c-261						
5. Parent education services and special events are coordinated for all CDS systems,			AR 608-10, 7-18, c-262						
6. Resource and Referral Services are available to CDS patrons when waiting lists exist for CDC and FCC services.			AR 608-10, 7-20, c-263						

DATE	SUPPLEMENTAL PROGRAMS AND SERVICES DIRECTOR *(Signature)*	DATE	CDS COORDINATOR *(Signature)*

DATE	SCHOOL-AGE/LATCH KEY SPECIALIST *(Signature)*	DATE	YOUTH SERVICES DIRECTOR *(Signature)*

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment
4. Ineffective Management Practices
5. Standing Operating Procedures *(SOPs)* (a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge
7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES *(CDS)* PROGRAM/FACILITY REPORT *(Cont'd.)*

SECTION IV- CHILD DEVELOPMENT SERVICES *(CDS)* SUPPLEMENTAL PROGRAMS AND SERVICES SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD *(Month and Year)*

MACOM	MACOM CODE	SUBORDINATE COMMAND CODE

SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)* SYSTEM MINIMUM STANDARDS CORRECTIVE ACTION PLAN

REFERENCE	NONCOMPLIANCE			DESCRIPTION OF CORRECTIVE ACTION TAKEN/TO BE TAKEN	COMPLIANCE DATE*(S)*	SIGNATURE OF REGULATORY OFFICIAL
	ITEM NO.	AREA	CODE			

DATE	COMMAND REPRESENTATIVE *(Signature)*	TELEPHONE NO.*(S)* *(AUTOVON an Commercial)*

CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* PROVIDER APPLICATION

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel to identify potential FCC providers and services to be provided. Provide household information, background and references.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

NAME *(Last, first, MI)*	MAIDEN	NAMES FROM ALL PREVIOUS MARRIAGES	
ADDRESS *(Include ZIP Code)*	BIRTH DATE	SOCIAL SECURITY NUMBER	TELEPHONE
NAME OF SPONSOR *(Last, first, MI)*	ORGANIZATION	SOCIAL SECURITY NUMBER	
DUTY STATION			TELEPHONE
SUBMIT THIS FORM TO *(Address) (Include ZIP Code)*			

PROVISION OF SERVICES

HOURS AND DAYS AVAILABLE FOR CARE

MON _____ WED _____ FRI _____ SUN _____

TUES _____ THURS _____ SAT _____

NUMBER OF CHILDREN DESIRED FOR CARE
UNDER 2 YEARS _____ 2-6 YEARS _____ 6-12 YEARS _____ TOTAL _____

PLEASE ANSWER THE FOLLOWING QUESTIONS	*Check One* YES	NO
ARE YOU CURRENTLY CARING FOR CHILDREN		
ARE YOU WILLING TO ACCEPT CHILDREN WITHOUT REGARD TO RACE, COLOR, CREED OR NATIONAL ORIGIN		
ARE YOU WILLING TO ACCEPT CHILDREN FOR HOURLY CARE		
ARE YOU WILLING TO ACCEPT CHILDREN FOR NIGHT CARE		
ARE YOU WILLING TO ACCEPT CHILDREN FOR EXTENDED HOURS		
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING HOLIDAYS		
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING SCHOOL VACATION		
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING SUMMER		
ARE YOU WILLING TO ACCEPT HANDICAPPED CHILDREN		
ARE YOU WILLING TO ACCEPT MILDLY ILL CHILDREN		

HOUSEHOLD INFORMATION *(list all members of your household)*

FULL NAME	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP

HOUSEHOLD INFORMATION *(list all members of your household) (Cont'd)*

FULL NAME	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP

ARE THE MEMBERS OF YOUR HOUSEHOLD IN FAVOR OF YOU BECOMING PART OF THE _____

_____ FCC HOME SYSTEM ☐ YES ☐ NO

DO YOU HAVE INDOOR HOUSEHOLD PETS (If yes, please list)

☐ YES ☐ NO

BACKGROUND

WHAT IS THE LAST GRADE YOU COMPLETED IN SCHOOL

HAVE YOU HAD TRAINING OR OTHER TYPES OF EXPERIENCE WHICH WILL HELP YOU AS A FCC PROVIDER . IF YES, DESCRIBE.

☐ YES ☐ NO

HAVE YOU EVER BEEN ASKED TO RESIGN OR BEEN DECERTIFIED AS A CHILD CARE PROVIDER BECAUSE OF SUBSTANTIATED ALLEGATIONS OF CHILD ABUSE OR NEGLECT. IF YES, DESCRIBE.

☐ YES ☐ NO

HAVE YOU OR ANY FAMILY MEMBER OR PERSON RESIDING IN THE HOME EVER BEEN CONVICTED OF ANY OFFENSE *(other than minor traffic violations)* OR ARE YOU CURRENTLY UNDER CHARGES FOR ANY VIOLATION OF LAW. IF YES, DESCRIBE.

☐ YES ☐ NO

ARE YOU INVOLVED IN ANY HOME BUSINESS OPERATION, I.E. SALE OF PRODUCTS, SEWING. IF YES, DESCRIBE.

☐ YES ☐ NO

REFERENCES

PLEASE GIVE THE NAMES AND ADDRESSES OF THREE PERSONS *(other than relatives)* WHOM THE ARMY MAY CONTACT FOR REFERENCES. THEY SHOULD KNOW YOU PERSONNALY AND BE WILLING TO CERTIFY TO YOUR CHARACTER, ABILITY, AND EXPERIENCE.

FULL NAME	ADDRESS	TELEPHONE

STATEMENT OF APPLICATION

I hereby apply to have my home studied for certification by the Army as a provider of child care services at this installation's FCC System. I understand that in order to qualify, both I and my home must meet all standards contained in AR 608-10 and all installation requirements pertaining to the care of children. I further understand that upon my certification, the Army will refer my name to potential patrons who will then contact me directly regarding services for their children. I will not provide child care services for any child not centrally registered in the CDS Family Child Care System. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

SIGNATURE	DATE

CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* PROVIDER BACKGROUND CLEARANCE REQUEST

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10, United States Code, Section 3013
PRINCIPAL PURPOSE:	To provide background clearance information regarding prospective FCC Providers to CDS personnel for use in the certification process.
ROUTINE USES:	Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.
DISCLOSURE:	Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

NAME OF APPLICANT *(Last, first, MI)*	DATE

Applicant has applied for certification as a Family Child Care *(FCC)* Home Provider within the _____ _____ quarters-based Family Child Care Home System. This office must pursue all means to verify the competency of _____ to provide for the physical, social, emotional and intellectual needs of young children in a caregiving situation within his/her own home.

CHARACTER REFERENCE INFORMATION

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL	*Check One*		
	YES	NO	N/A
1. RELATE TO CHILDREN AND ADULTS IN A SENSITIVE AND POSITIVE MANNER			
2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO CARE FOR CHILDREN FOR SUSTAINED TIME PERIODS			
3. SHOW EVIDENCE OF REPUTABLE CHARACTER			
4. ACT RESPONSIBLY IN CRISIS SITUATIONS			
5. MAINTAIN A SAFE, AND SANITARY HOME			
6. SPEAK, READ AND WRITE ENGLISH TO THE EXTENT HE/SHE CAN EXECUTE HEALTH AND SAFETY DIRECTIONS AND CAN PLAN PROGRAM ACTIVITIES FOR CHILDREN			
7. SHOW ANY EVIDENCE OF MENTAL HEALTH PROBLEMS WHICH COULD ADVERSELY AFFECT THE HEALTH OR SAFETY OF CHILDREN IN CARE			
8. HAVE ANY ANIMAL*(s)* WHICH MIGHT POSE A THREAT TO CHILDREN'S WELL BEING			
9. TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF, ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE *(i.e. battering, molesting, etc.)* OR NEGLECT; USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL OR ANY RESIDENT OF THE FCC HOME.			
10. HOLD ANOTHER JOB, EITHER FULL TIME OR PART TIME, DURING THE HOURS CHILDREN WOULD BE IN CARE			

REMARKS: EXPLAIN ANY *(NO)* ANSWERS TO ITEMS 1 - 6 AND (YES) ANSWERS TO ITEMS 7 - 10. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSES OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE. INFORMATION ABOUT OTHER INDIVIDUALS RESIDING IN THE HOME MAY BE ADDRESSED IN THIS SPACE.

TITLE	ADDRESS	SIGNATURE *(Person submitting information)*

SUBMIT THIS FORM TO ADDRESS LISTED BELOW

ADDRESS

CHILD DEVELOPMENT SERVICES *(CDS)*
FAMILY CHILD CARE *(FCC)* CERTIFICATION DENIAL/REVOCATION

For use of this form, see AR 608-10; the proponent agency is DCSPER

TO: *(Applicant) (Name and address) (Include ZIP Code)*	**FROM:** *(Issuing Office)*

YOUR FCC HOME PROVIDER *(Application for Certification) (Certification Document)* HAS BEEN *(disapproved) (revoked)* AT THIS TIME FOR THE FOLLOWING REASON*(S)*

FAILURE TO SUBMIT ALL REQUIRED INFORMATION/FORMS

FAILURE TO MEET FIRE PREVENTION AND PROTECTION REQUIREMENTS

FAILURE TO MEET SAFETY REQUIREMENTS

FAILURE TO MEET FACILITY REQUIREMENTS

FAILURE TO MEET DEVELOPMENTAL REQUIREMENTS

FAILURE TO MEET FOOD/NUTRITION REQUIREMENTS

FAILURE TO MEET HEALTH REQUIREMENTS

FAILURE TO PROVIDE SATISFACTORY BACKGROUND CLEARANCE REQUESTS

FAILURE TO ATTEND *(Pre-certification) (on-going)* TRAINING

FAILURE TO PROVIDE SATIFACTORY PROGRAM SERVICE

FAILURE TO PROVDE NON-DISCRIMINATORY SERVICE

OTHER

CHECK APPROPRIATE BOX(ES) *(Issuing Offices)*

☐ YOU MUST PROVIDE THE ADDITIONAL INFORMATION OR EVIDENCE THAT DEFICIENCIES HAVE BEEN MET, WITHIN 30 DAYS TO THE ISSUING OFFICE.

☐ YOU ARE HEREBY OFFICIALLY NOTIFIED THAT YOUR *(Certification Application) (Certification Document)* is *(denied) (revoked)* AND YOU MUST IMMEDIATELY DISCONTINUE ANY FORM OF CHILD CARE REGULATED BY AR 608-10. THE CERTIFICATION DOCUMENT MUST BE RETURNED TO THE ISSUING OFFICE UNTIL CERTIFICATION HAS BEEN RESTORED. REAPPLICATION FOR FCC CERTIFICATION MAY OCCUR AFTER A 30 DAY WAITING PERIOD AND WHEN A PROPONENT AGENCY REPRESENTATIVE VERIFIES COMPLIANCE WITH THE DEFICIENCIES NOTED ABOVE.

SIGNATURE *(CDS Coordinator)*	SIGNATURE *(Installation/Community Commander)*

CHILD DEVELOPMENT SERVICES *(CDS)* SPONSOR CONSENT

For use of this form, see AR 608-10; the proponent agency is DCSPER

I. _____ parent/guardian of

_____ consent*

to the following in reference to the care of my child/children.

	CHECK	
	YES	NO
USE OF PHOTOGRAPHS FOR RELEASE TO MEDIA		
PARTICIPATION IN ON-AND-OFF POST EXCURSIONS ACCOMPANIED BY CDS PERSONNEL		

INDEPENDENT PARTICIPATION IN ATHLETIC EVENTS, CLASSES, YOUTH ORGANIZATIONS AND CLUBS, WALKING TO AND FROM SCHOOL, VISITING FRIENDS, OR OTHER ACTIVITIES LISTED BELOW.

