

**Coast Guard Training Center Petaluma  
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**TWO ROCK  
CHILD DEVELOPMENT  
CENTER**

**Standard Operating Procedures  
2018**

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## **MISSION STATEMENT & PHILOSOPHY (10.A.01)**

The purpose for Child Development Services Programs is to assist Coast Guard personnel, military and civilian, in balancing the competing demands of family life and the accomplishment of the Coast Guard mission, and to improve the economic viability of the family unit (COMDTINST M1754.15).

The Child Development Center's mission is to support Coast Guard families by providing quality care in a positive, safe, nurturing, developmentally appropriate environment for preschool aged children (children under the age of six), regardless of sex, race, culture, religion or national origin.

Licensing/NAEYC - Since the Child Development Center (CDC) is located on federal property; it is exempt from California State Licensing requirements. However, all Coast Guard Child Development Centers are accredited by the National Association for the Education of Young Children (NAEYC) and will meet their standards as well as COMDTINST M1754.15 regulations, which meet and often exceed state requirements.

## **ACCEPTANCE & REGISTRATION PROCEDURES**

The CDC accepts children without regard to sex, race, culture, religion, or national origin. Per the Health, Safety, And Work-Life Service Center, children shall be accepted according to the following priorities, as determined by the status of the parents(s):

1. CG active duty personnel, CG civilian employees (appropriated and non-appropriated funds), and Public Health Services (PHS) Officers who are on active duty orders to the CG
  - a. Single parents whether active duty, civilian or PHS Officers on active duty orders to the CG.
  - b. Dual active duty and or married civilian employees (working outside the home) or PHS Officers on active orders to the CG.
  - c. Active duty, civilian, and PHS Officers on active duty orders to the CG with a spouse actively seeking employment.
  - d. Active duty, civilian, or PHS Officers on active duty orders to the CG with a spouse attending full time school (enrolled a minimum of 6 credit hours for spring

2. Active duty members and civilian employees of the Armed Forces (Army, Marines, Navy, Air Force)
  - a. Single parents whether active duty, civilian or PHS Officers on active duty orders to the CG.
  - b. Dual active duty and or married civilian employees (working outside the home) or PHS Officers on active orders to the CG.
  - c. Active duty, civilian, and PHS Officers on active duty orders to the CG with a spouse actively seeking employment.
  - d. Active duty, civilian, or PHS Officers on active duty orders to the CG with a spouse attending full time school (enrolled a minimum of 6 credit hours for spring
3. Federal employees, Retired Military, and Surviving spouses and their dependents (with military ID cards) of military personnel who died while on active duty.
4. Contractors and community members

Children will be admitted to the CDC according to the above criteria, though admissions may at times be restricted because of internal transitions, class sizes, and wait lists.

**USDA Nondiscrimination Statement** - THE U.S. DEPARTMENT OF AGRICULTURE (USDA) PROHIBITS DISCRIMINATION AGAINST ITS CUSTOMERS, EMPLOYEES, AND APPLICANTS FOR EMPLOYMENT ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, SEX, GENDER IDENTITY, RELIGION, REPRISAL AND, WHERE APPLICABLE, POLITICAL BELIEFS, MARITAL STATUS, FAMILIAL OR PARENTAL STATUS, SEXUAL ORIENTATION, OR IF ALL OR PART OF AN INDIVIDUAL'S INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM, OR PROTECTED GENETIC INFORMATION IN EMPLOYMENT OR IN ANY PROGRAM OR ACTIVITY CONDUCTED OR FUNDED BY THE DEPARTMENT. (NOT ALL PROHIBITED BASES WILL APPLY TO ALL PROGRAMS AND/OR EMPLOYMENT ACTIVITIES.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

**Registration Forms (10.D.05)** - All CDC forms will be completed for each child prior to enrollment and updated annually or as needed. Failure to turn in forms may result in the termination of contract.

The Application is available on-line at:  
[http://weblink.donorperfect.com/uscg\\_childdev\\_register](http://weblink.donorperfect.com/uscg_childdev_register)

In addition to the on-line application, the following will be needed to complete the application process:

- Child Health Form (Must be signed by a doctor) and the most current shot record for each child.
- Two most recent LES or Civilian pay stubs.

**Orientation (10.B.08)** - Parents are required to attend an orientation before their child begins. The Director or Assistant-Director will review pay information, hours, contracts, program philosophy, communication strategies, how to incorporate family in the program, and more.

It is helpful for the child to visit the classroom at least once before his/her first day. Arrangements can be made with the Director or Assistant-Director to ensure a smooth transition to school.

**Release Designees** - Parents must identify two alternate pick up designees in writing and ensure they are willing to accept this responsibility. All alternate designees must be 12 or older and must be listed in writing in the child's file. Alternate designees will be required to show a picture ID prior to departing with a child. CDC staff will only release children to an authorized individual. It is the parent's responsibility to update this information and ensure that all phone numbers are current. Inability to reach parents and emergency designees may result in the child being released to Military Police.

