



U.S. General Services Administration
Public Buildings Service
Child Care Operations Center of Expertise



Operating on Federal Property Director's Desk Guide



Names and Numbers

GSA Regional Child Care Coordinator (RCCC)

GSA Property Manager

Child Care Center Building Contact

Service Desk

Federal Protective Service (FPS)

Emergency Number

The Major Tenants in this Building are



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agreements

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

GSA Revocable License For Non-Federal Use of Real Property (GSA Form 1582) with Special Conditions

The license agreement is considered negotiable but some things are non-negotiable. The requirement for background checks can not change. Accreditation is a requirement.

Interagency Agreement (IAA)

There may be an agreement between agencies that are sharing a facility.

Memorandum of Understanding (MOU)

This is an agreement between the board of directors and GSA to ensure accountability is clear.

Delegation Agreement

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

Contract

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

SPECIAL CONDITIONS TO THE LICENSING AGREEMENT BETWEEN
GSA AND _____

1. LICENSE AUTHORITY

This license is granted pursuant to the authority of and subject to the conditions in 40 U.S.C. 490b. The Child Care Provider who provides child care at the site agrees to abide by these Special Conditions.

2. CRIMINAL HISTORY BACKGROUND CHECKS

The Child Care Provider and its employees are subject to the Crime Control Act of 1990 Public Law 101-647, as amended by Public Law 102-190, dated December 5, 1991, and will submit to criminal history background checks. In order to comply with this law, Providers will ensure that their employees submit a completed Statement of Personal History Form, GSA Form 176, and contact the Regional Federal Protective Service (FPS) or other designated party to arrange for fingerprints to be taken, no later than that employee's start date, with completed packages received by FPS within 5 working days. The Child Care Provider will notify the Regional Child Care Coordinator immediately when a new employee has been hired.

The Child Care Provider will certify that appropriate suitability background checks have been completed, including references, employment and educational certification checks for each new hire. In addition, the Child Care Provider and its employees are subject to any other checks as may be required by GSA, and any pertinent local regulatory authorities.

Providers or employees who have a conviction for sex crimes, offenses involving children as victims, or drug felonies will be denied employment or dismissed, except that for a conviction of a crime other than a sex crime or offense involving children, the government will review the facts of the individual case before exercising its right to deny or have terminated the employment of that employee.

3. NATIONAL ACCREDITATION

The child care provider shall begin the National Association for the Education of Young Children (NAEYC) accreditation process within one year of operation and will achieve accreditation within 2 years of operation. The child care provider will maintain accreditation through the renewal process of the National Academy of Early Childhood Programs.

4. TERMS AND CONDITIONS OF OCCUPANCY

The child care center will be operated in accordance with the following terms and conditions:

- a. Maintain and operate a developmental child care program from ___ a.m. to ___ p.m., Monday through Friday except on Federal holidays. *The child care center may be closed one week per year for maintenance.*

- b. The center's employees shall comply with all building regulations and special building security arrangements. Building security arrangements may include the display of Government-furnished identification (ID) cards, where required. All Government furnished IDs remain the property of the Government and must be surrendered to the Provider's management by all center employees leaving the Provider's employ. Such IDs must then be immediately returned to the Government's designated building security officer.
- c. The Child Care Provider shall not discriminate on the basis of race, religion, color, national origin or disability with respect to enrollment of children or employment of staff.
- d. By signing this agreement the Child Care Provider has acknowledged receipt of and use of equipment and other property as furnished by the government, and shall provide routine care of any government furnished equipment during the term of this license.
- e. The Child Care Provider shall be responsible for any damage to the equipment arising from wrongful acts or acts of negligence of the Child Care Provider.
- f. The Child Care Provider must maintain the facility in a clean and safe manner. General housekeeping is expected so that the center appears clean and well kept at all times. Cleaning responsibilities of the provider include, but are not limited to: cleaning and sanitizing of all toys, toy shelves, children's furniture, kitchen appliances inside and out, kitchen pantries, storage closets including shelves, as well as pet cages and aquariums. Immediate spot cleaning is required during snacks, mealtimes, during and after craft projects, etc. Storage of all bleach/sanitizing solutions will be out of reach of children.
- g. The Child Care Provider must ensure that staff members have ongoing training. In addition to the training required by State or local licensing authorities and NAEYC accreditation criteria the Child Care Provider must ensure that staff have 1.5 to 2 hours annual training in the prevention and detection of child abuse, up to date first aid training and certifications in employees' files, verifiable staff training in emergency and evacuation procedures, and annual training on bloodborne pathogens (per OSHA Regulations of 1991 applicable to all settings where workers might come into contact with blood).
- h. The Child Care Provider will ensure that all incidents occurring in the center: criminal incidents or accidents/incidents requiring immediate professional medical attention are immediately reported to the Federal Protective Service. The Child Care Provider will ensure that notification of the incident is provided to the regional child care coordinator as soon as possible but no later than 24 hours after the occurrence.
- i. The Child Care Provider will notify the appropriate local authority in cases of suspected child abuse or neglect per Public Law 104-28. The Federal Protective Service will not be notified in these matters unless the suspected abuse occurred on site, in which case the FPS is notified in addition to the appropriate local authority.

- j. The Child Care Provider will post in a public area of the center its current state or local license to operate a child care center.
- k. The Child Care Provider will comply with all Federal, State or local safety policies, including the smoking policy.
- l. The Child Care Provider will post an emergency evacuation plan for the center. The Child Care Provider will ensure that a fire drill is conducted by the staff at the Child Care Center at least monthly and will keep a record of these drills available to GSA upon request. The Child Care Provider will work with appropriate Government officials to ensure that the center's evacuation plan is appropriately incorporated into the occupant emergency plan (OEP) for the building.
- m. The GSA Regional Child Care Coordinator, will on a regular basis, collect demographic data and other pertinent information relating to center operations. The Child Care Provider will respond in a timely and expeditious manner.
- n. The Child Care Provider must demonstrate that it is financially capable of continuing its operations under the terms of its license to use space. The child care provider agrees to provide upon request financial statements, which may include quarterly financial statements and/or an annual audit by an independent reviewer.
- o. The Child Care Provider shall provide all supplies (consumables and manipulatives) such as toys, food and curriculum materials which remain the property of the provider.
- p. The Child Care Provider shall market the program, its quality and availability to Federal employees and others. This can be accomplished through newsletters, posters, building displays, lunch & learns, flyers, e-mail and other marketing techniques.