ACTIVITY	LOCATION	ARRIVE	DEPART	DAYS	DATES

	CHECK	
	YES	NO
TRANSPORTATION IN A GOVERNMENT OR COMMERCIAL VEHICLE		
TRANSPORTATION IN A PRIVATE VEHICLE		
OTHER -		
OTHER -		
OTHER -		

REMARKS

**Sponsor consent for access to emergency medical or dental treatment is contained in DA Form 4719-R. Sponsor consent for administration of medication is contained on DA Form 5225-R*

SIGNATURE OF SPONSOR	DATE

DA FORM 5222-R, JUL 89

CHILD DEVELOPMENT SERVICES *(CDS)* CHILD HEALTH ASSESSMENT

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel to : (1) verify child health status and currency of immunization per admission requirements: (2) note special program considerations or restrictions on child participation; (3) execute emergency medical procedures for chronic illnesses/conditions; (4) refer child for enrollment in Exceptional Family Member Program.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in CDS programs.

NAME OF SPONSOR *(Last, first, MI)*	TELEPHONE *(Home)*	TELEPHONE *(Duty)*

NAME OF MEDICAL TREATMENT FACILITY/PHYSICIAN	ADDRESS *(Include ZIP Code)*	TELEPHONE

CHILD HEALTH INFORMATION *(Sponsor)*

NAME OF CHILD	BIRTH DATE	SEX

HAS CHILD BEEN UNDER REGULAR SUPERVISION OF A PHYSICIAN *(If yes, explain circumstance(s) and current status)*

☐ YES ☐ NO

HAS CHILD BEEN SCREENED FOR ENROLLMENT IN EXCEPTIONAL FAMILY MEMBER PROGRAM ☐ YES ☐ NO

IMMUNIZATION DATES *(List Month and Year)*

DPT				
TOPV				
MMR				
TINE				

DISEASES AND ILLNESSES *(Check Yes, or NO)*

CHICKEN POX ☐ YES ☐ NO	RUBELLA ☐ YES ☐ NO	TEN-DAY MEASLES ☐ YES ☐ NO
MUMPS ☐ YES ☐ NO	POLIOMYELITIS ☐ YES ☐ NO	RHEUMATIC FEVER ☐ YES ☐ NO
SCARLET FEVER ☐ YES ☐ NO		

OTHER *(List)* _____

CHRONIC ILLNESSES AND CONDITIONS *(Check Yes, or NO)*

VISION PROBLEMS ☐ YES ☐ NO	AUDITORY PROBLEMS ☐ YES ☐ NO	
ORTHOPEDIC PROBLEMS ☐ YES ☐ NO	ASTHMA ☐ YES ☐ NO	DIABETES ☐ YES ☐ NO
SEIZURE DISORDER ☐ YES ☐ NO		

OTHER *(List)* _____

ALLERGIES *(List)* _____

COMMENT/INDICATE FREQUENCY

COLDS

EAR ACHES

STOMACH ACHES

HEADACHES

COMMENT/INDICATE FREQUENCY	
DIARRHEA	
CONSTIPATION	
BED WETTING	
SLEEP DIFFICULTIES	
POOR EATING HABITS	
TANTRUMS	
EXCESSIVE ACTIVITY	

DESCRIPTION OF SERIOUS CHRONIC ILLNESS/CONDITIONS *(Medical Staff)*

ILLNESS/CONDITIONS	EARLY SYMPTOMS	RECOMMENDED CDS PROCEDURES

COMMENTS

ON-GOING MEDICATION *(Medical Staff)*

TYPE	DOSAGE	FREQUENCY	CDS ADMINISTERED

MEDICAL STAFF COMMENTS

HEIGHT_____ WEIGHT _____ VISION _____ HEARING _____

SPECIAL MEDICAL CONSIDERATIONS

DESCRIBE ANY SPECIAL PROGRAM NEEDS, CONSIDERATIONS, OR RESTRICTIONS WHICH THE CHILD REQUIRES, IN ORDER TO PARTICIPATE IN CDS PROGRAMS

REFERRAL FOR CHILD FIND SCREENING ☐ YES ☐ NO

MEDICAL STATEMENT

The above named child has been given a routine medical examination and has been found free of infectious or contagious diseases, and to be capable of participating fully in CDS programs with the exception listed above.

SIGNATURE OF MEDICAL FACILITY REPRESENTATIVE	DATE
SIGNATURE OF SPONSOR	DATE

CHILD DEVELOPMENT SERVICES *(CDS)* CHILD AND FAMILY PROFILE

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel to : (1) develop programs meeting needs of child and family, (2) ensure appropriate placement of child, (3) identify contingency plan for child illness, (4) verify Family Care Plan, and (5) identification of potential program volunteers.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in CDS programs.

NAME OF SPONSOR *(Last, first, MI)*	DATE
ADDRESS *(Include ZIP Code)*	TELEPHONE
DUTY ADDRESS *(Include ZIP Code)*	TELEPHONE

CHILD DATA

NAME *(Last, first, MI)*	NICKNAME	BIRTH DATE

DEVELOPMENTAL TASKS/ACCOMPLISHMENTS FOR INFANTS AND TODDLERS *(Check appropriate blocks)*

SITS	☐ WITH SUPPORT	☐ INDEPENDENTLY	
WALKS	☐ WITH SUPPORT	☐ INDEPENDTLY	
SPEECH	☐ SINGLE WORDS	☐ PHRASES	☐ SENTENCES
TOILET TRAINED	☐ DAY	☐ NIGHT	
SELF-HELP SKILLS	☐ FEEDS	☐ TOILETS	☐ DRESSES
	☐ TIES	☐ ZIPS	☐ BUTTONS/SNAPS
READINESS SILLLS	☐ COLORS	☐ PRINTS NAME	☐ CUTS
ATTENTION SPAN	☐ SPORATIC	☐ MODERATE	☐ SUSTAINED
ACTIVITY LEVEL	☐ LOW	☐ MODERATE	☐ HIGH
PLAYS	☐ ALONE	☐ NEAR OTHERS	☐ WITH OTHERS

INFANTS/TODDLER UNIQUE VOCABULARY *(List child's special words and what they actually mean)*

CHILD'S WORDS	MEANING	CHILD'S WORDS	MEANING
	DRINK		
	BATHROOM		
	BOWEL MOVEMENT		
	URINATION		
	SPECIAL TOY*(S)*		

CHILD'S PREFERENCES

FOODS	TOYS	PASTIMES

SPECIAL CONSIDERATIONS

FEARS/DISLIKES	PERSONALITY CHARACTERISTICS	SPECIAL NEEDS

PREVIOUS GROUP EXPERIENCES	RESPONSE TO NEW/STRANGE SITUATION
NAP *(Comments)* ☐ YES ☐ NO	BEDTIME *(Time, etc.,)*

FAMILY DATA

HOUSEHOLD MEMBERS			PETS	
NAME	AGE	RELATIONSHIP TO CHILD	TYPE	NAME

REASON(S) FOR USE OF CDS PROGRAM(s)

CONTINGENCY CARE PLAN FOR CHILD ILLNESS

CAR POOL/TRANSPORTATION ARRANGEMENTS

FAMILY CARE PLAN *(Sole Parent/Dual Sponsors)*

VOLUNTEER AVAILABILITY *(Check appropriate blocks)*

☐ FIELD TRIPS AIDE

☐ HOLIDAY ACTIVITIES

☐ AT HOME PROJECTS

☐ ON SITE ADMINISTRATIVE/CURRICULUM PROJECTS

☐ TOY/EQUIPMENT REPAIR

☐ CLASSROOM AIDE

☐ OTHER _____

_____

EMERGENCY NOTIFICATION DESIGNEE	HOME PHONE	DUTY PHONE	CHILD RELEASE DESIGNEE
EMERGENCY NOTIFICATION DESIGNEE	HOME PHONE	DUTY PHONE	CHILD RELEASE DESIGNEE
EMERGENCY NOTIFICATION DESIGNEE	HOME PHONE	DUTY PHONE	CHILD RELEASE DESIGNEE

REMARKS

CHILD DEVELOPMENT SERVICES *(CDS)* MEDICAL DISPENSATION RECORD

For use of this form,see AR 608-10; the proponent agency is DCSPER

MONTH

(SEE REVERSE FOR PRIVACY ACT STATEMENT)

NAME OF CHILD	ACTIVITY ROOM	NAME OF SPONSOR	HOME PHONE	DUTY PHONE

MEDICATION *(One per card)*	AUTHORIZING PHYSICIAN	MEDICAL FACILITY	TELEPHONE

INCLUSIVE DATES	DOSAGE	TIME	INSTRUCTIONS: REFRIGERATION ☐ YES ☐ NO
BEGIN _____	_____	_____	
FINISH _____	_____	_____	

*CDS PERSONNEL DISPENSING MEDICINE WILL INDICATE TIME OF ADMINISTRATION AND INITIAL SAME WITHIN EACH TIME BLOCK ON A GIVEN DATE.

*1 _____	*2 _____	*3 _____	*4 _____	*5 _____	*6 _____	*7 _____
*8 _____	*9 _____	*10 _____	*11 _____	*12 _____	*13 _____	*14 _____
*15 _____	*16 _____	*17 _____	*18 _____	*19 _____	*20 _____	*21 _____
*22 _____	*23 _____	*24 _____	*25 _____	*26 _____	*27 _____	*28 _____
*29 _____	*30 _____	*31 _____				

DA FORM 5225-R, JUL 89 EDITION OF AUG 83 IS OBSOLETE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10, United States Code, Section 3013.
PRINCIPAL PURPOSE (S):	To provide sponsor consent for administration of medication, confirm medication dispensation directions. maintain medication records, and identify individuals responsible for dispensing medication.
ROUTINE USES:	No information is to be disclosed outside DOD.
DISCLOSURE:	Disclosure of requested information is voluntary, however, if information is not provided, medication will not be administered.

CDS PERSONNEL AUTHORIZED TO ADMINISTER MEDICATION TO _____

(Child's Name)

_____ _____

_____ _____

_____ _____

_____ _____

I, _____ hereby authorize the CDS personnel noted above to administer medication in the quantity and manner as requested and release same from all legal claims issued due to injury or illness which may result from such administering. Additional CDS personnel may be designated at the discretion of the CDS Program Director.

_____ _____

(Date) *(Signature of Sponsor)*

DATE	SIGNATURE OF PROGRAM DIRECTOR

REVERSE OF DA FORM 5225-R, JUL 89

CHILD DEVELOPMENT SERVICE *(CDS)* SPONSOR/PROGRAM AGREEMENT

For use of this form, see AR 608-10; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel to : (1) Identify and clarify responsibilities of all parties involved in agreement, (2) specify commitment regarding acceptance and provision of CDS services.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, indiciduals may not be able to participate in CDS programs.

NAME OF SPONSOR *(Last, first, MI)*

PROGRAM	VALID FROM *(Month, day, year to month, day, year)*

SERVICE *(Check appropriate box)*

☐ FULL DAY ☐ PART DAY PRESCHOOL ☐ PART DAY SCHOOL AGE ☐ FCC HOME ☐ HOURLY

AGE GROUP CATEGORY *(Check appropriate box)*

☐ INFANT ☐ TODDLER ☐ PRESCHOOL AGE ☐ SCHOOL AGE

I agree to enroll my child/children _____

_____ in the _____

_____ CDS Facility/Family Child Care Home located at

_____

PROGRAM SERVICES

PROGRAM OPERATING HOURS ARE AS FOLLOWS *(List hours) (CDS personnel)*

MON _____ TO _____ TUES _____ TO _____ WED _____ TO _____

THURS _____ TO _____ FRI _____ TO _____ SAT _____ TO _____

SUN _____ TO _____

*SERVICES FOR MY CHILD/CHILDREN WILL BE AS FOLLOWS *(List hours) (Sponsor)*

MON _____ TO _____ TUES _____ TO _____ WED _____ TO _____

THURS _____ TO _____ FRI _____ TO _____ SAT _____ TO _____

SUN _____ TO _____

SERVICES WILL NOT BE AVAILABLE ON *(List time/date) (CDS personnel)*

_____ I WILL BE NOTIFIED IN ADVANCE, WHENEVER POSSIBLE, OF ADDITIONAL PERIODS OF NON-SERVICE AS DETERMINED BY CDS PERSONNEL.