**Waiting List** - Enrollment is based on eligibility and available space. Please call to determine vacancy. If space is unavailable, a \$25 wait list fee applies. The wait list fee is then applied to the first month's fee once space is offered. As a reminder, we do not accept infants on the wait list until they are born.

**DISENROLLMENT  
POLICY & PARENT  
APPEAL PROCEDURES**

Withdrawal from a CDC program (with the exception of hourly care) requires a written and paid two-week notice. Failure to provide this notice will result in a two week charge being added to the final bill. Under certain emergency situations, the two week notice may be waived at the director's discretion with the approval of the MWR Director.

The CDC reserves the right to disenroll or suspend services to any child whose behavior is detrimental to the program or the safety of children, including himself/herself or staff. Based on past incidents and/or severity of a particular incident, a child may be suspended/disenrolled from the program. The length of suspension from the program will be determined on a case by case basis. The decision to disenroll a child from the program will only take place after all alternative means have been explored and tested. Disenrollment from the program will be determined by the Director, with a two week written notice of disenrollment given to the parent.

Services may also be terminated for the following administrative reasons: failure to pay tuition fees, failure to re-register each year, failure to update child immunizations at required times or failure to provide current emergency notifications/phone numbers.

The parent/guardian has the right to appeal a disenrollment. The appeal should be submitted to the MWR Director within 30 days from the date of notification of disenrollment. The MWR Director will review all pertinent documentation and accept or reject the appeal. The MWR Director's decision will be final.

**Suggestions And Complaints** -Your satisfaction is our reward for providing excellent service. However, even in the best of programs mistakes can happen. If you encounter any difficulties as we serve you, please contact the Director or Assistant Director (765-7971). If your concerns are not resolved, you may discuss them with the MWR Director (765-7343). All our policies and procedures are governed by the COMDTINST 1754.15 which is available to you at any time. Please ask for assistance.

## **DISCIPLINE POLICY**

The discipline policy of CDC (COMDTINST M1754.15 section 2.4.f) reflects the overall philosophy of the program. Our program is designed to use curriculum, lesson planning, assessment, appropriate group sizes (ratios), and positive guidance techniques so that children have opportunities to be challenged and still experience success. We do not use corporal punishment. Parents are expected to respect and follow our discipline policy while on CDC premises.

**Curriculum & Lesson Planning** - Our center uses The Creative Curriculum and Teaching Strategies GOLD, produced by Teaching Strategies, LLC. Both are designed to use exploration and discovery as a way of learning to enable children to develop confidence, creativity,

and lifelong critical thinking skills. They address 10 areas of development and learning that help teachers ensure that they are focusing on what's most important, each and every day.

**Assessment (4.A.02-03, 4.E.06)** - Assessing the children regularly and maintaining individual portfolios are an ongoing necessity. Weekly lesson plans are developed based on each staff member's daily observations of children. An alternate assessment, the ASQ3, will be done on children twice annually. Parents may also be invited to assist in completing an ASQ3 each year. ASQ3 results will be shared with the parents and filed in the child's portfolio.

**Staff To Child Ratios (10.B.12)** - The CDC follows the staff-to-child ratio policy set by the Coast Guard. The following ratios are maintained indoors, outdoors, during transportation, and on fieldtrips. Ratios never include volunteers:

- 1 teacher per 4 infants
- 1 teacher per 5 toddlers
- 1 teacher per 7 preschoolers
- 1 teacher per 12 PreK children

**Positive Guidance Techniques** -

- Recognizing and praising appropriate or desired behavior
- Distraction and redirection
- A private, quiet talk
- A reminder of classroom rules
- Providing space away from the other children so the child can relax and gain control of his/her emotions

If serious problems occur which do not respond to the above programming techniques, parents will be contacted and a conference scheduled. Any time that a child's behavior poses a serious risk to the safety of others, parents will be requested to immediately pick up the child. Repeated, unresolved discipline problems will be handled in the following manner, within in a timeline agreed upon by the parents and the CDC Director:

1. Ensure that the environment is appropriate to the child – enough toys to prevent fighting, toys and equipment that are appropriately challenging, and activities that capture their attention.
2. Shadow the child by remaining within arm's reach of him/her and holding his/her hand during times that the problems would most typically occur. (This technique requires one-on-one intervention and may be limited due to staffing.)
3. Change the child to a new classroom that is smaller and/or more challenging, or to a teacher that he/she is more bonded with.
4. Request assistance from a Specialized Consultant who can work with the parents and the teacher to develop strategies based on observations of the child at home and at school.



5. If these all steps have all been attempted without success, the child may be asked to leave the center permanently, or until they have passed this phase of their development.

**Specialized Consultants (10.B.10, 1.E.01)** - The Child Development Center has ready access to a both internal and external Consultants.

Internal consultants include the Family Resource Specialist (FRS) who assists families with the Special Needs Program, and the Special Needs Resource Team (SNRT). The SNRT is a team that addresses the placement of children with special needs at the CDC, taking into consideration the current environment (adult-to-child ratios and group sizes) as well as necessary program adaptations. The team consists at a minimum of the FRS, CDC Director or Assistant Director, Coast Guard Health Care Provider and the parents of the child involved.

