

**CHILD DEVELOPMENT CENTER  
COMMAND NAME  
FY04**

<b>INSPECTION SUMMARY</b>			
	<b>Number of Criteria</b>	<b>MET</b>	<b>NOT MET</b>
<b>A. PHYSICAL ENVIRONMENT</b>			
1. Facility/Safety	9	0	0
2. Outdoor Activity Area	6	0	0
3. Equipment and Supplies	7	0	0
<b>TOTAL FOR SECTION A</b>	<b>22</b>	<b>0</b>	<b>0</b>
<b>B. FIRE PROTECTION AND HEALTH</b>			
<b>TOTAL FOR SECTION B</b>	<b>14</b>	<b>0</b>	<b>0</b>
<b>C. DEVELOPMENTAL PROGRAM AND PARENT INVOLVEMENT</b>			
1. Environment	5	0	0
2. Curriculum	8	0	0
3. Caregiver Interaction	13	0	0
4. Parent Involvement	5	0	0
<b>TOTAL FOR SECTION C</b>	<b>31</b>	<b>0</b>	<b>0</b>
<b>D. CHILD ABUSE PROTECTION</b>			
<b>TOTAL FOR SECTION D</b>	<b>14</b>	<b>0</b>	<b>0</b>
<b>E. NUTRITION AND FOOD SERVICE</b>			
<b>TOTAL FOR SECTION E</b>	<b>10</b>	<b>0</b>	<b>0</b>
<b>F. STAFF QUALIFICATIONS AND TRAINING</b>			
1. Staffing And Qualifications	7	0	0
2. Training	11	0	0
<b>TOTAL FOR SECTION F</b>	<b>18</b>	<b>0</b>	<b>0</b>
<b>G. MANAGEMENT AND ADMINISTRATION</b>			
1. General	15	0	0
2. Record Keeping	5	0	0
<b>TOTAL FOR SECTION G</b>	<b>20</b>	<b>0</b>	<b>0</b>

**CERTIFICATION INSPECTION  
CHILD DEVELOPMENT CENTER  
COMMAND NAME  
FY04**

NPC Child Development Specialists will review indoor and outdoor facilities, supplies, and equipment, observe classroom operations, review records and written policies and procedures, conduct a parent survey and staff survey, and discuss operations with child development, MWR, and command leadership. The following criteria will be used.

<b>A. PHYSICAL ENVIRONMENT</b>		
<b>1. Facility/Safety</b>	<b>MET</b>	<b>NOT MET</b>
a. All facilities used for full day and hourly care meet the construction criteria in Unified Facilities Criteria UFC 4-740-14 and fire protection criteria in NFPA 101 Life Safety Code (except as noted in Section 21.0 of OPNAVINST 1700.9D).	X	
b. Facilities housing only part-day preschools and/or hourly care meet Life Safety Code NFPA 101 criteria for Educational Occupancies.	X	
c. Each activity room has a minimum of 35 sq. ft. of usable space per child. Each age group has a defined space. An additional 25 sq. ft. is available in infant areas. Activity rooms used by non-walking children have adequate floor space for play.	X	
d. There is adequate space for a reception area, administrative offices, staff lounge, food preparation and storage, laundry, and an area to isolate sick children outside of the classroom. (Refer to UFC Section 2-4.)	X	
e. Toilets and sinks are located within each activity room (one sink for every 5 pre-toddlers, one toilet for every 10 pre-toddlers, one sink/toilet for every 7 toddlers, and one sink/toilet for every 12 preschoolers). Platforms are provided so children can reach toilets and sinks that are not child size.	X	
f. Hand washing areas have hot and cold mixing faucets with comfortable water temperature (60 – 110 degrees), liquid soap, and disposable towels.	X	
g. Diaper change areas have a sink with hot and cold water, liquid soap, and disposable towels. Waterless handwashing solution is used as interim measure. Separate sinks are used for diapering and food preparation.	X	
h. Interior inspections of the facility, equipment, and furnishings are conducted daily and documentation is maintained.	X	
i. Interior design and finish minimize exposure to health and safety hazards. There are no evident trip or fall hazards in the center or on playgrounds.	X	
<b>Total for Facility/Safety</b>	<b>9</b>	<b>0</b>