(CHILD MAY BE DENIED CARE WHEN ILLNESS PRECLUDES PARTICIPATION IN ROUTINE PROGRAM ACTIVITIES)

PRIOR NOTICE REQUIREMENT *(List amount of time required to terminate services) (CDS Personnel)*

UNIQUE CONSIDERATIONS *(Sponsor)*

I REQUEST THE FOLLOWING SPECIAL NEEDS OF MY CHILD/CHILDREN AS ACCOMMODATED

MY CHILD/CHILDRED REQUIRES THE FOLLOWING SPECIAL ITEMS WHICH I WILL SUPPLY

*NON APPLICABLE FOR HOURLY SERVICES

FEES AND CHARGES *(CDS Personnel)*

RATES FOR PROGRAM SERVICES ARE AS FOLLOWS:

MISCELLANEOUS FEES FOR PROGRAM SERVICES ARE AS FOLLOWS:

AN OVERTIME/LATE FEE OF $ _____ per _____ WILL BE CHARGED STARTING AT _____ HOURS.

*PAYMENT OBLIGATION IS BASED ON HOURS I AGREE TO USE SERVICES NOT ON ACTUAL HOURS OF CHILD ATTENDANCE, UNLESS THEY EXCEED THE HOURS CONTRACTED.

*IN THE EVENT OF ABSENCE OF MY CHILD/CHILDREN FROM CARE DUE TO ILLNESS, FEES WILL/WILL NOT BE REDUCED.

*IN THE EVENT OF ABSENCE OF ABSENCEOF MY CHILD/CHILDREN FROM CARE DUE TO VACATION, FEES WILL/WILL NOT BE REDUCED.

FEES WILL BE PAID IN THE FOLLOWING MANNER

FEES AND CHARGES ARE SUBJECT TO CHANGE. PATRONS WILL BE NOTIFIED OF CHANGES 30 DAYS PRIOR TO EFFECTIVE DATE.

POLICIES *(CDS Personnel)*

*CHILD MEDICATION WILL BE ADMINISTERED ONLY UPON MY WRITTEN REQUEST UNDER THE FOLLOWING CDS CONDITIONS

LAUNDERING CHILD'S/CHILDREN'S SOILED CLOTHING WILL/WILL NOT BE DONE ON A ROUTINE BASIS.

I WILL PROVIDE THE FOLLOWING TO MEET CDS PROGRAM REQUIREMENTS

I ACKNOWLEDGE A SHARED RESPONSIBILITY WITH CDS FOR CHILD ABUSE PREVENTION

I ACKNOWLEDGE AND CONSENT TO THE FOLLOWING CDS POLICIES CONCERNING THE CARE OF MY CHILD

SIGNATURE OF SPONSOR	DATE
SIGNATURE OF CDS REPRESENTATIVE OR FCC PROVIDER	DATE

ARMY CHILD DEVELOPMENT SERVICES *(CDS)* REPORT

For use of this form, see AR 608-10; the proponent agency is DCSPER

REPORTING PERIOD

(Month and Year) to *(Month and Year)*

REPORTS CONTROL SYMBOL
CSGPA 1717

SECTION I - CHILD DEVELOPMENT SERVICES *(CDS)* SUMMARY-CHILD DEVELOPMENT CENTER *(CDC)* FAMILY CHILD CARE

PART I - INSTALLATION/MACOM IDENTIFYING DATA

A. INSTALLATION	B. MACOM	C. MACOM CODE	D. SUBORDINATE COMMAND CODE

E. CDS COMPLETE MAILING ADDRESS *(Include ZIP Code)*	F. TELEPHONE NUMBER *(Include AUTOVON and Commercial No.)*	G. PROPONENT FOR CDS *(e.g. ACS PSD)*

H. NAME/GRADE/TITLE OF CDS COORDINATOR	I. SIGNATURE OF CDS COORDINATOR

PART II - FISCAL DATA

TOTAL DOLLARS

A. CDS FUNDING SOURCE *(CDC, FCC and SPS Systems)* $

1. APPROPRIATED FUNDS $
2. NONAPPROPARIATED FUNDS $
3. NONAPPROPARIATED FUNDS *(User Fees)* $
4. USDA CHILD CARE FOOD PROGRAM/OCONUS FOOD SUBSIDY $
5. DONATIONS/GRANTS $

B. CDS OPERATIONAL COSTS *(CDC, FCC and SPS Systems)* $

1. APPROPRIATED FUNDS $
2. NONAPPROPRIATED FUNDS $
3. NONAPPROPRIATED FUNDS *(User Fees)* $
4. USDA CHILD CARE FOOD PROGRAM/OCONUS FOOD SUBSIDY $

C. FUNDS COMMITTED FOR RENOVATION EFFORTS FY $

D. FUNDS PROGRAMMED FOR NEW CONSTRUCTION FY $

SECTION I - CHILD DEVELOPMENT SERVICES *(CDS)* SUMMARY-CHILD DEVELOPMENT CENTER *(CDC)*/FAMILY CHILD CARE *(FCC)*/SUPPLEMENTAL PROGRAMS & SERVICES *(SPS)* *(Cont'd0*

PART III

A. ADMINISTRATIVE STAFF (Complete 1 - 5 on each administrative position identified in 1.)

1. POSITION IDENTIFIED *(Check appropriate block) (Fill in items a., b., and c.)* ☐ CDC COORDINATOR ☐ SPS DIRECTOR ☐ CDC DIRECTOR(s) ☐ SA/LK PROGRAM SPECIALIST ☐ FCC DIRECTOR ☐ ASSISTANT PROGRAM DIRECTOR ☐ FCC OUTREACH WORKER ☐ EDUCATION SPECIALIST ☐ FOOD SERVICE MANAGER ☐ PROGRAM OPERATIONS SPECIALIST

a. NAME _____

b. FACILITY MAILING ADDRESS _____

c. AUTOVON/COMMERCIAL TELEPHONE NO. _____

2. TITLE/GRADE _____ YEAR OF EMPLOYMENT _____ GS ☐☐ UA ☐☐

3. SERIES

a. 1701 ☐ d. 1101 ☐

b. 1702 ☐ b. 189 ☐

c. 1710 ☐ c. OTHER ☐

4. PERCENT OF TIME SPENT ON EACH POSITION WHEN DOUBLE FUNCTIONED

a. PERCENT OF TIME ON FIRST POSITION AND TITLE. _____ ☐

b. PERCENT OF TIME ON SECOND POSITION AND TITLE. _____ ☐

c. SOLE RESPONSIBILITY _____ ☐

5. TRAINING *(Specify dates and nature of training)*

	YES	NO
a. CFSC ENTRY LEVEL COURSE	☐	☐
b. CDS ANNUAL TRAINING WORKSHOP	☐	☐
c. ARMY AND DOD SPONSORED TRAINING	☐	☐
d. LOCAL PROFESSIONAL DEVELOPMENT TRAINING	☐	☐
e. NO TRAINING	☐	☐
f. CFSC CDC DIRECTOR COURSE	☐	☐
g. MACOM SPONSORED TRAINING	☐	☐
h. HQDA CDS SPONSORED TRAINING	☐	☐

B.

	TOTAL NUMBERS
1. APF STAFF POSITIONS *(full time equivalent)*	☐☐☐
2. NAF STAFF POSTIONS *(full time equivalent)*	☐☐☐

PART IV - SERVICES

A. CDS CHILD DEVELOPMENT CENTER SYSTEM

TOTAL NUMBERS

1. CDC'S
2. CHILD CAPACITY
3. CHILD CAPABILITY
4. CHILD AGE GROUP ENROLLMENT
5. PROGRAM TYPES/AVERAGE DAILY ATTENDANCE
   a. FULL-DAY PROGRAM
   b. PART-DAY PRESCHOOL AGE PROGRAM
   c. PART-DAY SCHOOL AGE PROGRAM
   d. HOURLY PROGRAM
   e. SPECIAL NEEDS PROGRAM SERVICES

B. CDS FAMILY CHILD CARE (FCC) HOMES

1. CDS CERTIFIED FCC HOMES
2. CHILD CAPACITY
3. CHILD AGE GROUP ENROLLMENT

C. CDS SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)*

1. PROGRAMS OFFERED *(Check all that apply)*

   a. SA/LK_____ b. SHORT TERM ALTERNATIVE CHILD CARE_____ c. VOLUNTEER CHILD CARE IN UNIT SETTINGS_____ d. PARENT CO-OPS_____ e. SPS HOMES_____

   f. CIVILIAN CHILD CARE_____ g. CONTRACT CHILD CARE_____ h. SICK CHILD CARE_____ i. PRIVATE ORGANIZATION_____ j. SPECIAL INTEREST PROGRAMS_____

   k. BABY SITTER TRAINING & REFERRAL_____ l. FOSTER GRANDPARENT_____ m. OTHER_____

2. TOTAL ENROLLMENT_____

3. SERVICES OFFERED *(Check all that apply)*

   a. PARENT EDUCATION_____ b. VOLUNTEER SERVICES_____ c. RESOURCE & REFERRAL_____ d. CENTRAL ENROLLMENT_____

PART V - UTILIZATION DATA

	TOTAL NUMBERS	PERCENTAGE OF TOTAL CDS ENROLLMENT
A. SPONSORS *(Include both parents where applicable)*		100
1. E1 - E4 PATRONS		
2. E5 - E9 PATRONS		

PART V - UTILIZATION DATA *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF TOTAL CDS SPONSORS
3. 01 - 04 PATRONS		
4. 05 - 10 PATRONS		
5. CIVILIAN PATRONS		

	TOTAL NUMBERS	PERCENTAGE OF TOTAL CDS ENROLLMENT
B. CHILD AGE GROUP ENROLLMENT		
1. INFANTS		1 0 0
2. TODDLERS		
3. PRESCHOOL AGE		
4. SCHOOL-AGE		
C. FAMILY STRUCTURE		
1. CDS PATRONS WITH TWO OR MORE CHILDREN ENROLLED		
2. CDS PATRONS WHO ARE SOLE PARENTS		
3. ACTIVE DUTY COUPLES WHO ARE CDS PATRONS		
4. ACTIVE DUTY COUPLES WHO ARE SA/LK PATRONS		
D. OFF-POST RESIDENT PATRONS		

PART VI - REMARKS

SECTION I - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER SYSTEM

PART I - FISCAL DATA

TOTAL DOLLARS

A. CENTER OPERATIONAL COSTS _____ $ [ ][ ][ ][ ][ ]

B. FEES

1. RATE STRUCTURE BASIS *(Check all applicable boxes)*

a. TOTAL FAMILY INCOME [ ] b. AGE OF CHILD [ ] c. N/A [ ] d. SPONSOR RANK [ ] e. MULTIPLE CHILD DISCOUNT [ ] f. FLAT RATE [ ]

PERCENTAGE

2. MULTIPLE CHILD DISCOUNT RATE

a. SECOND CHILD _____ [ ][ ]

b. THIRD CHILD _____ [ ][ ]

c. EACH ADDITIONAL CHILD _____ [ ][ ]

TOTAL DOLLARS/CENTS

3. MOST FREQUENTLY PAID HOURLY RATE PER CHILD _____ $ [ ][ ][ ].[ ][ ]

4. MOST FREQUENTLY PAID WEEKLY RATE PER CHILD _____ $ [ ][ ][ ].[ ][ ]

5. MOST FREQUENTLY PAID MONTHLY RATE PER CHILD _____ $ [ ][ ][ ].[ ][ ] [ ]

6. PRESCHOOL MONTHLY RATE PER CHILD

a. 5 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

b. 3 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

c. 3 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

7. PART DAY SCHOOL-AGE MONTHLY RATE PER CHILD

a. BEFORE SCHOOL [ ][ ][ ][ ][ ] b. AFTER SCHOOL [ ][ ][ ][ ][ ] c. BEFORE AND AFTER SCHOOL [ ][ ][ ][ ][ ]

PART II - PERSONNEL

	TOTAL NUMBERS	PERCENTAGE OF STAFF
A. REGULARLY SCHEDULED FULL TIME AND PART TIME EMPLOYEES IN THE FULL DAY PROGRAM	[ ][ ]	[ ][ ]
B. REGULARLY SCHEDULED FULL TIME AND PART TIME EMPLOYEES IN THE HOURLY PROGRAM	[ ][ ]	[ ][ ]
C. INTERMITTANT-ON-CALL EMPLOYEES IN CDC	[ ][ ]	[ ][ ]

