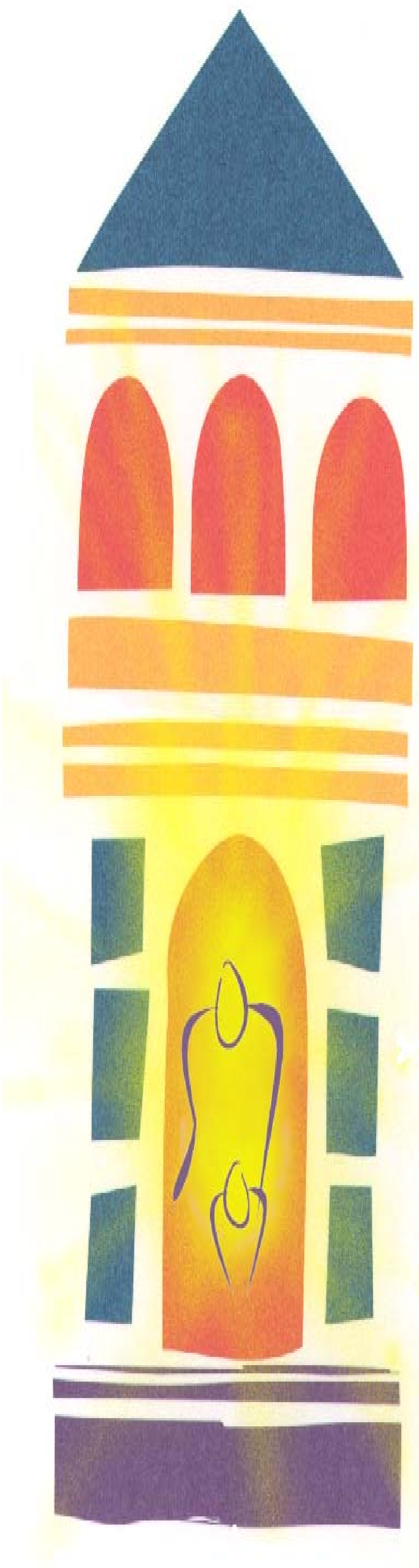
GSA Public Buildings Service
Office of Child Care

Operating on Federal Property Directors Desk Guide 2004

General Services Administration
Public Buildings Service



Names and Numbers

GSA Regional Child Care Coordinator (RCCC)

____

GSA Property Manager

____

Child Care Center Building Contact

____

Service Desk

____

Federal Protective Service (FPS)

____

Emergency Number

____

____

The Major Tenants in this Building are

____

Near by Federal agencies: ____________________________

Office of Child Care

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agreements

There are a number of agreements that should be in place at a center. The written agreements are the road map to follow when questions arise or new board members seek guidance.

GSA Revocable License For Non-Federal Use of Real Property (GSA Form 1582) with Special Conditions
The license agreement is based on the authorities of US Code 590, and outlines the GSA requirements for your center operations. If you do not have a copy of your license agreement get it from your Regional Child Care Coordinator (RCCC). We **strictly** enforce the requirements on background checks and NAEYC accreditation.

Interagency Agreement (IAA)
There may be an agreement between agencies that are sharing a facility.

Memorandum of Understanding (MOU)
This is an agreement between the board of directors and GSA to ensure accountability is clear.

Delegation Agreement
Some agencies other than GSA have authority to operate the buildings they occupy. An agency must have 90% occupancy to qualify for delegation. Each delegation includes the responsibility for maintaining the child care center. Delegations vary, you should have a copy of the terms of the delegation that discuss the child care responsibilities.

Contract
This is the document where the provider and board come to agreement on the scope of services and appropriate board oversight. A sample is provided. Each provider and board is free to negotiate any contract they want as long as they do not change or lessen the basic requirements in the GSA license. All agreements should work together. If the license is revoked by GSA the board and provider must have the means to cancel their contract as well.

Public Law 107-217 signed 8/21/2002

(recodification of sections of Title 40 - Child care formerly section 490b)

Title 40 United States Code

Related to public buildings, property, and works

Sec. 590. Child care

(a) GUIDANCE, ASSISTANCE, AND OVERSIGHT- Through the General Services Administration's licensing agreements, the Administrator of General Services shall provide guidance, assistance, and oversight to federal agencies for the development of child care centers to provide economical and effective child care for federal workers.

(b) ALLOTMENT OF SPACE IN FEDERAL BUILDINGS-

(1) DEFINITIONS- In this subsection, the following definitions apply:

(A) CHILD CARE PROVIDER- The term `child care provider' means an individual or entity that provides or proposes to provide child care services for federal employees.

(B) ALLOTMENT OFFICER- The term `allotment officer' means an officer or agency of the Federal Government charged with the allotment of space in federal buildings.

(2) ALLOTMENT- A child care provider may be allotted space in a federal building by an allotment officer if--

(A) the child care provider applies to the allotment officer in the community or district in which child care services are to be provided;

(B) the space is available; and

(C) the allotment officer determines that--

(i) the space will be used to provide child care services to children of whom at least 50 percent have one parent or guardian employed by the Government; and

(ii) the child care provider will give priority to federal employees for available child care services in the space.

(c) PAYMENT FOR SPACE AND SERVICES-

(1) DEFINITION- For purposes of this subsection, the term `services' includes the providing of lighting, heating, cooling, electricity, office furniture, office machines and equipment, classroom furnishings and equipment, kitchen appliances, playground equipment, telephone service (including installation of lines and equipment and other expenses associated with telephone services), and security systems (including installation and other expenses associated with security systems), including replacement equipment, as needed.

(2) NO CHARGE- Space allotted under subsection (b) may be provided without charge for rent or services.

(3) REIMBURSEMENT FOR COSTS- For space allotted under subsection (b), if there is an agreement for the payment of costs associated with providing space or services, neither title 31, nor any other law, prohibits or restricts payment by reimbursement to the miscellaneous receipts or other appropriate account of the Treasury.

(d) PAYMENT OF OTHER COSTS- If an agency has a child care facility in its space, or is a sponsoring agency for a child care facility in other federal or leased space, the agency or the Administration may--

(1) pay accreditation fees, including renewal fees, for the child care facility to be accredited by a nationally recognized early-childhood professional organization;

(2) pay travel and per diem expenses for representatives of the child care facility to attend the annual Administration child care conference; and

(3) enter into a consortium with one or more private entities under which the private entities assist in defraying costs associated with the salaries and benefits for personnel providing services at the facility.

(e) REIMBURSEMENT FOR EMPLOYEE TRAINING- Notwithstanding section 1345 of title 31, an agency, department, or instrumentality of the Government that provides or proposes to provide child care services for federal employees may reimburse a federal employee or any individual employed to provide child care services for travel, transportation, and subsistence expenses incurred for training classes, conferences, or other meetings in connection with providing the services. A per diem allowance made under this subsection may not exceed the rate specified in regulations prescribed under section 5707 of title 5.

(f) CRIMINAL HISTORY BACKGROUND CHECKS-

(1) DEFINITION- In this subsection, the term `executive facility' means a facility owned or leased by an office or entity within the executive branch of the Government. The term includes a facility owned or leased by the General Services Administration on behalf of an office or entity within the judicial branch of the Government.

(2) IN GENERAL- All workers in a child care center located in an executive facility shall undergo a criminal history background check as defined in section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041).

(3) NONAPPLICATION TO LEGISLATIVE BRANCH FACILITIES- This subsection does not apply to a facility owned by or leased on behalf of an office or entity within the legislative branch of the Government.

(g) APPROPRIATED AMOUNTS FOR AFFORDABLE CHILD CARE-

(1) DEFINITION- For purposes of this subsection, the term `Executive agency' has the meaning given that term in section 105 of title 5, but does not include the General Accounting Office.

(2) IN GENERAL- In accordance with regulations the Office of Personnel Management prescribes, an Executive agency that provides or proposes to provide child care services for federal employees may use appropriated amounts that are otherwise available for salaries and expenses to provide child care in a federal or leased facility, or through contract, for civilian employees of the agency.

(3) AFFORDABILITY- Amounts used pursuant to paragraph (2) shall be applied to improve the affordability of child care for lower income federal employees using or seeking to use the child care services.

(4) ADVANCES- Notwithstanding section 3324 of title 31, amounts may be paid in advance to licensed or regulated child care providers for services to be rendered during an agreed period.

(5) NOTIFICATION- No amounts made available by law may be used to implement this subsection without advance notice to the Committees on Appropriations of the House of Representatives and the Senate.

cleaning

Clinical cleaning is the base line level of cleaning in our child care centers. Clinical cleaning is a level of cleaning that is provided to government health units and is above general cleaning that would be provided to regular office space in a federally owned or leased facility. This level of cleaning is appropriate for a child care facility where maintaining the highest level of sanitation is critical to the health of children in group settings.

Cleaning in child care centers is more costly than office cleaning and it can be difficult to administer these cleaning contracts as it is hard to determine if areas have been sanitized by just a visual inspection. The basic cleaning that you can expect is on the attached checklist. Please contact your property manager if you are having persistent problems. Your cleaning contract can be adjusted.

We do expect that you and your staff are accomplishing the following tasks:

- cleaning the children's toys and shelves, tables and chairs
- cleaning kitchen appliances (inside and out)
- cleaning animal cages
- immediate clean ups after food service and art projects
- clean up in the sand/water table areas
- immediate clean up after sick children and then calling the janitors for more complete cleaning and sanitizing of the area
- infant areas should be shoeless environments

If you need a small broom, mop or dustbuster to help with small and immediate clean up please let your RCCC or property manager know.

Questions on cleaning or health issues can be directed to the RCCC or use the handbook "Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs" written by the American Public Health Association and American academy of Pediatrics. http://nrc.uchsc.edu/CFOC/index.html

maintenance

Good teachers will be constantly changing the environment. The property manager's job is to help the teachers make these changes easily and safely. Please contact your GSA or building contact if you need help hanging hooks, bulletin boards, etc. Please limit your display to designated areas. Do not tape or staple walls or furniture. In the long run the center will have a less cluttered appearance and the need to repair and paint walls will be lessened. If you feel you need more display space please contact the RCCC.

If anything is broken, faucets dripping, wall paper peeling, please place a service call to have it repaired. We do expect that you will handle very minor repairs, i.e. tightening screws, etc. yourself. Please do not wait until handles have fallen off and are lost and then call for repair. If repairs are not being accomplished, please call the RCCC before small problems become large maintenance issues.

Painting and choosing colors should be checked through the RCCC. Too much color is chaos. We use less color in the centers because of all the color that is brought into the space by the children, their toys and their artwork.

If the center is too hot or too cold and you need some adjustment in temperature that you can not control,

the service number is:

	CHILD CARE CENTER CLEANING STANDARDS CHECKLIST				
	TASK	FREQUENCY	SAT	UNSAT	
A.	**ROOM CLEANING:**	**Daily**			
1	Empty waste baskets				
2	Dust horizontal surfaces of all adult				
	furniture. building ledges				
3	Clean glass table, desk tops,				
4	Clean sinks and mirrors, supply				
	paper towels and soap				
5	Sweep and mop or scrub floor				
6	Thoroughly vacuum all carpet				
7	Spot clean carpet to remove spots				
8	Spot clean walls, windows and				
	view panels and mirrors				
B.	**TOILET CLEANING:**	**Daily**			
1	Sweep and wet mop or scrub using				
	a cleaner-disinfectant				
2	Clean all surfaces and fixtures to				
	include mirrors, waste receptacles				
	wall surfaces and dispensers				
	utilizing a cleaner disinfectant.				
3	Empty waste receptacles, service				
	towels, soap and toilet paper				
C.	**SOILED DIAPERS RECEPTACLES**	**2X Daily**			
1	Remove and seal plastic bags				
	containing soiled diapers to				
	designated area.				
D.	**POLICE:**	**Daily**			
1	Remove trash, clean drinking fountains				
	and clean door glass to remove				
	fingerprints, smudges, etc.				
2	Remove trash from out door play area				
E.	**Office Space**	**Weekly**			
1	Dust vertical and under surfaces of				
	furniture (knee wells, chair rung, table				
	leg, etc.				
F.	**Floor Maintenance:**	**Weekly**			
1	Damp mop and spray buff all hard and				
	resilient floors				
G.	**Glass & Wall Surfaces:**	**Monthly**			
1	Damp wipe both sides of glass in doors				
	view windows, partitions, and book				
	cases and any other glass within 70"				
	of the floor.				
2	Spot clean wall surfaces.				

	CHILD CARE CENTER CLEANING STANDARDS CHECKLIST				
	TASK	FREQUENCY	SAT	UNSAT	
H.	**High Clean**	**Quarterly**			
1	Dusting or vacuuming all surfaces				
	and objects approx. 70" or more from				
	the floor.				
I.	**Carpet Cleaning:**	**Quarterly**			
1	Shampoo or dry clean all carpet. Note:				
	Operation shall be scheduled on				
	week ends to allow for thorough drying.				
J.	**Wash Walls:**	**Annually**			
1	Wash walls using a germicidal				
	solution as prescribed by COR.				
K.	**Strip and Refinish:**	**Annually**			
1	Strip and refinish bare floor area using				
	approved methods and chemicals.				
	CHILD CARE CLEANING ACCOMPLISHED BY THE PROVIDER				
	You can expect the child care staff to clean the toys and childrens'				
	furniture. While an exact frequency is not prescribed if you find				
	things dirty you can ask them to clean them.				
	The staff is also responsible for cleaning the kitchen appliances				
	interiors. It would be expected that janitors would wipe down the frig fronts				
	if you have commercial equipment.				

data collection

GSA must gather information on the child care programs for a number of reasons. The most important reason is to ensure oversight and compliance with the authorizing law (u.s.c. 40 section 590). A second reason is to be able to respond to our congressional committees about the validity and issues of the centers in order to maintain support for the program.

We have one long survey that is accomplished each October. In January, April and July we use a short survey to update the utilization numbers and capture any topical questions of the day.

As part of our program management and budget process we are also required to gather data on customer satisfaction. To that end we have developed a short parent survey that is administered by GSA and focuses on GSA issues of facility management. GSA's parent survey does not replace any parent surveys that you accomplish.

Your center specific information is kept confidential and all pertinent information developed from these surveys will be shared with you.

OMB#3090-0163
REGION _______
CENTER #______

2004 SURVEY FOR CHILD CARE CENTERS IN GSA-CONTROLLED SPACE

Please complete the survey with the participation of the center director, provider, board, and agency representative. The information will be used to compile an updated profile of child care centers in GSA-controlled space. Please provide accurate information that reflects the status of your Center on October 18,2004.
All information is kept confidential. You will receive a copy of the profile.

A. CENTER ORGANIZATION

A1. Center Name ____

A2. Mailing Address: ____

Street ______ ____

City ______________________________ State ___________ Zip ________________

A3. Telephone __________________________ FAX _______________________________

A4. e-mail address____

A5. Center Management

A5A. The Provider is (check one)

1.____ Nationally affiliated not-for-profit organization (i.e. YMCA, Easter Seals)

2.____ National for-profit organization (i.e. Bright Horizons, Childtime, etc.)

3.____ Independent for-profit organization (local or regional company)

4.____ Independent not-for-profit organization (local or regional organization)

5.____ the Center's Board of Directors

A5B. Has your Center changed its Provider during the past 12 months?

_____ YES _____ NO

A5C. If YES in A5B, which change was made: (use the number identifiers(1-5)from A5A above)

from______ to _______

A6. Is the Provider a nonprofit ____ or for profit organization ___? (Check one.)

A7. Provider's Organization/Corporate Name: ______________________________________

A8. What date (month/year) did the current Provider begin operations at this child care center? ________________

A9. Center Director's name: ____

A10. Current Center Director’s starting date as the Director at this child care center: __________

A11. Between October 17, 2003 and October 18, 2004, how many

A11A. Evacuation drills has your center had? _______

A11B. Actual evacuations (e.g., for bomb threats, hurricanes) has your center had? ________

B. DAILY OPERATIONS (NOTE: FULL TIME = FT; PART TIME = PT)

B1. Operating Hours: ____

B2. Ages accepted at this time (*do not show ages for programs not operating on 10/18/04, e.g., summer program for school-agers)*:

B2A. YOUNGEST ___________**MO.** B2B. OLDEST ________**MO.** (answer in mon**ths**)

B3. State/Local Licensed capacity: ____________

B4. GSA/NAEYC capacity:__________

B5. **October 18, 2004** enrollment: B5A. **FT** _____ B5B. **PT** ______ B5C. **Total** _______

*The total number of children for B5C **MUST** equal the total number of enrolled children shown in B7 (B7H1 + B7H2) and must equal the sum of E11A & E11B. Summer program children should not be counted in October 2004 enrollments.*

B6. Do you currently have a waiting list? ____Yes ____No

If the answer to B6 is yes, how many children are on the waiting list.