5. GSA INITIATED REVIEWS

The Child Care Provider shall agree to have GSA initiated program, health and safety assessments accomplished on center operations and shall meet all requirements as a result of these reviews.

6. STATUS OF THE CHILD CARE PROVIDER

The Child Care Provider is not an employee or agent of the Government. Parents with children enrolled at the center shall contract directly with the Child Care Provider. Except for matters explicitly addressed in this license, decisions and responsibilities with respect to program, enrollment, fees, tuition, hiring, policy making, and any and all other aspects of the operation and conduct of the Center's business shall be the exclusive right, prerogative, and responsibility of the Child Care Provider.

7. PRIORITY ENROLLMENT

The Child Care Provider shall give priority for available child care services to employees of the sponsoring agencies. Per the conditions of 40 U.S.C. 490b Federal employees will be given priority placement for all available spaces and at least 50% of the children enrolled in the center are to be children or dependents of Federal employees. If this requirement is not met a plan must be put into effect to increase Federal enrollment. Remaining enrollment may be open to the general public.

8. INSURANCE

The Child Care Provider shall, at its own expense, provide and maintain during the term of this license, and any extension thereof, comprehensive liability insurance in an amount not less than \$1 million. A copy of the insurance certificate including renewals shall be provided to GSA prior to occupancy of the center or as soon thereafter as possible. An accident insurance policy will be maintained on all students by the Child Care Provider.

9. TUITION ASSISTANCE

A tuition assistance program for families in economic need shall be established. The tuition assistance program *can/will* be established through a nonprofit Federal employee organization. Participation in the Combined Federal Campaign or local United Way campaign should be planned.

10. TERMINATION

GSA or the Child Care Provider may terminate this license after _____ days written notice, or immediately if there is a substantial breach of the conditions of this license.

11. EFFECTIVE DATE AND DURATION

This agreement is effective on the date of the last signature and will continue in effect for each party unless and until terminated by either party under the conditions in section 10 of this agreement. *(Can set a term)*

12. MODIFICATIONS

This agreement may be modified at any time by written agreement of the parties.

13. CHANGES IN STATUS

The Child Care Provider agrees to notify GSA immediately of any changes in the manner in which the Center is being operated or in its change of status including the creation of any public private partnerships. This license is nontransferable and may be cancelled if the provider sells its business.

TITLE 40--PUBLIC BUILDINGS, PROPERTY, AND WORKS

Sec. 490b. Child care services for Federal employees in
Federal Buildings

(a) Allotment of space; conditions

If any individual or entity which provides or proposes to provide child care services for Federal employees during fiscal year 1988 or any fiscal year thereafter, applies to the officer or agency of the United States charged with the allotment of space in the Federal buildings in the community or district in which such individual or entity provides or proposes to provide such service, such officer or agency may allot space in such a building to such individual or entity if--

- (1) such space is available;
- (2) such officer or agency determines that such space will be used to provide child care services to children of whom at least 50 percent have one parent or guardian who is employed by the Federal Government; and
- (3) such officer or agency determines that such individual or entity will give priority for available child care services in such space to Federal employees.

(b) Charges for rent or services; payment of costs, accreditation fees, and travel and per diem expenses; ``services'' defined

(1) If an officer or agency allots space during fiscal year 1988 or any fiscal year thereafter, to an individual or entity under subsection (a) of this section, such space may be provided to such individual or entity without charge for rent or services.

(2) If there is an agreement for the payment of costs associated with the provision of space allotted under subsection (a) of this section or services provided in connection with such space, nothing in title 31, or any other provision of law, shall be construed to prohibit or restrict payment by reimbursement to the miscellaneous receipts or other appropriate account of the Treasury.

(3) If an agency has a child care facility in its space, or is a sponsoring agency for a child care facility in other Federal or leased space, the agency or the General Services Administration may pay accreditation fees, including renewal fees, for that center to be accredited by a nationally recognized early-childhood professional organization, and travel and per diem expenses for attendance by representatives of the center at the annual General Services Administration child care conference.

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

(c) Guidance, assistance, and oversight

Through the General Services Administration's licensing agreements, the Administrator of General Services shall provide guidance, assistance, and oversight to Federal agencies for the development of child care centers to

promote the provision of economical and effective child care for Federal workers.

(d) Consortium with private entities

If a Federal agency has a child care facility in its space, or is a sponsoring agency for a child care facility in other Federal or leased space, the agency or the General Services Administration may enter into a consortium with one or more private entities under which such private entities would assist in defraying the costs associated with the salaries and benefits provided for any personnel providing services at such facility.

(Pub. L. 100-202, Sec. 101(m) [title VI, Sec. 616], Dec. 22, 1987, 101 Stat. 1329-390, 1329-423; Pub. L. 102-393, title V, Sec. 528, Oct. 6, 1992, 106 Stat. 1760.)

MODEL

CONTRACT BETWEEN BOARD OF DIRECTORS OF

_____ CENTER, INC.

AND

(name of provider)

CONTRACT BETWEEN BOARD OF DIRECTORS OF CENTER INC.
AND
COMPANY
TO OPERATE AND MANAGE CENTER

The Board of Directors of Center Inc. was incorporated as a non-profit entity to provide child care services for the children of employees of the agency(ies) at [address]. By entering into this contract with the Board of Directors, the Company agrees to furnish and deliver all services set forth or otherwise identified within this Contract.

SECTION A. GENERAL REQUIREMENTS

1. Provider.

Company shall manage and operate the Child Care Center for the use of employees of the agency, other agencies and the public, and to furnish all materials and perform all tasks necessary for providing an on-site, high quality, full-time child development program which will provide an environment in which children can develop to their optimal potential.

As a Federal child care center, Company will comply with all terms and conditions of the GSA Licensing Agreement. Company will also be committed to recruiting and retaining qualified staff; providing a clean, healthy, and safe environment; obtaining accreditation by the National Association for the Education of Young Children (NAEYC); and providing accessible child care for Federal employees and others.

2. Board of Directors.

The Board of Directors will provide general oversight of the Child Care Center to ensure that a quality child care program for the children is provided at the Center. The Board will also conduct fundraising for tuition assistance to ensure that the Center is affordable to parents in the federal community.

