

**CHILD DEVELOPMENT HOMES  
COMMAND  
DATES OF INSPECTION**

<b>INSPECTION SUMMARY</b>			
	<b>NUMBER OF CRITERIA</b>	<b>MET</b>	<b>NOT MET</b>
A. MANAGEMENT AND ADMINISTRATION			
<b>TOTAL FOR SECTION A</b>	<b>17</b>		
B. PROVIDER CERTIFICATION			
1. Initial	10		
2. On-Going	2		
3. Annual Re-Certification Requirements	8		
<b>TOTAL FOR SECTION B</b>	<b>20</b>		
C. HOME VISITS			
<b>TOTAL FOR SECTION C</b>	<b>15</b>		

**CERTIFICATION INSPECTION  
CHILD DEVELOPMENT HOMES  
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NPC Child Development Specialists will review management and administration, provider certification and training, and conduct visits to 20% of active CDH providers homes, and discuss operations with CDH staff, MWR, and command leadership. The following criteria will be used.

<b>A. MANAGEMENT AND ADMINISTRATION</b>	<b>MET</b>	<b>NOT MET</b>
1. Command has policies to effectively prevent unauthorized care in Navy housing.		
2. Central Enrollment is implemented by 31 Dec 02. 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. (NPC ltr 1700 PERS-659 of 26 Sept 02)	X	
3. Three Tier Waiting List is implemented by 31 Dec 02. There is a single waiting list for ages 0-12 for the entire program. (NPC ltr 1700 PERS-659 of 26 Sep 02)	X	
4. The CDH Director and monitor's caseloads for certified and in-process providers are appropriate.	X	
5. If applicable, the CDH Director conducts 10% of monthly home visits for each CDH monitor's caseload for quality assurance. Visits are documented on the Navy CDH Home Visit Record. If applicable, CDPA randomly visits homes for quality control and documents finding on the Navy CDH Home Visit Record.	X	
6. The CDH Director position is classified in the GS-1701 series and incumbent meets educational requirements.	X	
7. The CDH Director and monitors receive appropriate annual training as outlined in the Navy T&C Specialist's Resource Guidebook.	X	
8. A Quality Review Board (QRB) has been established to recommend denial of initial applicants, and suspension and revocation of certified providers. QRB meets for annual re-certification when there is questionable information that may adversely affect the suitability of the provider to continue care. Documentation of all recommendations is maintained.	X	
9. CDH Director has a copy of CDH related portions of the most recent, approved NAF budget and APF funding controls and MEO worksheets. CDH Director monitors APF execution reports, monthly NAF income and expense reports, and can articulate current APF and NAF financial status including APF cost per child care space for subsidized spaces. Funding controls support MEO objectives.	X	
10. CDH subsidies are used to shift the balance of infants and toddlers from CDC to CDH, increase the availability of child care spaces, and retain certified providers. Subsidies are effectively managed and monitored.	X	
11. CDH staff conducts and documents unannounced home visits to each provider at least monthly. Visits are documented on the Navy CDH Home Visit Record and include the time and date, discrepancies, and follow-up corrective actions. A copy is left with the provider and a copy is maintained in provider's file.	X	

12. CDH staff is interviewed, procedures reviewed, and at least 10 percent of certified CDH homes are visited as part of the annual child development Command Multi-Disciplinary Team Inspection. Documentation indicates corrective action has been taken within 90 days of the date of inspection.	X	
13. The CDH office maintains a current copy of each enrolled child's Navy CDP Registration card. Cards are reviewed and signed annually to insure information is current.	X	
14. The CDH office maintains current provider files that include family interview, health screening, Navy CDH Provider Certification Record including initiated and completed background screenings, Statement of Admission Form, insurance coverage, CDH Self-Assessment Agreement, CDH Home Visit Record, Navy CDH Provider Training Record, and Fire/Safety, Health, and Program inspection checklists.	X	
15. Standard Operating Procedures (SOPs ) reflect current program policies, procedures, and responsibilities. SOPs include responsibilities of providers, recruitment, screening, certification, training, subsidy procedures, and required inspections.	X	
16. The Navy CDH Provider Handbook is used for orientation training and gives applicants an overview of procedures, including child abuse protection.	X	
17. There is a current Parent Handbook that describes policies and procedures, including child abuse protection and the DOD Hotline number.	X	
<b>TOTAL FOR SECTION A MANAGEMENT AND ADMINISTRATION</b>	<b>17</b>	<b>0</b>

