



5. APPENDICES

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**Appendix A:
List of Required Formats**

For all DLA forms, go to:

<http://www.dla.mil/dss/forms/fillable/cdcforms/>

**Appendix B:
Required Procedures**

Appendix B-1 Cleaning Standards

Use the guidelines in this chart to determine which surfaces should be cleaned and how frequently they should be cleaned. **Clean** means to remove visible soils by using a product suitable for the surface being cleaned. **Disinfect** means to kill germs by using a disinfectant cleaner, chlorine bleach or other disinfectant and air dry. Clean immediately:

- If a surface is contaminated with body fluids: saliva, mucus, vomitus, urine or stools. Use a multi-purpose cleaner, then a disinfectant, or use a disinfectant cleaner and air dry.
- If a surface is contaminated by blood, wear disposable gloves. Clean the surface with a multi-purpose cleaner, then disinfectant and air dry.

Description of Work <i>Daily</i>	Clean	Disinfect	Frequency	Time	Who is Responsible:
Empty & clean trash cans, install liners	x		2 Times per Day	Morning & evening	
Empty, clean, reline soiled diaper containers	x	x	2 Times per Day	Morning & afternoon	
Empty, clean, sanitize, reline soiled diaper containers		x	1 Time per Day	Evening	
Sweep or dust mop floors	x		Daily	Evening	
Mop floors		x	Daily	Evening	
Vacuum rugs/carpets and walk-off mats	x		Daily	Evening	
Wash chalkboards/dry marker boards	x		Daily	Evening	
Clean entrances, lobby, corridors	x		Daily	Afternoon or evening	
Clean entrances doors and glass	x		Daily	Afternoon or evening	

Description of Work <i>Daily</i>	Clean	Disinfect	Frequency	Time	Who is Responsible:
Clean room doors, casings and light switches	x		Daily	Evening	
Spot clean spills on carpets & floors	x		As needed	As notified	
Clean/sanitize diaper changing stations	x	x	Daily	Evening	
Clean/sanitize restrooms	x	x	Daily	Afternoon	
Conduct low dusting	x		Daily	Evening	
Clean/sanitize sinks & counters in classrooms	x	x	Daily	Evening	
Wash partition windows	x		Daily	Afternoon or evening	
Clean/sanitize tables and play surfaces	x	x	Daily	Evening	

Description of Work <i>Weekly</i>	Clean	Disinfect	Frequency	Time	Who is Responsible:
Buff Floors	x		Weekly	Evening	
Clean walls, millwork and woodwork in Kitchen	x		Weekly & when soiled	Morning or afternoon or evening	
Conduct high dusting (bulletin boards, cabinet tops etc.)	x		Weekly	Evening	

Description of Work <i>Restrooms and Isolation Room</i>	Clean	Disinfect	Frequency	Time	Who is Responsible:
Clean/disinfect toilets and urinals	x	x	Daily	During the day	
Clean sinks	x	x	Daily	During the day	
Clean mirrors	x		Daily	During the day	
Clean/fill toilet tissue, towel and soap dispensers	x		Daily	During the day	
Empty/sanitize soiled items containers	x	x	Daily	During the day	
Sweep/mop/sanitize floors	x	x	Daily	During the day	
Clean/sanitize refrigerator	x	x	Weekly	During the day	

Description of Work <i>Monthly</i>	Clean	Disinfect	Frequency	Time	Who is Responsible:
Clean all upholstered furniture	x		Monthly	Evening	
Wash wall in hallways & entrances	x		Monthly	Evening	
Clean all baseboards & baseboard/floor junctures	x		Monthly	Evening	
Wax all required floor areas	x		Monthly	Evening	
Shampoo all child activity carpets in infant classroom	x	x	Monthly & when soiled	Evening	

Description of Work <i>Quarterly</i>	Clean	Disinfect	Frequency	Time	Who is Responsible:
Strip and wax all floors	x		Quarterly	Evening	
Wash restroom walls/stalls	x	x	Quarterly	Evening	
Shampoo all carpets all classrooms	x		Quarterly	Evening	
Wall washing (spot not to exceed 10% of wall areas)	x		Quarterly	TBD	

Description of Work <i>Twice per Year</i>	Clean	Disinfect	Frequency	Time	Who is Responsible:
Clean all carpets in common areas & offices	x		Twice per year	TBD	
High dusting	x		Twice per year	TBD	
Wash glass blocks (if applicable)	x		Twice per year	TBD	

Description of Work <i>Yearly</i>	Clean	Disinfect	Frequency	Time	Who is Responsible:
Wash light fixtures	x		Yearly	TBD	
Clean ceiling fans	x		Yearly	TBD	
Wash Clerestory windows (inside)	x		Yearly	TBD	

Appendix B-2 Sample Touch Policy

STANDARD OPERATING PROCEDURES (SOP)

Date: _____

Guidance and Touch Policy

1. PURPOSE: To provide guidance in the implementation of appropriate discipline procedures based on the understanding of individual needs and behaviors of children while under the care of _____.
2. REFERENCE: DLA CDPI
3. SCOPE: This SOP applies to all CYDS personnel
4. RESPONSIBILITIES:
 - a. The CYDS Coordinator will establish policies and guidelines for center-based care in accordance with DLA CDPI requirements and Department of Defense guidance.
 - b. The Training and Curriculum Specialist (TAC) will be responsible for implementing this guidance in training.
 - c. All CYDS staff working directly with children and youth will be responsible for following accepted discipline/touch guidelines according to the precepts outlined in this policy.
5. PHILOSOPHY:
 - a. The CYDS touch/child guidance policy is developed in accordance with DLA CDPI for use in all CYDS settings to include (enter program types). This policy is accessible to all CYDS personnel, is incorporated into orientation training and is available for all CYDS patrons. Because boundaries for appropriate and inappropriate touch have often been unconscious and undefined, CYDS management personnel will discuss the touch policy on a regular basis (during orientation and review every six months thereafter) with CYDS direct services personnel to ensure a current understanding.
 - b. Positive physical contact is an integral part of the child and youth development/age-appropriate approach to care. Positive physical contact is essential to the emotional/social growth of a child. Adults play a vital socialization role with children. Warm, positive relationships with adults help children develop a sense of trust in the world and directly effect children's self-esteem. Although initially holding and touching are a response to children's needs, this positive physical contact develops a sense of trust and emotional security in children's dealings with adults that they will need to have positive relationships as they grow.

6. DEFINITIONS:

- a. *Appropriate touching.* This is touching that creates a positive emotional/social growth in the child touched and/or properly affects the safety and well-being of the child (i.e., holding hand of child while crossing the street, holding child gently but firmly during temper tantrum). Examples of appropriate touching include hugs, lap sitting, and reassuring touches on the shoulder and naptime backrubs for a tense child.
- b. *Inappropriate touching.* This is touching that creates improper/negative emotional/social effect on the child and is a touching that violates law or American societal norms. Inappropriate touching usually involves coercion or other forms of exploitation of the child; satisfaction of adult needs at the expense of the child; violation of a cultural taboo regarding sexual and/or physical contact between adults; and physical force. Inappropriate touch is often applied in anger and reinforces concept with child of “striking out” to respond to a problem. Examples of inappropriate touching include forced greeting kisses (hello/goodbye), corporal punishment, slapping, striking or pinching, prolonged tickling, fondling, or molestation.

7. TOUCH POLICY PROCEDURES:

- a. The staff may touch the genitals and proximate body areas of a child in a manner and to the degree necessary, to diaper and/or assist the child in proper toilet procedures.
 - (1) Parents must give written permission when they register that they permit this.
 - (2) Staff will receive training in diapering and toileting procedures as part of the orientation process.
 - (3) Should a child’s genital area need to be checked for reasons other than diapering/toileting procedures (i.e., injury, child complaint), the program director or other provider (when available) will be present as a witness. The genital area should normally not be touched. This examination will be documented on the DLA Suspected/Reported Child Abuse or Neglect Report.
- b. Appropriate touching (such as hugging, handholding, back rubbing, assisting in physical activities, etc.) will occur in the normal interactions of staff and children; however, children’s preferences for these contacts will be considered.
 - (1) Back rubbing should only be done over the child’s clothing.
 - (2) Kissing is not allowed on the lips, but only on the cheeks, hands or head of child, and should normally be child-initiated.
- c. The type and degree of physical contact between the caregiver and child should not violate legal, moral or recognized American societal standards. The physical contact should not be against the desires of the child unless circumstances warrant the physical contact despite the child’s wishes.

8. GUIDANCE POLICY PRECEDURES:

- a. Child guidance will be positive in nature and will be viewed as part of the teaching process. Staff should understand that when using child guidance techniques, they are:
 - (1) Teaching children social skills necessary for the children's own happiness and group acceptance.
 - (2) Working to create an atmosphere and environment conducive to learning.
- b. Staff should attempt to prevent behavior problems by:
 - (1) Reducing boredom by keeping children busy and interested.
 - (2) Understanding the developmental level of the children in their care and not expecting accomplishments that are beyond the children's capabilities.
 - (3) Being clear and consistent in the limits they set.
- c. Staff will be sensitive to the feelings (their own and the children's) underlying a problem situation.
 - (1) Staff will use "I" messages to clarify their own needs to the children.
 - (2) Staff will listen when children's emotional needs are not being met (i.e., when a child is frustrated, angry, sad).
- d. Staff will work at increasing children's appropriate behavior by using three techniques:
 - (1) *Focus Time*. Each child, each day, will have a caregiver's focused, individual attention for a short time (as little as 10 minutes).
 - (2) *Positive Reinforcement*. Rewarding desired behavior.
 - (3) *Effective Praise*. Praise that is specific, immediate, and sincere.
- e. Staff will decrease children's inappropriate behavior by using the following methods:
 - (1) *Ignoring*. Ignoring behaviors that are undesirable, but not dangerous or destructive.
 - (2) *Substitution*. Replacing an inappropriate expression of an activity with an appropriate expression of the same activity.
 - (3) *Modifying the Environment*. Taking children outside, going on field trips, putting away toys that are causing problems, and reorganizing space in the room.
 - (4) *Choosing Appropriate Consequences*. Consistent consequences each time the behavior occurs are related to the behavior in an obvious manner, and are acceptable to the caregiver/provider.

- (5) *Time-out.* Time-out will be viewed as an interruption of the undesirable behavior and not as a punishment. Time-outs will not be used with children under the age of 2 and will not exceed one minute per year of age.
- f. Staff will consult their program director or Training and Curriculum Specialist regarding children who exhibit severe and continuing behavior problems.
9. Questions concerning this policy should be addressed to the CYDS Coordinator.

(Appropriate Signature)

Guidance and Touch Policy Techniques Training Sheet

1. GUIDANCE TECHNIQUES: Individual personalities and special needs are always considered.
 - a. Guidance will be *constructive, consistent, and positive*. Good behavior will be noted and praised. The following forms of punishment will not be used.
 - (1) Corporal punishment (shaking, pushing, jerking, spanking, pinching, etc.)
 - (2) Emotional punishment (threatening, sarcasm, humiliating, nagging, etc.)
 - b. The following techniques will be used for positive behavior modification.
 - (1) Emphasizing good behavior (e.g., “I like the way Mary helped to clean up, don’t you?” “George, what a good job you are doing.”).
 - (2) *Short, honest, to-the-point statements* (firm, but not hostile) when a child is displaying objectionable behavior (e.g., “Stop that, I don’t like it!” “Don’t do that, it makes me angry!” “You may not hurt other children.”).
 - (3) *Separation from the group* (always supervised!!) and/or time-out. This works best when accompanied by a statement showing disapproval, but also acknowledgement of the child’s feelings (i.e., “I know that you are very angry, but you will need to sit in this chair for awhile—it is not all right to hit other children!”). Short time only!
 - (4) *Discussion* of ways to vent feelings other than hitting other children or messing up their play items (i.e., take a walk, get a cold drink of water, take deep breaths, talk about it to the Staff).
 - (5) *Diversion* by changing activities (i.e., finding another item to offer the unhappy child, bringing out something interesting). These work best with toddlers.
 - (6) Offer *alternatives* for objectionable behavior (i.e., use punching bag, softballs for throwing or kicking, controlled running). When a group is out of control, change activity and/or location (if indoors, go outdoors or to a different area—get control back *one child at a time*).
 - (7) *Show genuine enthusiasm when a child decides to cooperate!* Use supportive remarks (i.e., “I knew you could share that game with Susie—you really know how to cooperate!”). Do not gush—children can sense genuine friendship and praise.
 - (8) *Restrict use of materials and/or equipment* for a specific activity if the child cannot use it properly. Deprivation of meals, snacks or outdoor play cannot be used as punishment for inappropriate behavior during other activities!

- (9) *Teach age-appropriate behavioral skills through role modeling.* Emphasize good manners and concern for others at all times. Children will not be punished for lapses in toilet training or during periods of sleeplessness or during periods of depressed appetite.
- c. Parents will be contacted regarding their child's behavior only under the following circumstances:
 - (1) *The Program Lead initiates the contact* in an appropriate manner (privately, away from other parents or children and with a non-condemning approach). *Parents are not to be burdened with single acts of inappropriate behavior.* The staff/provider will make every effort to solve the problem of inappropriate behavior through accepted behavior modification techniques before parents are contacted. When parents are involved, it is from the approach of how best we can help the child modify his/her behavior.
 - (2) In case of *continuing problems* with the same child, a supervisor will request a consultation with the parent and a *behavior management plan* to help the child be initiated. If the parent refuses to cooperate, service can be denied. If the parent cooperates, every effort will be made to assist child in gaining age-appropriate behavior. This effort will involve all staff, the parents of the child and other outside agencies.
2. TOUCH TECHNIQUES: Genuine, common sense affection for the individual child will be apparent at all times.
 - a. All CYDS staff will evidence a genuine attitude of affection for and approval for all children in the following manner.
 - (1) *A friendly facial expression.* Even when correction is required, a firm but friendly attitude must be maintained. A warm smile directed at each and every child can work wonders.
 - (2) *Eye contact.* A warm expression, a wink, a look of concern and getting down to child eye level results in positive touch techniques.
 - (3) *Conversation.* Talking with each child (including infants) results in very real contact. Always maintain a pleasant tone of voice (no yelling can sound firm).
 - (4) *Appropriate body contact* means hugging, kissing (on the cheek), cuddling and pats *when needed and/or requested by the child!* This contact is necessary in the emotional growth occurring in each child.
 - (5) Excessive, adult initiated physical contact is prohibited! Constant hugging, kissing on the mouth, stroking or other forms of touching children will not take place. "Cuddling" is acceptable for short periods of time.