Examples of outside Consultants are the Early Learning Institute (ELI) , the Petaluma area special education consortium, local school districts for speech evaluations, the Coast Guard Subsidy program, and the local Resource & Referral office. Referrals to outside Consultants falls under the “Families and Community Relationships” standard for NAEYC.

**Biting** - Biting is a developmental phase that many children go through, typically as 1 or 2 year olds. There are several reasons why children bite, the most predominate being teething and lack of verbal communication. Because biting is developmental rather than behavioral, it is typically not punishable. When biting occurs we follow the same steps outlined above, but with a much more lenient timeline. There is no way to guarantee that the biting will stop. If the child doing the biting is three years of age or older, the biting may be behavioral in nature rather than developmental, and a much shorter period of time allowed before the child may be asked to leave.

## **HOURS OF OPERATION**

The CDC is open Monday - Friday, 06:45-17:00. Children who are enrolled full time may utilize the program as much or as little as they like without an adjustment in fees. The Part-Day PreK program operates Monday - Friday, 8:00-12:00, and includes breakfast and lunch. Any hours utilized outside of this schedule will be billed at the hourly rate of \$7.00 per hour. Hourly care is available at any time the CDC is open so long as space is available. The fee for hourly care is \$7.00 per hour with a limit of 10 hours per week. Reservations must be made for hourly care.

**Family Access To The CDC (7.A.11)** - Families are welcomed at the CDC and the Center has an open door policy for parents; parents are free to visit any time the Center is open. Parents’ participation in their child’s learning experience at the CDC is encouraged, and parent volunteers are appreciated and valued.

Family members have ready access to the CDC. The access doors to the Center are controlled for safety and security purposes, but families are readily admitted. The Director, Assistant Director and teaching staff get to know the families and ensure the center abides by its “open door” policy.

**Communication, Meetings And Conferences (10.B.08)** - To ensure quality care is provided to all children enrolled at the CDC, information will be shared regularly with parents by the teaching staff. Optimum information sharing takes place every day. However classroom needs, time, and privacy constraints may require teachers and parents to schedule a meeting so they can freely discuss the child away from other children and parents.

The CDC offers parent/teacher conferences quarterly. Parents will be notified in advance of these opportunities to meet with their child’s teacher, and are highly encouraged to attend. However, any time there are concerns parents and/or teachers may request additional conferences.

**Parent Alert Forms** - Parents are encouraged to use the goldenrod half forms to communicate their needs. The use of these forms cuts down on the loss of important notes and reminders from parents, and also makes sure that all staff in a room receives the same information.

**Parent Involvement** - Parents are invited to participate by visiting their child’s classroom whenever convenient. Parents are welcome to call and discuss areas of success or concern with the Director or their child’s teacher. Children benefit when parents display genuine interest in their daily activities.

**Parent Participation Program** - Parents can earn Participation Points for volunteering at the CDC. These points may be accumulated from month to month until the parent or family earns 10 points to receive a 10% reduction on one month’s fee for one child. Please see the Front Desk for more information!

**Parent Advisory Committee (PAC) (5.A.13)** - The CDC program has an advisory committee consisting of interested, volunteer parents. This group meets regularly to discuss issues of common concern involving children and child care. Times and place are emailed in advanced and all are welcome to attend.

## **FEES & SERVICE CHARGES**

Tuition is based on a sliding fee scale according to total family income (TFI). TFI is defined as all earned income including wages, salaries, tips, long-term disability allowance received by a family, pay for service in a combat zone, or any monetary payment or compensation, even if not taxable, that was received for providing services. Basic quarters or the in-kind equivalent and subsistence allowances are

included. Geographic cost of living allowance (COLA), variable housing allowance (VHA), alimony and child support, temporary duty allowance, reimbursement for educational purposes, workers' compensation or unemployment benefits are not included.

Tuition rates are subsidized through the sliding fee scale and are generally lower than child care available off the instillation. Rates are therefore not adjusted for vacations or CDC closures.

Parents must provide their last two LES and/or pay stubs at the time of registration to verify TFI. Once annual income is determined, the CDC Sliding Fee Chart is used to determine tuition costs.

Tuition may be paid monthly or bi-monthly, in advance of the services. Monthly payments are due on the 1st of each month. Bi-monthly payments are due on the 1st and 15th of each month. A late fee of \$15.00 will be charged when tuition payment has not been received within two days after the payment due date. Tuition payments take into account base closures, training days, staff work days and administrative days deemed necessary by TRACEN Command, and will not be adjusted.