B6A.______Federal B6B.______Non-federal

B7. The two tables here are critical for collecting information that General Services Administration (GSA) needs to know about the centers operating in buildings it owns or leases for its annual report. Completion of the information, **in the breakdowns requested**, should make repeated requests for information from you over upcoming months unnecessary. (Please ignore the letters/numbers in the last four columns of the Age Table. They are for use by the statistician.)

Please provide the information requested in the Age Table as of **October 18, 2004.**
The total for B7H1, full time children, MUST equal the enrollment for B5A and B7H2 must equal B5B. The sum of B7H1 & B7H2 must equal the sum of E11A & E11B.

AGE TABLE

AGES OF CHILDREN	NUMBER ENROLLED FULL TIME	NUMBER ENROLLED PART TIME		NUMBER OF children on wait list	NUMBER OF OPENINGS VACANCIES
0 - 12 months	B7A1	B7A2		B7G1	B7I1
13-24 months	B7B1	B7B2		B7G2	B7I2
25-36 months	B7C1	B7C2		B7G3	B7I3
37-48 months	B7D1	B7D2		B7G4	B7I4
49-60 months	B7E1	B7E2		B7G5	B7I5
over 60 months	B7F1	B7F2		B7G6	B7I6

B7H1- Total ________ B7H2- Total ______ B7H3 Total _____ B7I Total_____

B7H1 + B7H2 = _________

B7. (continued) In the Grouping Table below, answer only for the way your center groups children as of October 18, 2004. For example, if you have one program of 4- and 5-year-olds and a before-/after-school program consisting solely of 5-year-olds, list these two programs and associated number of adults as separate programs on separate rows. Please do not list part-time adults as fractions of people.) Note: number of teachers in grouping table must match number of teachers on staffing chart (Q1)

GROUPING TABLE

Group Name	Ages of Children	Number of Teachers/Caregivers FT PT

ACCREDITATION

B8. Is the Center accredited? _____ YES ______ NO

B8A. If YES in B8, what is the **expiration** date noted on your certificate? ___________ .

B8C. If your center is not accredited, when did you submit your self-study or when do you plan on submitting your self-study to NAEYC: __________

B9. If accreditation has expired, what is the date of expiration?________

B10. What is your NAEYC case/center ID number? _____________

INSURANCE

B11. How much comprehensive liability insurance does the center have?

____

(ie, $1,000,000, $5,000,000, $200,000)

B12. Do children have accident protection insurance at the Center? _____ YES ______ NO

LOCAL LICENSING

B13. Who licenses your center?____

B14. On what date does this license expire?

____

B15. Date of last licensing visit?____

B16. Number of yearly licensing visits? ______________________________

B17. If your Center is not licensed by State and/or local agency, state the reason. ______________

____

B18. Have you had a program review using the Early Childhood Environmental Rating Scale (ECERS) and/or the Infant/toddler Environmental Rating Scale (ITERS)?

If yes, please answer the following questions:

B18A Date of review_________

B18B. Who conducted the review? _______________________

B18C. Was the review a part of a quality measure/star rating system for state licensing?

Yes ____ No ____

D. SPECIAL NEEDS CHILDREN

D1. How many children with special needs are enrolled in your center as of 10/18/04? ______

D2. List their disabilities ____

____

D3. Since 10/17/03 have you had to turn down acceptance of a special needs child because your facility or program was unable to accommodate him/her?

_____ YES _____ NO (if yes please explain________________________________

____

D4. If YES to D3, have you since made structural or programmatic changes at your center to accommodate special needs children? ____ YES ____ NO

D5. List Changes____

____

E. TUITION

WEEKLY Tuition Rates:

FEDERAL

E1	E2	E3	E4	E5A	E5B
Infants 0-12 months	**Toddlers 13-24 months**	**Preschool 2 yrs**	**Preschool 3-5 yrs**	**Before/After School Care (wrap around)**	**Kindergarten Full Time**

NON-FEDERAL

E6	E7	E8	E9	E10A	E10B
Infants 0-12 months	**Toddlers 13-24 months**	**Preschool 2 yrs**	**Preschool 3-5 yrs**	**Before/After School Care (wrap around)**	**Kindergarten Full Time**

E11A. Number of children from Federal families ________

E11B. Number of children from non Federal families ________

E11C. Sum of E11A & E11B: (total enrollment) ________

The sum of El1A + E11B MUST equal the sum of B5A + B5B as well as the sum of B7H1 + B7H2.

E12. Of the Federal families using your center list the agencies and total number of children represented by each agency. (If you have a large user group representing a local company please indicate that as well).

AGENCY	# of Children	AGENCY	# of Children
________________	______________	____________	______________
________________	______________	____________	______________
________________	______________	____________	______________
________________	______________	____________	______________
________________	______________	____________	______________

F. SERVICES

F1. Check below the programs you are offering in your center.

F1A. Drop-in/Emergency		F1D. Summer Program for school-agers	
F1B. Before/After School		F1E. Moderately Sick Child Care	
F1C. State (or local government)-approved Kindergarten		F1F. Others Special Programs (Please specify)	

BEFORE/AFTER SCHOOL

F2. Ages served: F2A _______**MO.** youngest A2B_________**MO.** oldest

F3. If you do not offer a B/A program what are the principal limiting factors?_______________

____

F4. Federal enrollment F4A__________ Non Federal enrollment F4B_____________

SUMMER PROGRAM FOR SCHOOL-AGERS

F5. How many children do you serve in the school age summer program? _____Total

______FT _____PT

F6. Federal enrollment____________

F7. Non federal enrollment ________

F8. Ages served: F8A _______**MO.** youngest F8B__________**MO.** oldest (answer in **months**)

F9. Weekly Tuition: F9A _______federal F9B _______non federal

F10. Do you run a school age program during school holiday breaks? ______YES _____ NO

CENTER MEALS & SERVICES

F11. Check what meal, snacks and services are **INCLUDED** in tuition:

F11A. Breakfast		F11D. Afternoon Snack	
F11B. Morning Snack		F11E. Diapers	
F11C. Lunch		F11F. Others (Please specify)	

F12. Are meals catered? _____ YES ______ NO

F13. If meals are **NOT** catered, do you prepare meals on-site? _____ YES ______ NO

F14. Do parents provide lunch? _____YES _____ NO

F15. Does the Center participate in the U.S. Department of Agriculture's Child and Adult Care Food Program? ____ YES ______ NO

F15A. If yes to F15, what is the annual reimbursement amount?______________________________

F16. Does the Center routinely close on other than federal holidays?

for (F16A) training ____ YES ____ NO and/or

for (F16B) deep cleaning and renovations? ____ YES ____ NO

(F16C) how many days per year? __________

N/A__________

G. BOARD OF DIRECTORS

This section does not apply to any board of directors which is a part of the larger organization to which the Child Care Provider belongs. If the board of directors is directly responsible for the day to day management of the center, answer the funding questions one time only, either here or in section H. Center Operating Funds.

G1. Number of voting members on the Board of Directors _______

G2. Board members are elected ______, appointed _____, a combination _______ (a certain number of positions are reserved for elected members). (Check answer most appropriate for your organization.)

G3. Is the Board incorporated as a private non-profit organization?

____ YES ____ NO

G4. Date of incorporation __________________ (month/year)

G4A. Has the Board received recognition of exemption under 501(c) (3) of the Internal Revenue Code? ______YES ______ NO

G5. Does the Board have a signed binding contract with the Provider? ____ YES ____ NO

G6. Is the Center Director a voting member of the Board? ______ YES ______ NO

G7. How many times a **year** does the Board meet? __________________________________

G8. How many of the voting members of the Board have children currently enrolled in the Center? ______

G9. Does the Board have written policies defining roles and responsibilities of Board members? _____ YES ______ NO

G10. What are the Board's two major roles?

____

____

G11. Does the Board have Directors and Officers liability insurance? ____ YES ____ NO

G12A. If YES to G12, in what amount? _______________

G12. Board President/Chair name

____

Address ____

City ____ State _______ ZIP _______________

Phone _________________________________ FAX _________________________________

e-mail address____

G13. Does the Board have a signed memorandum of understanding (MOU) or memorandum of agreement (MOA) with GSA or a sponsoring federal agency or entity? _____ YES ______ NO

G14. What is the Board's fundraising goal for the upcoming year? ___________________________

G15. ADDITIONAL FUNDING SUPPORT

Please fill in the following table, identifying the amounts and sources of Board income for the past year (October 2003 through October 2004.) Under partnerships list any income from sources including consortium agreements, State programs like pre-k or lottery dollars (excluding USDA and voucher dollars assigned to families through the block grant program), but if partnerships result in non monetary support please list what this support is at the bottom of the page.

BOARD

SOURCE	$ AMOUNT	FROM WHICH AGENCY OR ORGANIZATION	MAJOR USE OF FUNDS
Fundraising	G16C	XXXXXXXXXXXXXXX	G16F
CFC	G16D	XXXXXXXXXXXXXXX	G16D1
Recycle	G16E		G16E1
Grants	G16G	G16I	G16H
Partnerships	G16J	G16K	
other contributions	G16L	G16m	G16n

For the column Major Use of Funds use the following codes:

1= tuition assistance

2= supplies/equipment

3= training (board or staff)

4= other

5= combination of 1, 2, or 3

H. CENTER OPERATING FUNDS

H1. The Center's **fiscal** year is from ______________ to _____________. (answer in months)

H2. The Center's most recent 12-month budget is $ ______________ for total income.

H3. The Center's most recent 12-month budget is $ ______________ for total expenses.

H4. What percentage of the most recent 12-month budget for total expenses does the sum of salaries and benefits represent? ________%.

H5. Are the Center's IRS payroll tax payments current? ______ YES ______ NO

H6. Did the provider receive income from sources including state programs like pre-K or lottery Dollars, etc. (excluding USDA and Voucher dollars assigned to families through the block grant program) **(Do not include the same amounts if included as board sources of income in G15).** ______YES ______NO

H6A. List the amount of dollars received. $____________

H6B. Source of funds. _________________________

J. TUITION ASSISTANCE

J1. Are any of your families currently enrolled, funded in whole or in part by your local Voucher/subsidy program (city, county, state, block grant) ? ______ YES _______ NO

J1A. How many Federal families receive these vouchers/subsidies? ______________

J1B. How many non Federal families receive these vouchers/subsidies? ______________

J2. How many families received some form of tuition assistance, regardless of source, sometime between October 17, 2003 and October 18, 2004? (The assistance need not have been continual during that period.) _____________

J3. How many federal families were provided tuition assistance through the center's or board's tuition assistance program (this does not include those who only qualified for J1A, or J5)?

____

J4. What was the total amount of tuition assistance funds disbursed between October 17, 2003 and October 18, 2004? $____________________ (This amount would not include the voucher/subsidy funds (block grant/state/county vouchers granted to individuals)or the Federal agency funds)

J5. How many Federal families received tuition assistance **from their agency (using agency funds which may be administered by FEEA)** using the Federal Subsidy Authority (referred to as Morella authority?)___________

J6. List the Federal agencies that provided this tuition subsidy and the number of children helped by each agency: Federal Employee Education and Assistance (FEEA) is not a federal agency)

____

____

K. STAFFING

K1. Number of staff members with disabilities ______

K2. Director's years of experience in administration ______

K3. Director's years of experience in early childhood education ________

K4. How many hours of annual staff training do you require for staff?___________

L. STAFF TURNOVER

L1. How many **full time teaching staff** have left the Center between Oct.17,2003 and Oct.18, 2004?______ (do not include summer program staff used only for the summer program).

L2. How many staff members have left the Center between Oct.17, 2003 and Oct. 18, 2004? __________ (this includes all staff: part time, full time, teachers, assistants and admin)

L3. What were their primary reasons for leaving? ____________________________________

____

____

____

M. STAFF BENEFITS

M1. Does the Center offer health coverage to employees? ______ YES ______ NO

M2. If YES in M1, is it offered to every employee? ______ YES ______ NO

M3. What percent of the premium does the employer pay per month? __________

M4. How many **days** of vacation do employees earn in one year? (if number varies use an average)

M4A: full-time employees 1-3___, 4-6___, 7 or more___

M4B: part-time employees 1-3___, 4-6___, 7 or more___

M5. How many days of sick leave do employees earn in one year? (if number varies use an average)

M5A: full-time employees 1-3___, 4-6___, 7 or more___

M5B: part-time employees 1-3___, 4-6___, 7 or more___

M6. Does the Center have a retirement plan? _____ YES ______ NO
(In answering this question, do not consider the Federal Social Security System as a Center retirement plan.)

M7. Are other benefits offered to full time employees? ______yes _______no (if yes, list)

____

M8. Are staff provided paid planning time? (other than nap time) _____ YES ______ NO

M9. If yes, how many hours (per staff) per week?___________

N. STAFF SALARIES

N1. How many persons on the center payroll received a pay increase between October 17, 2003 and October 18, 2004? _____ (use a number)

N2. What was the average **percent** increase for those persons? ______________%

N3. What is the beginning salary for a person with a bachelor's degree in a child-related major (e.g., early childhood education, child development) hired as a teacher in your center? ______________

N4. How many staff with a bachelor's degree or higher do you have currently working directly with children? _________ (Do not include the director or staff not responsible for daily care of children.)

N5. How many staff with an Associates degree or a CDA do you have currently working directly with children?_______

N6. What is the minimum credential you require for staff considered to be responsible for a group of children ? (not an assistant)____

O. CHILD ABUSE PREVENTION

O1. How many center personnel have received at least 1.5 to 2 hours of training for child abuse detection and prevention? _____ out of ______ (The second number here should be total personnel on payroll.)

O2. How many cases of suspected child abuse were reported by you and/or your staff to local authorities between October 17, 2003 and October 18, 2004? ______________

O3. Of the number reported in O2, for how many charges were made?___________

P. GSA'S ANNUAL CHILD CARE CONFERENCE

What workshop topics would the board of directors, the provider, and the staff be most interested in attending at GSA's next national conference?

____

____

____

WHAT KIND OF ASSISTANCE OR SUPPORT DO YOU NEED FROM YOUR REGIONAL CHILD CARE COORDINATOR

Q1. In the table below, please list all staff, **as of October 18, 2004,** and indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary. Please use **hourly** rates and include typical weekly hours worked. Please insert a number chosen from the following table for POSITION. If none of these titles seem to fit please use Other.

POSITION CODE

1. Director
2. Assistant Director
3. Master Teacher (BA +3yrs ex)
4. Teacher
5. Assistant Teacher
6. Teaching Assistant
7. Floater
8. Cook
9. Educational Coordinator (BA minimum)
10. Administrator
11. Other

All staff on the payroll should be listed, regardless of position in the Center. If a position is currently vacant please fill in the information for the typical candidate you would hire and use a V in the first column.

Table for Q1

STAFF

Staff Initials	**FT**	**PT**	**POSITION**	**EDUCATIONAL LEVEL**	**Hourly Rate**	**Typical Wkly Hrs**
SAMPLE						
2. SL		**PT**	**5.**	**CDA**	**$6.50**	**30**
=======	===	===	==================	=======================	======	
1.						
2.						
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26.					

ENROLLMENT REPORT FORM

Enrollment figures as of July 23, 2004

Please fax or E-Mail information back to________________ by August 6, 2004.

Center Name: Center number:

Center Address: Region number:

NAEYC /GSA Capacity_________

Total Enrollment________ Federal Enrollment__________ Non Federal_________

	Ages of Children	TOTAL Number of Spaces	Number enrolled full time	Number enrolled part time	Federal Enrollment	Number of Federal Children on Wait list
Infants	0 -12 months					
Y Toddlers	13 - 24 months					
O Toddlers	25 - 36 months					
Pre-K	37 - 60 months					
School Age	over 60 months					

PARENT/FAMILY SURVEY

MARKING INSTRUCTIONS

- Use black or blue pen or a number 2 pencil.
- Make dark marks that fill the circle completely.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks.