**Appendix B-3
DoD Hotline Poster**

Keeping Children Safe— Everybody's Business



If you suspect child abuse, child neglect, or a safety violation in your Child Development Center or Family Child Care Home, report it to your installation:

Family Advocacy Program: _____
or Phone Number

Safety Office: _____
Phone Number

Or, call the Department of Defense Child Abuse and Safety Violation Hotline:

1-800-336-4592
(CONUS, Alaska, Hawaii, and Puerto Rico)

1-877-351-8988
(OCONUS)



Appendix B-4 Food Temperature Chart

Location/Item	Minimum Temperature	Method of Monitoring
Refrigerators	Below 40 degrees Fahrenheit (F)	Thermometer
Freezers	Below 0 degrees F	Thermometer
Ground meat	Cooked to 160 degrees F	Meat thermometer
Poultry—breasts	170 degrees F	Thermometer to check internal temperature
Poultry—dark meat	180 degrees F	Thermometer to check internal temperature
Pork	160 degrees F	Thermometer to check internal temperature
All other foods	At least 140 degrees F	Thermometer
Hot foods	Maintained at or above 140 degrees F	Thermometer
Cold foods	Kept at or below 40 degrees F	Thermometer
Field trip meals (perishable)		

Appendix B-5 Immunizations

Recommended Childhood Immunization Schedule United States, 2002

Vaccine	Age	range of recommended ages				catch-up vaccination				preadolescent assessment			
		Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	13-18 yrs
Hepatitis B ¹		Hep B #1	only if mother HBsAg (-)								Hep B series		
			Hep B #2			Hep B #3							
Diphtheria, Tetanus, Pertussis ²			DTaP	DTaP	DTaP		DTaP			DTaP		Td	
<i>Haemophilus influenzae</i> Type b ³			Hib	Hib	Hib		Hib						
Inactivated Polio ⁴			IPV	IPV	IPV					IPV			
Measles, Mumps, Rubella ⁵						MMR #1				MMR #2		MMR #2	
Varicella ⁶						Varicella				Varicella			
Pneumococcal ⁷			PCV	PCV	PCV	PCV				PCV		PPV	
----- Vaccines below this line are for selected populations -----													
Hepatitis A ⁸										Hepatitis A series			
Influenza ⁹					Influenza (yearly)								

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2001, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.  Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

1. Hepatitis B vaccine (Hep B). All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is HBsAg-negative. Only monovalent hepatitis B vaccine can be used for the birth dose. Monovalent or combination vaccine containing Hep B may be used to complete the series; four doses of vaccine may be administered if combination vaccine is used. The second dose should be given at least 4 weeks after the first dose, except for Hib-containing vaccine which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 6 months.

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1-2 months and the vaccination series should be completed (third or fourth dose) at age 6 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the hepatitis B vaccine series within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week).

2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at age 2, 4 or 6 months, but can be used as boosters following any Hib vaccine.

4. Inactivated poliovirus vaccine (IPV). An all-IPV schedule is recommended for routine childhood poliovirus vaccination in the United States. All children should receive four doses of IPV at age 2 months, 4 months, 6-18 months, and 4-6 years.

5. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at 11-12 years.

6. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e. those who lack a reliable history of chickenpox). Susceptible persons aged ≥ 13 years should receive two doses, given at least 4 weeks apart.

7. Pneumococcal vaccine. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged 2-23 months and for certain children aged 24-59 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9);1-37.

8. Hepatitis A vaccine. Hepatitis A vaccine is recommended for use in selected states and regions, and for certain high-risk groups; consult your local public health authority. See *MMWR* 1999;48(RR-12);1-37.

9. Influenza vaccine. Influenza vaccine is recommended annually for children age ≥ 6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes; see *MMWR* 2001;50(RR-4);1-44), and can be administered to all others wishing to obtain immunity. Children aged ≤ 12 years should receive vaccine in a dosage appropriate for their age (0.25 mL if age 6-35 months or 0.5 mL if aged ≥ 3 years). Children aged ≤ 8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

For additional information about vaccines, vaccine supply, and contraindications for immunization, please visit the National Immunization Program Website at www.cdc.gov/nip or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).

Appendix B-6 Approved Prescription Medication List

Only the prescriptions medications on this list may be administered by CYDP Personnel with written parental permission. CYDP Personnel must have successfully completed a medication administration course given by a Community Health Nurse to administer any medications. All medications not on this approved prescription medication list require consultation with a Community Health Nurse for approval before administration.

TRADE NAME	GENERIC NAME
Antibiotics	
Amoxil	Amoxicillin
Augmentin	Amoxicillian/Clavulanate
Bactrim/Septra	Trimethorprim/sulfamethoxazole
Dynapen	Dicloxacillin
EES, Eryped.....	Erythromycin Ethylsuccinate
Furadantin/Macrochantin.....	Nitrofurantoin
Gantrisin.....	Sulfisoxazole
Lorabid.....	Loracarbef
Pediazole	Erythromycin/sulfisoxazole
Penicillin	Penicillin
Septra	Trimethoprim/sulfamethoxazole
Suprax	Cefixime
Keflex.....	Cephalexin
Zithromax.....	Azithromycin
Decongestants	
Actifed	Tripolidine/Pseudoephedrine
Naldecon	Phenylprepanlamine/Phenylephrine
.....	Phenyltoloxamine/Chlorpheniramine
Robitussin	Guaifenesin
Antihistamines	
Atarax Syrup.....	Hydroxyzine
Benadryl.....	Disphenhydramine
Chlor-Trimeton (CTM).....	Chlorpheniramine
Dimetapp.....	Brompheniramine
.....	Maleate/Phenylpropanlamine
Rondec	Carbinoxamine/Psedophedrine
Topical Ointments	
Kenalog.....	Triamcinolone – cream/oointment
Mycolog II	Triamcinolone/Nystatin
Mycostatin	Nystatin – oointment/oral suspension
Tridesilon	Desonide – cream/oointment
Westcort 0.2% cream	Hydrocortisone – valerate 0.2% cream
Grifulvine – V	Griseofulvin
Diflucan	Fluconazole
Hydrocortisone 1% cream.....	Hydrocortisone 1% cream

Appendix B-7

Diaper Changing Procedures

1. Organize needed supplies within reach.
 - Fresh diaper and clean clothes (if necessary)
 - Dampened paper towels or premoistened towelettes for cleaning child's bottom
 - Child's personal, labeled ointment (if provided by parents)
 - Trash disposal bag.
2. Place a disposable, water-resistant covering (such as roll paper) on the portion of the diapering table where you will place the child's bottom. Diapering surfaces should be smooth, nonabsorbent, and easy to clean. Do not use areas that come in close contact with children during play, such as couches, floor areas where children play, etc.
3. Put gloves on.
4. Using only your hands, pick up and hold the child away from your body. Do not cradle the child in your arms and risk soiling your clothing.
5. Lay the child on the paper or towel.
6. Remove soiled diaper (and soiled clothes).
7. Put disposable diapers in a plastic-lined trash receptacle.
8. Put soiled reusable diaper and or soiled clothes **WITHOUT RINSING** in a plastic bag to give to parents.
9. Clean child's bottom with a premoistened disposable towelette or a dampened, single-use disposable towel.
10. Place the soiled towelette or towel in a plastic-lined trash receptacle.
11. If the child needs more thorough washing, use soap, running water and paper towels.
12. Remove the disposable covering from beneath the child. Discard it in a plastic-lined trash receptacle.
13. Remove gloves and dispose of them in a plastic-lined trash receptacle.
14. Wash your hands. **NOTE:** The diapering table should be next to a sink with running water so that you can wash your hands without leaving the diapered child unattended. However, if a sink is not within reach of the diapering table, **do not leave the child unattended on the diapering table** to go to a sink; wipe your hands with a premoistened towelette instead. **NEVER** leave a child alone on the diapering table.
15. Diaper and dress the child.
16. Wash the child's hands under running water.
17. Return the child to the activity area.
18. Clean and disinfect:
 - The diapering area
 - All equipment or supplies that were touched
 - Soiled crib or cot, if needed.
19. Wash your hands under running water.

Appendix B-8 Sanitizing Solution

Measurement Equivalents

1 tablespoon = $\frac{1}{2}$ fluid ounces

1 fluid ounce = 2 tablespoons; or $\frac{1}{8}$ cup

2 fluid ounces = $\frac{1}{4}$ cup

128 fluid ounces = 1 gallon

1% = one part per hundred, or $\frac{1}{100}$

1 part per million (ppm) = $\frac{1}{100000}$

Chlorine in Household Bleach

Standard household bleach contains anywhere from 5% to 6.5% chlorine. Check the label.

To convert percent chlorine to parts per million, multiply by 10,000:

$$5\% \text{ chlorine} \times 10000 = 50,000 \text{ ppm}$$

Preparing a 200 ppm Bleach and Water Solution: Toys and Surfaces

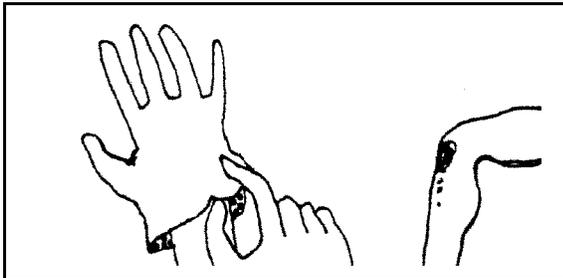
$$\frac{50,000 \text{ ppm bleach}}{200 \text{ ppm solution}} = 250 \text{ ounces of water or approximately 2 gallons}$$

1. Mix 1 ounce bleach with 2 gallons of water.
2. Mix 1 tablespoon of bleach with 1 gallon of water.

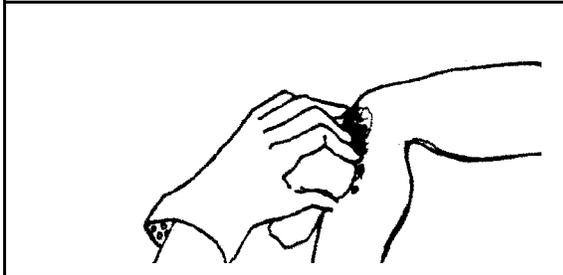
Preparing a 50 ppm Bleach and Water Solution: Kitchenware Only

1. Fill sink with water (75 - 100° F).
2. Add 1 tablespoon of bleach for every 4 gallons of water.
3. Submerge for 30 seconds.

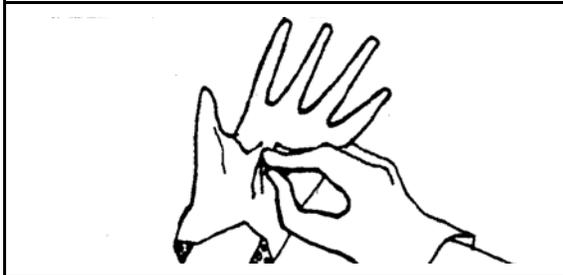
Appendix B-9 Glove Procedures



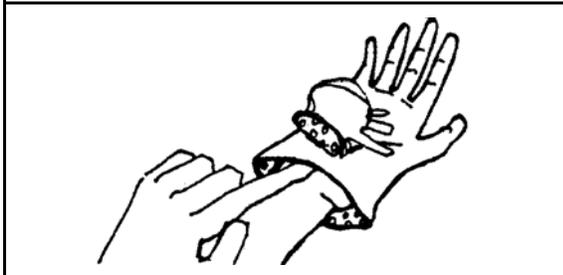
Put on a clean pair of gloves



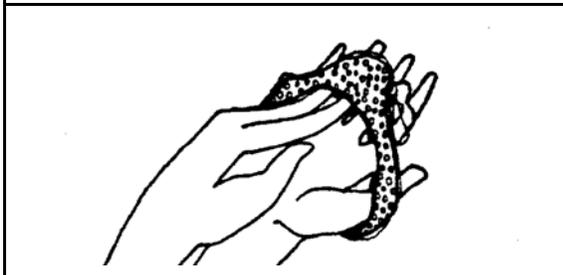
Provide the appropriate care.



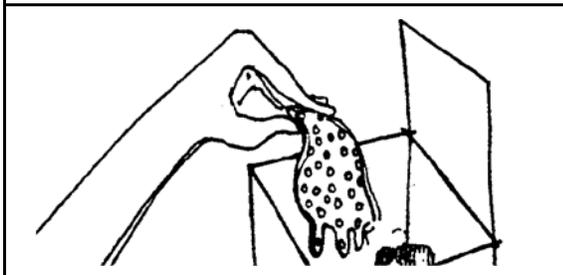
Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.



Ball-up the dirty glove in the palm of the other gloved hand.



With the clean hand strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.



Discard the dirty gloves immediately in a step can. Wash your hands.

Appendix B-10

Cleaning Up Body Fluids

Treat urine, stool, vomitus, blood, and body fluids as potentially infectious. Spills of body fluid should be cleaned up and surfaces sanitized immediately.

- For small amounts of urine and stool on smooth surfaces, wipe off and clean away visible soil with a little detergent solution, then rinse the surface with clean water.
- Apply a sanitizer to the surface for the required contact time.