Tuition may be paid at the CDC with cashier's checks, money orders, personal checks and credit cards. For your convenience, you may also have automatic payments set up by credit card. If for any reason a personal check is returned, charges of \$25.00 will be assessed by MWR, in addition to bank fees of \$18.00. If a second check is returned, future checks will be disallowed. Failure to make payments will result in loss of CDC privileges and use. A late pick-up charge of \$10.00 for each ten minutes or portion thereof will be assessed for each child not picked up and removed from the CDC by 1700 hours. Habitual lateness may result in termination of the parent's contract with the CDC.

## **MEALS**

**CDC Meals (10.D.01)** - We participate in the USDA Child & Adult Care Food Program (CACFP) which offers sound nutrition to the children and adults daily. We serve all meals in a relaxed, unpressured atmosphere. Staff encourage the children to try a "no-thank you" bite, but at no time is a child forced to eat meals. Food is never withheld as a form of discipline or used as a reward.

**CACFP Food Portions** - For USDA Child Adult Care Food Program (CACFP) purposes, Staff is consistently aware of the amount or portion of food that is being fed to the children. While we serve "family style" and children usually serve themselves, the MINIMUM amount of each food group is offered to everyone before any seconds are given. Appropriate quantities are on the weekly menu.

**Dangerous Foods (5.B.14)** - Staff members do not offer children younger than four years these foods: hot dogs, whole or sliced into

rounds; whole grapes; nuts; popcorn; raw peas; hard pretzels; or chunks of raw carrots or meat larger than can be swallowed whole. Staff cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability. **WE ARE A NUT FREE FACILITY.**

**Food In The Classroom & From Home (5.B.02)** - If a child has been brought to school after CDC mealtimes, and the parent wishes to feed him alternate food, they must do so outside of the classroom. Occasionally, staff will save a meal for a child whose parents have communicated that the child will return or arrive slightly later than expected.

Foods from home for sharing among the children must be either whole washed fruits or commercially prepared packaged foods in factory sealed containers.

**Food Preparation, Service And Storage (5.B.01, 5.B.02)** - Menus are carefully planned to meet USDA standards and provide tasty, nutritious meals and snacks. They are posted weekly at the CDC for the parents' information, and can be emailed upon request.

**Special Diets & Allergies (5.B.05)** - If a child requires a special diet for religious reasons or has food allergies, the parent must submit a Special Diet Statement signed by the child's physician or cleric. These forms are available at the front desk. A SNRT will also be conducted for food allergies.

**Mealtime Protocols, Including Scheduled Times For Meals And/Or Snacks (5.B.14, 5.B.15, 5.B.16)** - All children enrolled at the CDC participate without charge in the USDA Child and Adult Care Food Program (CACFP). The CDC receives partial reimbursement for all meals served so it is imperative that parents complete all appropriate CACFP forms upon registration and renew them annually.

All children present during food service times will be served. No child will go longer than three hours without a meal or snack being offered. Whole milk will be served to infants and toddlers younger than 24 months. Low Fat milk will be served to children over 24 months. Soy milk is available at the parent's request.

**Hot Liquids And Foods (5.B.07)** - Liquids and hot foods are cooked at temperatures of not less than 140 degrees for safety purposes, but are allowed to cool sufficiently (to lower than 110 degrees) before they are taken into the classroom.

Meals and snacks are scheduled at the same time each day:

Breakfast is from 0800 to 0830  
Lunch is from 1130 to 1200  
Snack is from 1430 to 1500

## **HOLIDAYS & WEATHER CLOSING POLICY**

The CDC is closed for all Federal Holidays, as well as once each quarter for Staff Development/Training. Childcare will be limited on Coast Guard Day (Early closure at 10:45) or when early liberty is granted. If early liberty is granted, personnel are requested to pick up their children after departing their workplace.

Should the program need to close due to weather or other unforeseen events, parents will be notified via email and/or phone call. Notice will also be made on the Facebook page. Parents will have one hour from the time of notification to pick up their child(ren) before late pick up fees are applied. Staff will remain until the last child is picked up.

Please note that the program cannot operate for extended periods without power. If the power is out at the start of the day the program will not open until power is restored. If the power goes out during the work day parents will be notified of the need for pickup.

Off duty staff will be notified of program closures via text message and/or phone call. While a member of the management staff should be on sight at all times, a GS teacher can be in charge of the program for short periods of time in the event that a manager is temporarily unavailable.

## **SPECIAL NEEDS CHILDREN**

Children with special needs are eligible for CDC enrollment. Initially, a Child Health Form (CG-5484A) is completed by the child's physician and submitted to the CDC. A SNRT then determines if CDC enrollment is appropriate for the child and how to best meet the child's needs. If the SNRT determines a different environment would better suit the child, the CDC and Family Resource Specialist will make a referral. (1.E.01-04, 10.B.10)

## **MEDICAL & HEALTH REQUIREMENTS**

***Obtaining Health And Safety Information (10.D.05)*** - Parents must complete the CDC's registration packet before the child attends our program. The packet includes health and safety forms, among other materials

An Emergency Medical Authorization Form completed by the parent/guardian must be submitted to the CDC for each child prior to his/her attendance.