Correct Mark

Incorrect Marks

Please fill in the number that best describes your level of satisfaction with each item listed below:

1 being dissatisfied to 5 being very satisfied.

	DISSATISFIED				VERY SATISFIED
Facility:	1	2	3	4	5
Cleaning:	1	2	3	4	5
Maintenance:	1	2	3	4	5
Equipment:	1	2	3	4	5
Security/safety:	1	2	3	4	5
Program Quality:	1	2	3	4	5

Please fill in the number that best describes the effect the use of the center has on the following aspects of your work, 1 having little effect to 5 being highly effective. Leave blank if this does not affect you.

	LITTLE EFFECT				HIGHLY EFFECTIVE
Ability to focus on work	1	2	3	4	5
Ability to work necessary hours	1	2	3	4	5
Commitment to remaining with your employer	1	2	3	4	5
Ability to balance personal and professional demands	1	2	3	4	5

Informational Data:

What percentage of your annual household income do you spend on child care?

○ < 10% ○ 10% - 15% ○ 16% - 20% ○ 21% - 25% ○ > 25%

Number of children in center. ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Does at least one parent/guardian work for the Federal Government? ○ Yes ○ No

If yes, which agency?______________________________

Thank You!

Mark Reflex® forms by Pearson NCS MM254711-1 654321 Printed in U.S.A.

Dear Child Care Center Parents:

It is the mission of the General Services Administration's (GSA's) Office of Child Care to ensure that Federal families receive high quality care for their young children in child care centers in GSA managed space.

As parents of the children in the child care center you are a valued customer and resource.
Please take the time to complete this survey so that we may measure your satisfaction with the services we provide. It is appreciated that you take a few moments now to fill this out (or as soon as possible) and leave it in the box provided. Only one survey per family is necessary and any comments can be written below. All responses will be collected in a day or two.

Thank you for your help. Your opinions are valuable to us.

GSA Office of Child Care
Customer Satisfaction Team

Comments

____

____

____

____

____

Center # __________

security

GSA has taken a comprehensive approach to security in the design, equipment and oversight of the child care facility. The areas of security that the center is responsible for are as follows:

Access controls and entrance: the front door should be locked at all times, do not prop doors open. If you do not employ a receptionist, parents and staff may have immediate access through use of key cards or codes. The child care center controls the sign in and sign out procedure.

All criminal incidents and medical emergencies requiring immediate professional medical attention are to be reported to the FPS as soon as possible. A GSA accident/incident report is filled out. This is in addition to any of the center's forms and filing procedures required by child care state/local licensing. The RCCC should be notified of such incidents within 24 hours.

The child care center is obligated to report any case of **suspected child abuse or neglect** to your local hotline number. FPS is not the reporting or investigating authority on these kinds of allegations, unless the alleged incident occurred in the center or playground, in which case FPS must be notified in addition to your normal reporting requirements.

Your **center evacuation plan** must be incorporated into the building Occupant Emergency Plan (OEP). Call your GSA building contact and make sure that this has happened. If you need assistance in developing your evacuation plan contact the RCCC.

emergency CALL:

You are responsible for dealing with all medical emergencies. Take care of the child first; next call FPS to fill out an accident report. We need an accident report only when the injury required immediate professional medical attention. If an ambulance was called or the child was taken to the hospital by a parent we will need an accident report. If a child was taken to their doctor at the end of the day by a parent we do not consider that immediate professional medical attention. We do want to hear about any broken bones or stitches. You must fulfil your state license requirements for documenting all accidents and incidents.

building ID's

All employees must have a building identification card. You obtain these cards from (the building manager's office or FPS). Cards must be returned when an employee is no longer working at the center. If the card can not be retrieved you must notify: the building manager or FPS that this person is no longer an employee.

playgrounds

Make sure staff have a means of communication when they are on the playground; i.e. radios or cell phones. Staff should also have adequate first aid supplies.

staff supervision

If at all possible a single staff person should not be left alone with children. If room configuration does not allow at least 2 staff per group, then incorporate director supervision or staff to staff observation through view windows or cameras.

guards

A guard may be assigned to your center. Guard posting is at the discretion of the Federal Protective Service.

Federal Protective Service

U.S. Department of Homeland Security
1800 F Street, NW
Suite 2341
Washington, DC 20536

April 19, 2004

FEDERAL PROTECTIVE SERVICE POLICY DIRECTIVE FPS-04-020

MEMORANDUM FOR: REGIONAL DIRECTORS
DIVISION DIRECTORS

FROM: WENDELL C. SHINGLER
DIRECTOR

SUBJECT: Building Security Committee

This policy directive, upon signature will cancel and replace all previous policies or memorandums of similar subject matter. This policy directive shall be implemented nationwide and incorporated into the next revision of the FPS policy directive handbook.

Purpose: To establish policy directives for FPS personnel in regards to membership and duties of the Building Security Committees (BSC) at the various governmental properties which FPS has law enforcement and security authority.

General: On June 28th, 1995, the U.S. Department of Justice (DOJ) published its *Vulnerability Assessment of Federal Facilities.* A principle recommendation of this report pertained to the establishment of BSC.

FPS is committed to identify vulnerabilities and reduce the threat at each building and recommend appropriate countermeasures. FPS Physical Security Specialist (PSS) and Inspectors are active in the threat identification and reduction process.

Policy: BSC membership should include at least one representative from each agency housed within the facility. The Director of the Child Care Center should also be a member of the BSC If a Child Care Center is located within the facility.

The BSC Chairperson should be the representative from the largest agency within the facility; however, this position can be delegated. The duties of the chairperson include:

- Schedule and chair all meetings of the BSC;
- Ensure BSC members are notified of meetings;
- Ensure compliance of the DOJ standards, are accomplished.
- Review and update the Occupant Emergency Plan (OEP) annually
- Serve as the principle BSC spokesperson and liaison;
- Provide deciding vote on issues the committee fails to reach consensus.

Committee members will act for their Agency to evaluate and approve building security countermeasures. It is beneficial for committee members to have experience in any of the following:

- Security;
- Financial management.
- Facility management;
- Architecture;
- Engineering;

When selecting members, agencies should be aware that decisions could financially impact their agency. As such, BSC committee members should have some authority to allocate agency funding.

Role Of The BSC:

- Review and discuss the building security assessment report and all related information/data with the FPS representative;
- Identify and ensure all agency security requirements such as agency employee access controls internal office access controls, and contractor employee suitability procedures; are followed by the tenants.
- Request FPS assistance for employee security and crime prevention training needs, and guidance on preparing/implementing building Occupant Emergency Plan (OEP).
- Evaluate and vote on each recommendation in the building security assessment report

Policy of FPS: The BSC will be supported through professional consultation with FPS physical security personnel. FPS personnel will perform the following:

- FPS will coordinate, and support the United States Marshall Service in all aspects of courthouse security or judicial space.
- Assign at least one Inspector, PSS or other subject matter expert, as the FPS representative to the BSC;
- Conduct a comprehensive review of the facility per the FSRM schedule
- Provide building security assessment report for the building, to include:
    - Required minimum-security standards for their building
    - ISC guidelines for owned and leased facilities.
    - Crime statistics and intelligence data for their building.
    - Develop recommended countermeasures
- Assist the committee in the review of internal agency security requirements;
- Review specific countermeasure recommendations and provide a cost analysis
- Provide or facilitate all security training requests the BSC recommends for employees;
- Assist in the development, implementation, and update of the building's OEP,
- Ensure all approved countermeasures are completed as scheduled;
- Serve as the committee's liaison with the GSA Public Building Service;
- Ensure the security objectives of the BSC are met and implemented.
- Maintain an open forum with the BSC regarding all issues that affect security of the facility.

employee background checks

By law, all staff assigned to work in child care centers in federal space, must have a background check. GSA will do a criminal history check, you will do the suitability background check, checking references etc.

The criminal check includes a fingerprint check through the FBI as well as a fingerprint check (or form) through all the states the person has lived or worked in for the last 10 years. The FPS regional office also conducts a name check (quick check) clearance based on the person's name, personal data and SSN. Name checks will be processed in no longer than 2 days and you must receive a cleared name check before new staff can work with children. All the forms and fingerprints have to be turned into the FPS office and accepted before clearances will be processed. Notice of final employee clearance is sent to the child care center Director for placement in each employee's file. Clearances are good for 5 years. Staff may start work, after a favorable name check. While waiting for a full final clearance staff must work under the supervision and within sight of a cleared staff person.

BEFORE YOU CAN START A NEW EMPLOYEE:

1. You must fill out the NAME CHECK ONLY form and fax that into your FPS office. Attn:
2. You must notify (call, fax, e-mail) the RCCC immediately when you have hired a new employee and give the RCCC the new employee start date and indicate what date has been (will be) arranged for finger printing.
3. You must have new employees fill out the designated blocks of the GSA Form 176 and arrange for finger printing as soon as possible, but no later than their first day on the job. (the actual fingerprinting appointment may be during the first week of employment).
4. You must wait to hear that the employee has been favorably cleared through the name check process. FPS will call or fax back the clearance date. Keep the name check form with the clearance date filled in, in the employee's file.

All completed packages must be sent to the FPS office within one week of employment or the employee will not be allowed to work. If you need to

start a new employee and GSA finger printing is not available in a timely manner, then you are required to send the new employee, at your expense, to the local police department (or other law enforcement location) to get finger printed.

All completed packages (GSA form 176, certification form, 2 FD 258 print cards, state print cards and state forms) are turned into the FPS regional office for adjudication. If you need a print card or state form that you do not have in your files,

please call:

In addition to the criminal history background check we expect that you, as the employer, are doing a suitability background check that includes: work history, school and credentials verification and reference checks.
A pre-employment certification of suitability must be filled out and placed in each employee's personnel file, a copy must be sent to FPS with the other forms.

After 5 years, employees must be re-cleared following the same procedure.

If you get notification that a person is "not cleared" you will have to take action to remove that person immediately from employment at the federal site. Make sure your employment policy includes the requirement of federal clearance for permanent employment.

If you are having problems with any part of the clearance process please notify your RCCC for assistance or guidance.

DATE CLEARED

NAME CHECK INFORMATION SHEET

This sheet is for the submission of information to the Federal Protective Service for Child Care applicants in GSA controlled facilities in order to obtain a preliminary name check prior to employment of the applicant. The submission of this form does not preclude the submission of a properly completed GSA Form 176 (Statement of Personal History), two FD 258 Fingerprint Cards, a signed certification by the provider indicating that it has satisfactorily completed the basic screening of the prospective employee, and all required State repository forms.

Applicant's Name: ____________________ ____________________ ________________
Last First Middle

Date of Birth: __________ __________ ____________________
Month Day Year (i.e., mm/dd/yyyy)

Place of Birth: ____________________________ ______ ____________________
City or County State Country, if not USA

Race: Check one: Male [ ] Female [ ]
Asian, Pacific Islander, Chinese, Japanese, Filipino, Polynesian, Indonesian, or Asian Indian [ ]
Black [ ] Hispanic [ ] American Indian, Alaskan Native, Eskimo [ ]
White [ ] Other [ ] ____________________________________ (state other)

Social Security Number: ___________ - __________-____________________

Advisement of Need to Obtain Criminal History Check and Employee/Applicant Rights

Pursuant to, and in compliance with 42 U.S.C.§ 13041, a Federal agency seeking a criminal history record check shall first obtain the signature of the employee or prospective employee indicating that the employee or prospective employee has been notified of the employer's obligation to require a record check as a condition of employment and the employee's right to obtain a copy of the criminal history report made available to the employing Federal agency and the right to challenge the accuracy and completeness of any information contained in the report.

I have been advised that the agency has an obligation to conduct a criminal history check of child care workers as a condition of employment. I have further been advised that I have a right to obtain a copy of the report made available to the agency. I have also been advised of my right to challenge the accuracy and completeness of the information contained in the report.

____________________________________ ____________________
Signature of Applicant/Employee Date

Return fax #________________________
Phone # ________________________

Center: ______________________________

Check						
		BY BIRTH				
		NATURALIZED *(Complete A thru E)*	**A** - CERT. NO.	**B** - PETITION NO.	**C** - DATE	**D** - PLACE AND COURT
☐ US CITIZEN		DERIVED *(Complete F)*	**E** - U.S. PASSPORT NUMBER		**F** - PARENT'S CERTIFICATION NUMBER	
☐ ALIEN	REGISTRATION NO.		EXPIRATION DATE		DATE OF ENTRY	PORT OF ENTRY

Revised May 2004

PRE-EMPLOYMENT
BACKGROUND CHECK
CERTIFICATION SHEET

TO BE USED FOR CHILD CARE CENTERS ON GSA CONTROLLED PROPERTY

The information on this form is to be used in conjunction with GSA Form 176. The revised GSA Form 176 will be used to conduct a criminal history background check performed by the GSA Federal Protective Service in conformance with the requirements of the Crime Control Act Pub.L. 101-647, as amended by Pub.L. 102-190. This form is to be used by the employer to ensure a thorough suitability background check has been conducted.

A pre-employment background check has been conducted on the following employee:

CENTER NAME:____

NAME:____

- [ ] Education: Educational credentials and such certificates or diplomas as required are in the employee's personnel file.
- [ ] Work History: The employee's employment history record has been verified.
- [ ] References: Personal references have been checked.
- [ ] Appropriate State background check per licensing requirements has been initiated. (If clearance already received attach copy.)

I certify that the above minimum pre-employment checks have been completed and properly documented.

__________________________________ ________________
Signature Date

____
Title

TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 132--VICTIMS OF CHILD ABUSE

SUBCHAPTER V--CHILD CARE WORKER EMPLOYEE BACKGROUND CHECKS

Sec. 13041. Requirement for background checks

(a) In general

(1) Each agency of the Federal Government, and every facility operated by the Federal Government (or operated under contract with the Federal Government), that hires (or contracts for hire) individuals involved with the provision to children under the age of 18 of child care services shall assure that all existing and newly-hired employees undergo a criminal history background check. All existing staff shall receive such checks not later than May 29, 1991. Except as provided in subsection (b)(3) of this section, no additional staff shall be hired without a check having been completed.

(2) For the purposes of this section, the term ``child care services'' means child protective services (including the investigation of child abuse and neglect reports), social services, health and mental health care, child (day) care, education (whether or not directly involved in teaching), foster care, residential care, recreational or rehabilitative programs, and detention, correctional, or treatment services.

(b) Criminal history check

(1) A background check required by subsection (a) of this section shall be--

(A) based on a set of the employee's fingerprints obtained by a law enforcement officer and on other identifying information;

(B) conducted through the Identification Division of the Federal Bureau of Investigation and through the State criminal history repositories of all States that an employee or prospective employee lists as current and former residences in an employment application; and

(C) initiated through the personnel programs of the applicable Federal agencies.

(2) The results of the background check shall be communicated to the employing agency.

(3) An agency or facility described in subsection (a)(1) of this section may hire a staff person provisionally prior to the completion of a background check if, at all times prior to receipt of the background check during which children are in the care of the person, the person is within the sight and under the supervision of a staff person with respect to whom a background check has been completed.

(c) Applicable criminal histories

Any conviction for a sex crime, an offense involving a child victim, or a drug felony, may be ground for denying employment or for dismissal of an employee in any of the positions listed in subsection (a)(2) of this section. In the case of an incident in which an individual has been charged with one of those offenses, when the charge has not yet been disposed of, an employer may suspend an employee from having any contact with children while on the job until the case is resolved. Conviction of a crime other than a sex crime may be considered if it bears on an individual's fitness to have responsibility for the safety and well-being of children.

(d) Employment applications

(1) Employment applications for individuals who are seeking work for an agency of the Federal Government, or for a facility or program operated by (or through contract with) the Federal Government, in any of the positions listed in subsection (a)(1) of this section, shall contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child, and if so requiring a description of the disposition of the arrest or charge. An application shall state that it is being signed under penalty of perjury, with the applicable Federal punishment for perjury stated on the application.

(2) A Federal agency seeking a criminal history record check shall first obtain the signature of the employee or prospective employee indicating that the employee or prospective employee has been notified of the employer's obligation to require a record check as a condition of employment and the employee's right to obtain a copy of the criminal history report made available to the employing Federal agency and the right to challenge the accuracy and completeness of any information contained in the report.

(e) Encouragement of voluntary criminal history checks for others who may have contact with children

Federal agencies and facilities are encouraged to submit identifying information for criminal history checks on volunteers working in any of the positions listed in subsection (a) of this section and on adult household members in places where child care or foster care services are being provided in a home.