In addition to the above, the Board of Directors will:

1. Receive and review the reports submitted by Company;
2. *Concur in the choice of key personnel at the Center; (negotiable)*
3. Have a member of the Board who is not a Government employee act as liaison between Company and the Federal and local government agencies;*
4. Develop policies regarding tuition assistance;

*Before including this point as written in the contract, review P.L. 104-177 as noted in the last paragraph of Article III in the Bylaws model in this manual.

5. Keep confidential all information received from Company deemed as confidential;
6. Conduct an annual review of the Center to include upcoming budgets;

SECTION B. DESCRIPTION OF THE CENTER

1. Interior.

The Center is located at

2. Exterior.

SECTION C. SERVICES/SUPPLIES

A list of the current equipment/furnishings supplied by [agency] that are at the Center is attached.

Company shall be responsible for obtaining and maintaining general supplies, educational materials, and providing services as needed for operating the Center including, but not limited to: obtaining supplies such as dishwashing soap, laundry detergent, cleaning supplies and paper products, acquiring expendable program materials such as toys, paper, paints, pencils, and crayons, maintaining the day-to-day cleanliness of the Center such as mopping up spills, cleaning counter tops, etc., and procuring office supplies.

SECTION D. OPERATIONS

Company shall perform all tasks necessary to manage, staff, and operate a high quality child care center to accommodate up to [#] children, from [] weeks to [] years of age. The ratio of staff to children must, at a minimum, meet the licensing requirements of the [applicable jurisdiction] licensing standard for child care centers and NAEYC, whichever is more stringent.

Company shall begin the accreditation process within one year of beginning operations and achieve accreditation within 2 years of the date of this contract, and maintain accreditation.

1. Priority of Enrollment.

1. Children of employees of .
2. Siblings of children of employees of .
3. Children of other Federal agency employees.
4. Dependents of the general public. (Must meet the requirements of 40 U.S.C. 490b) .

5. Children of Federal employees will have preference on all waiting lists.

Company will administer the enrollment policy, which will be reviewed by the Board on a quarterly basis.

2. Non-Discrimination Policy.

The Center shall admit children without regard to race, color, creed, religion, or national origin. In regard to admission of and reasonable accommodation for children with disabilities, the Center shall adhere in spirit and practice to provisions of Section 504 of the Rehabilitation Act of 1973, as amended, for programs and activities receiving Federal financial assistance. (28 CFR Part 41). Company shall adhere to NAEYC's Standards of Ethical Conduct.

3. Days of Operation/Hours. [negotiable]

The Center will be open year-round, Monday through Friday, excluding Federal holidays and special Federal closings (e.g. closing due to weather and/or Inauguration Day) or natural disasters as determined by the Administrator of GSA. The center may close one week per year for the accomplishment of deep cleaning or maintenance repairs with the approval of the Board. The Federal holidays are as follows:

New Year's Day
Martin Luther King's Birthday
Washington-Lincoln Birthday
Memorial Day
Independence Day
Labor Day
Columbus Day
Veterans Day
Thanksgiving
Christmas Day

The hours of operation shall be 6 a.m. - 6 p.m. but may be changed from time to time by mutual agreement of Company and the Board as deemed necessary.

4. Management of the Center.

Company will have four major areas of responsibility:

4.1. Program Development. Company shall be responsible for developing, administering, and providing the program of the Center to achieve the goals stated herein. Each of the groups in the Center must have a separate program geared specifically to that group, including, but not limited to: schedule of activities; curriculum model and any special program features that will be included in the program; discipline policies; plans for field trips and the type of transportation to be provided; and the provision of meals and snacks.

4.2. Personnel Management. Company shall be responsible for:

- a. Defining staff needs;
- b. Hiring and firing of staff, as necessary, including checking required references. Employees must meet the [applicable (specify)] licensing standard for child care centers and the GSA Licensing Agreement between GSA and Company and have criminal history background checks and current TB test results on file. Staff will be employees of Company, and not the employees of the Board of Directors of Center. Company will maintain complete staff files containing documentation of criminal history background checks, education, training, experience, employment, time, attendance and payroll records, licenses, awards, performance evaluations, and discipline or corrective action reports. In addition, there shall be a minimum of one staff member in each classroom at all times who is child/infant CPR certified NLT January 1, 19___. Yearly CPR recertification is required.
- c. Providing career development and staff training. Provide to the Board of Directors a quarterly record of proposed and completed workshops, conferences and training sessions for staff development. Ensure that at least one staff member attends the GSA Annual Child Care Conference.
- d. Establishing procedures for hiring substitute staff so that the Center is adequately staffed at all times.
- e. Establishing personnel policies.
- f. Establishing employee salaries, benefits, and a staff handbook.

4.3 Administration. Administrative responsibilities should include, but are not limited to the following:

- a. Conducting registrations and admissions. This includes establishing a record for each child which includes: assessments, health records, attendance, injury reports, illnesses, immunization records and meetings with parents.
- b. Promoting media coverage and marketing the Center.

- c. Establishing and maintaining operating procedures.
- d. Providing day-to-day on-site management of the Center.
- e. Training and supervising staff.
- f. Ensuring required reports are submitted on a timely basis.
- g. Obtaining and maintaining all necessary insurance and licenses consistent with Federal and local requirements, including any necessary modifications.
- h. Providing nutritious meals and snacks (negotiable)
- i. Providing copies of parent notices, handouts and other literature to the Board of Directors.
- j. Establishing policies for parent involvement and participation, including but not limited to: access to faculty for ongoing consultation/meetings; access to the children during the day; participation in daily activities and special activities; parent/teacher conferences.
- k. Establishing policies dealing with absences (including vacations, illness, etc.) of children enrolled in the Center full time.
- l. Allowing drop-in care during working hours on a space available basis. (negotiable)
- m. Maintaining insurance policies, including a minimum of \$1 million dollars liability insurance on officers of the Board of Directors.
- n. Completing all necessary forms, reports and deliverables as described herein.
- o. Maintaining confidentiality of personal records of children and families.
- p. Recommending classroom configuration for full enrollment and current enrollment.
- q. Providing copies of accident reports to the Board of Directors, and the Regional Child Care Coordinator, within 24 hours of occurrence.
- r. Adhering to local, Federal, NAEYC and GSA policies and requirements and complying with all requirements included in GSA's licensing agreement (see attached).