Current immunizations for each child at the CDC are mandated by Federal and State requirements as well as COMDTINST M1754.15. The CDC follows the immunization recommendations of the Centers

for Disease Control as well as the American Academy of Pediatrics. Proof of current immunization must be provided and updated as required. Parents must bring updated records to the CDC office every time the child is immunized. Failure by parents to turn in updated forms may result in the termination of an existing contract.

Health and safety information is kept on file for each child in one, central location. It is updated annually or as needed. With parental, legal guardian consent, the child's file is accessible to the child's parent(s), legal guardian, primary caregiver, lead teacher, CDC Director and Assistant Director, and to regulatory authorities, upon request.

**Sick Child (5.A.04, 5.A.05)** - When children are brought into a group setting, the spread of illness is a common problem. Proper precautions to avoid the spread of disease, along with immunization requirements and health evaluations, are necessary to protect the health of the children and staff.

A child must stay home (or will be sent home) if an illness prevents the child from participating comfortably in the center's activities and outdoor play; the child has an illness that requires greater care than the center staff can provide without compromising the health and safety of others; or has symptoms of illness. For a list of symptoms please refer to COMDTINST M1754.15A.

Parents must notify the CDC administration immediately if their child has been exposed to a communicable disease, even if he/she is not exhibiting symptoms. An illness may not interfere with center operations (i.e. a child was out sick Thursday and the family found out Friday the child is contagious) however it is imperative that the information is passed along.

Parents or legal guardians must pick up their child within one hour of notification by the CDC that their child is ill. When parents cannot be reached, or the child is not picked up within one hour, the emergency contact will be notified. Parents should have a backup system for childcare for when their children aren't well enough to participate in program activities that are part of the CDC's day-to-day routine. A child waiting for pick up will be made comfortable in a location where he or she is supervised by a familiar caregiver, and if suspected of having a contagious disease will be placed in a location away from others to prevent further exposure.

Children may be admitted back into the CDC after an illness only when:

- The child is symptom free without medication for 24 hours.
- Their presence will not affect the health of other children and staff.
- The child feels well enough to participate in daily activities.
- The child is medically cleared, when necessary.

Staff will provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed. This will include signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home.

If the center has a verified exposure to a communicable disease the following notifications will be made as needed:

- Base Command: Clinic Administrator (x7203), MWR Director (x7343)
- CDC Parents – via posters posted near entry ways, word of mouth at pick up, and phone calls when the situation warrants it.
- Child Care Coordinator at MLC PAC
- Headquarters Program Manager.

Although all CDC teaching staff are trained for administering medication, it is preferred that parents administer medicine. In the event this cannot be accomplished, teachers will follow the procedures outlined in the COMDTINST M1754.15A.

Basic care items used for prevention of sunburn, diaper rash and teething irritation may be provided by parents for use on their child by CDC staff with a completed Basic Care Items Permission Form. All basic care items must be in their original containers and labeled with child's full name. Basic care items are for external, topical application and are not to be ingested, and must be applied at home at least 24 hours before the item can be administered to the child at the CDC.

**Oral Health/Hygiene (5.A.16)** - Low-sugar, fresh fruit and vegetables are provided with meals and as snacks. Foods not part of the USDA Child and Adult Care Food Program will not be served.

Children older than one year are provided the opportunity to brush their teeth. Each child has his/her own toothbrush clearly labeled with his/her name. Children are not allowed to share or borrow toothbrushes. Each toothbrush is stored so it does not touch others. Toothbrushes are air dried and are not disinfected. Toothbrushes are replaced every three to four months (or sooner if bristles show wear or have lost their tone.) Toothpaste is not used. After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. Infants or Toddlers are not put to bed with a bottle or sippy cup.

#### **EMERGENCY MEDICAL PROCEDURES (10.D.09)**

All staff are required to be certified in Adult/Infant/Child CPR & First Aid. In the event of a serious illness or injury occurring at the CDC, the staff is authorized by the Emergency Medical Authorization Form

completed by the parent or guardian to take, or have the child taken, to a nearby hospital. Standard procedure is:

- Call 911.
- Inform the parent(s) using available work, home, and emergency phone numbers.
- A staff member that the child knows will accompany the child to the hospital if needed (if the parent is unavailable or has not been reached).
- Write an appropriate incident report.
- An Emergency Medical Authorization Form completed by the parent/guardian must be submitted to the CDC for each child prior to his/her attendance and updated annually.

## **SAFETY REQUIREMENTS**

**Security** - All gates must remain closed and latched at all times. Gates are locked at closing. Each staff member and child will be issued a pin number to gain access to the center. If the pin number is forgotten or not working, please ring the doorbell. If you need to contact security at any time the extension is x7215.

**Hiring (10.E.02)** - Hiring procedures ensure that all employees in the program (Lead Teachers, Teacher Assistants, Floaters, Admin, etc.) who come into contact with children or who have responsibility for children have passed a criminal-record check; are free from any history of substantiated child abuse or neglect; are at least 18 years old have completed high school or the equivalent; and have provided personal references and a current health assessment that attests to the prospective employee's ability to perform the tasks required to carry out the responsibilities of their position.