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER SYSTEM

PART III - SERVICES

A. OPERATIONS *(Check all applicable boxes)*

1. PART-DAY PRESCHOOL SESSIONS

- a. 5 DAY AM ☐
- b. 5 DAY PM ☐
- c. 3 DAY AM ☐
- d. 3 DAY PM ☐
- e. 2 DAY AM ☐
- f. 2 DAY PM ☐
- g. N/A ☐

2. SCHOOL-AGE PROGRAM SERVICES

- a. BEFORE SCHOOL ☐
- b. AFTER SCHOOL ☐
- c. VACATIONS ☐
- d. SUMMER ☐
- e. N/A ☐

3. CHILD CARE SERVICES PROVIDED

- a. NORMAL DUTY HOURS ☐
- b. EVENINGS ☐
- c. WEEKENDS ☐
- d. SPECIAL FUNCTIONS ☐
- e. UNIQUE MISSION RELATED REQUIREMENTS ☐

4. SPECIAL NEEDS PROGRAM SERVICES

- a. MAINSTREAM CDS PROGRAM ☐
- b. SEPARATE CDS PROGRAM ☐
- c. REFERRED/ON-POST ☐
- d. REFERRED/OFF-POST ☐
- e. N/A ☐

5. OPERATIONAL HOURS

TOTAL HOURS PER WEEK

- a. FULL-DAY PROGRAM _____ ☐☐☐☐
- b. HOURLY PROGRAM _____ ☐☐☐☐
- c. PART-DAY PRESCHOOL PROGRAM _____ ☐☐☐☐
- d. PART-DAY SCHOOL-AGE PROGRAM _____ ☐☐☐☐
- e. SPECIAL NEEDS SERVICES _____ ☐☐☐☐

	TOTAL NUMBERS *(Children)*	PERCENTAGE OF CENTER CHILD CAPACITY
PROGRAM TYPE CAPACITY	☐☐☐☐	1 0 0
1. FULL-DAY PROGRAM	☐☐☐☐	☐☐

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER SYSTEM

PART III - SERVICES *(Cont'd)*

	TOTAL NUMBERS *(Children)*	PERCENTAGE OF CENTER CHILD CAPACITY
2. HOURLY PROGRAM		
3. PART-DAY PRESCHOOL PROGRAM		
4. PART-DAY SCHOOL-AGE PROGRAM		
5. SPECIAL NEEDS SERVICES		

6. UNMET DEMANDS IN EXCESS OF 20% OF EXISTING PROGRAM CAPACITY *(Check all applicable boxes)*

a. FULL-DAY PROGRAM		d. SPECIAL NEEDS SERVICES	
b. PART-DAY PRESCHOOL PROGRAM		e. HOURLY PROGRAM	
c. PART-DAY SCHOOL-AGE PROGRAM		f. N/A	

PART IV- UTILIZATION DATA

A. SPONSORS *(Child Development Center) (Include both parents where applicable)*	TOTAL NUMBERS BY PROGRAM	PERCENTAGE OF PROGRAM SPONSORS
1. FULL-DAY PROGRAM		100
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		
2. PART-DAY PRESCHOOL PROGRAM		100
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		
3. PART-DAY SCHOOL-AGE PROGRAM		100
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		

PART IV- UTILIZATION DATA

	TOTAL NUMBERS BY PROGRAM	PERCENTAGE OF PROGRAM SPONSORS
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		
4. HOURLY PROGRAM		100
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		
5. SPECIAL NEEDS SERVICE		
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		

	TOTAL NUMBERS	PERCENTAGE OF PROGRAM SPONSORS
B. CHILD AGE GROUP ENROLLMENT		100
1. INFANTS		
2. TODDLER		
3. PRESCHOOL AGE		
4. SCHOOL-AGE		

5. UNMET DEMANDS IN EXCESS OF 20% OF EXISTING AGE GROUP CAPACITY *(Check all applicable boxes)*

a.. INFANTS ☐
b. TODDLERS ☐
c. PRESCHOOL AGE ☐
d. SCHOOL-AGE ☐

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER SYSTEM

PART IV- UTILIZATION DATA *(Cont'd)*

TOTAL NUMBERS

C. OFF-POST RESIDENCE CDS PATRONS

1. FULL -DAY PROGRAM
2. PART-DAY PRESCHOOL PROGRAM
3. PART-DAY SCHOOL AGE PROGRAM
4. HOURLY PROGRAM
5. SPECIAL PROGRAM SERVICES

1 0 0

PART V

REMARKS *(Include innovative program services or projects, training initiatives, comments on facility upgrades/new construction, and areas of concern).*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* SYSTEM

PART I - FISCAL DATA

TOTAL NUMBERS

A. FCC OPERATIONAL COSTS $

B. FEE RANGE

TOTAL DOLLARS/CENTS

2. LOWEST WEEKLY FEE PER CHILD $
3. HIGHEST WEEKLY FEE PER CHILD $
4. AVERAGE WEEKLY FEE PER CHILD $

SECTION III- CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* SYSTEM

PART II - PERSONNEL

	POSITIONS(s)	FCC HOMES SUPERVISED
A. FCC PROGRAM DIRECTOR		
B. FCC OUTREACH WORKER		

	TOTAL NUMBERS	PERCENTAGE OF PROGRAM SPONSORS
A. MULTI-AGE FCC HOMES		
B. SPECIAL PURPOSE HOMES *(i.e. extended care, age-specific, special needs homes)*		

C. HOME CERTIFIED	TOTAL FOR YEAR	OPERATING, 30 SEP
1. HOMES PROVISIONALLY CERTIFIED		
2. HOMES FULLY CERTIFIED		
D. HOMES REGISTERED		
E. HOMES MONITORED PER		
1. DIRECTOR		
2. OUTREACH WORKER		

PART IV - UTILIZATION DATA

	TOTAL NUMBERS	PERCENTAGE OF PROGRAM SPONSORS
A. SPONSORS *(FCC Homes) (Include both parents where applicable)*		
1. E1-E4 PATRONS		
2. E5-E9 PATRONS		
3. 01-04 PATRONS		
4. 05-10 PATRONS		
5. CIVILIAN PATRONS		

	TOTAL NUMBERS	PERCENTAGE OF FCC SYSTEM ENROLLMENT
B. CHILD AGE GROUP ENROLLMENT		
1.. INFANTS		
2. TODDLERS		
3. PRESCHOOL AGE		

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* SYSTEM

PART IV - UTILIZATION DATA *(Cont'd)*

B. CHILD AGE GROUP ENROLLMENT *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF FCC SYSTEM ENROLLMENT
4. SCHOOL-AGE		

5. UNMET DEMANDS IN EXCESS OF 20% of EXISTING AGE GROUP CAPACITY *(Check all applicable boxes)*

a. INFANTS ☐
b. TODDLERS ☐
c. PRESCHOOL AGE ☐
d. SCHOOL-AGE ☐

PART V

REMARKS *(Include service to FCC providers, linkages between center and FCC homes, and comments on certification process).*

SECTION IV - CHILD DEVELOPMENT SERVICES *(CDS)* SUPPLEMENTAL PROGRAM SERVICES *(SPS)* SYSTEM

PART I - SERVICES AND UTILIZATION DATA

A. COMMON SERVICES	TOTAL NUMBERS	PERCENTAGE OF PROGRAM SPONSORS
1. PARENT EDUCATION SERVICES		
a. TOTAL NUMBER OF PARENT PROGRAMS OFFERED		100
b. TOTAL NUMBER OF PARENT PARTICIPANTS		
c. SPONSORS *(Include both parents when applicable)*		
(1) E1-E4 PATRONS		
(2) E5-E9 PATRONS		
(3) 01-04 PATRONS		
(4) 05-10 PATRONS		
(5) GOVERNMENT CIVILIAN PATRONS		
(6) OTHER CIVILIAN PATRONS		

PART I - SERVICES AND UTILIZATION DATA

	TOTAL NUMBERS	PERCENTAGE OF FCC SYSTEM ENROLLMENT
2. VOLUNTEER SERVICES		
a. TOTAL NUMBER OF VOLUNTEERS TRAINED		
b. TOTAL NUMBER OF VOLUNTEERS PLACED.		
(1) CDC		
(2) FCC		
(3) SPS		
c. TOTAL NUMBER OF VOLUNTEER HOURS		
(1) CDC		
(2) FCC		
(3) SPS		
3. RESOURCE AND REFERRAL SERVICES		
a. TOTAL PATRONS REFERRED		
(1) ON POST		
(a) CDC		
(b) FCC		
(c) SPS		
(2) OFF POST		
(3) ARMY-WIDE REFERRALS		
(a) INCOMING		
(b) OUTGOING		
b. SPONSORS *(Include both parents when appplicable)*		
(1) E1-E4 PATRONS		
(2) E5-E9 PATRONS		
(3) 01-04 PATRONS		
(4) 05-10 PATRONS		
(5) GOVERNMENT CIVILIAN PATRONS		
(6) OTHER CIVILIAN PATRONS		
4. CENTRAL ENROLLMENT SERVICES		
a. TOTAL NUMBER REGISTERED CDC		
b. TOTAL NUMBER REGISTERED FCC		

4. CENTRAL ENROLLMENT SERVICES *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF FCC SYSTEM ENROLLMENT
c. TOTAL NUMBER REGISTERED SPS		
d. SPONSORS *(Include both parents when applicable)*		
(1) E1-E4 PATRONS		
(2) E5-E9 PATRONS		
(3) 01-04 PATRONS		
(4) 05-10 PATRONS		
(5) GOVERNMENT CIVILIAN PATRONS		
(6) OTHER CIVILIAN PATRONS		

B. OPTIONAL PROGRAMS AND SERVICES

1. PROGRAMS

a. SHORT TERM ALTERNATIVE CHILD CARE *(STACC)* PROGRAM

(1) TOTAL STACC SESSIONS		
(2) NUMBER OF ORGANIZATIONS SERVED		
(3) TOTAL CHILD USERS		
(4) SPONSORS *(Include both parents when applicable)*		
(a) E1-E4 PATRONS		
(b) E5-E9 PATRONS		
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) GOVERNMENT CIVILIAN PATRONS		

b. VOLUNTEER CHILD CARE IN UNIT SETTINGS *VCCUS)* PROGRAM

	TOTAL CHILDREN	PERCENTAGE OF USERS
(1) TOTAL VCCUS SESSIONS		
(2) NUMBER OF ORGANIZATIONS/UNITS SERVED		
(3) TOTAL CHILD USERS		
(4) SPONSORS *(Include both parents when applicable*		
(a) E1-E4 PATRONS		
(b) E5-E9 PATRONS		
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) GOVERNMENT CIVILIAN PATRONS		
(f) OTHER CIVILIAN PATRONS		

B. OPTIONAL PROGRAMS AND SERVICES *(Cont'd)*

	TOTAL CHILDREN	PERCENTAGE OF USERS
1. PROGRAMS *(Cont'd)*		
c. PARENT CO-OP PROGRAMS		
(1) TOTAL NUMBER OF CO-OPS		
(2) TYPE *(Check all applicable)* ☐ CENTER ☐ PLAY GROUP ☐ HOMEBASED		
(3) TOTAL CHILD USERS		
(4) SPONSORS *(Include both parents when applicable*		
(a) E1-E4 PATRONS		
(b) E5-E9 PATRONS		
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) GOVERNMENT CIVILIAN PATRONS		
(f) OTHER CIVILIAN PATRONS		
d. SPECIAL INTEREST PROGRAMS		
(1) TOTAL NUMBER OF PROGRAMS		
(2) SPONSORING ORGANIZATION AND PROGRAM TYPE		
SPONSORING ORGANIZATION / PROGRAM TYPE		
(3) TOTAL CHILD USERS		
(4) SPONSORS *(Include both parents when applicable)*		
(a) E1-E4 PATRONS		
(b) E5-E9 PATRONS		
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) GOVERNMENT CIVILIAN PATRONS		
(f) OTHER CIVILIAN PATRONS		
e. SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)* HOMES)		
(1) TOTAL NUMBER SPS HOMES		
(2) TOTAL CHILD USERS		
(3) SPONSORS *(Including both parents when applicable)*		
(a) E1-E4 PATRONS		