<b>2. Outdoor Activity Areas</b>	<b>MET</b>	<b>NOT MET</b>
a. There is a 75-sq. ft. of usable playground space per child or playtime is scheduled for specific ages. (Refer to UFC Section 6-3.1)	X	
b. Separate outdoor play areas are provided for children under 3 years old.	X	
c. Playgrounds are enclosed by a fence at least 5 feet high. Horizontal slat fencing is not used. (Refer to UFC Section 6-5.1)	X	
d. Outdoor play areas are inspected daily. Inspection documentation is maintained.	X	
e. Shade is available on the playground. (Refer to UFC Section 6-5.3)	X	
f. Playground equipment, fall zones, and impact surfaces meet Consumer Products Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) Standards. (Refer to UFC Section 6-5.4)	X	
<b>Total for Outdoor Activity Areas</b>	<b>6</b>	<b>0</b>

<b>3. Equipment and Supplies</b>	<b>MET</b>	<b>NOT MET</b>
a. There is adequate indoor and outdoor equipment, toys, and supplies that are age appropriate, multicultural, gender diverse, well maintained, and properly stored. A minimum of 5 classroom toys per child is recommended.	X	
b. Each child over 12 months has one appropriately sized chair, table space, and cot with a sheet. High chairs are not used for children over 12 months of age.	X	
c. Cots are placed at 3 feet intervals or children are placed in alternating head-to-foot positions for sleeping.	X	
d. Each child under 12 months has a crib with a sheet. Cribs are spaced at 3 feet intervals or end-to-end if crib ends are of solid construction. Infants are placed to sleep following CPSC guidelines.	X	
e. Separate storage is available for children's personal items.	X	
f. Adequate indoor storage space is provided. Closets are clean and organized.	X	
g. Adequate storage space is provided and used for outdoor toys and equipment to protect them from the elements and/or possible loss. (Refer to UFC Section 6-5.2)	X	
<b>Total for Equipment and Supplies</b>	<b>7</b>	<b>0</b>
<b>TOTAL FOR SECTION A PHYSICAL ENVIRONMENT</b>	<b>22</b>	<b>0</b>

<b>B. FIRE PROTECTION AND HEALTH</b>	<b>MET</b>	<b>NOT MET</b>
1. Monthly fire inspections and evacuation drills are conducted, documented, and deficiencies corrected. One of the twelve inspections is comprehensive and includes facilities and maintenance.	X	
2. Monthly health and sanitation inspections are conducted, documented and deficiencies corrected. One of the twelve inspections is comprehensive and includes a review of children's and personnel records.	X	
3. Cleaning supplies (other than bleach solution) and other chemicals are kept in locked storage.	X	
4. Staff use the Centers for Disease Control diapering, handwashing, and sanitation procedures. Procedures are posted at adult and children's sinks, and diapering areas.	X	
5. Tissues, liquid soap, and disposable towels are available and stored within children's reach. Staff and children wash hands at appropriate times.	X	
6. Bleach and water or an EPA approved disinfectant is used to clean all surfaces including tables and chairs. Toys and equipment are cleaned at least weekly. Infant toys are cleaned and sanitized at least daily and mouthed toys are removed from the play area until sanitized.	X	
7. Universal precautions are used when cleaning up blood or other body fluids.	X	
8. There is an accessible first aid kit equipped with materials for emergency cleaning and protection of wounds.	X	
9. Children who become sick are removed from the classroom to the isolation area or other supervised area.	X	
10. Oral health routines are in place for children over three years. Toothbrushes are properly stored.	X	
11. Adequate laundry facility or service is available to clean crib sheets at least daily and when soiled. If hourly care is provided, they are cleaned after each child's use. Cot sheets are cleaned weekly or when soiled.	X	
12. Cribs are sanitized daily and cots are sanitized at least weekly, and when soiled, using bleach and water or an approved product.	X	
13. All classrooms and administrative areas are clean and well maintained.	X	
14. Material Safety Data Sheets (MSDS) are available on any products or supplies requiring safety references.	X	
<b>TOTAL FOR SECTION B FIRE PROTECTION AND HEALTH</b>	<b>14</b>	<b>0</b>