<b>B. PROVIDER CERTIFICATION</b>		
<b>1. Initial Requirements</b>	<b>MET</b>	<b>NOT MET</b>
a. Health Screening	X	
b. Family Interview	X	
c. Background Checks (IRCs on entire family)	X	
d. Fire Inspection	X	
e. Preventive Medicine Inspection	X	
f. CDH Program Inspection	X	
g. Statement of Admission	X	
h. A minimum of 20 orientation hours training including child abuse protection.	X	
i. Current certification in CPR and First Aid.	X	
j. Current liability insurance coverage.	X	
<b>Total for Initial Requirements</b>	<b>10</b>	<b>0</b>
<b>2. On-going Training</b>	<b>MET</b>	<b>NOT MET</b>
a. Providers complete a self-assessment of their home using the Family Day Care Rating Scale within the first three months of certification. CDH Staff reviews the results and assist providers with the environment until a score of at least '5' is achieved on each item.	X	
b. Providers receive a minimum of 2 hours training each month focusing on developmentally appropriate programs. CDH staff plans and presents enough training sessions to accommodate the number of certified providers. CDH staff offer providers a variety of pertinent training through hands on workshops, guest speakers, community agencies, etc.	X	
<b>Total for On-going Training</b>	<b>2</b>	<b>0</b>
<b>3. Annual Re-Certification Requirements</b>	<b>MET</b>	<b>NOT MET</b>
a. Providers have completed, or have a plan to complete training modules within the required 24 months from date of initial certification.	X	
b. Annual Fire Inspection	X	
c. Annual Preventive Medicine Inspection	X	
d. Annual CDH Program Inspection	X	
e. Current CPR, First Aid, Child Abuse, Bloodborne pathogens and HIV training	X	
f. Current insurance	X	
g. Installation record checks and family interview	X	
h. Completed 2 hours training monthly to include CDH workshops, local courses, CDA, MHA, etc.	X	
<b>Total for Annual Re-Certification</b>	<b>8</b>	<b>0</b>
<b>TOTAL FOR SECTION B PROVIDER CERTIFICATION</b>	<b>20</b>	<b>0</b>

<b>C. HOME VISITS</b>	<b>MET</b>	<b>NOT MET</b>
1. CDH Flag is displayed to advertise the home to parents and possibly serve as a safe place for school children to go when in trouble. Group Sizes and Ratios are followed.	X	
2. There is adequate indoor space to accommodate several activities at the same time. Space is arranged so children can do things for themselves with a minimum of adult help.	X	
3. Meals and snacks meet the minimum USDA nutritional requirements of the Child and Adult Care Food Program. Food is served in a positive, relaxed and social atmosphere. Meal preparation and clean-up are opportunities to develop self-help and social skills.	X	
4. Each child has their own clean place to sleep or rest that is at least 4 inches above the floor and three feet from another child. Mattresses and sofas used for sleeping have waterproof covers. Playpens are not used and pillows are not used for children under 3 years. Naptime is scheduled appropriately for the age of children. Infants and pretoddlers are allowed to follow their own schedules.	X	
5. A sufficient variety of age appropriate toys and materials, which encourage learning and development, are available. Infant walkers, exersaucers, swings, and other restraining equipment are not used and are not accessible during child care hours.	X	
6. The daily schedule is posted which include routines, story times, outdoor play, creativity, music, cooking and similar daily living experiences, and evening care, if applicable. Providers demonstrate successful transition activities so children do not wait in line or sit for long periods of time.	X	
7. Children have choices of activities that are balanced, multi-cultural, and developmentally appropriate.	X	
8. The outdoor play area has no evident health and safety hazards and accommodates a variety of outdoor activities. Wading pools and trampolines are not used.	X	
9. The provider is warm, nurturing, attentive and responsive to the children. Provider uses positive guidance techniques effectively. Provider is actively involved with children in their play and learning. Parents are greeted at drop off and pick up times and they have the opportunity to talk with the provider about their child.	X	
10. Provider's files are current and include family health records, insurance, and pet immunizations. Enrolled children's files include registration card (NAVPERs 1754/5), immunization record, power of attorney or in loco parentis, parent contract, medication, child and family profiles, information, and approved Family Care Plan, if applicable.	X	
11. Information on the parent bulletin board is current and includes DoD hotline number, touch/discipline policy, CDH Certificate, daily schedule, weekly activity plan, CPR, First Aid, and back-up providers. The weekly menu is posted in advance on the parent information board with any changes noted daily. Parent signs and dates sign in/sign-out sheet. Visitors sign in and out of the home.	X	
12. Provider has emergency and parent numbers, health information for allergies, etc., and parent handbooks readily available.	X	

13. The home is clean with no evident health hazards. Diapering and toileting routines are sanitary. Providers and children wash hands at appropriate times with soap and water and dry with disposable towels. The provider minimizes health risks from pets. There is no smoking in the home during child care hours.	X	
14. The provider is prepared for emergencies (e.g., working phone, first aid kit, flashlight, fire drills, smoke detector, fire extinguisher, outlets covered, and gate on stairs, etc.). The fire evacuation plan is posted by the exits.	X	
15. The home is safe with no evident hazards. All potential hazards in the home are inaccessible to children. Hazardous materials are properly stored.	X	
<b>TOTAL FOR SECTION C HOME VISITS</b>	<b>15</b>	<b>0</b>

See Home Visit Reviews.



**HOME VISIT REVIEWS:**