TOTAL CHILDREN | PERCENTAGE OF USERS

e. SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)* HOMES *(Cont'd)*

(3). SPONSORS *(Cont'd)*

(b) E5-E9 PATRONS _____

(c) 01-04 PATRONS _____

(d) 05-10 PATRONS _____

(e) GOVERNMENT CIVILIAN PATRONS _____

(f) OTHER CIVILIAN PATRONS _____

f. CHILD DEVELOPMENT CENTERS FOR CIVILIAN EMPLOYEES

(1) CONTRACT OPERATIONS

(2) PRIVATE ORGANIZATIONS *(Complete sections II and /or III of this form for center-based or quarters-based program and specify civilian, contracted or private organization operation).*

g. OTHER

(1) TOTAL PROGRAMS *(specify type i.e. center-based or MTF sick child care)*

(2) TOTAL CHILD USERS _____

(3) SPONSORS *(Include both parents when applicable)*

(a) E1-E4 PATRONS _____

(b) E5-E9 PATRONS _____

(c) 01-04 PATRONS _____

(d) 05-10 PATRONS _____

(e) GOVERNMENT CIVILIAN PATRONS _____

(f) OTHER CIVILIAN PATRONS _____

2. SERVICES

TOTAL NUMBER | PERCENTAGE OF SERVICES

a. BABYSITTER TRAINING AND REFERRAL SERVICES

(1) TOTAL NUMBER TRAINED _____

(2) TOTAL NUMBER ON REFERRAL LIST _____

(3) TOTAL NUMBER OF REFERRALS MADE _____

TOTAL CHILDREN | PERCENTAGE OF USERS

(4) SPONSORS (Include both parents when applicable)

(a) E1-E4 PATRONS _____

(b) E5-E9 PATRONS _____

SECTION IV - CHILD DEVELOPMENT SERVICES *(CDS)* SUPPLEMENTAL PROGRAM SERVICES *(SPS)* SYSTEM *(Cont'd)*

PART I - SERVICES AND UTILIZATION DATA *(Cont'd)*

2. SERVICES *(Cont'd)*	TOTAL CHILDREN	PERCENTAGE OF USERS
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) GOVERNMENT CIVILIAN PATRONS		
(f) OTHER CIVILIAN PATRONS		
b. FOSTER GRANDPARENT PROGRAM		
(1) TOTAL FOSTER GRANDPARENTS		
(2) TOTAL HOURS OF SERVICES		

PART II

REMARKS *(Include innovative program services or projects and areas of concern)*

SECTION V - SCHOOL-AGE/LATCH KEY *(SA/LK)* PROGRAM

PART I - IDENTIFYING DATA

A. NAME OF SA/LK PROPONENT		B. PHONE NUMBER *(Autovon)*
YOUTH SERVICES *(YS)*	CHILD DEVEOPMENT SERVICES *(CDS)*	
COMPLETE MAILING ADDRESS OF YS	COMPLETE MAILING ADDRESS OF CDS	C. PHONE NUMBER *(Commercial)* ( )

PART II - FINANCIAL DATA

A. TOTAL APF OPERATIONAL COSTS

(1) LABOR_____

(2) SUPPLIES_____

(3) TRAINING_____

(4) REIMBURSEMENT *(NAF)*_____

(OTHER_____

B. NONAPPROPRIATED FUNDS *(NAF)*

(1) TOTAL INCOME_____
(e.g., Patrons Fees, NAF Reimbursement, Donations) (Itemize)

(2) EXPENSES

(a) LABOR_____

(b) SUPPLIES_____

(c) TRAINING_____

(3) NET INCOME *(Loss)*
_____

PART III - PERSONNEL DATA

POSITION TITLE	*HIRED	JOB CODE	GS/UA SERIES	PART TIME
SA/LK SPECIALIST				
SA/LK SPECIALIST				
SA/LK PROGRAM ASST.				
SA/LK PROGRAM ASST.				
VOLUNTEERS				

SECTION V - SCHOOL-AGE/LATCH KEY *(SA/LK)* PROGRAMS *(Cont'd)*

PART IV - SA/LK PROGRAMS

BEFORE AND AFTER SCHOOL	FEES	# ENROLLED	WHERE HELD	UNMET NEEDS
DAY CAMP				
YOUNG TEEN				
CHECK-IN				

PART IV - SA/LK PROGRAMS

SPONSOR	B&A SCHOOL TOTAL	DAY CAMP TOTAL	YOUNG TEEN TOTAL	CHECK IN TOTAL
E1-E4				
E5-E9				
01-04				
05-10				
CHILD/YOUTH AGE ENROLLMENT 5-8				
9-12				
13-15				
16-18 *(If sponsor has more than one child/youth enrolled, count the sponsor once for each child/youth).*				

PART V - TRAINING

	SA/LK	CHILD ABUSE	OTHER TRAINING
POSITION TITLE			
SA/LK SPECIALIST			
SA/LK SPECIALIST			
SA/LK PROG. ASST.			
SA/LK PROG. ASST.			

COMMENTS *(Please use back of page if necessary)*

WAITING LIST

(Child Development Services)

For use of this form, see AR 608-10; the proponent agency is DCSPER

PROGRAM

AGE GROUP

CHILDS NAME *a*	DATE OF BIRTH *b*	SPONSOR'S NAME *c*	STATUS *d*	PHONE *e*	APPLICATION DATE *f*	SOURCE OF ALTERNATIVE CARE *g*	CONFIRMATION DATE *h*	COMMENTS *i*

STATUS KEY:

S-SINGLE PARENT
D-DUAL MILITARY
A-ACTIVE DUTY
O-RETIRED MILITARY
R-RESERVIST
C-CIVILIAN

CHILD DEVELOPMENT SERVICES NEEDS ASSESSMENT

For use of this form, see AR 608-10; the proponent agency is DCSPER

The results of this form will be used to help formulate plans for changes in Child Development Services *(CDS)* program and facilities within the community.

1. TO *(Name and Location)*	2. FROM	3. RETURN THIS FORM BY *(Enter Date)*
		TELEPHONE

SPONSOR: GRADE/RANK_____ MILITARY _____ DOD CIV_____

SPOUSE: GRADE/RANK_____ MILITARY _____ DOD CIV_____

4. HOW MANY CHILDREN DO YOU HAVE IN THE FOLLOWING AGE GROUPS

a. Birth to 18 Months		c. 3 Years to 5 Years	
b. 18 Months to 3 Years		d. 6 Years to 12 Years	

5. HOW MANY OF YOUR CHILDREN RECEIVE THE FOLLOWING TYPE OF CHILD CARE

a. Attends the installation Child Development center		e. Attends off-post child care center, preschool nursery, etc.	
b. Receives care from an on-post family child care provider		f. Receives care from off-post family child provider or babysitter	
c. Receives care from an on-post babysitter *(uncertified)*		g. Requires no child care	
d. Receives care from babysitter or relative in own home		h. Requires care not currently available *(Specify)*	

6. RANK YOUR PREFERENCE FOR TYPE OF CHILD CARE *(1 to 5 with 1 being most preferred)*

	1	2	3	4	5
a. Army Child Development Center					
b. Army Family Child Care Home					
c. Off-Post Child Development Center					
d. Off-Post Family Child Care Home					
e. In-Home Care *(Relative or Babysitter)*					
f. School-Age/Latch Key					

7. WOULD YOUR CHILD(REN) ATTEND A NEW INSTALLATION CHILD DEVELOPMENT CENTER IF CONSTRUCTION INCREASED CAPACITY?

Yes _____ No _____

8. IF YES TO ITEM 7. WHICH PROGRAM*(S)* WOULD YOUR CHILD*(REN)* ATTEND? *(Check all that apply)*

a. Infant Full Day		f. Preschool Full Day	
b. Infant Hourly		g. Preschool Part Day	
c. Toddler Full Day		h. Preschool Hourly	
d. Toddler Hourly		i. School Age Summer	
e. Family Child Care Home		j. School Age *(Before/After School)*	

9. IS YOUR CHILD NOW ON THE WAITING LIST TO ATTEND THE CHILD DEVELOPMENT CENTER?

YES _____ NO _____

TO ATTEND A FAMILY CHILD CARE HOME?

YES _____ NO _____

If No, what is preventing you from using the waiting list?

10. HOW WOULD YOU RATE YOUR LEVEL OF SATISFACTION WITH EACH OF THE FOLLOWING REGARDING YOUR INSTALLATION CHILD DEVELOPMENT CENTER/FAMILY CHILD CARE HOME?

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
a. General Operation					
b. operating Hours					
c. Quality of Program					
c. Quality of Staff					
e. Quality/Adequacy of Facility					
f. Availability of Hourly Care					
g. Availability of Full Day Care					
h. Availability of Part Day Care					
i. Fees Charged					
j Other *(Specify)*					

11. WHAT ARE YOUR REASONS FOR NOT USING ARMY CHILD DEVELOPMENT SERVICES MORE OFTEN? *(Check)*

a. Does not apply. I use child care as often as I need.		f. Quality of staff is poor	
b. Conditions of facility are poor.		g. Quality of program is poor	
c. Cost is too much.		h. Facility is too crowded.	
d. Child care facility is too far from where I live.		i. Child care is not available for my needs *(Explain).*	
e. Inadequate facility.		j. Other *(Explain)*	

12. ADDITIONAL COMMENTS/EXPLANATIONS

NEEDS ASSESSMENT METHODOLOGY
(Child Development Services)

For use of this form, see AR 608-10; the proponent agency is DCSPER

DA Form 5562-R *(The Child Development Services (CDS)* Needs Assessment), is one tool for justifying expanded CDS programs and/or facilities within the community. DA Form 5562-R may be community personalized and used to document child care needs not currently being met.

The method of distribution, e.g., through military units, to all housing units, etc., should be coordinated with key personnel prior to disseminatiion. The data collected should be used to add additional requirements to page 4 of DA Form 5563-R *(Demographic Profile).*

1. Distribution of Assessment Forms

POPULATION DISTRIBUTED TO	HOW DISTRIBUTED	NUMBER DISTRIBUTED	NUMBER RETURNED	PERCENTAGE RETURNED	DATES OF DISTRIBUTION

2. Comments on Methodology of Needs Assessment Distribution and Accuracy of Results

DEMOGRAPHIC PROFILE
(Installation Child Development Services)

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATE COLLECTED

INSTALLATION *(Name and Location)*

POINT OF CONTACT

TITLE

TELEPHONE NO. *(Autovon and Commercial)*

SECTION A - INSTALLATION DEMOGRAPHICS

ITEM	NUMBER	SOURCE
1. Assigned Active Duty Military Personnel		
2. On-Post Active Duty Military Families		
3. Off-Post Active Duty Military Families		
4. DOD Civilian Personnel		
5. Children Aged Birth to 5 Years *(Active Duty Families)*		
6. Children Aged 6-12 Years *(Active Duty Families)*		
7. Children Aged Birth to 5 Years *(DOD Civilian Families)*		
8. Children Aged 6-12 Years *(DOD Civilian Families)*		
9. Married Military Personnel		
10. Working Spouses		
11. Sole Parents		
12. Dual Military Parents		
13. Other Demographic/Unusual Circumstances		
14. On-Post Housing Units		

15. CDS Sponsors (Source Report-DA Form 5246-R)

ITEM	NO	PERCENTAGE	ITEM	NO	PERCENTAGE
a. E1-E4 Patrons			d. 01-04 Patrons		
b. E5-E9 Patrons			e. 05-10 Patrons		
c. Civilians					

SECTION B - CDS DEMOGRAPHICS *(As of 30 Sep)*

16. EXISTING CDS FACILITY *(Name and building number)*

PROGRAM *(Provide for each facility)*	CAPACITY *(DA Form 5246-R)*	ADA *(DA Form 5246-R)*	WAITING LIST/TURN AWAYS *(DA Form 5561-R)*
17. Infants *(Full Day)*			
18. Infants *(Hourly)*			
19. Toddler *(Full Day)*			
20. Toddler *(Hourly)*			
21. Preschool *(Full Day)*			
22. Preschool *(Part Day)*			
23. Preschool *(Hourly)*			
24. School Age			
25. Total			

SECTION B - CDS DEMOGRAPHICS *(Continued)*

26. FACILITY DEFICIENCIES/WAIVERS *(DA Form 4841-R)* BUILDING
(Provide data for each facility)

27. OTHER DEMOGRAPHIC/UNUSUAL CIRCUMSTANCES *(Future increased troop strength, increased on-post quarters)*

SECTION C - CURRENT SOURCES OF CARE

28. ON-POST *(No. Children)*		29. OFF-POST *(No. Children)*	
a. Child Development Center		a. Center-Based Care	
b. Family Child Care Homes		b. Family Day Care *(Licensed)*	
c. In-Home *(Approved Babysitter)*		c. Other Military Services Center-Based Care	
d. In-Home *(Relative/Self)*		d. Other Military Services Family Child Care	
e. In-Home *(Unlicensed Babysitter))*		e. In-Home *(Relative/Self)*	
f. School-Age Latch Key		f. In-Home *(Unlicensed Babysitter))*	
g. Other *(Explain)*		g. School-Age Program	

30. IS A CDS RESOURCE AND REFERRAL SERVICE AVAILABLE? ☐ YES ☐ NO NUMBER OF CHILDREN PLACED.

SECTION D - TOTAL PROJECT SCOPE

31. Immediate requirements for children who would attend the Child Development Center if openings were available for additional center-based child care.