<b>C. DEVELOPMENTAL PROGRAM AND PARENT INVOLVEMENT</b>		
<b>1. Environment</b>	<b>MET</b>	<b>NOT MET</b>
a. Caregivers prepare the environment for children to learn through active exploration and interaction with adults, other children, and materials.	X	
b. Indoor areas are arranged so children select many of their own activities from among a variety of learning areas including dramatic play, blocks, science, math, manipulatives, language arts, creative art, and music.	X	
c. Shelves and interest areas are labeled appropriately using pictures, symbols, or words.	X	
d. The daily schedule and program of activities is posted and available to parents and substitute caregivers.	X	
e. Decisions that have a major impact on children, such as group assignments are made on the basis of a combination of relevant information, particularly observations by the T&C Specialist, caregivers, and parents. Room assignment transitions are well planned to allow the transitioning child to adjust. Continuity of care is a primary consideration. Group assignments are not changed more than once in a 12 month period.	X	
<b>Total for Environment</b>	<b>5</b>	<b>0</b>

<b>2. Curriculum</b>	<b>MET</b>	<b>NOT MET</b>
a. The schedule provides a balance of indoor/outdoor, quiet/active, individual/small/large group, and child/adult initiated activities.	X	
b. Activities are based on documented staff observations of children and reflect the interests, needs, and developmental levels of the children. Curriculum is responsive to individual differences in ability and interests.	X	
c. Program activities are consistent with NAEYC developmentally appropriate practices and reflect the developmental levels of children, encourage children to think, reason, question, experiment, and provide opportunities to develop communication skills.	X	
d. Curriculum is designed to develop children's knowledge and skills in all developmental areas – physical, social, emotional, and intellectual – and to help children establish a foundation for lifelong learning.	X	
e. Children are provided many opportunities to see how reading and writing are useful before they are instructed in letter names, sounds, and word identification. An abundance of activities are provided to develop language and literacy through meaningful experiences.	X	
f. Television or computer time is limited to 30 minutes per day.	X	
g. Multi-cultural and gender diverse activities and materials are provided to enhance individual children's self-esteem and to enrich the lives of all children with respectful acceptance and appreciation of differences and similarities.	X	
h. Hourly care programs are planned so children can easily move in and out of activities.	X	
<b>Total for Curriculum</b>	<b>8</b>	<b>0</b>

<b>3. Caregiver Interaction</b>	<b>MET</b>	<b>NOT MET</b>
a. Caregivers have a group of primary children. Children are assigned to one consistent primary caregiver.	X	
b. Two caregivers are with groups at all times (one is full time for continuity). The one exception is that one caregiver is acceptable when children older than 12 months are sleeping (if several children are awake and up playing two staff must be present). Staff required to meet the staff:child ratios remain in the building during rest time and are available to assist with emergencies.	X	
c. Caregivers are responsible for all children under their supervision at all times and plan for increasing independence as children acquire skills.	X	
d. Caregivers talk with children in a pleasant voice, use simple language and make frequent eye contact.	X	
e. Caregivers demonstrate successful transition activities so children do not wait in line or sit for long periods of time.	X	
f. Interaction between staff and children is frequent and promotes the child's self-esteem and self-confidence and positive feelings toward learning.	X	
g. Staff facilitate the development of self-control in children by using positive guidance techniques. Caregivers' expectations match and respect children's developing capabilities.	X	
h. Caregivers are supportive of children as they acquire skills and develop independence. Caregivers watch carefully, allow the children to accomplish tasks according to their ability, and offer supportive assistance with tasks that are frustrating.	X	
i. Caregivers respect children's developing preferences for familiar objects, foods, and people.	X	
j. Caregivers engage in conversations with children to expand on language development. Caregivers use simpler or more complex language based on their observations and knowledge of the child's abilities.	X	
k. Caregivers are especially responsive to infants/pretoddlers during routines, and accommodate feeding and sleeping schedules. Infant feeding chairs are used on a limited basis.	X	
l. Caregivers engage in many one-to-one, face-to-face interactions with infants. All interactions are characterized by gentle, supportive responses to promote the beginning of communication.	X	
m. Caregivers hold and carry infants frequently to provide them with a wide variety of experiences. They talk to the infant before, during and after moving the infant around.	X	
<b>Total for Caregiver Interaction</b>	<b>13</b>	<b>0</b>