For larger spills on floors, or any spills on rugs or carpets:

- Wear gloves while cleaning. While disposable gloves can be used, household rubber gloves are adequate for all spills except blood and bloody body fluids. Disposable gloves should be used when blood may be present in the spill.
- Take care to avoid splashing any contaminated material onto the mucous membranes of your eyes, nose or mouth, or into any open sores you may have.
- Wipe up as much of the visible material as possible with disposable paper towels and carefully place the soiled paper towels and other soiled disposable material in a leak-proof, plastic bag that has been securely tied or sealed. Use a wet/dry vacuum on carpets, if such equipment is available.
- Immediately use a detergent, or a disinfectant-detergent to clean the spill area. Then rinse the area with clean water.
- For blood and body fluid spills on carpeting, blot to remove body fluids from the fabric as quickly as possible. Then spot clean the area with a detergent-disinfectant rather than with a bleach solution. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary.
- Sanitize the cleaned and rinsed surface by wetting the entire surface with a sanitizing solution of bleach in water (1/4 cup of household bleach in 1 gallon of water) or an industrial sanitizer used according to the manufacturer's instructions. For carpets cleaned with a detergent-disinfectant, sanitizing is accomplished by continuing to apply and extract the solution until there is no visible soil. Then follow the manufacturer's instructions for the use of the sanitizer to be sure the carpet is sanitized by the treatment.
- Dry the surface.
- Clean and rinse reusable household rubber gloves, then treat them as a contaminated surface in applying the sanitizing solution to them. Remove, dry and store these gloves away from food or food surfaces. Discard disposable gloves.
- Mops and other equipment used to clean up body fluids should be:
 - Cleaned with detergent and rinsed with water
 - Rinsed with a fresh sanitizing solution
 - Wrung as dry as possible
 - Air-dried
- Wash your hands afterward, even though you wore gloves.
- Remove and bag clothing (yours and those worn by children) soiled by body fluids.
- Put on fresh clothes after washing the soiled skin and hands of everyone involved.

Appendix B-11

Handwashing Procedures

The single most effective practice that prevents the spread of germ in the child care setting is good handwashing by the staff, children and others. Rubbing hands together under running water is the most important part of washing away infectious germs. Pre moistened towelettes or wipes and waterless hand cleaners should not be used as a substitute for routine washing of hands where soap and running water is appropriate.

HOW TO WASH HANDS

- Always use warm running water and a mild, preferably liquid, soap. Antibacterial soaps may be used, but are not required. Premoistened cleansing towelettes do not effectively clean hands and do not take the place of handwashing.
- Wet the hands and apply a small amount (dime to quarter size) of liquid soap to hands.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds. Be sure to scrub between the fingers, under fingernails, and around the tops and palms of the hands.
- Rinse hands under warm running water. Leave the water running while drying hands.
- Dry hands with a clean, disposable (or single use) towel, being careful to avoid touching the faucet handles or towel holder with clean hands.
- Turn the faucet off using the towel as a barrier between your hands and the faucet handle.
- Discard the used towel in a trash can lined with a fluid-resistant (plastic) bag. Trashcans with foot pedal operated lids are preferable.
- Consider using hand lotion to prevent chapping of hands. If using lotions, use liquids or tubes that can be squirted so that the hands do not have direct contact with container spout. Direct contact with the spout could contaminate the lotion inside the container.
- When assisting a child in handwashing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water. Assist the child in performing all of the above steps and then wash your own hands.

Appendix B-12

Emergency Evacuation Procedures

The following is a template to be used jointly by the installation Fire Department and the Child Development Center Fire Officers to develop the installation fire evacuation plan.

1. Timing for Emergency Evacuation and Emergency Drill

A successful evacuation of the CDC shall occur in two minutes or less. The installation Fire Department will establish a Command Post.

2. How Notification of an Emergency Will Occur

Any CDC employee who perceives any emergency shall activate the fire alarm system when device/s fail, the employee will notify the Center Director immediately.

3. Role of Center Personnel By Position

The CDC Director shall:

- Notify the emergency official if the fire alarm system does not function.
- Gather the (1) Key Control Log, and (2) Registration Cards.
- Proceed to each assembly point and obtain the Sign In/Out Sheets indicating whether all children and staff are accounted for.
- Proceed to the Command Post.
- Report the completed head count of children and staff to the Officer in charge.
- Contact parents by telephone, as needed.

The Direct Care Infant staff shall:

- _____ will immediately pick up the Sign In/Out Sheet, direct all visitors to exit the building and proceed to the exit door.
- _____ will place the infants he/she is responsible for into an emergency evacuation crib, raise the sides, pick up the inclement weather wear, pull the crib to the exit door, and evacuate the children.
- _____ will count the number of children and staff leaving the classroom.
- _____ will then check the classroom to be sure that no other person is present, follow the class out of the building, make sure the all doors are closed and assist in moving the children to the designated assembly point.
- When the class reaches the designated assembly point, _____ will verify that all children and staff on the Sign In/Out Sheet are present. If anyone is missing, immediately notify the Center Director or the Officer in charge.
- Staff will not leave the children in their care to search for anyone who may remain in the building.
- Staff will remain at the assembly point for further instructions.

The Direct Care Toddler staff shall:

- _____ will immediately pick up the Sign In/Out Sheet, direct all visitors to exit the building and proceed to the exit door.
- _____ in the classroom will go to the exit door, pick up the inclement weather wear, and line up the children at the door.
- _____ will count the number of children and staff leaving the classroom.
- _____ will then check the module to be sure that no other person is present.
- _____ will (1) follow the class out of the building, (2) make sure that all doors have been closed, and (3) assist in moving the children to the designated assembly point.
- When the class reaches the assembly point, _____ will verify that all children and staff on the Sign In/Out Sheet are present. If anyone is missing, immediately notify the Director or the Officer in charge.
- Staff will not leave the children in their care to search for anyone who may remain in the building.
- Staff will remain at the assembly point for further instructions.

The Direct Care Preschool/Kindergarten staff shall:

- _____ will immediately pick up the Sign In/Out Sheet, direct all visitors to exit the building and proceed to the exit door.
- _____ in the classroom will go to the exit door, pick up the inclement weather wear, and line up the children at the door.
- _____ will count the number of children and staff leaving the classroom.
- _____ will then check the module to be sure that no other person is present.
- _____ will (1) follow the class out of the building, (2) make sure that all doors have been closed, and (3) assist in moving the children to the designated assembly point.
- When the class reaches the assembly point, _____ will verify that all children and staff on the Sign In/Out Sheet are present. If anyone is missing, immediately notify the Director or the Officer in charge.
- Staff will not leave the children in their care to search for anyone who may remain in the building.
- Staff will remain at the assembly point for further instructions.

The support personnel shall:

Title	Responsibility
Cook	
Food service Worker	
Receptionist	
TACS	

- Staff will not leave the children in their care to search for anyone who may remain in the building.
- Staff will remain at the assembly point for further instructions.

Appendix B-13

Bloodborne Pathogens Training Requirements

Course Criteria: The employer shall ensure that all employees with occupational exposure participate in a training program.

The bloodborne pathogens training program shall contain, at a minimum, the following elements:

- An accessible copy of the regulatory text of 29 CFR 1910.1020 and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment (PPE).
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for selection of PPE.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information of the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

- An explanation of the signs and labels and/or color-coding required by 29 CFR 1910.1030(g)(1).
- An opportunity for interactive questions and answers with the person conducting the training sessions.

Bloodborne pathogen awareness refresher training is required annually. The training program shall contain at a minimum the following elements:

- A general explanation of the epidemiology and symptoms of blood borne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An opportunity for interactive questions and answers with the person conducting the training session.

**Appendix C:
Resource Information**

Appendix C-1
Sample Installation Memorandum of Agreement (MOA)

MEMORANDUM OF AGREEMENT
Between
INSERT INSTALLATION NAME
And
INSERT INSTALLATION NAME

1. PURPOSE:
 - a. To outline procedures to ...
 - b. To clarify the respective responsibilities and areas of cooperation between ...
2. SCOPE: This memorandum of agreement covers ...
3. REFERENCES:

List all references.
4. PROCEDURES:
 - a.
 - b.
5. REIMBURSEMENT:
 - a.
 - b.
6. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT:
7. EFFECTIVE DATE:
8. POINT OF CONTACT FOR THIS AGREEMENT:

Signature _____
(Installation 1)

Signature _____
(Installation 2)

Date _____

Date _____

Appendix C-2 Staffing Summary

	Base Year				Option Year 1				Option Year 2			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Administrative/Support Staff												
Center Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Assistant Center Director												
T & C Specialist												
Operations Clerk												
Other												
Cook/Food Service Worker <input type="checkbox"/> No	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Admin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CDC Caregivers												
CD Program Lead (4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CD Program Assistant (2-4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CD Program Assistant-Flex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL STAFF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	Option Year 3				Option Year 4				Option Year 5			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Administrative/Support Staff												
Center Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Assistant Center Director												
T & C Specialist												
Operations Clerk												
Other												
Cook/Food Service Worker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Admin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CDC Caregivers												
CD Program Lead (4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CD Program Assistant (2-4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CD Program Assistant-Flex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL STAFF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

STAFFING MATRIX - Year One, 1st Quarter

	PROJECTED STAFFING, SALARIES & FRINGE										ACTUAL STAFFING and VARIANCE			
	Choose Grade	Choose FT or PT	Enter Number of FTE Staff	Enter Annual Salary	USA? Choose Yes or No	Total APF Quarterly Salaries	Total NAF Quarterly Salaries	APF Fringe	NAF Fringe		ACTUAL STAFF			Variance
								28%	30%	Choose Actual Grade	Choose FT or PT	Enter Number of FTE		
									29%				15%	
Administrative Staff														
Center Director					No	0	0	0	0					0.00
Assistant Center Director					No	0	0	0	0					0.00
T & C Specialist					No	0	0	0	0					0.00
CD Program Lead					No	0	0	0	0					0.00
Operations Clerk					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
Total Administrative Staff			0.00			0	0	0	0			0.00	0.00	
Support Staff														
Cook	No	0.00			No	0	0	0	0					0.00
					No	0	0	0	0					0.00
Food Service Worker					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
Custodian					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
Total Support Staff			0.00			0	0	0	0			0.00	0.00	
Direct Caregivers														
CD Program Assistant (4)	0.00				No	0	0	0	0					0.00
					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
CD Program Assistant (2-4)	0.00				No	0	0	0	0					0.00
					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
CD Program Assistant-Flex	0.00				No	0	0	0	0					0.00
					No	0	0	0	0					0.00
					No	0	0	0	0					0.00
Total Direct Caregivers			0.00			0	0	0	0			0.00	0.00	
TOTALS YEAR ONE, 1st Quarter			0.00			0	0	0	0			0.00	0.00	

Appendix C-3

CDP Definitions

AAP Abbreviation for the American Academy of Pediatrics, a national organization of pediatricians founded in 1930 and dedicated to the improvement of child health and welfare.

Administrative Supplies Items used to carry out general administrative functions to include: pens, pencils, paper (writing tablets, paper for copy machines and faxes), staplers, and other routine office supplies.

Background Noise Background noise is any unwanted sound within a space, from an adjacent space or outdoors that interferes with normal communication and wanted sounds that need to be heard. Unwanted sounds could come from HVAC systems, adjacent rooms, hallways, or outdoor spaces like playgrounds, parking lots streets, etc.

Bleach Solution For disinfecting environmental surfaces. One-quarter (1/4) cup of household liquid chlorine bleach (sodium hypochloride) in one gallon of water, prepared fresh daily.

Body Fluids Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

Bottle Propping Bottle-feeding an infant by propping the bottle near the infant's mouth and leaving the infant alone rather than holding the bottle by hand.

CDA Abbreviation for Child Development Associate, a credential awarded by a program that trains workers in centers and small and large family child care homes to help them achieve professional status in the child care field. The CDA credential is based on the caregiver's ability to work with young children, rather than on formal academic credits.

Center Fire Officer The two persons designated at the center to work with the installation Fire Marshal on fire protection issues.

Child Abuse For the purpose of this set of standards, its definition is considered to be that contained in the laws of the state in which the standards will be applied. While these differ somewhat, most of them contain basic elements as follows:

Emotional Abuse Acts that damage a child in psychological ways, but do not fall into other categories of abuse. Most states require for prosecution that psychological damage be very definite and clearly diagnosed by a psychologist or psychiatrist; this category of abuse is rarely reported and even more rarely a cause of protective action.

Neglect Neglect is divided into two categories: general neglect and severe neglect:

General Neglect Failure to provide the common necessities, including food, shelter, a safe environment, education, and health care, but without resultant or likely harm to the child.

Severe Neglect Neglect that results or is likely to result in harm to the child.

Physical Abuse An intentional (nonaccidental) act affecting a child that produces tangible physical harm.

Sexual Abuse Any sexual act performed with a child by an adult or by another child who exerts control over the victim. (Many state laws provide considerable detail about the specific acts that constitute sexual abuse.)

Child Abuse Risk Assessment Tool (CARAT) Tool that assesses potential child abuse risks that is used annually and in cases of suspected child abuse and/or neglect in the CDP.

Child Development Facility Approved building or portion of a building for the purpose of providing child development programs and services to DLA employees and other eligible patrons.

Child Development Program (CDP) Developmentally appropriate full-day, part-day, or hourly child care services offered in one or more child development facilities for children ages 4 weeks to 12 years.

Child Development Program Evaluation Tool (CDPET) Program evaluation tool used internally on an ongoing basis and for unannounced inspections from outside inspectors and headquarters.

Child Development Services Coordinator DLA CDP installation representative with early childhood education expertise responsible for contract oversight.

Child:Staff Ratio The maximum number of children permitted per caregiver.

Children With Special Needs Children 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.