4.4. Parent Communication. Company shall maintain open and ongoing communication with the parents using resources, such as:

- a. Parent Handbook

- b. Administration of Annual Parent Survey
- c. Planned parent events, such as an "Open House"
- d. Annual Parent Teacher conferences
- e. Adherence to requirements of NAEYC accreditation

5. Payment and Collection of Fees.

It is the intent of the Board of Directors that the Center be a self-sustaining operation. The funds required to run the Center must be derived from fees charged to the users and/or grants and other subsidies. The Board assumes no responsibility for collection of fees.

Company will establish policies for the Center as outlined in the Parent Contract, which are subject to reasonable changes. This contract supersedes any conflicting provisions in the Parent Contract.

The Board of Directors will annually review the Center's financial status and audit and will review Company requests for changes in fees for the coming year. The annual review will take place no later than July 30 of each year. Parents will receive 30 days notice prior to implementation of new tuition rates.

SECTION E. PERFORMANCE

1. Effective Date and Duration. This contract is effective on the date of the last signature below and, unless terminated by either party under the conditions in the Termination section below, will continue [indefinitely] or [state termination date and renewal options].

(If a definite termination date is listed) [Up to, but no later than 60 days prior to the end of the initial term, the Board retains the right to terminate any option for renewal under this agreement. After the initial period is complete, without the aforementioned termination, the Board shall have the option for renewal for successive 3 year terms. The Board shall have the right to terminate any further renewal periods and this agreement shall terminate between the parties provided that notice is provided no later than 60 days prior to the end of the initial or any renewal period.]

The Board must notify Company of whether or not it shall exercise its option to renew no later than 60 days prior to the end of the initial period or subsequent renewal periods. If the Board notifies Company of its intent to renew the contract for any option period, Company shall have 30 days after receipt of such notice in which to advise the Board of its intention to terminate the Contract. If Company does not reply within the 30 day period, the contract will continue in full force and effect for the next option period.]

2. Termination. This contract may be terminated prior to the expiration of its terms under the following conditions:

a. If the Tribble Amendment, 40 U.S.C. 490b, which authorizes such agencies to provide the premises and related services, shall be repealed or amended in any manner which deprives the Board or Company of the ability to use the premises to provide child care services, the Contract may be terminated as of the effective date of such event.

b. If there shall occur or shall become known to either party a material breach of the other's obligations, representation, or warranties under this Contract, such party may terminate this Agreement upon thirty (30) days of receipt of such written notice.

c. If the GSA License is revoked, this contract shall terminate.

d. Notwithstanding the provisions in section b. above, and by mutual consent, if there shall occur or become known to the Board at any time after the effective date of this Contract a material breach of Company's obligations under this Contract which in the Board's reasonable judgment jeopardizes the safety, health, or well-being of the children cared for in the Center, the Board shall have the right to suspend this Contract immediately. Thereafter, the Contract may be terminated pending normal processes described above for review and determination of the allegation of breach.

3. Reporting Requirements.

Company is responsible for providing the following:

- a. (As applicable) Reports
 1. Accidents/Injuries
 2. Problems or other pertinent information
- b. Quarterly Reports
 1. Proposed and completed staff training
 2. Enrollment and waiting list broken down by Federal and non-federal status
- c. Annual Reports
 1. Salary breakdown of each employee
 2. Financial audit
 3. Proposed budget
- d. Evidence of criminal history background checks for administrators and staff
- e. Staff licenses and certificates as necessary
- f. Upon reasonable request by the Board, Company shall respond to reasonable questions concerning its financial capabilities under terms of the contract to operate at this site. Company agrees to provide the Board with a copy of its audited financial statements for the center no later than 30 Jan for the previous year. Audit shall be conducted by a Certified Public Accountant.

g. Provide to the Board NLT (Date), a job description of each position at Center including substitute and volunteer positions. In cases where an employee functions in a dual capacity position, include percentage of time spent at each function.

SECTION F. SPECIAL REQUIREMENTS

1. License. Company shall be responsible for obtaining and/or reviewing the necessary Federal and local licenses needed for operating the Center.

Company shall show and display within the Center proof of all licenses and permits, and all applicable documents issued by local authorities for operating in locality.

2. Insurance. The following insurance is required:

1. Liability as required in the GSA Licensing Agreement
2. Accident Insurance on each child

Each insurance policy or certificate shall contain an endorsement providing that the insurance company will notify GSA, the Board, and Company thirty (30) days prior to the effective date of any cancellation, modification, or termination of the policy. Company shall immediately notify the Board of any changes in the insurance.

Prior to the commencement of work thereunder, Company shall furnish to the Board evidence showing that liability insurance has been obtained.

3. Contractor Key Personnel.

Key personnel shall be the Director and the Assistant Director and are essential to the performance of on-site services being provided at the Center. Key personnel must meet all Federal and local requirements, including training, licenses, permits, bonding. Whenever, for any reason, any key personnel are unavailable for performance under this contract, Company agrees to replace any such individual with an individual of substantially equal abilities and qualifications.

All staff hired by Company must meet all education requirements and/or experience required by the Federal and applicable licensing entities and NAEYC Academy criteria, whichever is higher.

Company and its employees will adhere to conditions set forth in the GSA Licensing Agreement in regards to employee criminal history background checks.

Company's employees shall not be subject to the supervision of the Government or the Board. Proposed salaries, including benefits, for personnel are the responsibility of Company.

4. Type of Contract.

The Federal Government is not a party to this Contract. This is a contract between the Board and Company to manage and operate a child care center on Federal property. The responsibilities of the Federal government have been and will be determined by GSA and are documented in an agreement between GSA and the Board.

Company will contract directly with parents who wish to procure child care services for children.

Any modifications to the terms and conditions of this contract must be in writing and signed by both the Board and Company.

5. Arbitration.

All disputes arising out of or concerning this Contract may be submitted to binding arbitration in accordance with the rules of the American Arbitration Association.

On behalf of Company:

Name and Title

Date

On behalf of the Board:

Name and Title

Date

cleaning

The cleaning contract is written to clean the center at what is commonly known as “clinical cleaning”. The basic cleaning that you can expect is on the attached checklist. Please contact your building manager if you are having persistent problems. Your cleaning contract can be adjusted.