4. Parent Involvement	MET	NOT MET
a. The Parent Advisory Board meets regularly, minutes are taken, and recommendations are forwarded to the responsible commander or designee for review/approval. A management staff member is assigned to represent the program, assist with coordination, and maintain documentation.	X	
b. Parents have unlimited access to their child, are informed of their activities, and have the opportunity to meet with their child's primary caregiver.	X	
c. Caregivers work in partnership with parents, communicating daily to build mutual understanding and greater consistency for children.	X	
d. Parent conferences are offered at least annually and documented in children's records. Staff helps parents anticipate their child's next stage of development.	X	
e. Child abuse prevention and education is made available to parents.	X	
<b>Total for Parent Involvement</b>	<b>5</b>	<b>0</b>
<b>TOTAL FOR SECTION C DEVELOPMENTAL PROGRAM AND PARENT INVOLVEMENT</b>	<b>31</b>	<b>0</b>

<b>D. CHILD ABUSE PROTECTION</b>	<b>MET</b>	<b>NOT MET</b>
1. Local written procedures for child abuse prevention, identification, and reporting requirements are accurate and provided to all employees and parents. All employees receive annual training and know reporting and prevention requirements.	X	
2. IRC background screenings have been completed on all employees prior to employment. All SCHR and FBI background checks have been initiated prior to employment. Employees without completed SCHR/FBI checks can be readily identified and work within line of sight of an employee with completed checks.	X	
3. All rooms have windows, vision panels or other means of visual access (including closets unless permanent shelving prevents access). Artwork or draperies do not obstruct vision.	X	
4. Rooms are not completely darkened when children are present.	X	
5. Doors on toilet stalls for children under 5 years are removed or a half door is provided to allow visual access.	X	
6. Diapering areas are visible to other adults.	X	
7. Exterior doors (other than main entrance and kitchen) that do not lead to fenced areas are alarmed or secured.	X	
8. Access to children by anyone except employees or parents is limited. Reception desk is staffed to control access to facility at all times.	X	
9. All visitors sign in and out of center.	X	
10. Parents sign children in and out of the center and escort children to classroom.	X	
11. Playground gates are secured with panic hardware to prevent unauthorized entry and allow emergency evacuation.	X	
12. Staff and visitors wear means of identification.	X	
13. Appropriate child guidance and touch policy is posted in classrooms.	X	
14. The DoD Child Abuse and Safety Hotline Number is posted in a visible area where staff and parents have easy access. DoD Hotline number is in the parent handbook.	X	
<b>TOTAL FOR SECTION D CHILD ABUSE PROTECTION</b>	<b>14</b>	<b>0</b>



<b>E. NUTRITION AND FOOD SERVICE</b>	<b>MET</b>	<b>NOT MET</b>
1. Meals and snacks meet USDA meal component requirements for each age group, with enough food to allow for seconds.	X	
2. Food preparation, handling, serving, and dishwashing, is in accordance with NAVMED P-5010-1. (Refer to UFC Section 4-10.)	X	
3. Meals or snacks are scheduled every 2-3 hours with ample time provided to eat.	X	
4. The menu for the current week is posted. Appropriate substitutions are posted prior to service.	X	
5. Meals and snacks are served family style. Appropriate child sized utensils are provided for all children for serving and eating.	X	
6. Caregivers sit at the table, eat, and talk with children during meals.	X	
7. Caregivers accommodate infant's eating schedules and hold them for bottle feedings. Caregivers feed no more than 2 infants at a time.	X	
8. Microwave ovens are not used to warm infant bottles or food in the original container. Infant food and bottles are labeled, refrigerated, and returned to parents at the end of the day.	X	
9. All food preparation and food service surfaces are washed and sanitized before and after serving food.	X	
10. Children wash their hands before touching food. Caregivers supervise children to ensure they do not touch serving utensils after sneezing, coughing, putting their hands in their mouths, etc.	X	
<b>TOTAL FOR SECTION E NUTRITION AND FOOD SERVICE</b>	<b>10</b>	<b>0</b>