**Accident/Incident Reports** - Accident reports are written when an accident or incident needs to be documented. The form is filled out completely by the staff that witnessed the occurrence, as soon as is possible. Parents sign the form here at the CDC. The white copy is given to the parents, and the yellow copy is retained for our records. After review, our copy will be placed into the child's file.

**Protection From Cold, Heat, Sun Injury And Insect-Borne Disease (5.A.07)** - We ask parents to have their children wear simple clothing to the CDC to ensure their ease and comfort. In addition, children are to be dressed appropriately to fully participate in all facets of the program, including outdoor activities. This includes shoes children can run in, clothing free of strings that snag, and (especially when potty training) clothing that children can undo themselves.

All children are taken outdoors at some point at least once a day in the open outdoor space, unless the weather is extreme or the air quality poses a health risk, and appropriate dress is essential. Along with a complete extra set of clothes (including shirt, pants, underwear, socks



and shoes) to be provided by parents and kept in their child's cubbie, parents must provide warm, dry clothing for outdoor play.

Warmer weather may also require sun protective clothing and/or application of sun screen/sun block for prevention of sunburn injury. In the event of inclement weather where cold or heat is extreme, children will be kept indoors in the CDC's climate controlled building.

In the event public health officials recommend use of insect repellents, the CDC will apply repellents containing DEET that are provided by parents, but only on children older than two months. The product may be used only once a day, and only after parents have submitted a completed Basic Care Items Permission Form. Parents must apply the product at home and observe their child for at least 24 hours before the item can be administered to the child at the CDC. The product must be in its original container and labeled with the child's full name.

**Protecting From Environmental Hazards (10.D.02, 9.C.08)**

The CDC is inspected yearly for indoor and outdoor safety. In addition, the CDC has developed a daily checklist to assess health and safety factors at the center. These checklists are used to ensure all aspects of a safe environment are monitored regularly.

Arts and crafts materials used in the classroom are nontoxic in accordance with the labeling of Hazardous Art Material Act and the American Society for Testing and Materials. Old or donated materials are checked for potentially harmful ingredients and discarded if contents are suspect. Caregivers supervise children using art materials very closely. Food is not consumed when open art materials are present.

All cleaning and disinfecting solutions and solvents are kept in a locked cabinet at all times. All cleaning supplies are kept out of reach of the children.

**Shoes Or Socks Must Be Worn At All Times By The Children** - This is again a safety measure in the event there is a fire and the children need to evacuate. As soon as they are walking they must have something on their feet due to flying ash particles or hot cement. It is strongly recommended that children wear closed-toe shoes. This is for safety, since children tend to stop moving bikes with the tip of their shoes.

**Sandboxes (9.B.05)** - Sandboxes that are part of a program facility are constructed to allow for drainage, are covered when not in use, and are cleaned of foreign matter on a regular basis. Staff replaces sand as often as necessary to keep the sand clean.

**Touch Policy** - To ensure the safety and well being of children in all CDC programs, the CDC has established written standards and policies for personnel which address appropriate and inappropriate touch. The CDC staff does recognize that physical contact is an important part of

child development and guidance. Personnel are briefed on the touch policy as part of mandatory child abuse prevention training within the first 30 days of employment. All Administration Staff ensures that all new employees receive orientation on the touch policy immediately upon employment. The Director and Assistant Director are also responsible for monitoring staff to ensure they are familiar with the touch policy and follow appropriate practices.

Examples of appropriate touch may include the following:

- Respecting the personal privacy and personal space of children.
- Responses affecting the safety and well being of the child (e.g. holding the hand of a child while crossing the street, holding a child gently but firmly during a temper tantrum).
- Hugs, lap sitting for younger children, reassuring touches on the shoulder, nap time back rubs, and touch for health and hygiene such as diaper changing for infants.

Examples of inappropriate touch include:

- Coercion or other forms of exploitation of the child's lack of knowledge.
- Satisfaction of adult needs at the expense of the child.
- Violation of laws against sexual contact between adults and children.
- Any attempt to change child behavior with adult physical force, often applied in anger.
- Forced kisses, corporal punishment, slapping, striking or pinching, tickling for prolonged periods, fondling or molestation.

Inappropriate touching will be grounds for immediate suspension and potential dismissal of employee from CDC employment.

***Bathroom Supervision*** - A Staff member needs to accompany children to the bathroom until routines are firmly established. Children ages 2 & up are working on learning self-help skills (such as wiping themselves, dressing, etc.) as well as how to flush, put paper towels in trash cans and to wash their hands after using the bathroom.

Children undergoing toilet-training will be supervised at all times.

No toys are allowed in the bathroom.

We assist, but will not initiate or enforce potty training that is not developmentally appropriate. We also will not force a child to potty train, even at a parent's request. Parents shall initiate this at home and when the child has been successful and comfortable for at least one month then the staff will follow through here at the CDC. Then they can switch to underwear. A good sign to look for that the child is ready to begin is when they tell you they need to be changed or tell you they have to go before they actually do so.