Child and Youth Development Program Developmentally appropriate full-day, part-day, or hourly child care service and youth programs offered in one or more facilities for children ages 4 weeks to 18 years.

Child and Youth Development Program Coordinator DLA CDP installation representative with early childhood education and youth program expertise responsible for contract oversight.

Clean To remove dirt and debris (such as blood, urine, and feces) by scrubbing and washing with a detergent solution and rinsing with water.

Communicable Disease A disease caused by a microorganism (bacterium, virus, fungus, or parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (such as a louse, mosquito) or environmental object (such as a table surface). Many communicable diseases are reportable to the local health authority.

Contractor Managed Workbook Financial workbook that is utilized for reporting projected and actual financial data and that contains linked worksheets covering a 6-year period.

Decibel (db) The unit of measure of the loudness of sounds; one decibel is the lowest intensity of sound at which a given note can be heard. The decibel level is the number of decibels of noise perceived or measured in a given place.

Defense Clearance and Investigation Index (DCII) The central Department of Defense records of investigative files and adjudicative actions such as clearance and access determinations, revocations and denials concerning military, civilians and contract personnel.

Developmentally Appropriate Term used as defined by NAEYC. Programs, services, interactions, and curriculum that support the age and stage of young children's development with respect to individual patterns, families, and cultural diversity. Developmentally appropriate programs consist of both child-initiated and adult-initiated activities that promote social, physical, cognitive, and emotional development.

Diarrhea An increased number of abnormally loose stools in comparison with the individuals' usual bowel habits.

Direct Care Staff Staff responsible for direct care services to children.

DoD CDP Employee Wage Plan Pay plan derived from the Military Child Care Act, which allows direct service personnel rates to be competitive with other installation employees with similar training, seniority and experience and links pay and promotions to completion of training.

DoD Certification Certification issued every 15 months to each DoD CDP after the program has been inspected by a representative(s) of the higher headquarters or a major command Child Development Specialist and found to be in compliance with DoD standards.

DoD Child Abuse and Safety Hotline 1-800 number used to report suspected child abuse or safety violations in DoD child development programs to the Office of the Assistant Secretary of Defense.

DoD Fee Policy The parent fees authorized by total family income categories.

DoD Training Modules DoD required staff training within the first 18 months of employment that includes 13 functional areas in which CDP staff must demonstrate competence.

Educational Materials The consumable materials necessary to adequately stock and maintain classrooms to include: paper, paint, glue, crayons, books, art supplies, and play dough.

Equipment The equipment necessary to adequately set up and maintain classrooms to include: toys, music players, family style dining supplies, and first aid kits.

Exclusion Denying admission of an ill child or staff member to a facility.

Evacuation Crib A modified standard size steel crib with large wheels that meets fire standards used for the evacuation of non-walking children from the child development facility during emergency situations.

Family Advocacy Program Manager (FAPM) Program manager on the installation who serves as the CDP point of contact for training in child abuse and neglect prevention and recognition and for reporting of suspected instances of child abuse and neglect.

Fever An elevation of body temperature. The body temperature can normally be as high as 99.3 oral, 100 rectal, or 98.0 axillary. A fever exists when the body temperature is higher than these numbers. The amount and the height of the fever does not indicate a more or less severe illness. The method chosen to take a child's temperature depends on the need for accuracy, available equipment, the skill of the person taking the temperature, and the ability of the child to assist in the procedure. Oral temperatures should not be taken on children younger than 4 years. Rectal temperatures should be taken only by persons with specific health training in performing this procedure. Axillary temperatures are only accurate in young infants. Electronic devices for measuring temperature in the ear canal give temperature results similar to rectal temperature, but these devices require specific training and are not widely available in child care settings.

Food Service Supplies Items necessary to carry out primary food service operations and stock a kitchen to include: food, foil, plastic wrap, paper towels, dishwashing liquid, laundry detergent, and cleaners.

Full-day Care Care provided in a CDP that meets the needs of working parents requiring services five or more hours per day on a regular basis.

Group Size Maximum number of children assigned to a group occupying an individual classroom or well-defined space within a larger room. A group may not consist of more than two staff-child ratio groups (i.e., staff-child ratio of 1:4 has a maximum group size of 8, a staff-child ratio of 1:5 has a maximum group size of 10, a staff-child ratio of 1:7 has a maximum group size of 14, a staff-child ratio of 1:10 has a maximum group size of 20 and a staff-child ratio of 1:12 has a maximum group size of 24).

***Haemophilus influenzae* Type b (Hib)** Before introduction of effective vaccines in 1988, Hib was the most common cause of bacterial meningitis in children in the United States. Since 1988, the incidence of diseases caused by Hib have declined by 99%. Other infections caused by Hib include epiglottitis, otitis media (ear infections), sinus infections, skin infections, and pneumonia. When two or more cases of Hib disease appear in a child care center within 60 days, a prophylactic antibiotic and immunization is indicated for all children and employees (Red Book).

Health Care Provider A health care professional practices medicine by an established licensing body with or without supervision. The most common types of health care providers include physicians, nurse practitioners, and physician's assistants.

Health Consultant A physician, certified pediatric or family nurse practitioner, or registered nurse who has pediatric or child care experience and is knowledgeable in child care, licensing, and community resources. The health consultant provides guidance and assistance to child care staff on health aspects of the facility.

Health and Sanitation Supplies Items that can directly affect the health and sanitation conditions of the program to include: shoe covers, gloves, hand soap, bleach, and paper towels.

Hourly Care Care provided in a CDP that meets the needs of parents requiring services on a short-term or intermittent basis.

Immunizations Vaccines that are given to children and adults to help them develop protection (antibodies) against specific infections. Vaccines may contain an inactivated or killed agent or a weakened live organism. Childhood immunizations include protection against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, and *Haemophilus influenzae* type b. Adults need to be protected against measles, rubella, mumps, polio, tetanus, and diphtheria.

Incident Form Form that is prepared to report any injuries that occur to a child's head, break the skin or leave a mark, and any bite that leaves a mark.

Individualized Education Program (IEP) A written document, derived from Part B of IDEA (the Individuals with Disabilities Education Act—PL 94-142), that is designed to meet a child's individual educational program needs. The main purposes for an IEP are to set reasonable learning goals and to state the services that the school district will provide for a child with special educational needs. Every child who is qualified for special educational services provided by the school is required to have an IEP.

Infants Level 1 Children between the ages of 4 weeks and 18 months.

Infants Level 2 Children between the ages of 18 months and 24 months.

Initial Training Required staff training within the first 6 months of employment.

Isolation The physical separation of an ill person from the persons in order to prevent or lessen contact between other persons and the ill person's body fluids.

Kindergarten Children between the ages of 5 and 6 years.

Lice Parasites that live on the surface of the human body (in head, body, or pubic hair). Louse infestation is called pediculosis.

Management Staff Center personnel with program and facility oversight.

Mantoux Intradermal Skin Test The Mantoux intradermal skin test involves the intradermal injection of a standardized amount of tuberculin antigen. The reaction to the antigen on the skin can be measured and the result used to assess the likelihood of infection with tuberculosis.

Measles (red measles, rubeola, hard measles, 8- to 10-day measles) A serious viral illness characterized by a red rash, high fever, light-sensitive eyes, cough, and cold symptoms. This infection has been almost entirely eliminated in areas where standard infant immunizations and boosters are performed.

Medications Any substance that is intended to diagnose, cure, treat, or prevent disease or is intended to affect the structure or function of the body of humans or other animals.

Memorandum of Agreement A written agreement between two parties which details the specific support that will be provided.

Meningococcal Disease Pneumonia, arthritis, meningitis, or blood infection caused by the bacterium *Neisseria meningitidis*.

Mixed Age Group A group of children consisting of more than one age group category.

National Academy of Early Childhood Programs The division of NAEYC that administers the accreditation system and sets the standards of excellence for early childhood programs.

Net Square Footage Net square footage is that usable activity area or space within a facility used exclusively for children's development activities. It excludes the areas occupied by built in furniture (diaper stations, sinks and counter space, cubbies, etc.), infant's cribs, storage closets and toilet facilities.

Nonprescription Medications Drugs that are generally regarded as safe for use if the label directions and warnings are followed. Nonprescription medications are also called “over-the-counter” (OTC) drugs because they can be purchased without a prescription from a health care provider. Foods or cosmetics that are also intended to treat or prevent disease or affect the functions of the human body (such as suntan lotion, fluoride toothpaste, antiperspirant deodorants, or anti-dandruff shampoo) are also considered to be nonprescription medications.

Nutrition Specialist As defined in these standards, a registered dietitian with 1 to 2 years’ experience in infant and child health programs and coursework in child development, who serves as local or state consultant to child care staff.

Orientation Required onsite training for staff required prior to working directly with children.

Parent The child’s natural or adoptive mother or father, guardian, or other legally responsible person.

Parent Involvement Forum A group composed of parents whose children attend the CDP and who represent all age groups served in the CDP. The group meets regularly, is actively involved in program quality improvement and assessment, and has a government representative.

Parent Participation Program The Parent Involvement Forum and CDP representatives coordinate the development and implementation of this program.

Part-day Program Care provided in a CDP that meets the needs of parents requiring services less than 5 hours per day on a regular basis and usually less than 4 days per week.

Preschoolers Children between the ages of 3 and 5 years.

Prescription Medications Medications that can only be dispensed by a licensed practitioner (such as a physician or nurse practitioner) because it may be unsafe if not used under professional supervision.

Primary Caregiver Direct caregiving staff who are assigned on a consistent basis to a specific group of children in the CDP.

Purulent Conjunctivitis “Pink eye” with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye. This type of conjunctivitis is more often caused by a bacterial infection, which may require antibiotic treatment. Children with purulent conjunctivitis, therefore, should be excluded until the child’s health care provider has examined the child and cleared him or her for readmission to the facility.

Resource and Referral A service in the CDP that provides information about child care services, programs, and resources on and off the installation in order to best meet the needs of parents.

Respite Care Hourly care provided in emergency situations or as part of a treatment plan for parents needing time away from children.

Sanitize To remove filth or soil and small amounts of certain bacteria. For an inanimate surface to be considered sanitary, the surface must be clean and the number of germs must be reduced to such a level that disease transmission by that surface is unlikely. This procedure is less rigorous than disinfection and is applicable to a wide variety of routine housekeeping procedures involving, for example, countertops, floors, and walls. To clean, detergent or abrasive cleaners may be used but an additional sanitizer solution must be applied to sanitize.

Shall/Will The words shall and will mean the provision is mandatory.

Special Needs Children Children who have been identified by the CDP management, special needs committee, and appropriate medical, educational, or social services personnel as having unique requirements and/or for whom accommodations are needed within the CDP.

Special Needs Committee A committee on each installation whose purpose is to evaluate placement within the child development program of children with special needs and address issues of children currently enrolled in the program.

Staff Used here to indicate all personnel employed at the facility, including both caregivers and personnel who do not provide direct care to the children (such as cooks, drivers, and housekeeping personnel).

Staff:Child Ratio Based on the age group, the maximum number of children for whom individual caregiving staff are responsible.

State Criminal History Repository (SCHR) The State's central record of investigation files. State information, including addresses, phone numbers, cost and remarks.

Statement of Work Description of the child development program, the requirements for services or materials, and the standards that will determine if the requirements are being met.

Sudden Infant Death Syndrome (SIDS) The sudden and unexpected death of an apparently healthy infant, typically occurring between the ages of 3 weeks and 5 months and not explained by an autopsy.

Supervised Work Experience A minimum of 16 hours onsite supervised experience training required for caregiving staff prior to being assigned responsibility for children.

Support Staff CDP employees who provide services other than direct care to children, such as cooks, food service workers, clerks, and custodial workers.

Structural Changes Includes any changes such as adding or removing doors, walls, flooring, or any major construction activity.

Toddlers Children between the ages of 24 months and 36 months.

Total Family Income All earned income, which includes wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, quarters allowances and subsistence allowances and in-kind quarters and subsistence received by a military member, pay for service in a combat zone, and anything else of value, even if it is not taxable, that was received for providing services.

Training and Curriculum Specialist An early childhood curriculum specialist who meets NAEYC criteria and who is assigned to each child development center to direct the educational program for children and center staff.

Tuberculosis (Tb) A disease caused by the bacterium *Mycobacterium tuberculosis* that usually causes an infection of the lungs.

Turnover Rate The direct care staff turnover rate is calculated by taking the total number of direct care staff and dividing that number into the number of direct care staff who have left center employment during a designated period of time. The management/administrative staff turnover rate is calculated by totaling the number of managers and non-direct care staff and dividing that number into the number of managers and non-direct care staff who have left their positions and/or the center during a designated period.

Universal Precautions Apply to blood, other body fluids containing blood, semen, and vaginal secretions, but not to feces, nasal secretions, sputum, sweat, tears, urine, saliva and vomitus unless they contain visible blood or are likely to contain blood. Universal precautions include avoiding injuries caused by sharp instruments or devices and the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the worker's skin or mucous membranes that could come in contact with materials that may contain blood-borne pathogens while the worker is providing first aid or care. See also Standard precautions; Transmission precautions.

Unusual Occurrence Form Form that must be prepared when reporting unusual occurrences such as suspected child abuse (out of or within the center), suspected child neglect (out of or within the center), lost children, negative media impact issues, and any injury that causes a child to lose consciousness, requires further medical attention, or results in fatality of a child or staff member.

Volunteers Individuals who volunteer their services to the CDP and who receive no present or future wages or salary.

Waiting List A list comprised of children waiting for a space to become available in the CDP.