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

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

Questions on cleaning or health issues can be directed to the RCCC or use the handbook “Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs” written by the American Public Health Association and American academy of Pediatrics.

<http://nrc.uchsc.edu/national/index.htm/#TOP>

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

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

maintenance

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

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

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

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

the service number is:

data collection

GSA must gather information on the child care programs for a number of reasons. The most important reason is to ensure oversight and compliance with the authorizing law (490b). A second reason is to be able to respond to our congressional committees about the validity and issues of the centers in order to maintain support for the program.

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

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

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

2000 SURVEY FOR CHILD CARE CENTERS IN GSA-CONTROLLED SPACE

Please complete the survey with the participation of the center director, provider, board, and agency representative. The information will be used to compile an updated profile of child care centers in GSA-controlled space. Please provide accurate information that reflects the status of your Center on October 18, 2000. All information is kept confidential. You will receive a copy of the profile. (Please disregard the discontinuous numbering--it is intentional to allow comparison of answers with previous years.)

A. CENTER ORGANIZATION

- A1. Center Name _____
- A2. Mailing Address: _____
Street _____
City _____ State _____ Zip _____
- A3. Telephone _____ FAX _____
- A4. e-mail address _____
- A5. Center Management
- A5A. The Provider is (check one)
1. ___ Nationally affiliated not-for-profit organization (i.e. YMCA, Easter Seals)
 2. ___ National for-profit organization (i.e. Bright Horizons, Childtime, etc.)
 3. ___ Independent for-profit organization (local or regional company)
 4. ___ Independent not-for-profit organization (local or regional organization)
 5. ___ the Center's Board of Directors
- A5B. Has your Center changed management during the past 12 months?
_____ YES _____ NO
- A5C. If YES in A5B, which change was made: (use the number identifiers(1-5)from A5A above)
from _____ to _____
- A6. Is the Provider a nonprofit _____ or for profit organization ____? (Check one.)
- A7. Provider's Organization/Corporate Name: _____
- A8. What date (month/year) did the current Provider begin operations at this child care center? _____
- A9. Center Director's name: _____
- A10. Starting date of the Center Director at this child care center: _____

- A11. Between October 15, 1999 and October 18, 2000, how many
 A11A. Fire drills has your center had? _____
 A11B. Other evacuations (e.g., for bomb threats, hurricanes) has
 your center had? _____
- A12. Sponsoring Agency(s) _____

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

- B1. Operating Hours: _____
- B2. Ages accepted at this time (*do not show ages for programs not operating on 10/18/00, e.g., summer program for school-agers*):
 B2A. YOUNGEST _____ B2B. OLDEST _____ (answer in months)
- B3. State/Local Licensed capacity: _____
- B4. GSA/NAEYC capacity: _____
- B5. **October 18, 2000** enrollment: B5A. **FT** _____ B5B. **PT** _____ B5C. **Total** _____
*The total number of children for B5C **MUST** equal the total number of enrolled children shown in B7 (B7H1 + B7H2) and must equal the sum of E11A & E11B. Summer program children should not be counted in October 2000 enrollments.*
- B6. Do you currently have a waiting list? ____ Yes ____ No
 B6A. If the answer to B6A is yes, how many children are on the waiting list? _____ Federal
 _____ Non-federal

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

Please provide the information requested in the Age Table as of **October 18, 2000**.
*The total for B7H1, full time children, MUST equal the enrollment for B5A and B7H2 must equal B5B.
 The sum of B7H1 & B7H2 must equal the sum of E11A & E11B.*

AGE TABLE

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

B7H1- Total _____ B7H2- Total _____ B7H3 Total _____ B7I Total _____

B7H1 + B7H2 = _____

B7. (continued) In the Grouping Table below, answer only for the way your center groups children as of October 18, 2000. For example, if you have one program of 4- and 5-year-olds and a before-/after-school program consisting solely of 5-year-olds, list these two programs and associated number of adults as separate programs on separate rows. Please do not list part-time adults as fractions of people.)

GROUPING TABLE

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

ACCREDITATION

- B8. Is the Center accredited? _____ YES _____ NO
B8A. If YES in B8, what is the renewal date (month/year) on your present accreditation/reaccreditation? _____
- B9. If accreditation has expired, what is the date of expiration? _____
- B10. What is your NAEYC case/center ID number? _____

INSURANCE

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

(ie, \$1,000,000, \$5,000,000, \$200,000)
- B12. Do children have accident protection insurance at the Center? _____ YES _____ NO

LOCAL LICENSING

- B13. Who licenses your center? _____
- B14. On what date does this license expire?

- B15. Date of last licensing visit? _____
- B16. Number of yearly licensing visits? _____
- B17. If your Center is not licensed by State and/or local agency, state the reason. _____

D. SPECIAL NEEDS CHILDREN

- D1. How many children with special needs are enrolled in your center as of 10/18/00? _____
- D2. List their disabilities _____

- D3. Since 10/15/99 have you had to turn down acceptance of a special needs child because your facility or program was unable to accommodate him/her?
_____ YES _____ NO (if yes please explain _____

- D4. If YES to D4, have you since made structural or programmatic changes at your center to accommodate special needs children? _____ YES _____ NO
- D5. Please explain _____

E. TUITION

WEEKLY Tuition Rates:

FEDERAL

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

NON-FEDERAL

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

E11A. Number of children from Federal families _____

E11B. Number of children from non Federal families _____

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

The sum of E11A + E11B MUST equal the sum of B5A + B5B as well as the sum of B7H1 + B7H2.