**Diapering (5.A.08)** - Diapering will be conducted solely in the designated diapering areas. Food handling will not be permitted in diapering areas, and the Floater may not change diapers until his or her food handling chores are complete for the day.

Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices, replacing the mat as needed. The diaper table top is not to be used for storage before, after, or in between diaper changes.

All containers of lotions and cleaning items are to be labeled with each child's name and instructions, and stored off the diapering surface and out of reach of children.

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

**Animals And Pets (5.C.05)** - Reptiles, amphibians, and birds are not permitted in the CDC due to the fact that they are salmonella carriers, which can be transmitted to humans, and can be fatal to young children or immune compromised persons. Any classroom pets must be approved by the director prior to entry. If animals are scheduled to visit the CDC, they must have documentation from a veterinarian or animal shelter to show they are fully immunized and suitable for contact with children and staff will ensure any children with animal allergies are not exposed to the animal.

**Field Trips** - Regardless of the size of the group, it is essential to have at least two adults present when the children are away from the building. However, staff who are taking children on walks directly outside of the center may go by themselves if they are within line of sight of the building.

**Environmental Upkeep (5.C.01)** - Each classroom should be clean and organized. Chairs and tables must be cleaned before and after every meal, after messy activities, and end of every day. Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets. Daily professional custodial service is provided. Grounds keeper service is provided weekly. All furniture and equipment is inspected by-monthly for safety and replaced as needed.

**Hand Washing (5.A.09)** - Signs will be posted at each sink with the times when hand washing is required and the steps to follow.

All staff, volunteers, and children will wash their hands, at the following times (as applicable):

- Upon arrival for the day,
- When coming in from outdoors

When moving from one group to another

- Before and after:
  - Eating, handling food, or feeding a child.
  - Giving medication
  - Playing in water that is used by more than one person
- After:
  - Diapering and toileting
  - Handling bodily fluids (mucus, blood, vomit) and wiping noses, mouths, and sores
  - Cleaning or handling garbage
  - Handling pets or other animals
  - Playing in sandboxes and sensory tables

**EMERGENCY FIRE &  
EVACUATION  
PROCEDURES**

**Fire Extinguishers (9.C.11)** - Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. Fully working carbon monoxide detectors are installed in each classroom and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of testing dates is maintained and available. TRACEN Fire Department conducts monthly indoor and outdoor on-site inspections which include a walk-through to identify fire hazards, an evacuation drill including all building occupants, the testing of the fire alarms, inspection of fire extinguishers and technical assistance as requested. They also document each evacuation drill and fire inspection before departing the program and coordinate evacuation and fire extinguisher training for all CDS staff.

**First Aid Kits (9.C.10)** - Fully equipped first-aid kits are readily available and maintained for each classroom. When the children go outside, staff takes at least one kit to the outdoor play areas. First aid kits are also taken on field trips and all outings away from the site.

**Evacuation Procedures** - Evacuation drills are held once a month by the TRACEN Fire Department and are unannounced. Staff are responsible for knowing the emergency escape plan and this will be included as part of their Orientation. As part of the curriculum, the staff must prepare the children for what to expect during a drill.

Procedure for Children:

- Children not wearing shoes must NOT stop to put them on.
- No coats or belongings of any type may be taken.
- Children are encouraged to hold hands with a “buddy” or adult
- Children are told to walk, not run.
- Children are responsible ONLY for themselves.

Procedures for Infant Teachers:

- Each staff person is responsible for placing the children in their care in the evacuation crib and pushing them to safety according to the fire plan.
- 4 infants per crib. Ensure all infants are accounted for!
- It is suggested to have extra blankets available for cushioning against any sudden moves and extreme weather.
- Do not stop to put your shoes on.
- Grab sign-in binder & emergency backpack
- Congregate at the designated muster location and conduct a 100% head count to include all staff, volunteers, and children. Then each room staff will give this count to the Director or acting Director.
- Await direction to return to building if deemed safe by the Fire Department or to proceed to off-site evacuation location at the Community Center.

#### Procedures for Toddler/Jr. Preschool PreK Teachers:

- Grab the sign-in book and Emergency backpacks.
- Employees must take all children in their care, close doors on the way outside and follow evacuation plan.
- Make sure every child in each group is accounted for.
- One staff person per group leads children out.
- Once out check attendance from sign-in books.
- Congregate at the designated muster location and conduct a 100% head count to include all staff, volunteers, and children. Then each room staff will give this count to the Director or acting Director.
- Await direction to return to building if deemed safe by the Fire Department or to proceed to off-site evacuation location at the Community Center.