(Pub. L. 101-647, title II, Sec. 231, Nov. 29, 1990, 104 Stat. 4808; Pub. L. 102-190, div. A, title X, Sec. 1094(a), Dec. 5, 1991, 105 Stat. 1488.)

Amendments

1991--Subsec. (a)(1). Pub. L. 102-190, Sec. 1094(a)(1), substituted ``May 29, 1991. Except as provided in subsection (b)(3) of this section, no additional staff'' for ``6 months after November 29, 1990, and no additional staff''.

Subsec. (b)(3). Pub. L. 102-190, Sec. 1094(a)(2), added par. (3).

equipment

All of the large fixed equipment in the center belongs to the government. GSA buys large and durable equipment, we do not buy toys. The RCCC will ask you once a year to prepare an equipment list for the center of needed items to be replaced or something new to purchase. The government's fiscal year begins in October, so fall is usually the best time for purchasing.

You are responsible for routine maintenance of the equipment. Please make sure all screws are tightened, etc. If something is broken and needs to be disposed of or repaired please contact your GSA building representative.

You need to keep track of what equipment is disposed of so that an accurate inventory can be maintained. You need to plan ahead for your equipment needs. If a piece of equipment is wearing out, especially a large piece (outdoor climber, refrigerator, etc.) please notify the RCCC at least a year in advance so the funds can be budgeted.

Telephones, lines, faxes, copiers and office computers are provided by GSA. You are responsible for the ink and paper supplies.

Keep a file with the equipment inventory and also maintain a file with any appropriate appliance warranties and operating instructions.

marketing

general principals

Marketing is the overall strategy for selling the service the center has to offer -- quality child care and developmental opportunities. The specifics may vary but the basic idea is to make the center and its services known to parents and employers, both federal and non-federal, in a way that will draw the parent to this center rather than to some other center. The objective of marketing is to increase and stabilize enrollment.

To do this, it is important to use every form of communication available. Bring the center and its programs to the attention of parents of potential enrollees through media stories with pictures about the center in general, about specific events, and about specific boosters of the center -- to name a few topics that can be used. The best communications, of course, are through parents satisfied with the service.

When a new center is being marketed, the provider should make every effort to emulate other businesses: determine who and where the clients are, contact them through direct and general mailings and through posters/flyers, in this case, the federal building and surrounding buildings and perhaps, elementary schools, churches, and other organizations which serve children or the parents of children. Like all businesses, some money must be invested to reach the goal of increased and stable enrollment for the center. An example of one kind of "expenditure" is a limited number of gift certificates offering an evening, morning, or some other specified time of free child care. Bringing parents into the center, which provides an opportunity to experience quality child care, to see the facility, and to meet the director and staff is one of the best ongoing marketing strategies.

A marketing strategy for an ongoing center involves much of what has been mentioned above but there can be somewhat different emphases. For instance, a focus on age groups for which there are open slots, emphasizing the advantages of that particular program, may be desirable. Consider adding the extra programs or services for which parents may pay additional fees. These can provide positive marketing opportunities because the extra activities don't require the parent's presence or time, including within the regular day something that would have to be done after the workday ends or on a weekend. One center brings in a hair stylist once a month to give that terrific cut which usually takes up a chunk of many

families' Saturdays! "Extras" provide very little additional money for the center (most of the fees go to the people providing the special services); however, these can provide a "competitive edge" for the center by meeting more needs of the customer and freeing up time for other family activity and travel.

When the center which provides quality child care and early education is recognized more widely through positive comments by satisfied families and through various marketing strategies, fundraising will also become easier because potential donors are already familiar with the center and know it to be a worthy cause for tax-deductible dollars.

marketing

federal strategies

Keeping the center filled with satisfied customers is clearly your goal. One of the conditions of operating on Federal property is that you seek and maintain enrollment of Federal families. If your center is serving less than 50% Federal children you will be required to submit a marketing plan to the GSA RCCC. This plan must identify specific strategies you will take and time frames you will follow in your efforts to increase Federal enrollment.

Even though it appears that the Federal center serves a captive audience and families will automatically come to your door, you must make an effort to market to the Federal community. Your first step will be to get to know your Federal market and what they perceive they need.

If you work with a Federally sponsored board of directors, they will be key to helping you understand and market to your Federal community. You and the board should work together on the development of a comprehensive strategy that **includes marketing the availability of tuition assistance.**

Key to knowing your Federal market is understanding which agencies are housed along with you in the same and neighboring facilities. Your GSA building management contact or RCCC can provide you with a mailing list of agency contacts.

Every personnel office of every agency in your building and the surrounding buildings should have information and brochures on your program that is shared with new employees. Remind the agency that the center is there to serve as an employee benefit and help them recruit and retain their key employees.

Most large cities have a Federal Executive Board (FEB) or Federal Executive Association (FEA). In some cities these boards are very active and can provide you with a single person with which you can provide information and carry your message to the Federal community. You should position yourself and the center as the local expert on early education and child development. An annual presentation to the FEB or FEA is a good idea. You can find information on specific FEB's on the internet: http://www.opm.gov/feb/index.htm. Your GSA building contact should also be able to provide you with an FEB contact.

Keeping the center in the spotlight in a positive way is a proven strategy. You can ask about a permanent "art display" area in the building. If that is not possible an exhibit or display should be planned every year for "Week of the Young Child". Information on this event is available on the NAEYC web site: http://www.naeyc.org

You should also find out which agencies run employee newsletters and try and submit articles about the center or generic child development topics. This will keep positive attention focused on the center. Ask the GSA building contact about a building wide newsletter and submit as many articles and pictures as possible.

Sponsor "brown bag" lunch and learns for your parents, include broader topics with appeal to a wider audience. Your GSA building contact can help arrange conference room space and advise on flyers and advertising for these kinds of events.

As you work on your marketing plan and analyze your federal market do not forget to analyze your program. What are your strengths and weaknesses, how is the center perceived in the community, what is your reputation. This analysis is very important and will dictate marketing strategies as much as your analysis of your federal customers.

For more in depth information on creating a marketing plan please contact your RCCC who can help you find appropriate resources.

MARKETING PLAN

I. CENTER'S MISSION STATEMENT

II. INTRODUCTION OF THE MARKETING PLAN,
marketing objectives summarized

III. SITUATIONAL ANALYSIS (use attached worksheet)

IV. KEY MARKETING ISSUES

The most important opportunities/risks the center faces (never state a risk or problem without stating at least one solution)
Crucial changes necessary: state why, where, what, when, how long. Do you have new needs, new programs, policies; staff needed, include justification.

V. KEY MARKETING OBJECTIVES

Market share, enrollment growth, program or policy positioning (to meet the needs of parents)

VI. MARKETING STRATEGIES:

Proposed changes that will add to your strategic fit– (Programs or Policies)
Pricing
Promotion

Promotion: publicity: give aways: public relations: fundraising:

- **Make materials professional looking (parents or board members may have expertise and resources to donate)**
- **Use employee newsletters, websites and e-mail,**
- **Meet with FEB's, set yourself up as local expert on child development and early education**
- **Organize lunch and learns**
- **Target your marketing thrust (get building and tenant list from GSA building manager)**
- **Set up displays in public areas of the building**
- **Establish a "look forward to" fundraiser**

VII. FINANCIAL CONSIDERATIONS: (costs for marketing)

VIII. SUMMARY:

A brief statement of why the problem needs to be overcome, what needs to change, how you will promote the center, how you will evaluate if your overall marketing plan is successful.

SITUATIONAL ANALYSIS

1. STRENGTHS AND WEAKNESSES

Internal Factors	STRENGTHS	WEAKNESSES
Customer Situation: Who they are, where they are, how many, ages marital status, income, etc**.**	•	•
Psychographics: Customer needs, attitudes, life style, standards, benefits expected, receptivity to program changes, price changes	•	•
Key Trends and their Impact: Social, economic, family based, cultural	•	•
Center's Situation: **Programs, policies:** are they in tune with parent needs, are the total needs of parents met **Recent enrollment performance**: up/down, wait list? **Staff/ Personnel:**	• Strong spirit of team work •	•
Financial Situation: Why are they entering and leaving?	•	•
Marketing and Communication Focus:	•	

2. *OPPORTUNITIES & THREATS*

External Factors	OPPORTUNITIES	THREATS
Trends: (government, social, economic, technical, and political)	•	• Other family friendly initiatives may infringe on the need for on site child care • Withdrawal of support from federal agencies
Stakeholders: *Those that have invested their resources into the Center* • • GSA • Tenant Agencies •	•	•
Competitors: • Where your center fits in comparison to the market Staff, management, programs, capacity, plant, equipment	•	•
Collaborators:	• .	•
	•	•

child care reviews

The U.S. General Services Administration (GSA) has responsibility for the establishment and oversight of child care centers located in GSA space.

The primary mission of the child care program in GSA is to ensure that Federal Families receive quality care for their young children in these centers. One mechanism for ensuring quality child care is through the administration of periodic program and health reviews. A major goal of the reviews is to provide helpful feedback to child care center providers and staff on their continued efforts for improvement. These reviews will no doubt generate feedback, which will validate good practices and improve others. Each review should take no more than one day at the child care center. The review process will end with a feedback session between the observer, the director and the GSA Regional Child Care Coordinator. Program reviews are administered by an independent local expert in child care. The cost of the reviews are borne by GSA and ordered periodically as a GSA management tool, but most often used in preparation for NAEYC accreditation or reaccreditation.

The items on the program reviews are generated from documents familiar to the center. Some items address specific requirements contained in the GSA licensing agreement and others are reflected in accreditation materials. The items on the health review are taken from criteria for best practices in center based child care, taken from "Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs" written by the American Public Health Association and American academy of Pediatrics. http://nrc.uchsc.edu/CFOC/index.html

Our program and health reviews are one mechanism that we use to fulfill our mandate to ensure families receive quality child care in GSA facilities. The review outcomes are meant to serve as a valuable resource to assist child care centers in their continual improvement process.

In some cases we may use the Early Childhood Environment Rating Scale (ECERS) and the Infant/Toddler Environment Rating Scale (ITERS) as the program review for your center. Your RCCC will coordinate this review with you and provide a copy of the tools if you need them.

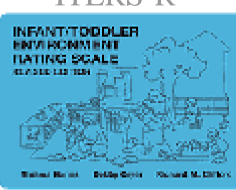
ECERS

ECERS-R

EARLY CHILDHOOD ENVIRONMENT RATING SCALE REVISED EDITION

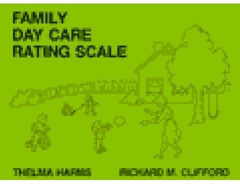
EARLY CHILDHOOD ENVIRONMENT RATING SCALE, REVISED EDITION
Designed to assess group programs for children of preschool through kindergarten age, 2½ through 5.

ITERS-R



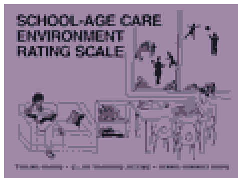
INFANT/TODDLER ENVIRONMENT RATING SCALE, REVISED EDITION
Designed to assess group programs for children from birth to 2½ years of age.

FDCRS



FAMILY DAY CARE RATING SCALE
Designed to assess family child care programs conducted in a provider's home. See questionnaire for FDCRS revision.

SACERS



THE SCHOOL-AGE CARE ENVIRONMENT RATING SCALE
Designed to assess group-care programs for children of school age, 5 to 12.

Click here to join the Rating Scales listserv

FPG Child Development Institute
The University of North Carolina at Chapel Hill

Please direct questions or comments to link@mail.fpg.unc.edu.
Website © 2000-2003 Frank Porter Graham Child Development Institute
517 S. Greensboro Street, Carrboro, NC 27510

U.S. GENERAL SERVICES ADMINISTRATION

OFFICE OF CHILD CARE

HEALTH AND SAFETY PRACTICES ASSESSMENT
FOR
CHILD CARE CENTERS

Instructions and Guidance

Regional Child Care Coordinator:

________________________________	________________
name	**phone number**

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INSTRUCTIONS AND GUIDANCE FOR CONDUCTING THE GSA ASSESSMENT OF HEALTH AND SAFETY PRACTICES

INTRODUCTION

The U.S. General Services Administration (GSA) has responsibility for the establishment and oversight of child care centers located in GSA space according to Public Law #102-393 (U.S.C. 40 section 590). The primary mission of the child care program is to ensure quality child care for the young children of Federal families in these centers. One of the mechanisms for doing so is the biennial assessment of the center's health/safety practices and policies.

The current tool for GSA Health and Safety Practices Assessment (hereafter referred to as Health Assessment) is based primarily on several sources: standards described in Maternal and Child Health Bureau's *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, originally published by American Public Health Association and the American Academy of Pediatrics (1992); recommendations from the *Handbook for Public Playground Safet,* U.S. Consumer Product Safety Commission; and criteria for accreditation in *Accreditation Criteria & Procedures* from the National Academy of Early Childhood Programs (NAECP), a division of the National Association for the Education of Young Children. The NAECP criteria, in many instances, reflect topics of the other two. The instructions and guidelines for the Health Assessment were prepared by GSA's Office of Child Care**.**

This Health Assessment focuses almost exclusively on health and safety practices and policies but excludes, with only a few exceptions, references to those already covered in the GSA Program Review. The Program Review is another oversight mechanism. Through eliminating overlap and opting for only a representative sampling of critical health and safety propositions instead of the total domain, a shorter assessment instrument than the original which was implemented in 1995 has evolved.

The intent of the current version is the same as that of the original. The Health Assessment is meant to be an educational tool. GSA's continuing goal is to assist the center director and staff in striving for the best practices in child care health and safety. The assessment is to be conducted by a health consultant, knowledgeable in the topics covered, who will provide feedback to the director when the assessment is completed and who will conduct training for staff (e.g., bloodborne pathogens). The assessment, feedback, and training should take approximately 8 hours and be completed in one site visit. After the site visit, the consultant is to prepare a 2-page (*maximum)* summary of his/her findings and recommendations for improvement.

To facilitate the progress and productivity of the site visit, the GSA Regional Child Care Coordinator will send a copy of the Health Assessment to the center director at least a week ahead of the scheduled visit and the health consultant should familiarize her-/himself with the checklist items and the guidance for each prior to the visit.

GENERAL GUIDANCE

CONTENT

The Health Assessment is divided into five checklists: Health, Staff Training, Safety, Infants, and Special Needs Children.

The number of items in each checklist could be easily quadrupled but, as mentioned earlier, only a representative sampling of critical health and safety propositions is included instead of the total domain. Separate checklists are set up for infants and for special needs children because not all the centers in GSA space serve these populations. The health consultant should be prepared to code the checklist for infants even if none are enrolled, however, because some of the items may be relevant to the care of children classified as young toddlers (e.g., diapering) in a given center. The checklist regarding special needs children consists of only a few items. This is because the majority of typical items touch on issues of modification of program and facility to accommodate special needs children; GSA addresses these issues elsewhere and duplication in the Health Assessment is not necessary.

SYMBOLS

Two symbols are used in the checklists to signal information to you.

1. The double plus signs (++) are shown for items used to observe in the classrooms (or at least more than one area, e.g., toileting area). All the classrooms (or areas) should be assessed in terms of the item so marked before deciding what code should be shown on the checklist. Essentially, the double plus signs are a heads up to the health consultant that observation of more than one classroom, area, or even piece of furniture is necessary before the code can be determined.

2. The double asterisks (**) indicate the item requires examination of one or more documents. Some documents are portable and, if clustered together for the health consultant by the center director, can be examined during the day whenever time away from the children or the director occurs. Because the director will receive the Health Assessment ahead of time, he/she can locate and mark fragments of policies that are distributed among sources to facilitate progress through the checklists. Note: In examining staff records, the health consultant should select a sample for him-/herself instead of asking the director to do this.

ORDER OF ADMINISTRATION

The checklist items can be addressed in any order preferred or convenient. We do recommend that the consultant try to complete the observations within a given classroom before going into another, but this is not absolutely necessary. The training to be conducted by the health consultant should not be implemented before or during the health consultant's work on the checklists.

CODES

In coding items, it is critical that the health consultant select a code that reflects the circumstances at the center in terms of the statement in the checklist item, not in terms of a state or municipal regulation or the opinion of one professional organization. For example, in several places the term "all staff" is used whereas a given State may not require "all staff" to have a particular skill or to do a particular thing. The checklist items aim at quality child care whereas a State may not take on that responsibility. Accordingly, please code in terms of the statement not some other reference unless directed to do so in the guidance specific to the checklist item.