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

F. SERVICES

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

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

BEFORE/AFTER SCHOOL

F2. Ages served: _____ youngest _____ oldest

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

F4. Federal enrollment _____ Non Federal enrollment _____

SUMMER PROGRAM FOR SCHOOL-AGERS

- F5. How many children do you serve in the school age summer program? ____ Total
 ____ FT ____ PT
- F6. Federal enrollment _____
- F7. Non federal enrollment _____
- F8. Ages served: _____ youngest _____ oldest (answer in months)
- F9. Weekly Tuition: _____ federal _____ non federal
- F10. Do you run a school age program during school holiday breaks? ____ YES ____ NO
- F11. Check what meal, snacks and services are **INCLUDED** in tuition:

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

- F12. Are meals catered? ____ YES ____ NO
- F13. If meals are **NOT** catered, do you prepare meals on-site? ____ YES ____ NO
- F14. Do parents provide lunch? ____ YES ____ NO
- F15. Does the Center participate in the U.S. Department of Agriculture's Child and Adult Care Food Program? ____ YES ____ NO
- F15A. If yes to F15, what is the annual reimbursement amount? _____
- F16. Does the Center routinely close on other than federal holidays?
 for (F16A) training ____ YES ____ NO and/or
 for (F16B) deep cleaning and renovations? ____ YES ____ NO
 (F16C) how many days per year? _____

N/A _____

G. BOARD OF DIRECTORS

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

- G1. Number of voting members on the Board of Directors _____
- G2. Board members are elected _____, appointed _____, a combination _____ (a certain number of positions are reserved for elected members). (Check answer most appropriate for your organization.)
- G3. Is the Board incorporated as a private non-profit organization?
_____ YES _____ NO
- G4. Date of incorporation _____ (month/year)
G4A. Has the Board received recognition of exemption under 501(c) (3) of the Internal Revenue Code? _____ YES _____ NO
- G5. Does the Board have a signed binding contract with the Provider? _____ YES _____ NO
- G6. Is the Board accountable on a formal or informal basis to a federal agency or FEB/FEA/CASU? _____ YES _____ NO If yes, name it _____
- G7. Is the Center Director a voting member of the Board? _____ YES _____ NO
- G8. How many times a **year** does the Board meet? _____
- G9. How many of the voting members of the Board have children currently enrolled in the Center? _____
- G10. Does the Board have written policies defining roles and responsibilities of Board members? _____ YES _____ NO
- G11. What are the Board's two major roles?

- G12. Does the Board have Directors and Officers liability insurance? _____ YES _____ NO
G12A. If YES to G12, in what amount? _____
- G13. Board President's Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ FAX _____
e-mail address _____
- G14. Does the Board have a memorandum of understanding (or memorandum of agreement) with GSA _____ YES _____ NO

G15. What is the Board's fund raising goal for the upcoming year?

ADDITIONAL FUNDING SUPPORT

Please fill in the following table, identifying the amounts and sources of Board income for the past year (October 1999 through October 2000.) Under partnerships list any income from sources including consortium agreements, State programs like pre-k or lottery dollars but (excluding USDA and voucher dollars assigned to families), If partnerships result in non monetary support please list what this support is at the bottom of the page.

BOARD

SOURCE	\$ AMOUNT	FROM WHICH AGENCY OR ORGANIZATION	MAJOR USE OF FUNDS
Fundraising	G16C	XXXXXXXXXXXXXXXXXX	G16F
CFC	G16D	XXXXXXXXXXXXXXXXXX	G16D1
Recycle	G16E		G16E1
Grants	G16G	G16I	G16H
Partnerships	G16J	G16J	
Agency contributions	G16K		

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

- 1= tuition assistance
- 2= supplies/equipment
- 3= training (board or staff)
- 4= other
- 5= combination of 1,2, or 3

OTHER

SUPPORT: _____

H. CENTER OPERATING FUNDS

- H1. The Center's **fiscal** year is from _____ to _____. (answer in months)
- H2. The Center's most recent 12-month budget is \$ _____ for total income.
- H3. The Center's most recent 12-month budget is \$ _____ for total expenses.
- H4. What percentage of the most recent 12-month budget for total expenses does the sum of salaries and benefits represent? _____%.
- H5. Are the Center's IRS payroll tax payments current? _____ YES _____ NO
- H6. Does the Center directly receive funds from CFC or United Way? _____ YES _____ NO

SOURCE	\$ AMOUNT	FROM WHICH AGENCY OR ORGANIZATION	MAJOR USE OF FUNDS
CFC/UW	H6B	XXXXXXXXXXXXXXXXXX	H6C
Recycle	H8		H8A
Grants	H9	H9B	H9A
Partnerships	H10		
Agency contributions	H11		

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

- 1= tuition assistance
- 2= supplies/equipment
- 3= training (board or staff)
- 4= other
- 5= combination of 1,2, or 3

J. TUITION ASSISTANCE

- J1. Are any of your families currently enrolled, funded in whole or in part by your local Voucher/subsidy program (city, county, state,) ? _____ YES _____ NO
- J1A. How many federal families receive these vouchers/subsidy? _____

- J1B. How many non federal families receive these vouchers/subsidy? _____
- J2. How many families received some form of tuition assistance, regardless of source, sometime between October 15, 1999 and October 18, 2000? _____ (The assistance need not have been continual during that period.)
- J3. How many federal families were provided tuition assistance? _____
(Do not include those on vouchers)
- J4. What was the total amount of tuition assistance funds disbursed between October 15, 1999 and October 18, 2000? \$ _____ (This amount would not include the voucher/subsidy funds (Federal/state/county vouchers granted to individuals))
- J5. How many Federal Families received tuition assistance **from their agency** using the Morella authority? _____
- J6. List the agencies that provided this assistance and the number of children helped:

K. STAFFING

- K1. Number of staff members with disabilities _____
- K2. Director's years of experience in administration _____
- K3. Director's years of experience in early childhood education _____
- K4. How many hours of annual staff training do you require for staff? _____
- K5. In the table on the next page, please list all staff, **as of October 18, 2000**, and indicate whether he/she is in a full-time (FT) or part-time (PT) position, his/her highest level of education achieved and current salary. Please use **hourly** rates and include typical weekly hours worked. Please insert a number chosen from the following table for POSITION as taken from the NAEYC publication *Accreditation Criteria & Procedures* page 31. If none of these titles seem to fit please use Other.