<b>F. STAFF QUALIFICATIONS AND TRAINING</b>		
<b>1. Staffing and Qualifications</b>	<b>MET</b>	<b>NOT MET</b>
a. A designated supervisor is available during all hours of operation who has the authority to make decisions and handle parent complaints.	X	
b. The minimum staff/child ratios and maximum group sizes are adhered to at all times. * For children over 12 months, ratios can double when children are sleeping.	X	
c. Mixed age groups follow ratio for the youngest children when they comprise more than 20% of the group. Children transition only once when rooms are combined in the early morning and late afternoon.	X	
d. Only employees providing direct care are counted in ratios.	X	
e. The CDPA and center director are classified in the 1701 series and have a 4 year degree (or combination of education and experience that meets the OPM qualifications standards for positions in early childhood education or related field).	X	
f. The T&C Specialist has a 4 year degree in Early Childhood Education.	X	
g. Caregivers are at least 18 years of age, have a high school diploma or equivalent, and can read, write, and speak English.	X	
<b>Total for Staffing and Qualifications</b>	<b>7</b>	<b>0</b>

<b>2. Training</b>	<b>MET</b>	<b>NOT MET</b>
The following minimum training requirements are documented in employee's file:		
<u>Position</u>	<u>Training Requirements</u>	
a. CDPA / CDC/ T&C	Annual Training	X
b. All Staff	Child abuse protection within 60 days and annually Annual BBP/HIV, Back Injury Prevention, Fire Safety	X
c. Caregivers	<u>Before caring for children</u> Duties, policies, safety, health, child abuse protection	X
d. Caregivers	<u>Within 60 days</u> First aid, Heimlich, CPR, child abuse modules	X
e. Caregivers	<u>Within 6 months</u> Blood Borne Pathogens, classroom management, child development, customer service, positive guidance	X
f. Caregivers	<u>Within 2 years</u> Complete standardized training program	X
g. Caregivers	<u>On-going</u> 4 hours monthly until modules are complete. After completion at least 2 hours monthly and total of 48 hours annually. Blood Borne Pathogens, customer service, child abuse protection, back injury prevention, healthy food service, fire safety, and ECERS/ITERS.	X
h. Food Service Personnel	6 hours initial training, 3 hours annual training	X
i. Operation Clerk	Cash handling	X
j. The T&C specialist spends time weekly in classrooms. T&C specialist maintains documentation of classroom observations, classroom training and role modeling.		X
k. T&C conducts annual Early Childhood Environmental Rating Scale (ECERS) and Infant and Toddler Environmental Rating Scale (ITERS) for each classroom.		X
<b>Total for Training</b>	<b>11</b>	<b>0</b>
<b>TOTAL FOR SECTION F STAFF QUALIFICATIONS AND TRAINING</b>		
	<b>18</b>	<b>0</b>