Please use the standard codes cited at the beginning of each checklist to mark the checklist items:

C for compliance - all aspects of the statement were observed (or are documented).

P for partial compliance - some but not all aspects of the statement were observed (or are documented).

N for noncompliance - no aspect of the statement was observed (or is documented).

N/A for not applicable - the aspects of the statement are not applicable to the center.

N/O for not observed - the focus of the statement was not observed.

Regarding P, going back to the above example of "all staff," when some but not all of the staff have or do a particular thing, the code in most cases will be P, not N. Another example: "monthly" evacuation drills are mentioned in one item. Less than monthly but more than zero should be coded as P, not N. Guidance for the individual items offer guidelines for P in most instances. To the extent the boundaries of P are exceeded, code the item as N. This latter guideline is not repeated at every possible point as it was deemed unnecessary.

The code of N/O should be used judiciously.

In several instances, the health consultant is requested to use N/O in conjunction with information obtained from the director.

In other instances, the topic of the checklist items may simply be something that does not occur repeatedly during the day; instead it may occur 5 minutes before the observer enters a room and 5 minutes after he/she leaves. The health consultant is expected to recognize this possibility and follow up "nonoccurrence" with a question to the director or, in some cases, a caregiver.

In most cases, no evidence of training in staff records which are sampled should be coded as N, not N/O. Training is supposed to be documented.

Items about written policies should not be marked N/O if no evidence of the written policy is available in some form. The item should be coded as N instead. If a fragment of a policy exists in writing, however, P is the more appropriate code.

The code of N/A requires some caution as well. For example, N/A is not appropriate because the center operator or the state does not require a given proposition or in the amounts posed in the statement. As said at the beginning of this section on codes, the code to be used should reflect the circumstances at the center in terms of the statement in the checklist item.

If the health consultant departs from the foregoing guidance on codes or that specific to a given item, a few words about the reason for it in the comment section associated with the item would be appreciated.

INTERVIEWING THE DIRECTOR

Some of the items in the checklists can be or need to be covered by interviewing the center director. Since the director will have a copy of the checklists in advance, interviewing involves going over the items with him/her and getting a "yes," "no,", "partially," etc., and explanations that may be offered for answers other than ones which result in a code of C for the item.

TIME

Although daily schedules may vary a bit from center to center, be assured that it is perfectly feasible to complete all five checklists in about 4 to 5 hours. This will be true especially if the center director has gathered together the documents which need to be examined and the health consultant limits her-/himself to only brief comments for items not coded with a C.

SPECIFIC GUIDANCE ON CHECKLISTS

Please use the identification sheet and the five checklists that follow when conducting the Health Assessment. Specific guidance follows each item where we felt it would help assure consistent and accurate coding. Some items did not seem to need further direction or explanation and, in those cases, none is given. **Please note in the context of the guidance that the health consultant will be expected to have a tape measure and a refrigerator/freezer thermometer to assess several items in case the center does not have these for his/her use.**

Because the health consultants contracting to do the Health Assessments are professionals in child care health and safety, specific guidance is not extensively detailed nor is every possible example given. For instance, the health consultant should be acquainted with communicable diseases and be knowledgeable of current recommendations on schedules of immunizations from the American Academy of Pediatrics and other recognized authorities. For the most part, items are phrased for those with professional knowledge. Guidance is not meant to be a substitute for a background in child care health and safety. An example illustrating this proposition: in order to code one of the items, the health consultant is expected to know viable substitutes for some key first aid supplies; the substitutes are not named.

Please note. One convention has been used in wording the items. The term "parent" has been substituted for "custodial parent/legal guardian." The latter is meant, however, whenever "parent" is used in an item or its guidance. The longer term was dropped from the assessment because it proved to be distracting.

If you have questions or want clarifications about a checklist item, please call the GSA Regional Child Care Coordinator.

OBSERVER AND CENTER IDENTIFICATION

DATE OF SITE VISIT: ____

HEALTH CONSULTANT'S NAME:_____________________________

and TELEPHONE NUMBER: _____________________________

CENTER'S NAME ____

CENTER DIRECTOR'S NAME:

____

CENTER ADDRESS:

____

____

____

GSA REGION:____________________________________

Dear Health Care Consultant:

Please insert the code clearly on the line placed in front of the item number. The code you choose for each item will be entered into a data bank by a contractor who has no familiarity with the instrument or its purpose. The individual will not be able to identify the code as relevant if it is placed elsewhere.

Please write all comments on the comment lines. If you need additional space for comments, please write on the back of the page instead of in the margins near the code line.

Please review the check list to ensure that each item is coded.

Thank you for your participation as an observer in this current Health Assessment Project. If you have any questions, please call me on _______________.

Sincerely,

____

GSA Regional Child Care Coordinator

Specific Guidance and the Checklist

on

<u>HEALTH</u>

Mark the individual items using C for Compliance, P for Partial Compliance, N for Noncompliance, N/A for Not Applicable, and N/O for Not Observed.

Symbols: ++ item is used to observe in all classrooms or at least more than one area, *e.g., toileting area*
** item requires examination of one or more documents

Policy and Records

____ **1. The health record for each paid staff member who works (full- or part-time) directly with children is on file at the center. The record shows each has had (a) a physical exam by a health care provider within three months prior to hire or within one month of employment and (b) proof of a tuberculosis (TB) screening within the past 1 to 2 years.

Guidance: Code as P if only (a) or (b) is on file.

Comment: ____
____
____

____ **2. The child's health record/file includes results of (a) a recent health examination and (b) of an up-to-date record of age-appropriate immunizations.

Guidance: Both (a) and (b) need to be in file to code as C. The "recency" of a health examination may be judged in terms of the regular health evaluations recommended by American Academy of Pediatrics: every 6 months for children under 2, every year for children 2 to 6, and every 2 years for school age children. (As recommendations change over the years, be sure to consider the current recommendations, which may be slightly different from the ones stated here.)

Comment: ____
____
____

____ **3. A written policy for exclusion of staff member or child on the basis of health is on file at the center. The policy has at least 3 components: statements about

(a) exclusion for specific communicable diseases, a physical condition, or injury which requires professional medical attention;

(b) exclusion for the duration of possible exposure if an outbreak of vaccine-preventable disease; and

(c) requirements for re-admission to the center.

(Guidance for 3. on next page)

Guidance: If only one of the alphabetized items are evident, the item can be coded as P.

For (a), obvious examples of communicable diseases - purulent conjunctivitis, scabies, measles. Examples of a physical condition - severe diarrhea, axillary temperature in excess of 100.5 degrees F or 101, depending on the child's age (check current recommendations). Example of a physical injury - child in a cast which precludes mobility and, therefore, participation in daily activities.

For (b), obvious examples of vaccine-preventable diseases - polio, diphtheria, Hepatitis B.

For (c), return requirements vary depending on the condition/disease. The health consultant must be familiar with periods of contagion for given diseases, recommended treatment periods, physical evidence of recovery (e.g., impetigo lesions not draining), etc. to judge if the center's readmission policy is written adequately enough for parents and center personnel to anticipate return of the child to care.

Comment: ____
____
____

____ **4. According to the center's written policy,

(a) the parents must notify the center within 24 hours after their child develops a known or suspected communicable disease.

(b) The center, in turn, must notify the state/local public health authorities of the known or suspected communicable disease, if required by their regulations, and

(c) the center must notify parents of enrolled children who may have been exposed to the known or suspected communicable illness.

Guidance: The policy must have all three of the above for a code of C except when (b) is not required by the authorities. If the latter is true, then only statements regarding (a) and (c) are needed for a C. If at least one of the components of the policy is in evidence, code as P.

Comment: ____
____
____

____ **5. The center's written policy on a child's oral or topical medication (prescription or nonprescription) either

(a) precludes administration by center personnel but allows it to be given by a parent on center premises or

(b) allows administration by center personnel but only when a written request by the parent to do this is on file at the center or, if not, is submitted with the medication.

Guidance: Either the essence of (a) or (b) must be conveyed in the written policy.
Note that both (a) and (b) cover nonprescription as well as prescription medication.

Comment: ____
____
____

____ **6. According to the written policy on child's oral or topical medication, whether administered by the parent/guardian or center personnel,

(a) nonprescription medicine is accompanied by instructions for its administration signed and dated by a health care provider; and

(b) prescription medicine is given according to instructions of the health care provider's instructions on the dated prescription label.

Guidance: If administration of medication is not allowed in the center, code the item as N/A.

Comment: ____
____
____

____ **7. According to written policy, accidents which occur on site and individual illness which is detected on site are reported to parents; a written record is kept of such incidents.

Guidance: The record need not be in a specific format but should convey enough information that events can be recalled properly at a later time.

Comment: ____
____
____

____ **8. Each child's record/file includes a signed and dated consent by the parent allowing staff to act on the parent's behalf for emergency treatment when an immediate response is required and the parent or designee cannot reach the center fast enough to take the child for treatment.

Guidance: Emergency procedures to which the parent is agreeing include, at the least: (a) first aid, (b) CPR, and (c) emergency transportation to a local health care facility. To code as C, all three elements should be conveyed.

Comment: ____
____
____

____ **9. The child's record/file includes signed and dated written authorization by a parent for staff to release the child to other designated persons. Names, addresses, and telephone numbers of persons authorized to pickup the child are included in the authorization information.

Guidance: The above is the minimal acceptable detail for coding as C. Code as P if names, addresses, or phone numbers are missing for one or more of the designated persons.

Comment: ____
____
____

____ 10. The center has a separate room or designated area within a room for the care of a child who needs to be separated from the group due to injury or illness until the parent can remove the child from the center.

Guidance: Ask to see the area(s). The health consultant should make a judgment regarding the adequacy of the room/area. A code of C depends on adequacy in addition to availability.

Comment: ____
____
____

Hygiene, Supplies, and Sanitizing

____ ++11. Caregivers wash their hands

____ a. upon arrival at the center;
____ b. whenever hands are contaminated with body fluids (saliva, tissue fluid, fluid from a skin sore, and blood-containing body fluids);
____ c. before food preparation or handling and serving;
____ d. before and after eating meals and snacks;
____ e. after wiping noses;
____ f. after changing diapers; and
____ g. after assisting a child with toilet use.

Guidance: Please code each one of the alphabetized statements above. The overall item will be coded at GSA's National Office based on the individual codes.

Some handwashing "musts" are not listed above because it would be awkward to observe them (e.g., following caregivers into restrooms to observe if they wash their hands after toileting). Since handwashing should be pervasive, however, a sampling of it or omission of it should be possible for the circumstances listed above. If the circumstances of 11a. do not occur in any of the rooms on the day of the site visit, mark N/O. If the center has no children 0 to 3 years old, mark 11f. and 11g. as N/A.

Comment: ____
____
____

____ ++12. Children wash their hands (or are assisted in washing their hands)
(a) before and after eating meals and snacks and
(b) after toilet use or after diaper changing.

Guidance: Code as P if (a) or (b) is missing. Handwashing or the lack of it should be possible to observe for the circumstances listed above. Regarding 12b., after changing a child's diaper, the caregiver should clean the infant's or toddler's hands thoroughly. This counts as assisted handwashing. Clearly, there are other circumstances for which handwashing is desirable. The above, however, will go a long way toward keep the child healthy and establishing the critical handwashing habit.

(Comment section for 12. on next page)

Comment: ____
____
____

____ 13. Adequate first-aid supplies are available but stored out of children's reach.

Guidance: Necessary first-aid supplies include, at the minimum: disposable nonporous gloves; sterile gauze; adhesive tape; bandage tape, bandages, safety pins, eye dressing, syrup of ipecac, insect sting preparation, cotton; medicated soap; tweezers; scissors, thermometer, antiseptic wipes, water, cold pack, poison control center phone number, first aid text, coins for pay phone or cellular phone, pen/pencil, note pad, and ice pack. The health consultant may choose to accept substitute supplies if serving the same functions as the named items. If all of the named items or their acceptable substitutes are not available, code as P. The supplies may be stored in one or more places; simply be sure that the storage place is not accessible to the children.

Comment: ____
____
____

____ ++14. Toilet rooms, flush toilets, toilet training equipment, and handwashing sinks are cleaned and sanitized at least daily and when soiled.

Guidance: Examine all the toileting areas. To be sure the sanitizing does go on, ask the center director about the cleaning contract if you do not observe regularly scheduled cleaning. Most of the regular daily cleaning is done in the evening after the children leave.

Comment:____
____
____

____ ++15. A new bleach solution is made each day and placed in several locations (out of the children's reach) to foster frequent use as a disinfectant.

Guidance: A solution of 1/4 cup of household liquid chlorine bleach added to 1 gallon of tap water is usually the preferred disinfectant in the child care environment but the health consultant may choose to accept a product registered with the U.S. Environmental Protection Agency as "disinfectants."

Comment: ____
____
____

____ ++16. Indoor environmental surfaces associated with children's activities, such as table tops, are cleaned and disinfected daily.

Guidance: Examine the surfaces in each of the classrooms. Most of the cleaning is done in the evening after the children leave. Caregivers will be doing the clean-ups when table tops are soiled before these are used for the next activity.

(Comment section for 16. on page 15)

Comment:____
____
____

____ ++17. Toys, thermometers, and pacifiers placed in children's mouths or contaminated otherwise are set aside and cleaned with water and detergent, disinfected, and rinsed before handling by another child. Machine-washable toys are machine-washed when contaminated.

Guidance: Observe in each relevant classroom to notice if "contaminated" toys, etc. are set aside. Ask the director or the caregivers about such procedures and about the "washing" if you do not observe instances of them while visiting.

Comment: ____
____
____

____ ++18. Cots/beds/mats/cribs (if used) are assigned to each child and are not shared. This equipment is cleaned on a regular basis and is disinfected prior to being assigned to another child for use.

Guidance: If the assignments to children are not easily observable by the visitor, the health consultant should ask for caregiver assistance to determine how the child or caregiver knows which equipment is assigned to which child. Ask also about the disinfectant procedure or ask to see a policy/procedural statement in an operations manual or other center handbook.

Comment: ____
____
____

____ ++19. The individual bedding (e.g., sheets, pillowcases, and blankets) are cleaned and sanitized for (a) infants on a daily basis, and for (b) toddlers and preschoolers on a weekly basis, and when soiled or wet.

Guidance: Ask about the schedule or ask to see a policy/procedural statement about it in an operations manual or other center handbook. If the center has no washer and dryer, ask about a laundry contract to handle linens. If the center is using other alternatives to launder, the health consultant must judge if these meet "the daily, weekly, or when soiled schedules".

Comment: ____
____
____

____.++20. Cots, cribs and mats are placed at least 3 feet apart.

Guidance: If this spacing is not physically possible, head to foot sleeping is employed and aisles are maintained on one side of each cot/mat/crib for evacuation purposes.

(Comment section for 20. on next page)

Comment:____
____
____

_____ ++21. Floors are vacuumed/swept and mopped with a sanitizing solution at least daily and when soiled.

Guidance: Examine the floors during the visit. Most of the regular daily cleaning is done in the evening after the children leave.

Comment: ____
____
____

____ ++22. Carpet areas

(a) are vacuumed daily and spot cleaned as needed.

(b) have been shampooed within the last three months.

Guidance: Examine all of the carpeted areas to ensure that the carpet is clean. Most of the regular cleaning is done in the evenings and carpets are required to be spot cleaned when needed. Caregivers will be doing the clean up when the floors are dirty before moving to the next activity.

Comment: ____
____
____

Food-Related Propositions

____ ++23. Children attending the center for at least 8 hours are offered at least one meal and two supplements (snacks) or two meals and one supplement. For those attending 9 or more hours, at least two meals and two supplements or one meal and three supplements are offered.

Guidance: Code this item on the basis of the child having the opportunity for all these intakes, not necessarily consuming the food offered. The source for the food (center kitchen, catering, home) is not the point here. If the health consultant can't observe all these intakes, check the menus/activity schedules to determine whether they occur.

Comment: ____
____
____

____ 24. No skim or low fat milk is given to a child 0 to 24 months of age unless prescribed by the child's health care provider.

Guidance: Children in this age range may be in at least two different rooms in some centers. Written policy may be the easiest route to verify this practice but observation may also be possible through noting the labeling on the milk stored for the age group.