Appendix C-4 Acronyms

AAP	American Academy of Pediatrics
ADA	Average Daily Attendance
ADAAG	Americans with Disabilities Act Accessibility Guidelines for Buildings and facilities
APF	Appropriated Fund
AR	Army Regulation
ASHRAE	American Society of Heating, Refrigeration and Air Conditioning Engineers
ASTM	American Society for Testing Materials
BAQ	Basic Allowance for Quarters
CARAT	Child Abuse Risk Assessment Tool
CDA	Child Development Associate
CDC	Child Development Center
CDIC	Criminal Investigations Division Crimes Records Center
CDP	Child Development Program
CDPET	Child Development Program Evaluation Tool
CDPI	Child Development Program Instruction
CDS	Child Development Services
CDSC	Child Development Services Coordinator
CHN	Community Health Nurse
CID	Criminal Investigation Division
CNACI	Child Care National Agency Checks with Inquiries

CO	Commanding Officer Contracting Officer
COR	Contract Officer Representative
CPR	Cardio pulmonary resuscitation
CPSC	Consumer Product Safety Commission
CYDP	Child and Youth Development Program
CYDPC	Child and Youth Development Program Coordinator
CYDPM	Child and Youth Development Program Manager
CYDS	Child and Youth Development Services
db	Decibels allowed
DCIA	DLA Criminal Investigations Activity
DCII	Defense Clearance and Investigation Index
DDC	Defense Distribution Center
DDJC	Defense Depot San Juan California
DDSP	Defense Depot Susquehanna Pennsylvania
DLA	Defense Logistics Agency
DLAD	Defense Logistics Agency Directive
DLAI	Defense Logistics Agency Instruction
DoD	Department of Defense
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoL	Department of Labor
DSCC	Defense Supply Center Columbus
DSCR	Defense Supply Center Richmond

DSSOQ Defense Support Services Operation Quality of Life

DSS-SC Defense Logistics Agency Support Services, Command Security

EAP Employee Assistance Program

ECERS Early Childhood Environmental Rating Scale

EMS Emergency Medical Services

FADS Fire Alarm Detection System

FAPM Family Advocacy Program Manager

FBI Federal Bureau of Investigation

FOUO For Official Use Only

FPE Fire Protection Engineer

FY Fiscal Year

G&A General and Administrative

GOCO Government Owned and Contractor Operated

GOGO Government Owned and Government Operated

Hib Haemophilus Influenza

HIV Human immunodeficiency virus

HQ DLA Headquarters Defense Logistics Agency

HVAC Heating, Ventilation and Air Conditioning

IDEA Individuals with Disabilities Education Act

IEP Individual education program

IRC Installation Record Check

ITERS Infant Toddler Environmental Rating Scale

LSC Life Safety Code

LQA Living Quarters Allowance

MCCA	Military Child Care Act
MEO	Most Efficient Organization
MIL	Military
MOA	Memorandum of Agreement
MSDS	Material Safety Data Sheets
NAC	National Agency Check
NACI	National Agency Check Investigation
NAEYC	National Association for the Education of Young Children
NAF	Non-appropriated Fund
NFPA	National Fire Protection Association
NSACA	National School Age Care Association
OSHA	Occupational Safety and Health Administration
PAO	Public Affairs Office
PLFA	Primary Level Field Activities
PNC	Preferred noise criteria
POC	Point of contact
PRN	As Needed Medication
QRB	Quality Review Board
RFP	Request for Proposal
SCHR	State Criminal History Repository
SIDS	Sudden infant death syndrome
SII	Suitability and Investigation Index
SOP	Standard Operating Procedure
TAC	Training and Curriculum Specialist

Tb Tuberculosis

TFI Total Family Income

TI Technical Instruction

UFAS Uniform Federal Accessibility Standards

UFC Unified Facilities Criteria

UL/FM Underwriters Laboratories/Fire Marshal

USDA CACFP United States Department of Agriculture Child and Adult Care Food Program

**Appendix C-6
Sample IRC Memo**

IN REPLY
REFER TO

MEMORANDUM FOR

SUBJECT: CYDS Installation Record Check

Reference: DLA Child Development Program Instruction (CDPI), Risk Prevention and Management, Section C, Background Screening, Installation Records

In compliance with the above reference, request your activity provide a local record check on the below listed individual. This should include a check of any situations, which could affect this individual's ability to work with children or in a day care environment.

<u>NAME</u>	<u>SSN</u>	<u>DOB</u>	<u>POB</u>
_____	_____	_____	_____

Your cooperation is greatly appreciated. If you have any questions or concerns, please contact the undersigned at XXX-XXXX. Please return the results of your IRC to this office, (address).

Child Development Services Coordinator

A local record check of the above individual by (enter one of the following: Family Housing Office, Local Law Enforcement/Military Police check, Military Family Advocacy Central Registry or Drug and Alcohol program) reveals:

- () No record.
- () No information available.
- () A record does exist. Please contact this office for further information.

Above Investigation completed by:

Signature

Type/Printed Name

Title

Date

Phone Number

Appendix C-7 Sample Menu for Fall

WEEK 1 FALL

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Grape Juice Raisin Bran Corn Flakes Milk	Orange Slices French Toast Syrup Milk	Pears Cheerios Milk	Apple Sauce Bagel Milk	Sliced Apricots Cinnamon Toast Milk
LUNCH				
Spaghetti Ground Beef Tomato Sauce Spaghetti Lettuce Salad Dressing Pears Milk	Homemade Fish Nuggets Tater Tots Lettuce Salad Dressing Milk	Grilled Cheese Sandwich Peas and Celery Peaches Milk	Meatloaf Ground Beef Mashed Potato Carrots Peaches Milk	Oven Fried Chicken Squash Cubes Green Beans Fresh Plums Milk
SNACK				
Vanilla Yogurt Strawberries	Peanut Butter Crackers	Trail Mix Grape Juice	Soft Pretzels Orange Slices	Cheese Crackers

WEEK 2 FALL

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Fruit Cocktail Chex Cereal Milk	Orange Slices Coffeecake w/ Streusel Milk	Peaches Rice Krispies Milk	Pineapple Tidbits Toast Peanut Butter Milk	Pears Chunks Waffles Syrup Milk
LUNCH				
Macaroni and Cheese Broccoli Pears w/ Red Raspberry Garnish Milk	Turkey Stir Fry Turkey Stir Fry Vegetables Rice Fruit Cup Fresh Plum Slices, Apple Chunks, Kiwi Garnish Milk	Hot Ham Sticks Julienne Ham Squash Cubes Grapes or Applesauce Biscuits Milk	Chicken Pot Pie Chicken Carrots, Onion, Celery Pastry Round Pie Crust or Puff Pastry Sliced Apricots Milk	Chili Beans Tomatoes Celery and Green Pepper Strips Braised Celery (under 2) Cornmeal Muffins Milk
SNACK				
Vanilla Wafers Milk	Peanut Butter Cookies Milk	Trail Mix Apple Juice	Cheese Crackers	Bran Muffins Milk

WEEK 3 FALL

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Banana Cheerios Milk	Grapes Applesauce (<i>under 2</i>) Bagel Peanut Butter Milk	Orange Slices Chex Cereal Milk	Peaches French Toast Milk	Fruit Cocktail Blueberry Muffins Milk
LUNCH				
Lasagna Ground Beef Tomato Sauce Noodle Broccoli Peaches Milk	Fish Chowder Fish Potato Onion Carrot Sticks (<i>cooked under 2</i>) Fruit Cup Apples, Banana, Peach, Kiwi, and Blueberry Garnish Biscuit Milk	Roast Turkey Baked Sweet Potatoes Corn Green Beans (<i>under 2</i>) Dinner Roll Milk	Shepherds Pie Ground Beef Mixed Vegetable Cream Soup Mashed Potato Whole Wheat Bread Milk	Chicken and Dumplings Lima Beans Orange Wedges Milk
SNACK				
Vanilla Wafers Milk	Fruit Tasting Tray Animal Crackers	Cheese Crackers	Trail Mix Apple Juice	Oatmeal Cookies Milk

WEEK 4 FALL

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Grapefruit Chunks English Muffin Peanut Butter Milk	Orange Slices Raisin Bran Corn Flakes Milk	Applesauce Waffles Syrup Milk	Fruit Cocktail Banana Muffins Milk	Pears Cinnamon Bread Toast Milk
LUNCH				
Braised Pork Cubes Rice Green Beans Bananas in Orange Juice Milk	Roast Turkey Mashed Potato Gravy Green Beans Biscuit Milk	Braised Beef Cubes Noodles Kale Peaches Milk	Breakfast for Lunch Egg Burrito Scrambled Eggs Flour Tortilla Tater Tots Orange Wedges Milk	Bagel Pizza Cheese Bagel Broccoli Strawberries Milk
SNACK				
Apples w/ Peanut Butter Vanilla Wafers	Soft Shell Nachos Flour Tortilla Cheese	Vanilla Yogurt Animal Crackers	Oatmeal Cookies Milk	Teddy Grahams Milk

WEEK 5 FALL

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Chunky Applesauce Cinnamon Bread French Toast Milk	Peaches Coffeecake w/ Streusel Milk	Grapefruit Oatmeal Milk	Pear Chunks Pancakes Milk	Strawberries Cheerios Milk
LUNCH				
Swedish Meatballs Ground Beef Noodles Brussel Sprouts Sliced Apricot with Blueberry Garnish Milk	Homemade Baked Fish Patty Mashed Squash Spinach Wheat Bread Milk	Cheese Strata Cheese Egg Bread Carrot and Celery Sticks (<i>cooked under 2</i>) Grapes or Applesauce Milk	Beef Stew Beef Cubes Carrots, Onions, Potatoes, Celery Biscuit Pineapple Cup P/A, Banana, Orange Chunks, Kiwi Garnish Milk	Homemade Chicken Vegetable Soup Peanut Butter and Jelly Sandwich Peaches Milk
SNACK				
Cucumbers w/ Dip Grape Juice	Bread Pudding Milk	Muffins Milk	Hot Soft Pretzel Apple Juice	Peanut Butter Cookies Milk

WEEK 6 FALL

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Applesauce Waffle Milk	Peaches Cinnamon Roll Milk	Fruit Cocktail English Muffin Milk	Banana Oatmeal Milk	Grapefruit Chunks Raisin Bread French Toast Milk
LUNCH				
Lentil and Barley Soup Cheese Sticks Celery and Green Pepper Strips Braised Celery (<i>under 2</i>) Biscuit Pears with Red Raspberry Garnish Milk	Scalloped Turkey Turkey Bread Dressing Baby Lima Beans Orange Wedges Milk	Ham Steak Au Gratin Potato Crunchy Cabbage (Crisp Steamed Shredded Cabbage) Dinner Roll Pineapple Milk	Baked Chicken Roast Roots Turnip, Onion, Rutabaga, Parsnip, Sweet Potato Broccoli Fresh Plum Chunks Milk	Bean Burrito Tortilla Beans Carrot Sticks (<i>cooked under 2</i>) Pineapple Tidbits Applesauce (<i>under 2</i>) Milk
SNACK				
Cheese Fish Crackers Grape Juice	Toasted Cinnamon Roll Slices Vanilla Wafers Milk	Raisin Bread Apple Juice	Teddy Grahams Milk	Banana Bread Milk

WEEK 7 FALL

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Banana Cheerios Milk	Applesauce Waffles Milk	Pineapple Tidbits Coffeecake w/ Streusel Topping Milk	Orange Wedges Toasted Bagel Milk	Peaches English Muffin Milk
LUNCH				
Beef Stew Beef Cubes Mixed Vegetable Peaches Biscuit Milk	Fish Sticks Cheesy Macaroni Green Beans Fruit Cup Apples, Banana, Peaches, Blueberries Milk	Turkey Supreme Ground Turkey Cream Soup Rice Kale Sliced Apricots w/ Blueberry Garnish Milk	Beef-a-Roni Ground Beef Tomato Macaroni Peas and Celery Plums Milk	Chicken and Noodles Baby Lima Beans Strawberries Milk
SNACK				
Yogurt Apple Juice	Banana Bread Milk	Teddy Grahams Milk	Cheese Crackers	Homemade Peanut Butter Cookies Milk

Appendix C-8 Sample Menu for Winter

WEEK 1 WINTER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
½ Banana Cheerios Milk	Pineapple Juice French Toast Syrup/Jelly Milk	Orange Cheese Toast Milk	Pears Bran Muffin Milk	Grape Juice Rice Buttered Toast Milk
LUNCH				
Baked Cheese on Whole Wheat Bread ½ Boiled Egg Cucumber and Tomato Peaches Milk	Spaghetti w/ Meat Sauce Green Salad Peas (<i>under 2</i>) French Bread Apple Slices Applesauce (<i>under 2</i>) Milk	Oven Fried Chicken Mashed Potatoes Green Beans Banana (w/ dry Jell- O—optional) Whole Wheat Bread Milk	Beef Stew Beef Cubes Vegetables Oranges Cornbread Milk	Baked Ham Baked Sweet Potato Fruit Salad Banana, Peaches, Blueberries Wheat Bread Milk
SNACK				
Streusel-in-the- Middle Muffins Milk	Yogurt Vanilla wafers	Oatmeal Cookie Milk	Fruit & Dip Graham Crackers Water	Peanut Butter Ritz Crackers Milk

WEEK 2 WINTER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Banana Cornflakes Milk	Apple Juice Oatmeal Toast Milk	Orange Juice Scrambled Eggs Wheat Toast Milk	Peaches Pancakes Syrup Milk	Pineapple Chunks Banana Bread Milk
LUNCH				
Tuna Salad w/ Lettuce Wheat Bread Oven Baked Tater Tots Apples, Carrots Milk	Pinto Beans Spinach Tomato, Onion Pears Cornbread Milk	Baked Turkey Mashed Potatoes Green Beans Peaches Hot Rolls Milk	Chili Crackers Corn Peas (<i>under 2</i>) Orange Wedges Milk	Hamburger Hamburger Bun Lettuce, Tomato, Onion Oven Fries Fresh Plums Applesauce (<i>under 2</i>) Milk
SNACK				
Teddy Grahams Grape Juice	Pumpkin Bread Milk	Soft Pretzels Pineapple Juice	Triscuits Cheese Water	Sugar Cookies Milk