**G. MANAGEMENT AND ADMINISTRATION**

<b>1. General</b>	<b>MET</b>	<b>NOT MET</b>
<p>a. Standard Operating Procedures (SOPs) are approved by appropriate base agencies (e.g., fire, safety, and preventive medicine) are available to staff, and include:</p> <ul style="list-style-type: none"> <li>(1) Eligibility Priorities</li> <li>(2) Waiting List Policies and Referral Services</li> <li>(3) Hours of Operation</li> <li>(4) Fee Policy</li> <li>(5) Local/Regional Operating Policies</li> <li>(6) Child Abuse Protection Procedures</li> <li>(7) Medication and Sick Child Policy</li> <li>(8) Special Needs Board Guidelines</li> <li>(9) Parent Advisory Board Guidelines</li> <li>(10) Multi-Disciplinary Team Inspection Guidelines and Procedures</li> <li>(11) Command Inspection Requirements</li> </ul>	X	
<p>b. Employee handbook reflects current policies.</p>	X	
<p>c. Parent handbook reflects current policies.</p>	X	
<p>d. The Central Enrollment Waiting List is implemented. Children are placed without interruption of service between CDC, CDH, and SAC. Vacancies are filled in timely manner, there is a sufficient tracking system in place that notifies central enrollment when there will be vacancies and the process begins upon notice from parents. (See NPC ltr 1700 PERS-659 of 26 Sept 02)</p>	X	
<p>e. Three Tier Waiting List is implemented. There is a single waiting list for ages 0-12 for the entire program. (NPC ltr 1700 PERS-659 of 26 Sep 02)</p>	X	
<p>f. CDC Director has input into and has a copy of the most recent approved non-appropriated funds (NAF) budget, appropriated funds (APF) funding controls and MEO worksheets. Director monitors APF execution reports, monthly NAF income and expense reports, and can articulate current financial status including APF cost per child care space (for different age groups). Funding controls support MEO objectives.</p>	X	
<p>g. CDP management monitors the work schedule to ensure minimum ratios are maintained but excessive staffing (direct and supervisory) is avoided. Administrative procedures include attendance and staffing records for each classroom.</p>	X	
<p>h. There is an on-going plan to implement the most efficient organization. MEO tracking worksheets are completed twice annually (at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarters). Discrepancies are noted and reasonable to accomplish mission. Facility projects and renovations are approved by PERS-656 at 35%, 75% and 100% design.</p>	X	
<p>i. CDP publicity and marketing efforts ensure parents are familiar with all child care options available to them (e.g., CDC, CDH, and SAC). CDP management supports and promotes CDH and is knowledgeable about alternative non-Navy child care services.</p>	X	
<p>j. Effective cash handling procedures are in place.</p>	X	
<p>k. Parent fees are in accordance with DoD fee policy. Management can explain the fee policy and associated benefits to parents and can also explain child care cost drivers to Navy leadership.</p>	X	

l. CDP management is knowledgeable about food costs, economical food service, and procurement procedures. CDC participates in USDA food program (except overseas).	X	
m. CDP management tracks work order requests and monitors quality of services provided by other base support contracts (e.g., custodial).	X	
n. CDP management tracks personnel vacancies to ensure key billets are filled in a timely manner. NAF caregivers (GSE2-GSE5) are paid at the same minimum wage as Step 1 equivalent APF caregivers in accordance with the installation GS pay scale with locality. Positions are classified in correct series (e.g. 1701 and 1702). Wage grade employees (e.g., cook, custodian, clerk) are not classified in the 1701 or 1702 series.	X	
o. The CDC is nationally accredited or has an approved waiver, based on an achievable POA&M. Management has a plan to ensure re-accreditation is achieved before the expiration date.	X	
<b>Total for General</b>	<b>15</b>	<b>0</b>

<b>2. Record Keeping</b>	<b>MET</b>	<b>NOT MET</b>
a. Staff Records are complete and up to date. Individual staff records are maintained at the work site and include the Navy Caregiver Tracking Form with dates initiated and completed for: Statement of Admission Form Verification of personal and education reference checks Installation Record Check Local Security FAR Navy Central Registry State Criminal History Check FBI Check Medical Screening Navy CDC Caregiver Training Records	X	
b. Children's records are current and complete and contain the following information: CDP Registration Card Immunizations Child and Family Profile Approved Family Care Plan (NAVPERS 1740.6) Parent Fee Agreement Permission Slips (Field Trips, Photos, etc.) Incident/Accident Reports Medication Release	X	
c. CDP management maintains a daily record of medication administered.	X	
d. The command has designated a Multi-Disciplinary Team Inspection (usually coordinated with the CDH and SAC programs) that includes a representative with expertise in developmental programs, parent, fire, safety and health, and an installation command representative to inspect the CDC yearly. Reports are forwarded to the responsible commander and discrepancies are corrected. (Recommend conducting six months after NPC inspection)	X	
e. Current DoD Certificate to Operate is Posted	X	
<b>Total for Record Keeping</b>	<b>5</b>	<b>0</b>
<b>TOTAL FOR SECTION G MANAGEMENT AND ADMINISTRATION</b>	<b>20</b>	<b>0</b>