(Comment section for 24. on page 17)

Comment: ____
____
____

____ ++25. All meals and snacks eaten in the center (whether prepared in the center, by caterers, or at home) must meet the child's nutritional requirements as recommended by the United States Department of Agriculture Child Care Food Program.

Guidance: If the health consultant doesn't have the opportunity to observe all these intakes, examine posted daily menus as a way of determining whether catered or center-prepared food meets the requirements. If all meals or snacks are brought from home at a given center, ask the director if these are observed by center personnel in some way for nutritional requirements. If the answer is no, then this item cannot be coded as C, but will be coded as P or N depending on the director's comments. (If center personnel have no knowledge of what the children are eating when food is brought from home, then there is no basis for assuming nutritional requirements are met and the item is coded N.)

Comment: ____
____
____

____ ++26. Children are offered drinking water after meals or snacks when teeth cleaning is not possible. If teeth cleaning is possible, children are allowed time for that activity after meals or snacks.

Guidance: Try to observe at least two intakes (e.g., a snack and lunch) as the basis for coding.

Comment:____
____
____

____ ++27. Food that is not consumed is discarded after each meal/snack.

Guidance: Try to observe at least two intakes by children (and infants, if any) as the basis for coding. (A similar item is not included in the separate infant checklist. If infants attend the center, the spirit of the item applies. That is, contents remaining in the bottle after an infant feeding are discarded.)

Comment: ____
____
____

___ ++28. Staff who have signs or symptoms of illness, including vomiting, diarrhea, and infectious skin sores (or open injuries on hands) that cannot be covered are not involved in food handling in any way.

(Guidance section for 28. on page 18)

Guidance: The item can be coded as C if the health consultant observes no individuals involved in food handling who manifest the above problems. Food handlers in the kitchen and in each of the rooms should be observed if possible. If only food from home is eaten at the center, caregivers who assist children during a meal or snack, whether pouring a drink or handling their food (unwrapping sandwiches, etc.) should be observed for the above problems.

Comment: ____
____
____

____ ++29. Food preparation areas are separated from areas used by the children for activities unrelated to food(diaper stations, toilet rooms and hand washing sinks) by a door, gate, counter, or room divider.

Comment:____
____
____

____++ 30. Refrigerators are maintained at temperatures of 40 degrees F or less in all parts of food storage areas and freezers are maintained at temperatures of 0 degrees F or less.

Guidance: Please be sure to check refrigerators in individual classrooms if so located.

Comment: ____
____
____

____ 31. The center properly washes and disinfects pots, pans, dishes and tableware by one of the following methods:

(a) has a 3-compartment sink to wash, rinse, and disinfect; or

(b) has an approved dishwashing machine capable of disinfecting multiuse utensils; or

(c) in the absence of (a) or (b) uses paper cups and plates and plastic tableware.

Guidance: In the comment section, please cite which alternative is in place for compliance. If another system is in place which provides equivalency in the health consultant's professional opinion, code as C and describe it in the comment section.

Comment: ____
____
____

Specific Guidance and the Checklist
on
<u>STAFF TRAINING</u>

Mark the individual items using C for Compliance, P for Partial Compliance, N for Noncompliance, N/A for Not Applicable, and N/O for Not Observed.

Symbols: ++ item is used to observe in all classrooms or at least more than one area in the center.
** item requires examination of one or more documents

____ **1. Each new staff member receives orientation training before being placed with the children.

Guidance: In the real world, covering many topics prior to placement with children is not always possible; instead, topics are scheduled over time. There should be evidence, however, of at least the following orientation trainings as they concern health/safety before placement with children:

(a) positive discipline procedures;
(b) emergency evacuation from the room to which the staff member is being initially assigned; and
(c) policies relating to interacting with the parent.

Some of the topics named can be assimilated through reading sections of the staff handbook or operations manual. If at least one of the named topics is part of orientation, code as P.

Other training, as mentioned in other checklist items concerning health and safety, should take place as soon as feasible.

Comment: ____
____
____

____ **2. Within 30 days to 60 days of hire, on-site center administrators and staff have training to recognize common indicators of child abuse (physical, sexual, and emotional abuse and neglect), to prevent child abuse, and to report suspicions of it.

Guidance: This is one of the few topics which is also included on the Program Review. Because there is staff turnover and knowledge in this area is critical, assessing the status yearly is not excessive.

In coding this item, consider both the fact of training and the timeliness. The 60 days is the outside limit of "timeliness;" high quality child care systems allow only 30. If records show only some of the personnel have received timely training or show training for all took place more than 60 days beyond their hiring dates, code P.

Comment: ____
____
____

____ **3. All staff involved in the provision of direct care have received training within 60 days of hire in pediatric first aid including, <u>at the least</u>,
(a) rescue breathing, (b) choking, (c) treatment of insect bites, and
(d) management of head injuries and of bleeding.

(Guidance and comment for item 3. on page 20)

Guidance: The training should be consistent with that included in pediatric first aid training developed by the American Red Cross, the American Heart Association, or the National Safety Council for First Aid Training Institute, or the equivalent of one of the three. If all staff do not have the indicated training but some do or the on-site administrator/center director does, code as P. If all staff /administrators are trained in only some of the indicated topics, code as P.

Comment: ____
____
____

____ **4. All administrators and staff are trained to take and read axillary temperature.

Guidance: Code as P if all are not.

Comment: ____
____
____

____ **5. All staff receive training about bloodborne pathogens and universal precautions.

Guidance: Some state-specific OSHA regulations may be more rigorous than federal regulations. Only the latter are the focus of this Health Review.

Training should cover an explanation of transmissibility of HIV and HBV; an explanation of the universal precautions (universal infection control measures) and the types of tasks likely to result in exposure; description of the exposure reporting procedure; and information on the hepatitis B vaccine. OSHA requires a written record of attendance at training.

Comment: ____
____
____

____ **6. The administrators and staff receive training in use of fire extinguishers.

Comment: ____
____
____

____ **7. All administrators and staff receive training and practice in evacuation procedures through drills held at least once per month when children are present.

Guidance: Routes, destinations, and some procedures may vary depending upon the assumed reason (e.g., fire, bomb threat, tornado, earthquake etc.), but there should be evidence of monthly drills which practice full evacuation and its attendant procedures (e.g., accountability for children).

The records of evacuation drills is on file in the Directors office in the center. Code this item N/O if you have not seen the written records.

(Comment for item 7. on page 21)

Comment: ____
____
____

____ ****8. All staff have their own copy or access to a copy of**

(a) the center's exclusionary policy as it regards the ill health of staff member or child;

(b) the center's written policy on administration of a child's oral or topical medication; and

(c) the center's policy about releasing the child to other than the custodial parent.

Guidance: See staff manual for evidence of the policy. If the center cannot afford to give all staff copies of the foregoing materials, there should be some evidence (e.g., signed list for each document) that each staff member has read the relevant material.

Comment: ____
____
____

____ ****9. Directors and all caregivers should have the following clock hours of continuing education concerning child health/safety and staff health:**

(a) 14 hours in the first year of employment and

(b) 8 hours in each subsequent year.

Guidance: Training can derive from a mix of sources: formal education classes, conferences (e.g., NAEYC, GSA), staff meetings, etc. Check staff files for documentation of training. Training in all the topics named in the eight preceding checklist items count toward the specified hours of continuing education.

Comment: ____
____
____

____ **10. The center has access to a health consultant, who is a physician, certified pediatric or family nurse practitioner, registered nurse with pediatric experience, and shall be knowledgeable about out of home child care, community child care licensing requirements and available health resources.**

Comment:____
____
____

Specific Guidance and the Checklist
on
SAFETY

Mark the individual items using C for Compliance, P for Partial Compliance, N for Noncompliance, N/A for Not Applicable, and N/O for Not Observed.

Symbols: ++ item is used to observe in all classrooms or in more than one area of the center or playground
** item requires examination of one or more documents

Indoors

____ ++1. Each area in the facility can be viewed at any time by at least one adult in addition to the caregiver.

Guidance: Given that visual accessibility is meant to reduce the likelihood of isolation of individual caregivers with children, the health consultant should judge arrangements accordingly. Large windows in doors (including those of administration offices in the center), windows in the walls between hallways and activity rooms, and various other layouts can provide good visual access. Some arrangements of toy shelves and children's cubbies, however, may block the line of sights that such windows provide so, please be alert to such potential problems for visual accessibility.

Comment: ____
____
____

____ ++2. No lock or fastening device prevents free escape from the interior of any room in the center.

Comment: ____
____
____

#____ ++3. The facility shall have a written plan for reporting and evacuating in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, or other disaster that could create structural damages to the facility or pose health hazards. The facility shall also include procedures for staff training on this emergency plan. Emergency evacuation routes are posted in each room of the center.

Comment: ____
____
____

____ ++ 4. Passageways, hallways, and exits are free from obstacles that might cause injury or impede evacuation.

Guidance: Obstacles within a room that may impede exiting the room directly to the outside or to a passageway/hallway that leads to the outside are equally problematic.

Comment: ____
____
____

____ ++5. Fire extinguishers are accessible to center personnel and periodically inspected.

Guidance: The health consultant can check accessibility and, while doing so, check the inspection tags attached to the extinguishers for dates of inspection.

Comment:____
____
____

_____ ++6. Strings and cords (e.g., those that are parts of toys, or those that are found on window shades that are long enough to encircle a child's neck (6 inches or more) shall not be accessible to the children.

Comment:____
____
____

____ ++7. No unauthorized electrical appliances are present in the classrooms.

Guidance: Examples of such appliances are space heaters, popcorn poppers, coffee pots and fans.

Comment: ____
____
____

____ ++8. Electrical outlets accessible to children are covered with child-resistant covers or pediatric outlets.

Comment: ____
____
____

____ ++9. Electrical cords are placed out of the children's reach. Extension cords are not in use.

Comment: ____
____
____

____ ++10. Medications are inaccessible to children.

Comment: ____
____
____

____ ++11. Poisonous and toxic materials are inaccessible to children and stored separately from medications and areas involving food storage, preparation, and eating.

Guidance: Examples of poisonous/toxic materials are cleaning materials such as cleansers, detergents, pesticides, and poisonous plants. All such materials should be stored in their original containers to facilitate identification.

Comment: ____
____
____

____ ++12. Plastic bags are stored out of children's reach.

Comment: ____
____
____

____ ++13. No projectile toys, toys or objects with diameter of less than 1.25 inch, or toys with sharp points/edges are present.

Comment: ____
____
____

____ ++14. No protrusions or pinch/crush/sharp points are on or underneath children's furniture or indoor play equipment.

Comment: ____
____
____

____ ++15 Every toilet door used by preschool children is easily opened from the outside.

Comment: ____
____
____

____ ++16. Bathrooms for toddlers and preschool children have child-sized toilets.

Comment: ____
____
____

____ ++17. The water temperature for handwashing sinks is set no higher than 120 degrees F.

Guidance: If water is not heated centrally, the heaters at the individual sinks should be checked.

Comment: ____
____
____

OUTDOORS

____ ++18. Playground surfaces and walkways are checked daily for trash, broken glass, loose objects, holes, and sudden irregularities.

Guidance: Daily checking is the focus here. It doesn't matter whether it is done by center personnel or building/grounds personnel or some one else. However, if the property is not under the oversight of GSA, before children are allowed to use the playground, child care center personnel must take responsibility for clearing trash, etc., keeping children away from faulty equipment, holes, etc. and subsequently reporting problems for correction.

Comment: ____
____
____

____ ++19. Playground equipment does not have

a. missing or damaged parts/pieces;
b. exposed footings;
c. splintered, cracked, or otherwise deteriorating wood; or
d. rusting and/or deformed parts/pieces.

Guidance: If one or two of the above is present, code P; if more, code N.

Comment: ____
____
____

___ ++20. No protrusions or pinch/crush/sharp points are on or underneath children's outdoor play equipment.

Guidance: The presence of any one instance of the named problems could cause serious injury to a child. Therefore, if one is present, code as P; if more, code as N. The safety hazard should be called to the attention of the center director.

Comment: ____
____
____

____ ++21. No component (or group of components) of the playground equipment has openings that could trap a child's head.

Guidance: Generally, an opening should either be too small for the child's head to fit into or too large for the head to get stuck. Roughly, that translates to openings being less than 3.5 inches and more than 9 inches.

Comment: ____
____
____

Specific Guidance and the Checklist
on
INFANTS/TODDLERS

Mark the individual items using C for Compliance, P for Partial Compliance, N for Noncompliance, N/A for Not Applicable, and N/O for Not Observed.

Symbols: ++ item is used to observe in all classrooms or at least more than one area of the room(s)
** item requires examination of one or more documents

The following is a mix of health, safety, and training items pertaining to infants. If the center does not have an infant program, please code relevant items if they apply to some or all of the children classified as Toddlers by the center and the topics are not covered elsewhere in this Health Assessment. (For example, some toddlers are not yet toilet-trained and require diapering. This section is the only one that addresses diapering.) If practices, policies, and training apply to children in more than one classroom, be sure to consider all the relevant rooms.

____ ++1. Diaper changing procedures consistent with those recommended by the Centers for Disease Control and prevention are followed.

Guidance: The health consult will be familiar with these procedures as published in *"What to Do to Stop Disease in Child Day Care Centers"* so description here is omitted. See pp. 68-72 in "*Caring for Our Children"* for some detail if needed.

Comment: ____
____
____

____ ++2. The diaper-changing table has an impervious, nonabsorbent surface. The changing area is never used for temporary placement or serving of food or drink.

Comment: ____
____
____

____ ++3. For disposal of diapers, the trash cans used
(a) are lined with disposable, leak-proof plastic bags;
(b) have tightly fitting lids; and
(c) are inaccessible to children.

Guidance: The foregoing are drawn from one of the universal precautions to prevent the spread of communicable diseases. If any of the alphabetized items are not evident, code as P. (Some aspects of "proper" disposal methods are not mentioned here because it is not clear that all apply to child care centers [e.g., color of plastic bag, food-operated disposal cans marked as "biohazardous waste," special trash collections, etc.) (Comment section for 3. on next page)

Comment: ____
____
____

____ ++4. All diapering supplies are within the caregiver's reach but inaccessible to children.

Comment: ____
____
____

____ ++5. Without necessarily entering the sleeping area, caregivers can see and hear infants who are sleeping.

Guidance: If floor to ceiling partitions separate the sleeping area from the rest of the infant area, windows should be mounted in the partitions and or have an open door to permit a reasonable amount of sight and sound. An audio system which projects sound from the sleeping area is not adequate by itself. If either visual or auditory accessibility to the infants while sleeping is judged inadequate, code as P. As these approach nonexistence or are missing entirely, code as N.

Comment: ____
____
____

____ ++6. Cribs are made of wood, metal, or approved plastic. Slats are no more than 2 3/8 inches apart, with the mattress fitted so that no more than two fingers can fit between the mattress and the crib side.

Comment: ____
____
____

____ ++7. Drop-side crib latches securely hold sides in the raised position and are not reachable by the child in the crib. The crib is not used with the drop side down.

Comment: ____
____
____

____ ++8. Evacuation crib(s) ,with 4 inch wheels, are placed to the closest egress point (within the sleeping area) and must fit through a 36 inch door. One evacuation cirb is available for each 4 infants in a room.

Comment: ____
____
____

____ ++9. Infants are fed either while held or sitting up for bottle feeding. Infants unable to sit are always held for bottle feeding. No bottles are ever propped.

Comment: ____
____
____

____ ++10. Only cleaned and disinfected bottles and nipples are used. All filled bottles of breast milk and iron-fortified formula are dated and labeled with name of child and refrigerated until immediately before feeding.

Comment: ____
____
____

____ ++11. Bottles of breast milk or formula are warmed by placing them in a pan of water or in a bottle warmer. The warmed bottle is shaken well and temperature tested on the caregiver's inside wrist before feeding.

Comment: ____
____
____

____ ++12. All formula and breast milk are used only for the intended child.

Comment: ____
____
____

____ **13. Infant caregivers are trained to place infants in the prone position for sleeping to help avoid a suspected correlate of Sudden Infant Death Syndrome.

Guidance: The prone position is recommended currently by the American Academy of Pediatrics unless otherwise requested by the child's pediatrician for medical reasons.

Comment: ____
____
____

Specific Guidance and the Checklist
on
SPECIAL NEEDS CHILDREN

The items below are to be coded only if the child care center has special needs children enrolled.