#### Procedures for the Director (Or Person In-Charge):

- Phone 8-911 to alert of alarm (If alarm sounds without an emergency call fire department at x7355)
- Make sure all children/staff are out of the buildings.
- Assist programs as necessary.
- Take the Community Center key from key box.
- Verify that the Fire Department has been notified.
- Meet staff at designated muster location and document 100% accountability of all building occupants: children, staff, and visitors.
- When the Fire Department arrives, inform them of anyone missing and give them the count of children and staff present.
- If unable to return to the building, direct teachers to proceed to off-site evacuation location at the Community Center, notifying the chain of command and parents of relocation.
- Ensure no one enters or re-enters the building for any reason until cleared to do so by the Fire Department.

#### Procedures for Afterwards:

- Fire Department Personnel will inform staff when drill is over and/or if it is safe to return to classrooms. Return in an orderly manner by class groups.
- Debrief with the children and answer any necessary questions and concerns.

**Earthquake** - Actions will depend in part on the severity of the earthquake. Judgment must be exercised. If indoors, children take cover under desks, tables, benches, or in doorways, halls, or against inside walls. Stay away from windows. DO NOT run outdoors. If outdoors, go to the back parking lot and have the children sit on the curb furthest from the building. After the earthquake subsides, evacuate the building if there is a possibility of damage to the building or utility connections. IF IN DOUBT, EVACUATE. Call the Fire Department to have the building checked and approved for continued use or to respond to fire.

**Flood** - In the event of an impending flood, the person in charge at the CDC will be guided by the MWR Director or Division Officer.

**Bomb Threat** - Any person discovering a bomb/suspected bomb or receiving a bomb threat at a CDS program will:

- Pull the nearest fire alarm.
- Immediately report the potential bomb threat to the supervisor or administrative assistant at the front desk of the Facility.
- Respond to a bomb threat by the following:
- If by phone, do not hang up, try to keep caller on the phone, request another staff to call 911 on a second line telling the police that your building is on the line with a bomb threat. Shut off all radios and cell phones immediately to preclude accidental detonation of a bomb and evacuate the building immediately to the designated muster location, leaving all remaining open doors and windows open.
- If by letter, preserve the evidence without contamination and evacuate the building with the evidence per instructions above.
- If there is a bomb threat made to the base in general, the director will secure access, assign staff to perform a 100% ID card check on all users, staff, and visitors, and examine all materials entering the facility. Also, a physical inspection of the entire facility inside and out will be conducted every 30 minutes to look for suspicious objects. If any are found, staff will not disturb the object, will evacuate the building per above procedures.

**MANDATE & PROCESS  
FOR SUSPECTED CHILD  
ABUSE (10.D.03,  
10.D.04)**

**Child Abuse And Neglect (10.D.03, 10.D.04)** - Child care providers at the CDC are mandated reporters while at work and required by the State of California to report any suspicion of child maltreatment to

Child Protective Services. If staff notices suspicious bruises, cuts or burns on a child, they must report it to Director who will then call the Family Advocacy Specialist. Sonoma County Child Protective Services may be contacted and may determine whether or not to investigate further. Confidentiality will be respected.

CDC policy requires written incident reports for all falls, scratches, bruises, bites and scrapes that occur while a child is in our care. Parents will be asked to sign the report as documentation that they were informed of the incident. A copy of the report is kept in each child's personal file.

CDC staff will receive annual training on knowledge of suspected child abuse, reporting and proper procedures.

Upon visually inspecting the child or observing child maltreatment, the following steps shall be followed:

The CDC staff member(s) will immediately report his or her suspicion to an administrative staff member and (if he or she feels it is warranted) to California Child Protective Services. This report must be follow up within 24 hours with a written report.

The Director or Assistant Director reports the suspected child abuse to the Family Advocacy Specialist, her immediate supervisor (who will pass on information via the chain of command,) the Child Care Coordinator at HSWL.

Any CDC staff member accused of abuse or neglect of a child in the program will immediately be reassigned to administrative duties or leave pending investigation. If the investigating office substantiates the accusation, the CDC staff member will be separated from employment with the Coast Guard Child Development Center.

Child abuse, neglect, or practice of unacceptable discipline procedures (i.e. coercion) are grounds for immediate termination of the offending staff member and include any form of physical punishment inflicted on a child such as hitting, slapping, spanking, withholding food, placing a child in a confined space (i.e., a closet), humiliating, disgracing, teasing, or embarrassing a child.

CDC staff must ensure they maintain appropriate interactions with children at all times, to include appropriate touching. All CDC staff members are required to read the information on appropriate touch which is part of the Minimizing the Risk of Child Abuse (COMDTINST M1754.15), and sign a statement of understanding prior to duty assignment. Any violation in the Touch Policy will be grounds for disciplinary actions or separation. The Touch Policy is reviewed by staff members annually.

Our CDC is built to minimize the risk for potential for child abuse. Vision panels in doorways and hallways allow better supervision of classrooms. Entrances to the buildings are limited and monitored. Bathrooms are within classroom areas and are easily monitored .PINs are needed for entrance into the CDC.

Employees undergo a significant preliminary background check prior to employment. Personal references are checked for accuracy. Only the finest qualified people become caregivers and providers. All personnel participate in annual training on child abuse recognition, reporting, and prevention.