WEEK 3 WINTER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Grape Juice Cream of Wheat Toast Milk	Orange Juice Biscuits Sausage Milk	Banana/Pineapple Chunks Cinnamon Toast Milk	Grape Juice Applesauce Muffin Milk	Apricots Scrambled Eggs Toast Milk
LUNCH				
Turkey casserole Turkey Macaroni Broccoli Wheat Bread Orange Slices Milk	Grilled Ham and Cheese Sandwich Baked Beans Wheat Bread Cantaloupe Milk	Roast Beef Baked Potato Wedges Carrots and Peas Wheat Bread Milk	Lasagna Lettuce Salad Green Beans <i>(under 2)</i> Garlic Bread Peaches Milk	White Beans and Ham Oven Fried Okra Cornbread Apple Wedges Applesauce <i>(under 2)</i> Milk
SNACK				
Applesauce Muffin Milk	Oatmeal Cookies Milk	Raisin Bread Cream Cheese Apple Juice	Banana Bread Milk	Peanut Butter Toast Pineapple Juice

WEEK 4 WINTER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Pineapple Juice Oatmeal Toast Milk	Peaches Sliced Ham and Cheese Biscuits Milk	Orange Juice Cheerios Milk	Fresh Fruit Cup Orange, Banana, Kiwi Toast Milk	Grapefruit Juice ½ English Muffin Peanut Butter Milk
LUNCH				
Turkey Hot Dogs Hot Dog Bun Chili Oven baked fries Apple Slices Applesauce <i>(under 2)</i> Milk	Meat Loaf Scalloped Potatoes Baby Lima Beans Strawberries <i>(frozen w/o sugar)</i> Wheat Bread Milk	Chicken & Noodles English Peas Celery Sticks w/ Peanut Butter <i>(over 2 ONLY)</i> Pears Milk	Pork Roast Potatoes, Turnips, Carrots, Onions Wheat Bread Pineapple Chunks Milk	BBQ Beef on Bun Corn Green Beans <i>(under 2)</i> Fruit Salad Milk
SNACK				
Apple Wedges Crackers Water	Peanut Butter Cookies Milk	Veggie Sticks w/ Dip Cheese Sticks	Oatmeal Cookies Milk	Cinnamon Toast Milk

WEEK 5 WINTER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Apple Juice Rice Toast Milk	Peaches Scrambled Eggs Toast Milk	½ Banana Streusel Coffeecake Milk	Pineapple Juice Pancakes Syrup Milk	Grape Juice Cornflakes Milk
LUNCH				
Meat & Cheese Burrito Spanish Rice Lettuce & Tomato Fruit Cup Milk	Turkey Salad Baked Beans Italian Bread Fresh Plums Peeled (<i>under 2</i>) Milk	Baked Ham Sweet Potatoes Green Beans Wheat Bread Pineapple Chunks Milk	Chicken Noodle Soup Grilled Cheese Sandwich Carrots Sticks (<i>cooked under 2</i>) Apple Wedges Applesauce (<i>under 2</i>) Milk	Pinto Beans w/ Ham Spinach Cornbread Pears Milk
SNACK				
Orange Juice Graham Crackers Water	Oatmeal Cookies Milk	Trail Mix Grape Juice	Wheat Crackers ½ Banana Water	Sugar Cookies Milk

WEEK 6 WINTER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Strawberries in Season Kiwi & Banana Slices Dry Cereal	Grape Juice Oatmeal Toast Milk	Peaches Biscuits Ham Milk	Applesauce Toast Milk	Orange Juice Biscuits Sausage Gravy Milk
LUNCH				
Tuna Patties Black Eyed Peas Lettuce & Tomato Slices Carrots (<i>cooked under 2</i>) Wheat Bread Milk	Pizza w/ Meat & Cheese Green Salad w/ Dressing Green Beans (<i>under 2</i>) Pineapple Chunks Milk	Turkey Casserole Macaroni Ground Turkey Cream Soup English Peas Wheat Bread Orange Slices Milk	Baked Salisbury Steak Brown Gravy Mashed Potatoes Green Beans Wheat Bread Fruit Cup Milk	Taco w/ Hamburger Meat Lettuce, Tomato Cheese Refried Beans Corn Tortilla Orange slices Milk
SNACK				
Cinnamon Toast Milk	Peanut Butter Cookies Milk	Banana Bread Milk	Wheat Thins Pineapple Juice	Graham Crackers Milk

Appendix C-9 Sample Menu for Summer

WEEK 1 SUMMER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Rice Krispies Fresh Peach Chunks Milk	Blueberry Muffin Honeydew Melon Milk	Crispix Banana Milk	Bagels Apple Sauce Oven Scrambled Eggs Milk	French Toast Sticks Fruit Cup Honeydew, Banana, Watermelon Milk
LUNCH				
Vegetable Fritata Eggs Mixed Vegetable Tomato Salad Chopped tomatoes, Zucchini, Onion, Italian or Ranch Dressing Italian Bread Milk	Spaghetti w/ Meatballs Tossed Salad Sliced Zucchini & Summer Squash Fresh Pear Wedges French Bread Milk	Ham & Cheese Wrap Tortilla Celery & Carrot Sticks (<i>cooked under 2</i>) Cantaloupe Milk	Oven Fried Chicken Potato Salad Baked Beans Green Beans (<i>under 2</i>) Assorted Bread (Italian, French) Watermelon Milk	Pizza w/ Meat Sauce Tossed Salad Green Beans (<i>under 2</i>) Fresh Peach Chunks Milk
SNACK				
Fruit Smoothies Assorted Fruit Milk Plain Yogurt	Fruit Tasting Tray Vanilla Wafers Lemon Slice Water	Peanut butter cookies Milk	Assorted Cheese and Crackers	Zucchini Bread Milk

WEEK 2 SUMMER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Corn Flakes Fresh Pear Wedges Milk	Banana Bread Cantaloupe Milk	Cheerios Fresh Peach Slices Milk	English Muffin Grapes Banana (<i>under 2</i>) Milk	Waffles Chunky Applesauce Milk
LUNCH				
Tacos Ground Turkey Corn Tortilla Shredded Lettuce Chopped Tomato Shredded Cheese Honeydew Chunks Milk	Chicken Nugget Tator Tots Tossed Salad (<i>over 2</i>) Fresh Apricot Halves Bread Milk	Hard Cooked Egg Halves Pita Bread Salad Dressing Celery & Carrot Sticks (<i>cooked under 2</i>) Fruit cup Pears, Apricots, Honeydew Milk	Ham Fingers/ Triangles Peas and Cheese Salad Pineapple Chunks Applesauce (<i>under 2</i>) Homemade Biscuit Milk	Hamburger Patty Hamburger Bun Baked Beans (<i>over 2</i>) Potato Salad Watermelon Milk
SNACK				
Cinnamon Coffeecake Milk	Vegetable Tasting Tray w/ Dip Cheese Nips	Molasses Cookies Apple Juice	Trail Mix Grape Juice	Fruit Smoothies Assorted Fruit Milk Vanilla Wafers

WEEK 3 SUMMER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Cheerios Banana Milk	Apple Bran Muffin Fresh Pear Slices Milk	Corn Flakes Honeydew Melon Milk	Croissant Cantaloupe Milk	Zucchini Bread Fresh Peach Slices Milk
LUNCH				
Macaroni and Cheese Broccoli Tossed Salad (<i>over 2</i>) Strawberries French Bread Milk	BBQ Pork Baked Beans Green Beans (<i>under 2</i>) Cole Slaw (<i>over 2</i>) Fruit Cup Strawberries, Banana, Pears, add Grapes (<i>over 2</i>) Bread Milk	Turkey & Cheese in Pita Bread Celery & Carrot Sticks (<i>cooked under 2</i>) Apples Applesauce (<i>under 2</i>) Milk	Baked Tuna Patties Peas and Cheese Salad Corn on the Cob (<i>over 2</i>) Grapes Apple Sauce (<i>under 2</i>) Bread Milk	Pizza w/ Meat Sauce Tossed Salad (<i>over 2</i>) Green Beans (<i>under 2</i>) Watermelon Milk
SNACK				
Honey Teddy Grahams Milk	Trail Mix Pineapple Juice	Peanut Butter Cookies Milk	Animal Crackers Yogurt Apple Juice	Vegetable Tray with Dip Ritz Crackers

WEEK 4 SUMMER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Crispix Apple Sauce Milk	Cinnamon Coffee Cake Fresh Peach Slices Milk	Rice Krispies Pineapple Pineapple Juice (<i>under 2</i>) Milk	Donuts Fresh Pear Chunks Milk	Waffles Banana Slices Milk
LUNCH				
Rice and Bean Burrito/Enchilada Lettuce, Tomato, Shredded Cheese Fruit Cup Watermelon, Cantaloupe, add Grapes (<i>over 2</i>) Milk	Cheese Ravioli w/ Meat Sauce Tossed Salad Sliced Zucchini Nectarine Slices Milk	Hoagie with Ham, Cheese, Turkey Lettuce & Tomato (<i>over 2</i>) Dressing Celery & Carrot Sticks (<i>cooked under 2</i>) Grapes Applesauce (<i>under 2</i>) Milk	Baked Chicken Potato Salad Baked Beans Peas (<i>under 2</i>) Strawberries Dinner Roll Milk	Sloppy Joe on Roll Pasta Salad Tator Tots Watermelon Milk
SNACK				
Yogurt Butter Cookies	Vegt Tray w/ Dip Crackers Milk/Juice	Sugar Cookies Milk	Assorted Cheese and Crackers Tray Milk/Juice	Fruit Smoothies Assorted Fruit Milk Vanilla Wafers

WEEK 5 SUMMER

1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day
BREAKFAST				
Cheerios Pineapple Milk	Cinnamon Streusel Muffin Pears Milk	Corn Flakes Banana Milk	Croissant Cantaloupe Milk	Zucchini Bread Fresh Peach Chunks Milk
LUNCH				
Spaghetti Squash w/ Meat Sauce Tossed Salad <i>(over 2)</i> Honeydew Melon French Bread Milk	Pork Riblets Baked Beans Green Beans <i>(under 2)</i> Cole Slaw <i>(over 2)</i> Fruit Cup Bread Milk	Turkey & Cheese Stuffed Pita Bread Celery & Carrot Sticks <i>(cooked under 2)</i> Apples/Nectarines Applesauce <i>(under 2)</i> Milk	Cold Salad Plate Tuna Salad Egg Salad Potato Salad Sliced Tomatoes <i>(over 2)</i> Summer Squash Bread Triangles Milk	Mexican Pizza Tossed Salad <i>(over 2)</i> Peas <i>(under 2)</i> Watermelon Milk
SNACK				
Honey Teddy Grahams Milk	Spinach Dip Ritz Crackers Apple Juice	Peanut Butter Cookies Grape Juice	Fruit Smoothies Assorted Fruit Milk Butter Cookies	Trail Mix Pineapple Juice

Wednesday are field trip days, CDC will receive meat platters.

Fruit Trays may contain: oranges, apples, strawberries, watermelon, and cantaloupe

Vegetable Trays: celery, carrots, cucumber, bell pepper, and broccoli

Juices: apple, pineapple, O.J., grape

Condiments: Ranch & Italian dressing, ketchup, mustard, mayo, BBQ sauce, salsa, sweet & sour sauce

Appendix C-10 Child Food Portions

	Children 1-2 Years of Age	Children 3-5 Years of Age	Children 6-12 Years of Age
Breakfast			
Milk	1/2 cup	3/4 cup	1 cup
Vegetable or Fruit or Juice (100%)	1/4 cup	1/2 cup	1/2 cup
Grains/Breads (enriched or whole grain)	1/2 slice (or 1/2 serving)	1/2 slice (or 1/2 serving)	1 slice (or 1 serving)
- or cold dry cereal	1/4 cup (or 1/3 oz.)	1/3 cup (or 1/2 oz.)	3/4 cup (or 1 oz.)
- or cooked cereal	1/4 cup	1/4 cup	1/2 cup
Snack (select two of the following four components)			
Milk	1/2 cup	1/2 cup	1 cup
Vegetable or Fruit or Juice (100%)	1/2 cup	1/2 cup	3/4 cup
Meat or meat alternative	1/2 oz.	1/2 oz.	1 oz.
- or yogurt (plain or sweetened)	2 oz. (or 1/4 cup)	2 oz. (or 1/4 cup)	4 oz. (or 1/2 cup)
Grains/Breads (enriched or whole grain)	1/2 slice (or 1/2 serving)	1/2 slice (or 1/2 serving)	1 slice (or 1 serving)
Lunch			
Milk	1/2 cup	3/4 cup	1 cup
Meat or poultry or fish	1 oz.	1 1/2 oz.	2 oz.
- or cheese	1 oz.	1 1/2 oz.	2 oz.
- or cottage cheese, cheese food, or cheese spread	2 oz. (1/4 cup)	3 oz. (3/8 cup)	4 oz. (1/2 cup)
- or egg	1 egg	1 egg	1 egg
- or cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
- or peanut butter, soy nut butter or nut or seed butters	2 tablespoons	3 tablespoons	4 tablespoons
- or peanuts, soy nuts, tree nuts or seeds	1/2 oz.	3/4 oz.	1 oz.
- or an equivalent quantity of any combination of the above meat/meat alternative			
Vegetables and/or Fruits (2 or more)	1/4 cup (total)	1/2 cup (total)	3/4 cup (total)
Grains/Breads (enriched or whole grain)	1/2 slice (or 1/2 serving)	1/2 slice (or 1/2 serving)	1 slice (or 1 serving)

Appendix C-11 Sample Letter for Parent Notification

[Name of Child Development Program]
[Address of Child Development Program]
[Telephone Number of Child Development Program]

[Date]

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

[Information about this disease]

The disease is spread by:

The symptoms are:

The disease can be prevented by:

What the program is doing:

What you can do at home:

If your child has any symptoms of this disease, call your doctor to find out what to do. Be sure to tell your doctor about this notice. If you do not have a regular doctor to care for your child, contact your local health department for instructions on how to find a doctor, or ask other parents for the names of their children's doctors. If you have any questions, please contact:

_____ at (_____) _____
Child Development Center Director's Name Telephone Number

Appendix C-12 Health Resources

The Academy of Breastfeeding Medicine

P.O. Box 15945-284
Lenexa, KS 66285-5945
Phone: 913-541-9077
Fax: 913-541-0156
<http://bfmed.org>

American Academy of Allergy, Asthma, and Immunology(AAAAI)

611 East Wells Street
Milwaukee, WI 53202
Phone: 414-272-6071
Fax: 414-272-6070
<http://www.aaaai.org>
Email: info@aaaai.org

American Academy of Family Physicians (AAFP)

11400 Tomahawk Creek Pkwy.
Leawood, KS. 66211
Phone: 800-274-2237 or 913-906-6000
<http://www.aafp.org>

American Academy of Pediatrics (AAP)

141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
Phone: 847-434-4000
Fax: 847-228-5097
<http://www.aap.org>

American Academy of Pediatric Dentistry

211 East Chicago Avenue, #700
Chicago, IL 60611-2663
Phone: 312-337-2169
Fax: 312-337-6329
<http://www.aapd.org>
E-mail: info@aapd.org

American Alliance for Health, Physical Education, Recreation, & Dance

1900 Association Drive
Reston, VA 20191-1502
Phone: 1-800-213-7193
Fax: 703-476-9527
E-mail: webmaster@aahperd.org
<http://www.aahperd.org>

American Association of Family and Consumer Services

1555 King St.
Alexandria, VA 22314
Phone: 703-706-4600
Fax: 703-706-4663
<http://www.staff.aafcs.org>

American Association for Health Education (AAHE)

1900 Association Drive
Reston, VA 20191-1599
Phone: 1-800-213-7193 or 703-476-3437
Fax: 703-476-6638
E-mail: aahe@ahhperd.org
<http://www.aahperd.org/aahe>

American Automobile Association (AAA)

1000 AAA Dr.
Heathrow, FL 32746
Phone: 407-444-4240
Fax: 407-444-4247
<http://www.aaa.com>

American Cancer Society

1599 Clifton Road NE
Atlanta, GA 30329-4251
Phone: 1-800-227-2345 or 404-320-3333
<http://www.cancer.org>

American College of Emergency Physicians

1125 Executive Circle
Irving, TX 75038-2522,
Phone: 1-800-798-1822
<http://www.acep.org>

American Diabetes Association

1701 North Beauregard Street
Alexandria, VA 22311
Phone: 800-342-2383
Fax: 703-549-6995
E-mail: customerservice@diabetes.org
<http://www.diabetes.org>

American Dietetic Association (ADA)

216 West Jackson Boulevard
Chicago, Illinois 60606-6995
Phone: 312-899-0040
Fax: 312-899-1979
<http://www.eatright.org>

Americans with Disabilities Act Accessibility Guidelines (ADAAG)

U.S. Department of Justice
Civil Rights Division
Disability Rights Section
P.O. Box 66738
Washington, DC 20035-6738
Phone: 1-800-514-0301
Phone (TDD): 1-800-514-0383
<http://www.usdoj.gov/crt/ada/adahom1.htm>

American Furniture Manufacturer's Association (AFMA)

P.O. Box HP-7
High Point, NC 27261
Phone: 336-884-5000
Fax: 336-884-5303
<http://www.afma4u.org>

The American Gas Association

1515 Wilson Blvd.
Arlington, VA 22209
Phone: 703-841-8400
<http://www.aga.org>

American Heart Association (AHA)

7272 Greenville Avenue
Dallas, Texas 75231
Phone: 214-373-6300
<http://www.amhrt.org>

American Lifeguard Association

8150 Leesburg Pike #600
Vienna, VA. 22182
Phone: 703-748-4803
Fax: 1-888-432-9252

American Lung Association

432 Park Ave. South
New York, NY 10016
Phone: 212-889-3370
Fax: 212-889-3375
<http://www.alany.org>

American National Standards Institute (ANSI)

1819 L Street, NW, 6th Fl.
Washington, DC, 20036
Phone: 202-293-8020
Fax: 202-293-9287
E-mail: ansionline@ansi.org
<http://www.ansi.org>

American Nurses Association (ANA)

600 Maryland Ave., SW
Suite 100 West
Washington, DC 20024
Phone: 1-800-274-4262 or 202-651-7000
Fax: 202-651-7001
<http://www.nursingworld.org>

American Public Health Association (APHA)

800 1 Street NW
Washington, DC 20001-3710
Phone: 202-777-APHA(2742)
Fax: 202-777-2534
<http://www.apha.org>
E-mail: comments@apha.org

American Red Cross (ARC)

4333 Arlington Blvd.
Arlington, VA 22203-2904
Phone: 703-527-3010
Fax: 703-527-2705
<http://www.redcross.org>

American School Food Service Association

700 South Washington St.
Suite 300
Alexandria, VA 22314-4287
Phone: 703-739-3900
Fax: 703-739-3915
E-mail: servicecenter@asfsa.org
<http://www.asfsa.org>

American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE)

1791 Tullie Circle, NE
Atlanta, GA 30329
Phone: 404-636-8400
Fax: 404-321-5478
<http://www.ashrae.org>

American Society for Testing and Materials (ASTM)

100 Barr Harbor Drive
West Conshohocken, PA 19428-2959
Phone: 610-832-9500
Fax: 610-832-9555
<http://www.astm.org>

Art and Creative Materials Institute (ACMI)

1280 Main St.
PO Box 479
Hanson, MA 02341
Phone: 781-293-4100
Fax: 781-294-0808
<http://www.acminet.org>

Association of Home Appliance Manufacturers

1111 19th St., NW
Washington, DC 20036
Phone: 202-872-5955
Fax: 202-872-9354
<http://www.aham.org>

Asthma and Allergy Foundation of America

1233 20th St., NW
Suite 402
Washington, DC 20036
Phone: 1-800-727-8462
Fax: 202-466-8940
<http://www.aafa.org>

Contact Information**Boy Scouts**

1325 West Walnut Hill Lane
PO Box 152079
Irving, TX 75015-2079
Phone: 972-580-2000
Fax: 972-580-2502
<http://www.bsa.scouting.org>

Building Officials & Code Administrators International

4051 W. Flossmoor Rd.
Country Club Hills, IL 60478
Phone: 708-799-2300
Fax: 708-799-4981
E-mail: info@bocai.org
<http://www.bocai.org>

Canadian Paediatric Society

100-2204 Walkley Rd.
Ottawa ON K1G 4G8
Phone: 613-526-9397
Fax: 613-526-3332
<http://www.cps.ca>
E-mail: info.cps.ca

Canadian Standards Association (CSA)

178 Rexdale Boulevard
Toronto, ON
M9W 1R3, CANADA
Phone: 1-800-463-6727
Fax: 416-747-2510
E-mail: info@csa-international.org
<http://www.csa.ca>

Center for the Child Care Workforce (CCW)

733 15th Street, NW Suite 1037
Washington, DC 20005-2112
Phone: 1-800-879-6784
Fax: 202-737-0370
E-mail: ccw@ccw.org
<http://www.ccw.org>

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road NE
Atlanta, GA 30333
1-800-311-3534
<http://www.cdc.gov>

Child Care Action Campaign (CCAC)

330 Seventh Avenue, 14th Floor
New York, NY 10001
Phone: 212-239-0138 or 1-800-424-2246
Fax: 212-268-6515
<http://www.childcreation.org>

Child Care Bureau

Administration for Children and Families
U.S. Department of Health and Human Services
Switzer Building, Room 2046
330 C Street SW
Washington, DC 20447
Phone: 202-690-6782
Fax: 202-690-5600
E-mail: ccb@acf.dhhs.gov
<http://www.acf.dhhs.gov/programs/ccb>

Child Care Law Center

973 Market Street, Suite 550
San Francisco, CA 94103
Phone: 415-495-5498
Fax: 415-495-6734
<http://www.childcarelaw.org>

Child Care Nutrition Resource System

Food and Nutrition Information Center
National Agricultural Library 10301 Baltimore
Avenue
Beltsville, MD 20705-2351
Phone: 301-504-5719
<http://www.nal.usda.gov/childcare>

Children's Safety Network

CSN National Injury and Violence Prevention
Resource Center
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060
Phone: 617-969-7100
Fax: 617-969-9186
<http://www.edc.org/HHD/csn>

Consumer Product Safety Commission, US (CPSC)

1-800-638-2772
<http://www.cpsc.gov>

Cooperative State Research, Education, and Extension Service

U.S. Department of Agriculture
Washington, D.C. 20250-0900
Phone: 202-720-4651
Fax: 202-690-0289
E-mail: csrees@reeusda.gov
<http://www.reeusda.gov>

Dairy Council

10255 West Higgins Road
Suite 900
Rosemont, IL 60018-5616
Phone: 847-803-2000
<http://www.nationaldairycouncil.org>

Disability and Business Technical Assistance Centers

(American with Disabilities Act Experts)
1-800-949-4232

Early Childhood Education Linkage System (ECELS)

Healthy Child Care America Pennsylvania
Pennsylvania Chapter, American Academy of Pediatrics
Rosemont Business Campus
Building 2, Suite 307
919 Conestoga Road
Rosemont, PA 19010
Phone: 610-520-3662
<http://www.paaap.org>

The Edison Electric Institute

701 Pennsylvania Ave., NW
Washington, DC 20004-2696
Phone: 202-508-5000
<http://www.eei.org>

Emergency Medical Services for Children National Resource Center

111 Michigan Avenue, N.W.
Washington, DC 20010-2970
Phone: 202-884-4927
Fax: 202-884-6845
<http://www.ems-c.org>

Environmental Protection Agency (EPA)

401 M Street SW
Washington, DC 20460-0003
Phone: 202-260-2090
<http://www.epa.gov>

Federal Bureau of Investigation (FBI)

J. Edgar Hoover Building
935 Pennsylvania Avenue, N.W.
Washington, D.C. 20535-0001
Phone: 202-324-3000
<http://www.fbi.gov>

Food & Nutrition Information Center

Agricultural Research Service, USDA
National Agricultural Library, Room 105
10301 Baltimore Avenue
Beltsville, MD 20705-2351
Phone: 301-504-5719
Fax: 301-504-6409
<http://www.nal.usda.gov/fnic>
E-mail: fnic@nal.usda.gov

Food Research Action Center

1875 Connecticut Avenue, N.W., Suite 540
Washington, D.C. 20009
Phone: 202-986-2200
Fax: 202-986-2525
E-mail: webmaster@frac.org
<http://www.frac.org>

The Healthy Child Care America Campaign

American Academy of Pediatrics
141 N.W. Point Blvd.
Elk Grove Village, IL 60007
Phone: 888-227-5409
Fax: 847-228-6432
E-mail: childcare@aap.org

Institute of Electrical & Electronics Engineers (IEEE)

445 Hoes Lane
Piscataway, NJ 08855-1331
Phone: 732-981-0060
Fax: 303-758-1138
E-mail: askieee@ieee.org
<http://www.ieee.org>

Juvenile Products Manufacturers Association (JPMA)

17000 Commerce Pkwy. Suite C
Mt. Laurel, NJ 08054
<http://www.jpma.org>

La Leche League International

1400 N. Meacham Rd.
Schaumburg, IL 60173-4048
Phone: 847-519-7730
Fax: 847-519-0035
<http://www.lalecheleague.org>

**Maternal and Child Health Bureau
(MCHB)**

MCHB Region I

Room 1826
John F. Kennedy Federal Building
Boston MA 02203
Phone: 617-565-1433
Fax: 617-565-3044
States - CT, ME, MA, NH, RI, VT

MCHB Region II

26 Federal Plaza
Federal Building, Room 3835
New York, N.Y. 10278
Phone: 212-264-2571
Fax: 212-264-2673
States - NJ, NY, PR, VI

MCHB Region III

Health Resources, Northeast Cluster
Public Ledger Building
150 S. Independence Mall West
Suite 1172
Philadelphia, PA 19106-3499
Phone: 215-861-4422
Fax: 215-861-4385
States - DE, DC, MD, PA, VA, WV

MCHB Region IV

HRSA Field Coordinator, Southeast Cluster
Atlanta Federal Center
61 Forsyth Street, S.W., Suite 3M60
Atlanta, GA 30303-8909
Phone: 404-562-7980
Fax: 404-562-7974
States - AL, FL, GA, KY, MS, NC, SC, TN

MCHB Region V

105 W. Adams Street, 17th Floor
Chicago, IL 60603
Phone: 312-353-4042
Fax: 312-886-3770
States - IL, IN, MI, MN, OH, WI

MCHB Region VI

1301 Young Street, 10th Floor, HRSA-4
Dallas, TX 75202
Phone: 214-767-3003
Fax: 214-767-3038
States - AR, LA, NM, OK, TX

MCHB Region VII

Federal Building, Room 501
601 E. 12th Street
Kansas City, MO 64106-2808
Phone: 816-426-5292
Fax: 816-426-3633
States - IA, KS, MO, NE

MCHB Region VIII

Federal Office Building, Room 409
1961 Stout Street
Denver, CO 80294
Phone: 303-844-7862
Fax: 303-844-0002
States - CO, MT, ND, SD, UT, WY

MCHB Region IX

Federal Office Building, Room 317
50 United Nations Plaza
San Francisco, CA 94102
Phone: 415-437-8101
Fax: 415-437-8105
States - AZ, CA, HI, NV, AS, FM, GU, MH, MP,
PW