POSITION CODE

- | | |
|-----------------------|----------------------------|
| 1. Director | 7. Floater |
| 2. Assistant Director | 8. Cook |
| 3. Master Teacher | 9. Educational Coordinator |
| 4. Teacher | 10. Administrator |
| 5. Assistant Teacher | 11. Other |
| 6. Teaching Assistant | |

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

Table for K4

STAFF

Staff	FT	PT	POSITION	EDUCATIONAL LEVEL	Hourly Rate	Typical Wkly Hrs
SAMPLE						
2.		PT	5.	CDA	\$6.50	30
=====	====	====	=====	=====	=====	
=						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						

L. STAFF TURNOVER

- L1. How many **full time teaching staff** have left the Center between Oct.15,1999 and Oct.18, 00?
_____ (do not include summer program staff used only for the summer program).
- L2. How many staff members have left the Center between Oct.15, 1999 and Oct. 18, 2000?
_____ (this includes all staff: part time, full time, teachers, assistants and admin)
- L3. What were their primary reasons for leaving? _____

M. STAFF BENEFITS

- M1. Does the Center offer health coverage to employees? _____ YES _____ NO
- M2. If YES in M1, is it offered to every employee? _____ YES _____ NO
- M3. What percent of the premium does the employer pay per month _____
- M4. How many days of vacation do employees earn in one year? (if number varies use an average)
M5A: full-time employees _____
M5B: part-time employees _____
- M5. How many days of sick leave do employees earn in one year? (if number varies use an average)
M6A: full-time employees _____
M6B: part-time employees _____
- M6. Does the Center have a retirement plan? _____ YES _____ NO
(In answering this question, do not consider the Federal Social Security System as a Center retirement plan.)
- M7. Are other benefits offered to full time employees? _____yes _____no (if yes, list)

- M8. Are staff provided paid planning time? _____ YES _____ NO
- M9. If yes, how many hours per week? _____

N. STAFF SALARIES

- N1. How many persons on the center payroll received a pay increase between October 15, 1999 and October 18, 2000? _____ (use a number)
- N2. What was the average percent increase for those persons? _____

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

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

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

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

O. CHILD ABUSE PREVENTION

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

O2. How many cases of suspected child abuse were reported by you and/or your staff to local authorities between October 15, 1999 and October 18, 2000 _____

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

P. GSA'S ANNUAL CHILD CARE CONFERENCE

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

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

ENROLLMENT REPORT FORM

Enrollment figures as of April 17, 2000

Please fax information back to _____ by April 28, 2000.

Center Name: _____ Center number: _____

Center Address: _____

NAEYC /GSA Capacity _____

Total Enrollment _____ Federal Enrollment _____ Non Federal _____

Federal % _____

PARENT SURVEY

Please rate how satisfied you are with the following aspects related to the child care center.

With 1 being unsatisfied to 5 being very satisfied.

Dissatisfied -----Very Satisfied

Facility design:	1	2	3	4	5
Cleaning:	1	2	3	4	5
Maintenance:	1	2	3	4	5
Equipment:	1	2	3	4	5
Security/safety:	1	2	3	4	5
Program Quality:	1	2	3	4	5

Other comments:

security

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

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

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

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

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

Emergency **CALL:**

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

building ID's

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

playgrounds

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

staff supervision

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

guards

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



Child Care Center Evacuation Plan

Hi! I'm "**S.N.I.F.**", the safety guide dog. In my career guiding people to safety, I've spent a lot of time watching over children (and puppies, like me!) in Child Care Centers. Children are valuable assets and are a major part of GSA's Federal Protective Service's (FPS) Occupant Emergency Plan. Each Child Care Center Director, Employee, Volunteer and Parent play a vital role in the safety of the children. Here's some steps for adults (and grown up dogs) to follow, in order to keep my little friends safe in an emergency requiring an evacuation.

On-Site Director

During an evacuation the On-Site Director serves as the Evacuation Team Coordinator and will:

- Notify Child Care Center employees and volunteers of the need to evacuate
- Assist with the evacuation
- Check the Child Care Center to verify that all children have been safely evacuated
- Take the daily roster of children present and the parent contact information and proceed to the primary (or secondary) assembly area
- At the primary (or secondary) assembly area, check Child Care Center employee and volunteer lists against the daily roster to ensure all children are accounted for
- Notify FPS (if possible) to confirm evacuation status
- Wait for an ALL CLEAR announcement before returning to the Child Care Center
- Upon return to the Child Care Center, re-verify against the daily roster to ensure all children have returned safely

In preparation for an evacuation, the On-Site Director will:

- Appoint an alternate Evacuation Team Coordinator to serve in the event of their absence
- Recruit volunteers to assist with emergencies requiring an evacuation
- Provide on-site evacuation training to Child Care Center Employees and Volunteers
- Perform (periodic) evacuation drills
- Prepare a daily roster of all children present in the Child Care Center
- Assign to Child Care Center Employees and Volunteers the names of the children whom they are responsible for during an evacuation. Maintain a list of this information and keep with parent contact sheets
- Maintain an up to date parent contact sheet for each child registered in the Child Care Center

Child Care Center Employees/Volunteers

During an evacuation the Child Care Center Employees and Volunteers will:

- Respond calmly and quickly
- Follow directions of the On-Site Director (or their designated alternate Evacuation Team Coordinator)
- Evacuate their assigned children to the established primary (or secondary) assembly area
- Upon request of the On-Site Director, report evacuation status of their assigned children
- Upon direction, return the children to the Child Care Center after the evacuation
- Upon return to the Child Care Center, report to the On-Site Director that all assigned children have returned safely

In preparation for an evacuation, the Child Care Center Employees and Volunteers will:

- Know the names of and be able to recognize the children which they are responsible for during an evacuation
- Keep an up to date list containing the names of the children whom they are responsible for during an evacuation
- Attend evacuation training sessions

Parents

During an evacuation, parents will:

- **NOT** be allowed to remove a child from the custody of the Child Care Center until the evacuation is over and all the children have been accounted for
- Be instructed **NOT** to call the Child Care Center.
(Note: This includes practice drills.)

In preparation for an evacuation, parents will:

- Be informed of the primary (and secondary) assembly area where the children will be taken during an evacuation

Child Care Center Evacuation Plan Checklist

On Site Director: _____ **Phone Number:** _____

Alternative Evacuation Team Coordinator: _____ **Phone Number:** _____

We have _____ children in our Child Care Center
We have _____ employees in our Child Care Center

Our Primary Assembly Address is: _____

Our Secondary Assembly Address is: _____

Our Volunteers are: _____ **Phone Number:** _____

Our Volunteer Alternates are: _____ **Phone Number:** _____

Local FPS Contact: _____

Local FPS Phone Number: _____

Local Building Manager/Phone Number: _____

Checklist effective date: _____



employee background checks

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

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

BEFORE YOU CAN START A NEW EMPLOYEE:

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

All completed packages must be sent to the FPS office within one week of employment or the employee will not be allowed to work. If you need to start a new employee and GSA finger printing is not available in a timely manner, then you are required to send the new employee, at your expense, to the local police department (or other law enforcement location) to get finger printed.