PROGRAM	CDC WAITING LIST/ TURN AWAYS *a*		ADDITIONAL REQUIREMENTS IDENTIFIED IN CDS NEEDS ASSESSMENT *b*	OTHER PROJECTED *c*	TOTAL (a + b + c) *d*
	Military	Civilian			
(1) Infant Full Day					
(2) Infant Hourly					
(3) Toddler Full Day					
(4). Toddler Hourly					
(5) Preschool Full Day					
(6) Preschool Part Day					
(7) Preschool Hourly					
(8) School Age					
(9). Total					

32. Explanation/justification for other projected requirements in item 2 *(Installation mobilization role and changes in mission)*

33. DOD Criteria

34. INSTALLATION MARRIED MILITARY POPULATION

x 20% =

SECTION D - TOTAL PROJECT SCOPE *(Continued)*

35. CDS Supplemental Criteria

PROGRAM	CURRENT			TOTAL ADNL REQUIREMENTS *(Item 28d)*	TOTAL CAPACITY REQUIREMENTS (a + d)	DOD CRITERIA REQUIREMENTS	PROPOSED PROJECT		
	CAPACITY	PERCEN-TAGE	ADA*				CAPACITY	PERCEN-TAGE	PDA*
	a	*b*	*c*	*d*	*e*	*f*	*g*	*h*	*i*
(1) Child Development Center									
(2) Infant Full Day									
(3) Infant Hourly									
(4) Toddler Full Day									
(5) Toddler Hourly									
(6) Preschool Full Day									
(7) Preschool Part Day									
(8) Preschool Hourly									
(9) School Age-Part Day									
(10) School-Age Latch Key									
(11) Total									
(12) Civilian Preschools, Child Care Centers, Nurseries, etc.									
(13) Family Child Care Homes									
(14) Unlicensed Babysitters									

36. Justification for variances between DOD Criteria Requirements (Item 29f(10)) and the Total Capacity Requirements (item 29e(10)). State justification for each variance. Be specific by program type.

37. Justification for project based on number of employees needing child care, readiness, reduction in lost duty time, management problems in employee recruitment and retention and absenteeism.

38. Additional Out-year Requirements

*ADA is the average daily attendance. For items in Sections B. and C, ADA is the average daily attendance of children eligible for CDS services only. PDA is the average projected attendance.

CHILD DEVELOPMENT SERVICES *(CDS)* MANAGEMENT PERSONNEL CUMULATIVE INDIVIDUAL EDUCATION PLAN *(IEP)* TRAINING RECORD

For use of this form, see AR 608-10; the proponent agency is DCSPER

NAME	DATE OF HIRE	POSITION	GRADE SERIES*

ADDRESS	INSTALLATION	DEGREE	MAJOR

IEP IMPLEMENTATION

COMPONENT A: ENTRY LEVEL TRAINING	DATE	CREDIT HOURS
CHILD ABUSE IDENTIFICATION, REPORTING, PREVENTION		
CHILD ABUSE RISK ASSESSMENT TOOL *(CARAT)*		
ENVIRONMENT RATING SCALE		
FIRST AID		
CPR		
COMPONENT B: PROGRAM MANAGEMENT		
FOOD SERVICE SANITATION *(Center directors)*		
COMPONENT C: ADMINISTRATION AND SUPERVISION		
COMPONENT D: PROFESSIONAL DEVELOPMENT *(NAEYC, AYCE, ETC.,)*		

*INFORMATION SHOULD REFLECT CURRENT POSITION

CHILD DEVELOPMENT SERVICES *(CDS)* MANAGEMENT PERSONNEL
CUMULATIVE INDIVIDUAL EDUCATION PLAN *(IEP)* TRAINING RECORD *(Cont'd.)*

IEP IMPLEMENTATION

COMPONENT E: UNIVERSITY/CONTINUING EDUCATION COURSES	DATE	CREDIT HOURS

COMPONENT F: ARMY SPECIFIC UPDATE TRNG *(ANNUAL MACOM WKSHPS., ETC.,)*

COMPONENT G: INSTALLATION REQUIREMENTS

COMMENTS:

FAMILY CHILD CARE *(FCC)* RISK ASSESSMENT TOOL OBSERVATION

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10, United States Code, Section 3013
PRINCIPAL PURPOSE:	To provide information regarding prospective FCC Providers to CDS personnel for use in the certification process.
ROUTINE USES:	Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.
DISCLOSURE:	Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

SECTION I - PROVIDER

1. Describe what happens when you first arrive.

2. Who is in the house when you arrive? *(Indicate the number and ages of all children, including family members and those in care, as well as the number and sex of any other adults or family members present.)*

3. Describe how the provider handles interruptions *(e.g., the phone ringing, someone at the door, family member's, demands, etc.)*

4. How does the provider handle crises, emergencies, the unexpected?

5. Describe the husband's presence/involvement in the day-to-day operations of the FCC home.

6. How are the provider's own children involved in the FCC program?

- What is your impression of the provider's health and well-being?

- What is your impression of the provider's attitude toward her work?

SECTION II - PROVIDER-CHILD INTERACTIONS

7. How do the children behave around the provider and her family?

8. How does the provider care for children of differing ages, abilities and interests *(e.g., infants, toddlers, preschoolers, and school-age children)*?

9. How does the provider react when a child breaks the rules?

10. How does the provider speak to a child who is misbehaving?

11. What type of physical contact does the provider have with a child who is misbehaving?

12. How does the provider react to a child who is crying?

13. Describe what happens at meal time.

14. How does the provider react to a child who has a toileting accident?

SECTION II - PROVIDER-CHILD INTERACTIONS CONT'D

15. Describe the provider's diapering procedures.

16. Describe any instances of children who display behavior problems.

- What is you impression of the provider-child interactions you observed?

SECTION III - SUPERVISION

17. Where are the children during your visit?

18. Describe the type of indoor activities you see.

19. Describe the type of outdoor activities you see.

20. How does the provider use TV with the children, and for herself?

21. How does the provider keep children away from dangerous things and/or her personal possessions?

SECTION III - SUPERVISION CONT'D

22. How are older children involved in the care and supervision of younger children?

23. Describe what happens at nap time?

- What is your impression of the provider's supervision of the children in her care?

SECTION IV - ENVIRONMENT

24. Describe the condition and appearance of the house.

25. What type of space is provided for the children?

26. Could unknown adults and adolescents have access to children because of problems with the facility?

27. Could unknown adults and adolescents have access to children because of lack of supervision?

28. Could adults and adolescents known to the provider have an opportunity to abuse children because of the choice of substitutes or helpers?

29. Could adults and adolescents known to the provider have an opportunity to abuse children because of lack of supervision?

SECTION IV - ENVIRONMENT CONT'D

- What is your impression of the safety of the environment for children?

- What is your impression of the emotional "feel" of the environment?

SECTION V - PROVIDER-PARENT INTERACTIONS

30. What type of communication does the provider have with the parents of the children in her care?

31. What type of contracts does the provider have between herself and the parents of the children in her care?

32. How does the provider react when a parent is late to pick up his/her child?

33. How does the provider handle fee disputes with parents?

34. Describe the provider's methods for keeping daily attendance records.

- What is your impression of the provider-parent interactions?

SECTION VI - ADMINISTRATIVE INTERACTIONS

35-38. Ask the provider to show you the following administrative forms, and evaluate each for comprehensiveness.

- Emergency/contingency plan.

- Discipline policy.

- Parental authorization regarding which other adults may pick up children.

- Sick Child/Health Policy.

39. How would you describe the provider's relationship with her outreach worker?

- What is your impression of the administrative interaction?

FAMILY CHILD CARE *(FCC)* RISK ASSESSMENT TOOL OBSERVATION SUMMARY

For use of this form, see AR 608-10; the proponent agency is DCSPER

SEE DA FORM 5761-R FOR PRIVACY ACT STATEMENT

Please use this form to summarize the risk level in each category of the observation instrument. Rank each observation question, then give an overall ranking and briefly summarize the provider's strengths and areas of risk for each risk category.

NAME OF PROVIDER

SECTION I - PROVIDER

	Rating for each question				
1. Describe what happens when you first arrive.	1	2	3	4	5
2. Who is in the house when you arrive?	1	2	3	4	5
3. Describe how the provider handles interruptions.	1	2	3	4	5
4. How does the provider handle crises, emergencies, the unexpected?	1	2	3	4	5
5. Describe the husband's presence/involvement in the day-to-day operations of the FCC home.	1	2	3	4	5
6. How are the provider's own children involved in the FCC program?	1	2	3	4	5
Provider Summary and Ranking	1	2	3	4	5

SECTION II - PROVIDER-CHILD INTERACTIONS

7. How do the children behave around the provider and her family?	1	2	3	4	5
8. How does the provider care for children of differing ages, abilities and interests?	1	2	3	4	5
9. How does the provider react when a child breaks the rules?	1	2	3	4	5
10. How does the provider speak to a child who is misbehaving?	1	2	3	4	5
11. What type of physical contact does the provider have with a child who is misbehaving?	1	2	3	4	5
12. How does the provider react to a child who is crying?	1	2	3	4	5
13. Describe what happens at meal time.	1	2	3	4	5
14. How does the provider react to a child who has a toileting accident?	1	2	3	4	5
15. Describe the provider's diapering procedures?	1	2	3	4	5
16. Describe any instances of children who display behavior problems.	1	2	3	4	5
Provider-Child Interaction Summary and Ranking	1	2	3	4	5

SECTION III - SUPERVISION

17. Where are the children during your visit?	1	2	3	4	5
18. Describe the type of indoor activities you see.	1	2	3	4	5
19. Describe the type of outdoor activities you see.	1	2	3	4	5
20. How does the provider use TV with the children, and for herself?	1	2	3	4	5
21. How does the provider keep children away from dangerous things and/or personal possessions?	1	2	3	4	5
22. How are older children involved in the care and supervision of younger children?	1	2	3	4	5
23. Describe what happens at nap time.	1	2	3	4	5
Supervision Summary and Rating	1	2	3	4	5

FAMILY CHILD CARE *(FCC)* RISK ASSESSMENT TOOL OBSERVATION SUMMARY *(CONT'D)*

SECTION IV - ENVIRONMENT

	Rating for each question
24. Describe the condition and appearance of the house.	1 2 3 4 5
25. What type of space is provided for the children?	1 2 3 4 5
26. Could unknown adults and adolescents have access to children because of problems with the facility?	1 2 3 4 5
27. Could unknown adults and adolescents have access to children because of lack of supervision?	1 2 3 4 5
28. Could adults and adolescents known to the provider have an opportunity to abuse children because of the choice of substitutes or helpers?	1 2 3 4 5
29. Could adults and adolescents known to the provider have an opportunity to abuse children because of lack of supervision?	1 2 3 4 5
Environment Summary and Rating	1 2 3 4 5

SECTION V - PROVIDER-PARENT INTERACTIONS

30. What type of communication does the provider have with the parents of the children in her care?	1 2 3 4 5
31. What type of contracts does the provider have between herself and the parents of the children in her care?	1 2 3 4 5
32. How does the provider react when a parent is late to pick up his/her child?	1 2 3 4 5
33. How does the provider handle fee disputes with parents?	1 2 3 4 5
34. Describe the provider's methods for keeping daily attendance records.	1 2 3 4 5
Provider-Parent Interaction Summary and Rating	1 2 3 4 5

SECTION VI - ADMINISTRATIVE INTERACTIONS

Ask the provider to show you the following administrative forms, and evaluate each for comprehensiveness.