MCHB Region X

Mail Stop RX-23
2201 Sixth Avenue, Room 700,
Seattle, WA 98121
Phone: 206-615-2518
Fax: 206-615-2500
<http://www.mchb.hrsa.gov>
States - AK, ID, OR, WA

**National Association for the Education of Young
Children (NAEYC)**

1509 16th Street, NW
Washington DC 20036
1-800-424-2460
<http://www.naeyc.org>

**National Association for Family Child Care
(NAFCC)**

Sixth Ave., Suite 900
Des Moines, IA 50309
515-282-8192
<http://www.nafcc.org>

**National Association of Child Care Resource
and Referral Agencies**

1319 F Street, NW Suite 500
Washington, DC 20004-1106
Phone: 202-393-5501
Fax: 202-393-1109
E-mail: info@naccrra.org
<http://www.naccrra.org>

National Association of Diaper Services

994 Old Eagle School Road, #1019
Wayne, PA 19087
610-971-4850
<http://www.diapernet.com>

National Association of Governor's Councils of Physical Fitness and Sports

401 W. Michigan St.
Indianapolis, IN 46202
Phone: 317-237-5630
Fax: 317-237-5632
E-mail: info@physicalfitness.org
<http://www.physicalfitness.org>

National Association of Pediatric Practitioners (NAPNAP)

1101 Kings Highway, North, Suite 206
Cherry Hill, New Jersey 08034-1912
Phone: 856-667-1773
Fax: 609-667-7187
<http://www.napnap.org>

National Association for Regulatory Administration

26 East Exchange Street, Fifth Floor
St. Paul, MN 55101-2264
Phone: 651-290-6280
Fax: 651-290-2266
<http://www.nara-licensing.org>

National Association for Sick Child Daycare (NASCD)

1716 5th. Ave. N.
Birmingham, AL 35203
Phone: 202-324-8447
Fax: 202-324-8050
E-mail: gwj@nascd.com
<http://www.nascd.com>

National Association of WIC Directors

2001 S Street, NW
Suite 580
Washington, DC 20009
Phone: 202-232-5492
Fax: 202-387-5281
<http://www.wicdirectors.org>

National Center for Cultural Competence

Georgetown University Child Development Center
3307 M Street, NW, Suite 401
Washington, DC 20007-3935
Phone: 800-788-2066
Fax: 202-687-8899
<http://gucdc.georgetown.edu/nccc>
E-mail: cultural@georgetown.edu

National Center for Education in Maternal and Child Health (NCEMCH)

2000 15th Street, North, Suite 701
Arlington, VA 22201-2617
Phone: 703-524-7802
Fax: 703-524-9335
E-mail: info@ncemch.org
<http://www.ncemch.org>

National Child Care Information Center

(Funded by the Child Care Bureau)
243 Church Street, NW 2nd Floor
Vienna, VA 22180
Phone: 1-800-616-2242
Fax: 1-800-716-2242
TTY: 1-800-516-2242
<http://www.nccic.org>

National Clearinghouse on Child Abuse and Neglect Information

330 C Street, SW
Washington, DC 20447
Phone: 800-394-3366
Fax: 703-385-3206
<http://www.calib.com/nccanch>

National Child Care Association (NCCA)

1016 Rosser Street
Conyers, GA 30012
Phone: 1-800-543-7161
Fax: 770-388-7772
<http://www.nccanet.org>

National Commission for Health Education Credentialing, Inc. (NCHEC)

944 Marcon BLVD., Suite 310
Allentown, PA 18103
Phone: 1-888-624-3248
Fax: 1-800-813-0727
E-mail: nchectce@fast.net
<http://www.nchec.org>

National Committee for the Prevention of Child Abuse

PO Box 2866
Chicago, IL 60690-9950
Phone: 312-663-3520
<http://www.childabuse.org>
E-mail: mail@preventchildabuse.org

National Fire Protection Association (NFPA)

1 Battery March Park
Quince, MA 02269-9101
Phone: 617-770-3000
Fax: 617-770-0700
<http://www.nfpa.org>

National Food Service Management Institute

The University of Mississippi
P.O. Drawer 188
University, MS 38677-0188
Phone: 1-800-321-3054
Fax: 1-800-321-3061
<http://www.nfsmi.org>

National Heart, Lung, and Blood Institute

Health Information Center
P.O. Box 30105
Bethesda, MD
Phone: 301-592-8573
Fax: 301-592-8563
E-mail: NHLBIinfo@rover.nhlbi.nih.gov
<http://www.nhlbi.nih.gov/health/infoctr/index.htm>

National Healthy Mothers, Healthy Babies Coalition

121 North Washington St.
Suite 300
Alexandria, VA 22314
Phone: 703-836-6110
Fax: 703-836-3470
<http://www.hmhb.org>

National Highway and Transportation Safety Administration (NHTSA)**NHTSA Region I**

Kendall Square Code 903
Cambridge, MA 02142
Phone: 617-494-3427
Fax: 617-494-3646
States - CT, ME, MA, NH, RI, VT

NHTSA Region II

222 Mamaroneck Avenue Suite 204
White Plains, NY 10605
Phone: 914-682-6162
Fax: 914-682-6239 Fax
States - NY, NJ, PR, VI

NHTSA Region III

10 South Howard Street
Suite 6700
Baltimore, MD 21201
Phone: 410-962-0090
Fax: 410-962-2770
States - DE, DC, MD, PA, VA, WV

NHTSA Region IV

61 Forsyth Street, SW
Suite 17T30
Atlanta, GA 30303
Phone: 404-562-3739
Fax: 404-562-3763
States - AL, FL, GA, KY, MS, NC, SC, TN

NHTSA Region V

19900 Governors Drive, Suite 201
Olympia Fields, IL 60461
Phone: 708-503-8822
Fax: 708-503-8991 Fax
States - IL, IN, MI, MN, OH, WI

NHTSA Region VI

819 Taylor Street Room 8a38
Fort Worth, TX 76102-6177
Phone: 817-978-3653
Fax: 817-978-8339 Fax
States - AR, LA, NM, OK, TX, Indian N.

NHTSA Region VII

901 Locust Street Rm466
Kansas City, MO 64106
Phone: 816-329-3900
Fax: 816-329-3910
States - IA, KS, MO, NE

NHTSA Region VIII

555 Zang Street, Room 430
Lakewood, Colorado 80228
Phone: 303-969-6917
Fax: 303-969-6294 fax
States - CO, MT, ND, SD, UT, WY

NHTSA Region IX

201 Mission Street, Suite 2230
San Francisco, CA 94105
Phone: 415-744-3089
Fax: 415-744-2532 Fax
States - AZ, CA, HI, NV, Amer. Samoa, Guam,
Mariana Island

NHTSA Region X

3140 Jackson Federal Building
915 Second Avenue
Seattle, WA 98174
Phone: 206-220-7640
Fax: 206-220-7651
Phone: 1-888-327-4236
<http://www.nhtsa.dot.gov>
States - AK, ID, OR, WA

National Information Center for Children and Youth with Disabilities

P.O. Box 1492
Washington, DC 20013-1492
Phone: 1-800-695-0285
E-mail: nichcy@aed.org
<http://www.nichcy.org>

National Institute of Health, National Institute of Child Health and Human Development

P.O. Box 3006
Rockville, MD 20847
Phone: 1-800-370-2943
Fax: 301-984-1473
E-mail: nichdclearinghouse@mail.nih.gov
<http://www.nichd.nih.gov>

National Maternal and Child Health Clearinghouse

2070 Chain Bridge Road, Suite 450
Vienna, VA 22182-2536
Phone: 1-888-434-4624
Fax: 703-821-2098
E-Mail: nmchc@circlesolutions.com
<http://www.nmchc.org>

National On-Site Wastewater Recycling Association, Inc. (NOWRA)

632 Main Street
Laurel, MD 20707
Phone: 301-776-7468
Fax: 301-776-7409
<http://www.nowra.org>

National Recreation and Park Association

22377 Belmont Ridge Road
Ashburn, VA 20148
Phone: (703) 858-0784
Fax: (703) 858-0794
<http://www.nrpa.org>

National Resource Center for Health and Safety in Child Care

University of Colorado School of Nursing
Campus Mail Stop F541, P.O. Box 6508
Aurora, CO 80045-0508
Phone: 1-800-598-5437
Fax: 303-724-0960
<http://nrc.uchsc.edu>

National Safety Council (NSC)

1121 Spring Lake Drive,
Itasca, IL 60143-3201
Phone: 630-285-1121
Fax: 630-285-0797
<http://www.nsc.org>

National Sanitation Foundation (NSF)

PO Box 130140
Ann Arbor, MI 48113-0140
Phone: 800-673-6275 or 734-769-8010
Fax: 734-769-0109
<http://www.nsf.org>

National School-Age Care Alliance

1137 Washington Street
Boston, MA 02124
Phone: 617-298-5012
Fax: 617-298-5022
<http://www.nsaca.org>

National SIDS Resource Center

2070 Chain Bridge Road, Suite 450
Vienna, VA 22182
Phone: 703-821-8955
Fax: 703-821-2098
E-mail: sids@circlesolutions.com
<http://www.sidscenter.org>

National Technical Information Service (NTIS)

5285 Port Royal Road
Springfield, Virginia 22161
Phone: 703-605-6000
Fax: 703-605-6900
E-mail: info@ntis.gov
<http://www.ntis.gov>

National Training Institute for Child Care Health Consultants

Department of Maternal and Child Health
University of North Carolina at Chapel Hill
116A S. Merritt Mill Rd. Box 8126
Chapel Hill, NC 27599-8126
Phone: 919-966-3780
Fax: 919-843-4752
E-mail: nticchc@sph.unc.edu

National Weather Service

1352 East-West Highway
Silver Spring, MD 20910
<http://www.nws.noaa.gov>

Occupational Health & Safety Administration (OSHA)

200 Constitution Avenue, NW
Washington, D.C. 20210
Phone: 202-693-1999
<http://www.osha.gov>
(Web site of OSHA Regional Office Contacts)

Office of Special Education & Rehabilitative Services

U.S. Department of Education
330 C Street SW
Washington, DC 20202
Phone: 202-205-5465
Fax: 202-205-9252
<http://www.ed.gov/offices/OSERS>

Oregon Child Development Coalition

PO Box 2780
9140 SW Pioneer Court, Suite E
Wilsonville, OR 97070
Phone: 503-570-1110
Fax: 503-682-9426
<http://ocdc.net>

Presidents Challenge Physical Fitness Program

400 E. 7th Street
Bloomington, IN 47405
Phone: 1-800-258-8146
Fax: 812-855-8999
E-mail: preschal@indiana.edu
<http://www.indiana.edu/~preschal>

President's Council on Physical Fitness & Sports

200 Independence Avenue SW.
Humphrey Building, Room 738 H
Washington, DC 20201
Phone: 202-690-9000
Fax: 202-690-5211
<http://www.fitness.gov>

Project Child

2200 West Broad Street
Bethlehem, PA 18018-3200
Phone: 610-419-4500
Fax: 610-419-3888
E-mail: projectchildlv@aol.com

Seattle King County Department of Public Health

999 3rd Ave. Suite 1200
Seattle, WA 98104
Phone: (206) 296-4600
<http://www.metrokc.gov/health>

Shape Up America

4500 Connecticut Ave. NW
Washington, DC 20008
Phone: 301-493-5368
Fax: 301-493-9504
E-mail: suainfo@shapeup.org
<http://www.shapeup.org>

Snell Memorial Foundation

3628 Madison Avenue, Suite 11
North Highlands, CA 95660
Phone: 916-331-5073
Fax: 916-331-0359
<http://www.smf.org/snell.html>

Society for Nutrition Education

1001 Connecticut Avenue, NW Suite 528
Washington, DC 20036-5528
Phone: 202-452-8534
Fax: 202-452-8536
E-mail: membership@sne.org
<http://www.sne.org>

State and Territorial Injury Prevention Directors' Association

2141 Kingston Court, Suite 110-B
Marietta, GA 30067
Phone: 770-690-9000
Fax: 770-690-8996
E-mail:
<http://www.stipda.org/>

Superintendent of Documents

U.S. Government Printing Office
Washington, DC 20402
Phone: 202-512-2000
<http://www.gpo.gov>

Tribal Child Care Technical Assistance Center (TriTAC)

(Funded by the Child Care Bureau)
Phone: 1-800-388-7670
<http://nccic.org/tribal>

Underwriters Laboratories (UL)

333 Pfingsten Road
Northbrook, IL 60062-2096
Phone: 847-272-8800
Fax: 847-272-8129
E-mail: northbrook@us.ul.com
<http://www.ul.com>

US Department of Energy

1000 Independence Ave.
Washington, DC 20585
Phone: 202-586-5000
<http://www.energy.gov>

US Consumer Product Safety Commission See Consumer Product Safety Commission, US Food and Drug Administration (FDA)

HFI-40
Rockville, MD 20857
Phone: 1-888-463-6332
<http://www.fda.gov>

USDA Food and Nutrition Service

3101 Park Center Drive
Alexandria, VA 22302
Phone: 703-305-2062
<http://www.fns.usda.gov>

USDA Food Safety and Inspection Service

Room 1175-South Building
1400 Independence Ave. SW
Washington, DC 20250
Phone: (202) 720-7943
<http://www.fsis.usda.gov>

Visiting Nurse Associations of America

11 Beacon Street, Suite 910
Boston, MA 02108
617-523-4042
<http://www.vnaa.org>

**Wheelock College Institute for Leadership and
Career Initiatives**

200 The Riverway
Boston, MA 02215
Phone: 617-734-5200 x2211
Fax: 617-738-0643
<http://institute.wheelock.edu>

YMCA

101 North Wacker Dr.
Chicago, IL 60606
Phone: 312-977-0031
Fax: 312-977-9063
<http://www.ymca.net>

Check <http://nrc.uchsc.edu> for updates.

Appendix D: References

Appendix D

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