Mark the individual items using C for Compliance, P for Partial Compliance, N for Noncompliance, N/A for Not Applicable, and N/O for Not Observed.

symbols: ++ item is used to observe in all classrooms or at least more than one area in the center
** item requires examination of one or more documents

____ **1. Staff serving children with special needs receive training in
(a) the effect of the different disabilities on the child's ability to participate in group activities;
(b) the preparation of children without disabilities to having children with special needs participate in their program;
(c) methods to assist the disabled child's participation, e.g., role modeling, involvement of nondisabled peers, and
(d) the use of behavior modification techniques in the promotion of self-esteem and of positive behavior through appropriate application of positive reinforcements.

Guidance: If one of the above is not evident in some way, code as P.

____ **2. Evacuation plans specifically include consideration of the problems of the special needs children (e.g., assistance for the physically handicapped; recommended support for those with respiratory problems; specific guidance for those with attention deficits, etc.).

Guidance: The health consultant must determine to his/her satisfaction that such plans do exist if not evident in writing.

Comment: ____
____
____

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*Special needs children are those with "developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities," according to *Caring for our Children (1992),* American Public Health Association and American Academy of Pediatrics, p. 237.

Report on Number of Children and Number of Adults
in
Each Age Group/Classroom

Health Consultant:

The following is separate from the preceding checklists but information requested by the GSA Regional Child Care Coordinators. The table to be completed is on the next page.

Guidance: The range of recommendations from NAEYC for staffing are listed on the table on the next page. Go over this table with the director.

If the center assigns children to groups differently than the clusters shown in column 1 or if the reported ratios and/or group sizes differ from those listed, write in the ages and numbers which do apply. e. g., if the center uses "6 weeks - 12 months" to cluster, show that immediately below "birth - 12 months" and cross through "birth - 12 months."

Going across the row for each age group, circle or write in the number of children (column 2) that the director reports that the center allows per one adult for the age group and circle or write in the maximum group size (column 3) the director reports that the center allows in the program for the age group.

Count the number of children in the room and enter that number in the row for the age in column 4, "actual group size observed." Count the number of adults in the room, omitting volunteers and visitors, and enter that number in the row for the age group in the last column.

2/98

Age Group	Reported Number of Children per Adult	Reported Maximum Group Size for Age Group	Actual Group Size Observed	Actual Number of Adults Observed
Birth - 12 months	3 4 ____	6 8 ____	____	____
13 months - 24 months	3 4 5 6 ____	6 8 10 12 ____	____	____
25 months - 30 months	4 5 6 ____	8 10 12 ____	____	____
31 months - 36 months	5 6 7 ____	10 12 14 ____	____	____
3-year-olds	7 8 9 10 ____	14 16 18 20 ____	____	____
4-year-olds	8 9 10 ____	16 18 20 ____	____	____
5-year-olds	8 9 10 ____	16 18 20 ____	____	____
6- to 8-year olds	10 11 12 ____	20 22 24 ____	____	____
9- to 12-year-olds	12 14 ____	24 22 ____	____	____
Mixed-Age Group: Identify ages ___________	____	____	____	____

CHILD CARE CENTER
FIRE/SAFETY INSPECTION SHEET

NAME OF CENTER:_______________________________________
NUMBER OF CHILDREN ON DAY OF INSPECTION______________

ITEM	YES	NO	N/A
In the child care center are corridors,aisles, passageways and doors which lead to the exits clear and unobstructed?			
Are the exit doors from the child care Center in good working condition?			
Are the child care center's exit discharges (e.g. building lobby, side walks etc.) clear and unobstructed?			
Are exit signs within the child care center properly located?			
Are the exit signs within the child care center unobstructed?			
In the child care center are corridors, aisles and passageways which lead to the exits illuminated?			
Are the exit signs within the center illuminated?			
Are the portable fire extinguishers accessible?			
Have the portable fire extinguishers been properly maintained and inspected?			
Are instructions posted on the manual operation of fire protection systems for kitchen equipment?			
Is the child care center's evacuation plan available and up to date?			
Are the evacuation procedures posted within each child care activity room?			
Are fire drills conducted monthly?			
Is documentation on file within the center for each monthly fire drill?			
Is the child care staff properly trained in the evacuation procedure?			
Is the fire alarm system tested routinely?			
Are the fire alarm pull stations within/near the child care center accessible?			
Are the sprinkler heads clean, unpainted and unobstructed?			
Do the sprinkler heads have adequate clearance (18 inches)?			
Are the sprinkler components (e.g. inspectors test, sprinkler valves, etc.) properly identified?			
Is the sprinkler system inspected and tested routinely?			
Are the entrance doors to mechanical, equipment, and hazardous areas inside the child care center properly labeled?			
Are the electrical outlets showing signs of arching or disrepair?			
Are electrical outlet cover plates in place?			
Have the unused electrical outlets been provided with shock stops safety plugs?			
Have operable windows been protected to prevent climbing?			
If screened, have the screens been secured?			
Are cords on window coverings (blinds/curtains) either not looped or held with secure tie down devices?			
Noticeable odors are not prevalent within the center?			
Noticeable tripping hazards are not within the center?			
Unauthorized personal electrical appliances are not within the center?			
Portable electrical fans/space heaters are not in the center?			
Extension cords and power strips are not being used within the center?			
Are all electrical outlets child proofed?			

ITEM	YES	NO	N/A
Is the emergency lighting in the corridors, aisles and passageways in good working condition?			
Are supplies within the center properly stored (bleach bottles)?			
Are two first aid kits available within the center?			
Are two first aid kits properly stocked with first aid supplies?			
Are security measures used properly? (doors locked)			
Are storage areas neatly maintained?			
Is the government provided equipment clean and in good repair?			
Are there mats under indoor climbing equipment?			
Does water temperature not exceed 110 degrees in children's areas?			
Are there are any sharp edges on building fixtures or equipment?			
Are there any exposed nails, bolts, screws or pipes?			
Are there any missing handles, or pieces?			

OUTSIDE PLAY AREA

ITEM	YES	NO	N/A
Play area surrounded by secured fence?			
Fence in good condition?			
Outside area clean and well landscaped?			
Play area free of glass, needles, garbage?			
Play area free of trip hazards?			
Play area free of exposed concrete or brick edges?			
Play area free of poor drainage areas?			
Play area free of pests, (bees, ants, rodents)?			
Is climbing equipment & (swings) anchored properly?			
Is there exposed or loose anchoring?			
Is the fall zone adequate and/or in good repair?*			
Are there any exposed nails, bolts, screws, pipes?			
Is the wood in good condition?			
Are there any areas of head or body entrapment (spaces >3.5"or <9")?**			
Are any pieces, rungs, handles missing?			
Are there any sharp edges?			
Is the storage shed in good repair?			

* Surfaces under play equipment in a 6' radius must have a fall zone of protective surface. Loose materials must be maintained at a depth of 9-12 inches depending on the material and height of the equipment.

**Entrapment areas are fully explained in the CPSC Handbook for Public Playground Safety page 33.

Summary of findings:

If findings were made by what date should each finding be corrected?

BUILDING MANAGEMENT REPRESENTATIVE:______________________________

DATE OF INSPECTION :______________________________

training

Your center should have an active and up to date training plan for all employees. Successful and appropriate training of staff is a proven indicator of quality programs and good outcomes for children, above even years of experience of staff. In addition to the training required by licensing and NAEYC, GSA expects that you are providing the following training:

- first aid training – sometimes members of the Federal Protective Service are certified trainers and they will provide this training to you for the cost of materials. Training is also available from your local Red Cross.
- annual training in the detection and prevention of child abuse. Your local licensing authority or other appropriate body can provide training. This training must include the local reporting requirements. One and one half to two hours annually is required.
- annual training in emergency and evacuation procedures. This is in addition to the monthly practice drills. The GSA procedure for reporting and handling accidents and incidents is to be covered.
- annual training on bloodborne pathogens and universal precautions. This requirement must meet the guidelines per OSHA regulations. Exposure plans, and documented training is required.

Ideally this level of training is performed as part of the orientation training with staff before they are assigned to work with a group of children. Training as indicated should be refreshed on an annual basis.

NAEYC

All centers operating in GSA space are required to achieve and maintain accreditation by the Academy of Early Childhood Programs, a division of NAEYC. * By the terms of your license agreement with GSA you must achieve accreditation within 2 years of operation in our space and you must continuously maintain that accreditation while you operate in our space.

GSA or your sponsoring agency will pay the fees associated with accreditation and reaccredidation, including the initial material fee and the validation fee. Contact your RCCC for directions. The fee may be paid directly by the RCCC or your center may be reimbursed. Check with your RCCC before you incur any costs.

*The National Association for the Education of Young Children (NAEYC). NAEYC is the nation's largest organization of early childhood professionals. NAEYC, 1509 16th Street, NW Washington, DC 20036-1426 (202)-232-8777 www.naeyc.org

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About NAEYC Accreditation

The National Academy of Early Childhood Programs, a division of NAEYC, administers a national, voluntary, professionally sponsored accreditation system for all types of preschools, kindergartens, child care centers, and school-age child care programs.

NAEYC accredited programs have demonstrated a commitment to providing a high quality program for young children and their families.

The accreditation process looks at the following components of a center's program.

1 – Relationships
2 – Curriculum
3 – Teaching
4 – Assessment
5 – Health
6 – Teachers
7 – Families
8 – Community Partnerships
9 – Physical Environment
10 – Leadership and Management

standards

CARING
FOR
OUR CHILDREN

NATIONAL HEALTH AND
PERFORMANCE STANDARS:
GUIDELINES FOR OUT-OF-HOME
CHILD CARE PROGRAMS

NAEYC
ACCREDITATION CRITERIA
NATIONAL ACADEMY OF EARLY CHILDHOOD PROGRAMS

GSA STANDARDS/LICENSE REQUIREMENTS
CPSC SAFETY CHECKLIST + HANDBOOK FOR PUBLIC PLAYGROUNDS

STATE LICENSING STANDARDS/ LOCAL LICENSING STANDARDS
MUST MAINTAIN AND DISPLAY YOUR STATE LICENSE

All child care centers in GSA space must be State or local licensed. The State or local license must be displayed in the center. We consider the requirements of the State or local license to be the minimum requirements; to operate in space under GSA control you must also meet GSA's requirements. The GSA requirements are outlined in the *special conditions* of the license for use of space and include the guidelines from our Design Guide and Security survey. In addition, we follow the Consumer Product Safety Commission (CPSC) guidelines as our standard for playgrounds and for safety requirements within the space.

Additionally centers must operate a program that follows NAEYC criteria for accreditation. That means: in staffing, group sizes and ratios, the center is required to follow NAEYC standards (or the State requirements) if they are more stringent. If there is a question of standard not specifically addressed by NAEYC, our GSA license, or the State, we refer to the standards in "Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs" written by the American Public Health Association and American academy of Pediatrics. These standards are considered the best practices in group settings.
http://nrc.uchsc.edu/CFOC/index.html

OSHA Standards Interpretation and Compliance Letters

02/01/1993 - Most frequently asked questions concerning the bloodborne pathogens standard.

- **Record Type:** Interpretation
- **Standard Number:**
- **Subject:** Most frequently asked questions concerning the bloodborne pathogens standard.
- **Information Date:** 02/01/1993

Most Frequently Asked
Questions Concerning
The Bloodborne
Pathogens Standard
Disclaimer

The information contained is this booklet is not considered a substitute for any provisions of the Occupational Safety and Health Act of 1970 or the requirements 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

Federal/State OSHA Authority

Federal Authority extends to all private sector employers with one or more employees, as well as federal civilian employees. In addition, many states administer their own occupational safety and health programs through plans approved under section 18(b) of the OSH Act. These plans must adopt standards and enforce requirements that are at least as effective as federal requirements. Of the current 25 state plan states and territories, 23 cover the private and public (state and local governments) sectors and 2 cover the public sector only. (See listing on page 28).

Copies of the OSHA Bloodborne Pathogens Standard are available from the Government Printing Office (GPO Order Number 069-001-0004-8), Superintendent of Documents, Washington, D.C. 20402.

Introduction

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) promulgated the Occupational Exposure to Bloodborne Pathogens Standard. This standard is designed to protect approximately 5.6 million workers in the health care and related occupations from the risk of exposure to bloodborne pathogens, such as the Human Immunodeficiency Virus and the Hepatitis B Virus.

As a result of the standard, numerous questions have been received on how to implement the provisions of the standard. The purpose of this handout is to provide answers to some of the more commonly asked questions related to the Bloodborne Pathogens Standard. It is not intended to be used as a substitute for the standard's requirements. Please refer to the standard for the complete text.

Scope

Q. Who Is covered by the standard?

A. The standard applies to **all** employees who have occupational exposure to blood or other potentially infectious materials (OPIM).

* Occupational exposure is defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of the employee's duties."

* Blood is defined as human blood, human blood components, and products made from human blood.

* OPIM is defined as the following human body fluids: saliva in dental procedures, semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with

blood; along with all body fluids in situations where it is difficult or impossible to differentiate between body fluids; unfixed human tissues or organs (other than intact skin); HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Q. Are volunteers and students covered by the standard?
A. Volunteers and students may be covered by the standard depending on a variety of factors including compensation.

Q. We have employees who are designated to render first aid. Are they covered by the standard?
A. Yes. If employees are trained and designated as responsible for rendering first aid or medical assistance as part of their job duties, they are covered by the protections of the standard. However, OSHA will consider it a **de minimis** violation - a technical violation carrying no penalties - if employees, who administer first aid as a collateral duty to their routine work assignments, are not offered the pre-exposure hepatitis B vaccination, provided that a number of conditions are met. In these circumstances, no citations will be issued.
The **de minimis** classification for failure to offer hepatitis B vaccination in advance of exposure does **not** apply to personnel who provide first aid at a first aid station, clinic, or dispensary, or to the health care, emergency response or public safety personnel expected to render first aid in the course of their work.
Exceptions are limited to persons who render first aid only as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. To merit the **de minimis** classification, the following conditions also must be met:
- Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer **before the end of the work shift** during which the incident occurs.
- Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time, as well as a determination of whether an exposure incident, as defined in the standard, has occurred.
- Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provided to OSHA upon request.
- First aid providers must receive training under the Bloodborne Pathogens Standard that covers the specifics of the reporting procedures.
- All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must have the vaccine made available to them as soon as possible but in no event later than **24 hours after the exposure incident**. If an exposure incident as defined in the standard has taken place, other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

Exposure Control

Q. What is an exposure control plan?
A. The exposure control plan is the employer's written program That outlines the protective measures an employer will take to eliminate or minimize employee exposure to blood and OPIM.
The exposure control plan must contain at a minimum:
(1) The exposure determination which identifies job classifications and, in some cases, tasks and procedures where there is occupational exposure to blood and OPIM;
(2) the procedures for evaluating the circumstances surrounding
an exposure incident; and (3) a schedule of how and when other provisions of the standard will be implemented, including methods of compliance, HIV and HBV research laboratories and production facilities requirements, hepatitis B vaccination and post-exposure follow-up, communication of hazards to employees, and recordkeeping.

Q. How often must the exposure control plan be reviewed?
A. The standard requires an annual review of the exposure control plan. In addition, whenever changes in tasks, procedures, or employee positions affect or create new occupational exposure, the existing plan must be reviewed and updated accordingly.

Q. Must the exposure control plan be accessible to employees?
A. Yes, the exposure control plan must be accessible to employees, as well as to OSHA and NIOSH representatives. The location of the plan may be adapted to the circumstances of a particular workplace, provided that employees can access a copy at the workplace during the workshift. If the plan is maintained solely on computer, employees must be trained to operate the computer.
A hard copy of the exposure control plan must be provided within 15 working days of the employee's request in accordance with 29 CFR 1910.1020.

Q. What should be included in the procedure for evaluating an exposure incident?
A. The procedure for evaluating an exposure incident shall include:
- the engineering controls and work practices in place
- the protective equipment or clothing used at the time of the exposure incident
- an evaluation of the policies and "failures of controls at the time of the exposure incident.