35. Emergency/contingency plan.	1 2 3 4 5
36. Discipline policy.	1 2 3 4 5
37. Parental authorization regarding which other adults may pick up children.	1 2 3 4 5
38. Sick Child/Health Policy.	1 2 3 4 5
39. How would you describe the provider's relationship with her outreach worker?	1 2 3 4 5
Administrative Interaction Summary and Ratings	1 2 3 4 5

COMMENTS

NAME OF FCC DIRECTOR/OUTREACH WORKER/EPS

SIGNATURE OF FCC DIRECTOR/OUTREACH WORKER/EPS DATE

FAMILY CHILD CARE *(FCC)* RISK ASSESSMENT TOOL INTERVIEW SUMMARY

For use of this form, see AR 608-10; the proponent agency is DCSPER

SEE DA FORM 5761-R FOR PRIVACY ACT STATEMENT

Please use this form to summarize the risk level in each category of the indicator interview. Rank each interview question, then give an overall ranking and briefly summarize the provider's strengths and areas of risk for each risk category.

NAME OF PROVIDER

SECTION I - PROVIDER

		Rating for each question				
1.	At what age do you think a child should begin to feed himself?	1	2	3	4	5
2.	What do you think children learn from punishment? What's the difference between discipline and punishment? Please explain what a spanking means to you.	1	2	3	4	5
3.	How do you feel about regulations which don't allow punishment?	1	2	3	4	5
4.	Do you and your husband agree on rules or limits for your children? Who is the more strict?	1	2	3	4	5
5.	If you give punishments, about how often do you give them?	1	2	3	4	5
6.	If you spank your children, what do you spank with? How often do you spank?	1	2	3	4	5
7.	How do you feel about children lying? At what age do you think children begin to lie deliberately?	1	2	3	4	5
8.	When a parent is late picking up his or her child, how do you feel about it? What do you do about it? How do you feel about saying "No?"	1	2	3	4	5
9.	When you have family child care problems, who do you talk to about them? Who do you talk to about personal problems?	1	2	3	4	5
10.	How is your spouse supportive to you as a child care provider? As a person?	1	2	3	4	5
11.	Who are your friends? What do you do for fun?	1	2	3	4	5
12.	How do you spoil a child? Give two examples.	1	2	3	4	5
13.	Do you have a VCR? Do you use it with the children? What kinds of movies does your family watch--G, PG, R, X?	1	2	3	4	5
	Provider Summary and Ranking	1	2	3	4	5

SECTION II - CHILDREN

14.	How do you handle it when a child is sassy, talks back, swears, calls you names?	1	2	3	4	5
15.	What do you do when a child bites another child?	1	2	3	4	5
16.	What do you <u>think</u> when you find two four-year-olds naked and playing "doctor"? What do you <u>do</u>?	1	2	3	4	5
17.	What do you do if a child hits or kicks other children? If he or she hits or kicks <u>you</u>?	1	2	3	4	5
18.	How do you help children to feel good about themselves and their families?	1	2	3	4	5
19.	If you have a difficult child in your care who is very hard to handle, what do you do?	1	2	3	4	5
20.	What do you do about the child who is "different" from the other children, who has trouble fitting into the group?	1	2	3	4	5
21.	How long does it take a child to adjust to child care?	1	2	3	4	5
	Children's Summary and Rating	1	2	3	4	5

FAMILY CHILD CARE (*FCC*) RISK ASSESSMENT TOOL INTERVIEW SUMMARY CONT'D

SECTION III - MANAGEMENT

		rating for each guestion				
22.	Who comes in when you have an emergency or a scheduled appointment during the day (you are sick, doctor's appointment)? How did you choose this person?	1	2	3	4	5
23.	How do your own children feel about your child care business? If they are young, do they have problems with sharing? Are they jealous? If older, do they have territorial problems?	1	2	3	4	5
24.	How do you balance your family's needs with the needs of the child care children? What adjustments have you all had to make to having the business in your home?	1	2	3	4	5
25.	What training have you had related to child care? Who does the training? How have you used your training?	1	2	3	4	5
26.	Do you belong to a provider support group, or an association? Why or why not?	1	2	3	4	5
	Management summary and rating	1	2	3	4	5

SECTION IV - BACKGROUND INFORMATION

27.	In what ways were you punished or disciplined as a child? Did you sometimes feel angry, fearful or ashamed?	1	2	3	4	5
28.	If a person was abused as a child, would it have any effect on him or her as an adult?	1	2	3	4	5
29.	How do you feel about a person who has been abused? How do you feel about a person who has been abusive?	1	2	3	4	5
30.	Has alcohol or other drug use ever been a problem in your family? Is it now?	1	2	3	4	5
	Background information summary and rating	1	2	3	4	5

SECTION V - ORGANIZATIONAL CHECK

31.	How often do you see your Outreach Worker? What does he or she do on visits to your home?	1	2	3	4	5
32.	How often do you see the FCC Director? On what occasions?	1	2	3	4	5
33.	How often do you see the CDS Coordinator? On what occasions?	1	2	3	4	5
	Organizational check summary and rating	1	2	3	4	5

COMMENTS

NAME OF FCC DIRECTOR/OUTREACH WORKER/IEPS

SIGNATURE OF FCC DIRECTOR/OUTREACH WORKER/EPS

FAMILY CHILD CARE (FCC) RISK ASSESSMENT TOOL REPORT

For use of this form, see AR 608-10; the proponent agency is DCSPER

SEE DA FORM 5761-R FOR PRIVACY ACT STATEMENT

NAME OF PROVIDER	NUMBER OF CHILDREN IN ATTENDANCE	AGES OF CHILDREN

SPECIAL NOTATIONS *(handicapped child, helpers, etc.)*_____

_____

1. Based on observation and interview questions, do you have any areas of concern about this provider *(e.g, childhood experiences, current support system, child development knowledge)*? Explain

2. Using information from the observation and the interview, summarize the areas in which this provider may demonstrate low risk for potential abuse/high quality care:

3. Using information from the observation and the interview, summarize the areas in which this provider may demonstrate moderate risk for potential abuse/moderate quality care:

4. Using information from the observation and the interview, summarize the areas in which this provider may demonstrate high risk for potential abuse/low quality care:

5. Recommendations for training, consultation or follow-up needed, action to be taken:

6. We recommend:

Full certification_____and/or the following action:

7. NAME OF OUTREACH WORKER	8. SIGNATURE OF OUTREACH WORKER	9. DATE
10. NAME OF FCC DIRECTOR	11. SIGNATURE OF FCC DIRECTOR	12. DATE
13. NAME OF CDS COORDINATOR	14. SIGNATURE OF CDS COORDINATOR	15. DATE

FAMILY CHILD CARE *(FCC)* PROVISIONAL CERTIFICATION RECORD

OPERATIONAL REQUIREMENTS*

For use of this form, see AR 608-10, the proponent agency is DCSPER

NAME	INSTALLATION	ADDRESS
REGISTERED STATUS DATE	**PROVISIONAL STATUS DATE**	**FINAL CERTIFICATION STATUS DATE**

	DATE		DATE
ORIENTATION BRIEFING		**RIMP INSURANCE STATEMENT OF UNDERSTANDING**	
PRE-SCREENING HOME VISIT		**VEHICLE INSURANCE DOCUMENTATION**	
PROVIDER APPLICATION *(DA FORM 5219-R)*		**USDA CHILD CARE FOOD PROGRAM APPLICATION**	
MEDICAL EVALUATION		**RIMP INSURANCE PD RECEIPT**	
BACKGROUND CLEARANCES:			
LOCAL RECORDS CHECK		**SCHOOL COUNSELOR** *(DA FORM 5220-R)*	
(1) PERSONAL REFERENCE *(DA FORM 5220-R)*		**DRUG AND ALCOHOL**	
(2) PERSONAL REFERENCE *(DA FORM 5220-R)*		**HOUSING OFFICE**	
(3) PERSONAL REFERENCE *(DA FORM 5220-R)*		**CENTRAL REGISTRY**	
PROVOST MARSHAL *(DA FORM 5220-R)*		**CRIME RECORDS CENTER/DCII**	
SPONSOR'S COMMANDER *(DA FORM 5220-R)*		**OTHER**	
MINIMUM STANDARD COMPLIANCE: HOME INSPECTIONS			
FIRE STANDARDS *(DA FORM 4841-R p. 28)*			
SAFETY STANDARDS *(DA FORM 4841-R p. 29)*			
ADMINISTRATIVE REQUIREMENTS:			
MONTHLY MENU *(SAMPLE)*			
ACCIDENT PLAN			
FIRE EVACUATION PLAN			
DEVELOPMENTAL ACTIVITY PLAN *(SAMPLE)*/**SCHEDULE**			
EMERGENCY CARE BACK-UP PLAN			
DISCIPLINE/TOUCH POLICY			
STATEMENT OF UNDERSTANDING RE FCC REQUIREMENTS			
SPOUSE/ADULT FAMILY MEMBER APPROVAL AGREEMENT			
FCC PROVISIONAL CERTIFICATION TRAINING REQUIREMENTS *(DA FORM 5763-R)*			

COMMENTS:

VALIDATION OF REQUIREMENTS COMPLETION

FCC PROVIDER'S SIGNATURE	HOME TYPE		DATE
FCC DIRECTOR SIGNATURE	**INSTALLATION**	**AUTOVON**	**DATE**

***ALL OPERATIONAL REQUIREMENTS MUST BE COMPLETED PRIOR TO THE PROVISION OF CARE**

DA FORM 5762-R, JUL 89

FAMILY CHILD CARE *(FCC)* PROVISIONAL CERTIFICATION RECORD

OPERATIONAL REQUIREMENTS *(CONT'D)*

NAME	INSTALLATION	ADDRESS
REGISTERED STATUS DATE	**PROVISIONAL STATUS DATE**	**FINAL CERTIFICATION STATUS DATE**

MINIMUM STANDARD COMPLIANCE: HOME INSPECTIONS *(To be determined during the 5th and 6th months of provisional certification)*	DATE
DEVELOPMENTAL STANDARDS *(DA FORM 4841-R p. 24-25)* **COMMENTS**	
HEALTH STANDARDS *(DA FORM 4841-R p. 26)* **COMMENTS**	
FOOD/NUTRITION STANDARDS *(DA FORM 4841-R p. 27)* **COMMENTS**	
RECORD KEEPING AND REPORTING REQUIREMENTS *(AR 608-10)* **COMMENTS**	
MAINTENANCE OF FIRE AND SAFETY STANDARDS *(DA FORM 4841-R p. 28-29)* **COMMENTS**	
CERTIFICATION REQUIREMENTS:	
COMPLETION OF PROVISIONAL CERTIFICATION REQUIREMENTS *(DA FORM 5762-R p. 1)*	
COMPLETION OF PROVISIONAL CERTIFICATION TRAINING REQUIREMENTS *(DA FORM 5763-R)*	
COMPLETION OF CERTIFICATION TRAINING REQUIREMENTS *(DA FORM 5763-R)*	
COMPLETION OF CERTIFICATION REQUIREMENTS *(DA FORM 5762-R)*	
COMPLIANCE WITH FCC STANDARDS *(DA FORM 4841-R)*	
HOME VISITS *(DA FORM 5762-R p. 4)*	
SATISFACTORY PERFORMANCE OF SERVICES DURING PROVISIONAL OPERATIONAL PERIOD. *(DA FORM 5762-R p. 4)*	
SATISFACTORY ASSESSMENT WITH FCC CARAT *(DA FORM 5761-R)*	

COMMENTS:

VALIDATION OF REQUIREMENTS COMPLETION

FCC PROVIDER'S SIGNATURE	HOME TYPE		DATE
FCC DIRECTOR SIGNATURE	**INSTALLATION**	**AUTOVON**	**DATE**

FAMILY CHILD CARE *(FCC)* PROVISIONAL CERTIFICATION RECORD
OPERATIONAL REQUIREMENTS *(CONT'D)*

FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS

SPECIAL ENDORSEMENT:	DATE

SPECIAL ENDORSEMENT:	DATE

SPECIAL ENDORSEMENT:	DATE

COMMENTS:	DATE

PROVIDER'S SIGNATURE	ADDRESS		DATE
DIRECTOR/OW SIGNATURE	**TITLE**	**AUTOVON**	**DATE**

FAMILY CHILD CARE *(FCC)* PROVISIONAL CERTIFICATION RECORD
OPERATIONAL REQUIREMENTS *(CONT'D)*

FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS

NAME	ADDRESS	TELEPHONE NUMBER
HOME TYPE	INSTALLATION	STATUS

CHILD ABUSE RISK ASSESSMENT TOOL *(Summary)*: | DATE

ENVIRONMENTAL RATING SCALE *(Summary)*: | DATE

PARENTAL COMMENTS: | DATE

COMPLIANCE VIOLATIONS/CONCERNS: | DATE

GENERAL ASSESSMENT: | DATE

PROVIDER'S SIGNATURE	ADDRESS		DATE
DIRECTOR/OW SIGNATURE	TITLE	AUTOVON	DATE

FAMILY CHILD CARE *(FCC)* PROVISIONAL CERTIFICATION RECORD

OPERATIONAL REQUIREMENTS *(CONT'D)*

FAMILY CHILD CARE (FCC) CERTIFICATION RECORD PERFORMANCE INDICATORS *(CONT'D)*

HOME VISIT	DATE

HOME VISIT	DATE

HOME VISIT	DATE

HOME VISIT	DATE

HOME VISIT	DATE

PROVIDER'S SIGNATURE	ADDRESS		DATE
DIRECTOR/OW SIGNATURE	TITLE	AUTOVON	DATE

CHILD DEVELOPMENT SERVICES *(CDS)* INDIVIDUAL EDUCATION PLAN *(IEP)*
FAMILY CHILD CARE *(FCC)* PROVISIONAL CERTIFICATION TRAINING RECORD

For use of this form, see AR 608-10, the proponent agency is DCSPER

FCC PROVIDER	INSTALLATION	QTRS ADDRESS
DATE INITIAL FCC TRAINING BEGAN	DATE PROVISIONAL CERTIFICATION ISSUED	DATE CERTIFICATION ISSUED

TRAINING REQUIREMENTS	DATE	CREDIT HOURS	
		MINIMUM	EARNED
FCC ORIENTATION		8	
REGULATION AND SOPS			
CHILD GROWTH AND DEVELOPMENT			
CHILD PROGRAM ACTIVITIES			
CHILD ACTIVITY SPACES			
CHILD GUIDANCE TECHNIQUES			
CHILD HEALTH AND NUTRITION			
SAFETY AND EMERGENCY PROCEDURES			
PARENT AND PUBLIC RELATIONS POLICIES			
FCC BUSINESS PRACTICES		2	
CHILD ABUSE AND NEGLECT IDENTIFICATION AND REPORTING		2	
FIRST AID		3	
CARDIO-PULMONARY RESUSCITATION *(CPR)*		3	
COMMUNICABLE DISEASES AND ADMINISTERING MEDICATION		2	
OTHER			
TOTAL CREDIT HOURS REQUIRED *(Actual number of hours required to complete may exceed number of credit hours given)*		20	
COMPONENT A: READINGS/VIDEOS			
MINIMUM CREDIT HOURS REQUIRED		3	
COMPONENT B: WORKSHOPS/CLASSES			
CHILD ABUSE PREVENTION		2	
MINIMUM CREDIT HOURS REQUIRED		4	

DA FORM 5763-R, JUL 89

CHILD DEVELOPMENT SERVICES(CDS) INDIVIDUAL EDUCATION PLAN *(IEP)*
FAMILY CHILD CARE (FCC) PROVISIONAL CERTIFICATION TRAINING RECORD

TRAINING REQUIREMENTS	DATE	CREDIT HOURS	
		MINIMUM	EARNED
COMPONENT C: OBSERVATIONS			
CENTER		1	
FCC HOME		1	
MINIMUM CREDIT HOURS REQUIRED		2	
COMPONENT D: HOME ENVIRONMENT RATING			
WORKSHOP/INITIAL ASSESSMENT		1	
EVALUATION & DEVELOPMENT OF IMPROVEMENT PLAN		1	
FOLLOW-UP ASSESSMENT		1	
FOLLOW-UP EVALUATION AND DEVELOPMENT OF IMPROVEMENT PLAN		1	
MINIMUM CREDIT HOURS REQUIRED		4	
COMPONENT E: SPECIAL PROJECT			
MINIMUM CREDIT HOURS REQUIRED		2	
COMPONENT F: INSTALLATION REQUIREMENTS			
MINIMUM CREDIT HOURS REQUIRED		3	
TOTAL CREDIT HOURS REQUIRED *(Actual number of hours required to complete the unit may exceed number of credit hours given)*		MIN 18	

COMMENTS

FCC PROVIDER'S SIGNATURE	ADDRESS		DATE
TRAINER'S SIGNATURE/TITLE	ADDRESS	AUTOVON	DATE

CHILD DEVELOPMENT SERVICES *(CDS)* INDIVIDUAL EDUCATION PLAN *(IEP)*
CHILD DEVELOPMENT CENTER PERSONNEL INITIAL TRAINING RECORD

For use of this form, see AR 608-10, the proponent agency is DCSPER

EMPLOYEE	INSTALLATION	POSITION/GRADE
AGE GROUP ASSIGNMENT	DATE OF HIRE	DATE INITIAL TRAINING COMPLETED

TRAINING REQUIREMENTS	DATE	CREDIT HOURS	
		MINIMUM	EARNED
CDC ORIENTATION *(Complete prior to first duty assignment)*			
REGULATION AND SOPS			
CHILD GROWTH AND DEVELOPMENT			
CHILD PROGRAM ACTIVITIES			
CHILD ACTIVITY SPACES			
CHILD GUIDANCE TECHNIQUES			
CHILD HEALTH AND NUTRITION			
SAFETY AND EMERGENCY PROCEDURES			
PARENTAL AND PUBLIC RELATIONS			
OTHER			
MINIMUM CREDIT HOURS REQUIRED *(Orientation hours not counted in 38 hour initial training requirement)*		8	
SUPERVISED WORK EXPERIENCE		16	
CDC ENTRY LEVEL TRAINING *(Complete within first 3 months of hire)*			
DOD TRAINING MANUAL SERIES 6060.1 "THE CARING ROLE IN A CHILD CARE CENTER"			
PART I: ORIENTATION		1	
PART II: RELATING TO PARENTS		1	
PART III: RELATING TO CHILDREN		1	
FIRST AID			
WOUNDS		1	
ACCIDENT PREVENTION		1	
EMERGENCY ACTION PRINCIPLES		1	
CARDIOPULMONARY RESUSCITATION *(CPR)*		3	
COMMUNICABLE DISEASES		1	
CHILD ABUSE AND NEGLECT IDENTIFICATION AND REPORTING		2	
OTHER		3	
TOTAL ENTRY LEVEL CREDIT HOURS REQUIRED *(Number of hour required may exceed number of credit hours given))*		15	

CHILD DEVELOPMENT SERVICES *(CDS)* INDIVIDUAL EDUCATION PLAN *(IEP)*
CHILD DEVELOPMENT CENTER PERSONNEL INITIALTRAINING RECORD CONT'D

SKILL LEVEL TRAINING *(Complete within 9 months of hire)*	DATE	CREDIT HOURS	
		MINIMUM	EARNED
COMPONENT A: READINGS/VIDEOS			
CARING FOR....(Age Group) **DOD 6060.1 SERIES**		1	
CREATING ENVIRONMENTS FOR *(Age Group)* **DOD 6060.1 SERIES**		1	
MINIMUM CREDIT HOURS REQUIRED		4	
COMPONENT B: WORKSHOP/CLASSES			
CHILD ABUSE PREVENTION		2	
MINIMUM CREDIT HOURS REQUIRED		5	
COMPONENT C: OBSERVATIONS			
CENTER		1	
FCC HOME		1	
MINIMUM CREDIT HOURS REQUIRED		2	
COMPONENT D: CENTER ENVIRONMENT RATING SCALE			
WORKSHOP/INITIAL ASSESSMENT		1	
EVALUATION AND DEVELOPMENT OF IMPROVEMENT PLAN		1	
FOLLOW-UP ASSESSMENT		1	
FOLLOW-UP EVALUATION AND DEVELOPMENT OF IMPROVEMENT PLAN		1	
MINIMUM CREDIT HOURS REQUIRED		4	
COMPONENT E: SPECIAL PROJECT(S)			
MINIMUM CREDIT HOURS REQUIRED		2	
COMPONENT F: INSTALLATION REQUIREMENTS			
ADMINISTRATION OF MEDICATION (Selected Staff)		1	
MINIMUM CREDIT HOURS REQUIRED		6	
TOTAL SKILL LEVEL CREDIT HOURS REQUIRED *(Number of hours required may exceed number of credit hours given)*		23	
TOTAL CREDIT HOURS REQUIRED		38	

EMPLOYEE SIGNATURE	ADDRESS		DATE
TRAINER'S SIGNATURE	TITLE	AUTOVON	DATE

CHILD DEVELOPMENT SERVICES *(CDS)* CENTER PERSONNEL /PROVIDERS
ANNUAL INDIVIDUAL EDUCATION PLAN *(IEP)* TRAINING RECORD

For use of this form, see AR 608-10, the proponent agency is DCSPER

NAME	DATE OF HIRE/CERTIFICATION	TITLE	GRADE/SERIES

ADDRESS	INSTALLATION	AUTOVON	AGE GROUP/HOME TYPE

SECTION I - IEP IMPLEMENTATION

QUARTER	DATE	DESCRIPTION	SIGNATURES	
			INDIVIDUAL	TRAINER
		NEEDS ASSESSMENT/IEP DEVELOPMENT		
		REVIEW OF TRAINING PROGRESS		
		REVIEW OF TRAINING PROGRESS		
		COMMENTARY/ RECOMMENDATIONS		

SECTION II - TRAINING REQUIREMENTS

COMPONENT A: WORKSHOPS/MODULES	DATE	CREDIT HOURS	
		MINIMUM	EARNED
MINIMUM CREDIT HOURS REQUIRED		4	
COMPONENT B: READINGS/VIDEOS			
MINIMUM CREDIT HOURS REQUIRED		4	
COMPONENT C: OBSERVATIONS			
CENTER			
FCC HOME			
MINIMUM CREDIT HOURS REQUIRED		2	

CHILD DEVELOPMENT SERVICES *(CDS)* CENTER PERSONNEL /PROVIDERS
ANNUAL INDIVIDUAL EDUCATION PLAN *(IEP)* TRAINING RECORD CONT'D

SECTION III - IEP IMPLEMENTATION

COMPONENT D: CLASSROOM/HOME ASSESSMENT	DATE	CREDIT HOURS	
		MINIMUM	EARNED
ASSESSMENT			
EVALUATION AND DEVELOPMENT OF IMPROVEMENT PLAN			
ASSESSMENT			
EVALUATION AND DEVELOPMENT OF IMPROVEMENT PLAN			
MINIMUM CREDIT HOURS REQUIRED		4	
COMPONENT E: SPECIAL PROJECT*(S)*			
MINIMUM CREDIT HOURS REQUIRED		2	
COMPONENT F: INSTALLATION REQUIREMENTS			
MINIMUM CREDIT HOURS REQUIRED		8	
CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL			
STUDY COURSE			
TOTAL MINIMUM CREDIT HOURS REQUIRED:		24	

ACTUAL NUMBER OF HRS REQUIRED TO COMPLETE THE UNIT MAY EXCEED THE NUMBER OF CREDIT HRS GIVEN

FIRST AID AND CPR MUBT BE RENEWED EVERY THREE YEARS

FIRST AID AID RENEWAL DATE _____ **CPR RENEWAL DATE** _____

EMPLOYEE/PROVIDER SIGNATURE	ADDRESS		DATE
TRAINER'S SIGNATURE	TITLE	AUTOVON	DATE

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