Methods of Control   Universal Precautions

Q. What is meant by the term Universal Precautions?
A. Universal Precautions is OSHA's required method of control to protect employees from exposure to all human blood and OPIM. The term, "Universal Precautions," refers to a concept of bloodborne disease control which requires that all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Personal Protective Equipment
Gloves

A. Disposable gloves shall be replaced as soon as practical after they have become contaminated, or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. Hands must be washed after the removal of gloves used as PPE, whether or not the gloves are visibly contaminated.
Q. What are some alternatives when an employee is allergic to the gloves provided?
A. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives must be provided for employees who are allergic to the gloves that are normally provided.

Housekeeping

Q. What type of disinfectant can be used to decontaminate equipment or working surfaces which have come in contact with blood or OPIM?
A. EPA registered tuberculocidal disinfectants are appropriate for the cleaning of blood or OPIM. A solution of 5.25 percent sodium hypochlorite, (household bleach), diluted between 1:10 and 1:100 with water, is also acceptable for cleaning contaminated surfaces.
Quaternary ammonium products are appropriate for use in general housekeeping procedures that do not involve the cleanup of contaminated items or surfaces.
The particular disinfectant used, as well as the frequency with which it is used, will depend upon the circumstances in which a given housekeeping task occurs (i.e., location within the facility, type of surface to be cleaned, type of soil present, and tasks and procedures being performed). The employer's written schedule for cleaning and decontamination should identify such specifics on a task-by-task basis.

Regulated Waste

Q. What does OSHA mean by the term "regulated waste"?
A. The Bloodborne Pathogens Standard uses the term, "regulated waste," to refer to the following categories of waste which require special handling at a minimum; (1) liquid or semi-liquid blood or OPIM; (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or OPIM.

Hepatitis B Vaccination and Post-Exposure Follow-up Procedures

Q. Who must be offered the hepatitis B vaccination?
A. The hepatitis B vaccination series must be made available to all employees who have occupational exposure. The employer does not have to make the hepatitis B vaccination available to employees who have previously received the vaccination series, who are already immune as their antibody tests reveal, or who are prohibited from receiving the vaccine for medical reasons.
Q. When should the hepatitis B vaccination be offered to employees?
A. The hepatitis B vaccination must be made available within 10 working days of initial assignment, after appropriate training has been completed. This includes arranging for the administration of the first dose of the series.
Q. Can the hepatitis B vaccination be made a condition of employment?
A. OSHA does not have jurisdiction over this issue.
Q. Whose responsibility is it to pay for the hepatitis B vaccine?
A. The responsibility lies with the employer to make the hepatitis B vaccine and vaccination, including post-exposure evaluation and follow-up, available at no cost to the employees.

Training

Q. Which employees must be trained?
A. All employees with occupational exposure must receive initial and annual training.
Q. What are the qualifications that a person must possess in order to conduct employee training regarding bloodborne pathogens?
A. The person conducting the training is required to be knowledgeable in the subject matter covered by the elements in the training program and be familiar with how the course topics apply to the workplace that the training will address. The trainer must demonstrate expertise in the area of occupational hazards of bloodborne pathogens.
Q. Where could information be obtained for conducting training on the Bloodborne Pathogens Standard?
A. OSHA's Office of Information and Consumer Affairs (OICA) has developed brochures, factsheets, and a videotape on the standard. Single copies of the brochure and factsheets can be obtained by writing OSHA Publications, 200 Constitution Avenue, NW, Room N3101, Washington, DC 20210 or by calling (202) 219-8148 the videotape is available through the National Audio Visual Center and the number is (301) 763-1896. All information available through OICA should be used as a supplement to the employer's training program. Other sources of information include local Area and Regional OSHA Offices. In addition, each Regional Office has a Bloodborne Pathogens Coordinator who answers compliance and related questions on the standard.
Q. Who are some examples of persons who could conduct training on the bloodborne standard?
A. Examples of health care professionals include infection control practitioners, nurse practitioners, and registered nurses. Non-health care professionals include industrial hygienists, epidemiologists or professional trainers, provided that they can demonstrate evidence of specialized training in the area of bloodborne pathogens.
Q. What is included in the training record?
A. The training record contains the dates of the training, the contents or a summary of the training sessions, the names and job titles of all persons attending the training, and the names and qualifications of the persons conducting the training.
Q. How long must the training records be kept?
A. Training records must be retained for 3 years from the training date.

CPSC

The U.S. Consumer Product Safety Commission (CPSC) protects the public from unreasonable risks of injury or death from over 15,000 types of consumer products under the agency's jurisdiction. The Commission offers services to consumers and ways they can obtain safety information.

CPSC has a number of recommendations and guidelines for safe child care settings, equipment and playgrounds. We follow CPSC recommendations in our centers.

Please ensure that you have policies in your parent handbook concerning the following hazards:

- Draw strings loose clothing or flowing scarves should not be worn for play. This is a potential strangulation hazard as these items can get caught in small openings on slides, swings and climbers.

- Soft bedding in cribs. All infant cribs (applies to children 12 months and younger) should not have excess blankets, soft toys or loose bumpers in the crib. This is a potential suffocation hazard.

More information on these recommendations as well as complete information on product and toy recalls can be found on the CPSC web site. http://www.cpsc.gov

CPSC offers an e-mail subscription service, which automatically distributes Commission news releases and other information. To be added to the subscription list send an e-mail message to : listproc@cpsc.gov. Do not enter any subject in the body of the message, enter: sub CPSCINFO-L Firstname Lastname.

Consumer Product Safety Commission

Soft Bedding May Be Hazardous To Babies

To prevent infant deaths due to soft bedding, *the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Institute of Child Health and Human Development* are revising their recommendations on safe bedding practices when putting infants down to sleep. Here are the revised recommendations to follow for infants under 12 months:

Safe Bedding Practices For Infants

- **Place baby on his/her back on a firm tight-fitting mattress in a crib that meets current safety standards.**
- **Remove pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib.**
- **Consider using a sleeper or other sleep clothing as an alternative to blankets, with no other covering.**
- **If using a blanket, put baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.**
- **Make sure your baby's head remains uncovered during sleep.**
- **Do not place baby on a waterbed, sofa, soft mattress, pillow, or other soft surface to sleep.**

Placing babies to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Babies have been found dead on their stomachs with their faces, noses, and mouths covered by soft bedding, such as pillows, quilts, comforters and sheepskins. However, some babies have been found dead with their heads covered by soft bedding even while sleeping on their backs.

U.S. Consumer Product Safety Commission Web site: www.cpsc.gov 1-800-638-2772	American Academy of Pediatrics Web site: www.aap.org	National Institute of Child Health and Human Development "Back to Sleep" Campaign 1-800-505-CRIB

The U.S. Consumer Product Safety Commission protects the public from the unreasonable risk of injury or death from 15,000 types of consumer products under the agency's jurisdiction. To report a dangerous product or a product-related injury, you can go to CPSC's forms page and use the first on-line form on that page. Or, you can call CPSC's hotline at (800) 638-2772 or CPSC's teletypewriter at (800) 638-8270, or send the information to info@cpsc.gov. Consumers can obtain this publication and additional publication information from the Publications section of CPSC's web site or by sending your publication request to publications@cpsc.gov. If you would like to receive CPSC's recall notices, subscribing to the email list will send all press releases to you the day they are issued.

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Consumer Product Safety Commission

Strings Can Strangle Children On Playground Equipment: Safety Alert

CPSC Document #5094

Clothing strings, loose clothing, and stringed items placed around the neck can catch on playground equipment and strangle children.

The U.S. Consumer Product Safety Commission has received reports of deaths when these items became caught on playground equipment, especially slides and swings. Items included strings on clothing (such as hoods and attached mittens), loose clothing (such as scarves and ponchos), and other items (such as jump ropes) placed around the neck. These items caught on protrusions, open-ended hooks, gaps, and other parts of playground equipment.

Avoid dressing children in loose or stringed clothing if they will be on playground equipment.

WARNING!

Clothing strings, loose clothing, and stringed items placed around the neck can strangle a child.

Never dress a child in loose or stringed clothing if they will be on playground equipment.

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The U.S. Consumer Product Safety Commission protects the public from the unreasonable risk of injury or death from 15,000 types of consumer products under the agency's jurisdiction. To report a dangerous product or a product-related injury, you can go to CPSC's forms page and use the first on-line form on that page. Or, you can call CPSC's hotline at (800) 638-2772 or CPSC's teletypewriter at (800) 638-8270, or send the information to info@cpsc.gov. Consumers can obtain this publication and additional publication information from the Publications section of CPSC's web site or by sending your publication request to publications@cpsc.gov. If you would like to receive CPSC's recall notices, subscribing to the email list will send all press releases to you the day they are issued.

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Include a policy in your parent handbook on placing infants on their backs for sleeping. Make sure staff are trained in this policy. Information, posters and brochures for parents on SIDS and the Back to Sleep campaign can be ordered using the number above.

tuition assistance

Your center should have an active tuition assistance plan. Usually the Federal Board of Directors establishes this plan and is responsible for the fund raising efforts needed to fund this program.

Fundraising on Federal property and in the center is allowed if sponsored by a not for profit entity and initiated for this tuition assistance program. Fundraising for the benefit of the child care provider is not allowed, especially if your company is organized as a for profit business.

Legislation was passed in 2000 to allow Federal Agencies to subsidize the child care costs for their lower income employees. Each agency establishes its own requirements. Reimbursement payments are paid directly to the center for those families served by this program. This program is commonly referred to as the "Morella Legislation". This authority has been codified in U.S.C. 40 section 590. Any federal employee who inquires about this legislation should be referred back to the personnel office of their own agency to find out if they are eligible to participate. A list of current federal agency points of contact is included.

Active duty Army personnel are also eligible for a subsidy program through the army administered by GSA. Information and applications for this program can be found at www.gsa.gov/childcare. Any Army families who have questions should call Judy Gonzalez at: **Soldier/GSA Child Care Subsidy Initiative** (816) 823-4578 or via email: army.childcare@gsa.gov.

Coast Guard employees are eligible for a subsidy program also administered through GSA. Information and applications for this program can be found at www.gsa.gov/childcare. Questions can be directed to Judy Gonzalez.

Corps of Engineer (COE) employees are eligible for a Department of Defense subsidy administered by the National Association of Child Care Resource and Referral Agencies (NACCRRA). COE employees should follow the instructions for the army at: http://www.naccrra.org/military/index.php even though COE employees are not specifically listed as eligible.

All active duty service personnel (Air Force, Army, Navy, Marines) are eligible for a military subsidy and can find information and applications at: http://www.naccrra.org/military/index.php

Child Care Subsidy Points of Contact

http://www.opm.gov/Employment_and_Benefits/worklife/FamilyCareIssues/ChildCare_Subsidy/CCS_POC.asp

All agencies are allowed by code (U.S.C. 40 section 590) to use appropriated funds to subsidize the cost of child care for their lower graded employees. Each agency is allowed to create and administer its own program. Any question from employees who work for agencies not listed below must be directed back to their own employing agency for further information on the program.

Federal Agency	FY 2005 Income Ceiling	2005-2006 Federal Agency Point of Contact	2005-2006 Point of Contact Information	2005 Sub Prog Admin
Central Intelligence Agency	$60,000	Kendra Myers	703-874-4269	FEEA
Department of Education	$50,000	LaJuan Darby	202-401-9549	Department of Education
Department of Labor	$59,999	Brooke Brewer	202-693-7616	FEEA
Department of State	$68,000	Patricia Pittarelli	202-261-8174	FEEA
Department of the Interior	$42,000	Joy Buhler	202-219-0811	GSA
Department of Transportation-Federal Railroad Administration	$65,000	Yvonne Inman	202-493-6122	FEEA
Environmental Protection Agency	$69,000	Pamela Parker	202-564-7916	FEEA
Federal Energy Regulatory Commission	$56,297	Bessine Squirewell	202-502-8388	HR Division
General Services Administration (GSA)	$56,800	Marge Higgins	202-501-3764	GSA
Health and Human Services/CDC	$60,000	Connie Blalock	770-488-1915	FEEA
Health and Human Services/FDA	$60,000	Elizabeth Berbakos	301-827-4029	FEEA
Health and Human Services/HRSA	$40,000	Georgia Lyons	301-443-4618	FEEA
Health and Human Services/NIH	$60,000	Mary Ellen Savarese	301-402-8180	FEEA
Health and Human Services/OS/AoA	$50,000	Lenora Porzillo	301-443-0055	FEEA
Health and Human Services/PSC	$60,000	Lenora Porzillo	301-443-0055	FEEA

Federal Agency	FY 2005 Income Ceiling	2005-2006 Federal Agency Point of Contact	2005-2006 Point of Contact Information	Prog Admin
Housing and Urban Development	$60,000	Debbie Rizzo	202-708-523	FEEA
Housing and Urban Development/OIG	$60,000	Chandra Mason	202-708-0614	FEEA
Internal Revenue Service/OCC	$45,000	Susan Nieser	202-874-1977	FEEA
National Labor Relations Board	$44,863	Rochelle Wilson	202-273-0053	FEEA
Nuclear Regulatory Commission	$55,000	Carolyn Swanson	301-415-7530	FEEA
Office of Personnel Management	$60,000	Christina Kominoth	202-606-2672	FEEA
Pension Benefit Guaranty Corporation	$67,775	Henry Broitman	202-326-4110	FEEA
Railroad Retirement Board	$60,000	Pamela Baran	312-751-3356	FEEA
Securities and Exchange Commission	$50,000	Carol Hallowell	202-551-4107	FEEA
Treasury/Bureau of Public Debt	$30,000	Brenda Cunningham	304-480-8485	Bureau of Public Debt
Treasury/U.S. Mint	$55,000	Barbara Fleming	202-354-7865	FEEA
U.S. Department of Agriculture/FAS	$59,999	Constance Smith	202-720-8386	FFA
U.S. Department of Agriculture/FSA	$59,999	Constance Smith	202-720-8386	FFA
U.S. Department of Agriculture/REE	$59,999	Constance Smith	202-720-8386	FEEA
Veterans Affairs	$60,000	Maxcine Sterling	202-273-9924	FEEA

GSA and US Army Partner for
Affordable High Quality Child Care for Active Duty Army Personnel

Soldier/GSA Child Care Subsidy Initiative

Active duty Army personnel will be able to use **Accredited GSA centers** and be charged the same rate they would be charged if they were receiving care on a Military base. The **Army** National Guard, Reserves, ROTC, MEPS and Recruiters are eligible. The GSA provider will charge the regular Federal rate and the difference between the Army rate and the Federal rate will be reimbursed to the child care provider.

All questions on eligibility and application for the subsidy should be addressed to the GSA Heartland Finance Center. All questions on center enrollment policies should be addressed to the child care center.

The program will be administered by the GSA Heartland Finance Center. Judy Gonzales is the point of contact**: 816-823-4578**. Sharon or Anita can help if Judy is unavailable.

GSA PROVIDERS WILL:

◊ Help market to and advertise to the target Army population
◊ Direct all questions of participants to the GSA Finance Center
◊ Fill out the Finance form to include, Federal ID number and Bank Electronic Funds Transfer Information
◊ Send an invoice for services to the GSA Finance Center
◊ Receive payment by EFT from the GSA Finance Center

PARTICIPATING PARENTS WILL:

◊ Be responsible for submitting all forms to the GSA Finance Center: Required forms include GSA Form 3674 and 3674A, copy of orders or copy of ID verifying active duty status, pay or income statement and all other information as required.

APPLICATION FORMS CAN BE DOWN LOADED FROM WWW.GSA.GOV/CHILDCARE

ARMY CHILD DEVELOPMENT CENTER FEE RANGES
2002

I	$0 – 28,000	$42	$42
II	$28,001 – 34,000	$58	$62
III	$34,001 – 44,000	$69	$75
IV	$44,001 – 55,000	$82	$88
V	$55,001 – 70,000	$97	$101
VI	$70,001 +	$110	$118

Average fees will be updated annually.
High Cost areas are locations like: New York City and Washington DC

Before/After school Care rates based on an average of 5 hours/day, 5 days/week = 25/wk

I	$0 – 28,000	$18	$18
II	$28,001 – 34,000	$31	$33
III	$34,001 – 44,000	$37	$40
IV	$44,001 – 55,000	$42	$46
V	$55,001 – 70,000	$48	$53
VI	$70,001 +	$52	$57

The GSA Heartland Finance Center will be responsible for reviewing and establishing the proper fee and subsidy rate for each participant.

These fees are subject to change without notice.

GSA Public Buildings Service
Office of Child Care
26 Federal Plaza, Room 2-128
New York, NY 10278
212.264.8321
www.gsa.gov/childcare