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

In addition to the criminal history background check we expect that you, as the employer, are doing a suitability background check that includes: work history, school and credentials verification and reference checks.

A pre-employment certification of suitability must be filled out and placed in each employee's personnel file, a copy must be sent to FPS with the other forms.

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

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

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

TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 132--VICTIMS OF CHILD ABUSE

SUBCHAPTER V--CHILD CARE WORKER EMPLOYEE BACKGROUND CHECKS

Sec. 13041. Requirement for background checks

(a) In general

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

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

(b) Criminal history check

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

- (A) based on a set of the employee's fingerprints obtained by a law enforcement officer and on other identifying information;
- (B) conducted through the Identification Division of the Federal Bureau of Investigation and through the State criminal history repositories of all States that an employee or prospective employee lists as current and former residences in an employment application; and
- (C) initiated through the personnel programs of the applicable Federal agencies.

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

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

(c) Applicable criminal histories

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

(d) Employment applications

- (1) Employment applications for individuals who are seeking work for an agency of the Federal Government, or for a facility or program operated by (or through contract with) the Federal Government, in any of the positions listed in subsection (a)(1) of this section, shall contain a question asking whether the individual has ever been

arrested for or charged with a crime involving a child, and if so requiring a description of the disposition of the arrest or charge. An application shall state that it is being signed under penalty of perjury, with the applicable Federal punishment for perjury stated on the application.

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

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

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

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

Amendments

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

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

STATEMENT OF PERSONAL HISTORY

(See Privacy Act statement on page 4)

OMB. No.: 3090-0006

Expires: 09/30/97

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Security Division (PSS), Office of Federal Protective Service, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (3090-0006) Washington, DC 20503.

NOTE: All sections must be completed. If more space is needed for any item, continue under Item 23.

2. NAME DATA <i>(Give your full name. Initials and abridgements are not acceptable)</i>	NAME <i>(Last, first, middle)</i>	1. SOCIAL SECURITY NUMBER
	OTHER NAMES USED <i>(Maiden name, names by former marriages, former name changed legally or otherwise, nicknames, etc. Specify which, and show dates used.)</i>	3. DATE OF BIRTH
		4. PLACE OF BIRTH
		5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		6. HEIGHT 7. WEIGHT
		8. COLOR EYES 9. COLOR HAIR

10. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	11. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE, AND DATE AND PLACE OF MARRIAGE. INCLUDE WIFE'S MAIDEN NAME <i>(Give same information regarding all previous marriages.)</i>
--	--

12. RACE *(Check one)*

A - Asian or Pacific, including Chinese, Japanese, Filipinos, Polynesians, Indonesians, and Asian Indians B - Black I - American Indian or Alaskan Native, including Eskimos	H - Hispanic W - White O - Other
---	---

13. DATES AND PLACES OF RESIDENCE *(If actual places of Residence differ from the Mailing addresses, furnish and identify both by placing "R" for residence) or "M" for mailing) in column "R/M". Begin with present and go back (10) years. Continue in Item 23 if necessary.)*

R/M	FROM	TO	NUMBER AND STREET	CITY	STATE	ZIP CODE (5+4)

14. MILITARY SERVICE <i>(Past or present)</i>	SERIAL NO. <i>(If none, give grade or rating at separation.)</i>	BRANCH OF SERVICE <i>(Army, Navy, Air Force, etc.)</i>		YEAR	
				FROM	TO

15. CHECK	BY BIRTH	A. CERT. NO.	B. PETITION NO.	C. DATE	D. PLACE AND COURT
	U.S. CITIZEN	NATURALIZED <i>(Complete A thru D)</i>			
	DERIVED <i>(Complete E)</i>	E. PARENT'S CERTIFICATION NUMBERS			
ALIEN	REGISTRATION NO.	NATIVE COUNTRY	DATE OF ENTRY	PORT OF ENTRY	

16. EDUCATION (All schools above elementary)

NAME OF SCHOOL	ADDRESS	YEAR		DEGREES
		FROM	TO	

17. EMPLOYMENT (List employment dates starting with your present employment for the last ten (10) years. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)

FROM	TO	NAME OF EMPLOYER (Firm or agency) AND NAME OF SUPERVISOR	TYPE OF WORK	ADDRESS (Where employed)	REASON FOR LEAVING

18a. HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY POSITION FOR CAUSE?

YES NO (If answer is "YES," furnish details in Item 23)

18b. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS?

YES NO (If answer is "YES," furnish details in Item 23)

19. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW-ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, MILITARY LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION, OR ORDINANCE? (Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed.)

YES NO (If answer is "YES," give full details below)

REASON CHARGED OR HELD	DATE	PLACE WHERE CHARGED OR HELD	DISPOSITION

20. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW-ENFORCEMENT AUTHORITIES FOR ANY CRIME OR OFFENSE INVOLVING A CHILD?
 (All other charges must be included in Item 19 even if they were dismissed.)

YES NO (If answer is "YES", give full details below)

REASON CHARGED OR HELD	DATE	PLACE WHERE CHARGED OR HELD	DISPOSITION

21. RELATIVES (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is deceased, so state under "Address" and enter other information at time of death.)

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP

22. REFERENCES (Name three persons, not relatives or employers, who are well acquainted with you.)

NAME	ADDRESS	YEARS KNOWN

<p>24. AUTHORIZATION AND RELEASE</p>	<p>I hereby authorize the General Services Administration to obtain any information required from the Federal government of state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Immigration and Naturalization Service (INS), (if applicable), and from the State Criminal History Repository (child care employees only) of each State where I have resided.</p> <p>I have been notified of any employer's obligation to require a criminal history records check as a condition of employment and of my right to obtain a copy of the criminal history report by writing to the General Services Administration, Freedom of Information Officer. I understand that I have a right to challenge the accuracy and competencies of any information contained in the report. I also understand that this information will be treated as privileged and confidential information. Case files are handled under the procedures for safeguarding records outlined in the Handbook, General Services Administration Privacy Act Program (OAD P 1878.8).</p> <p>I release any individual, including records custodians, any component of the U.S. Government, or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p>						
<p>25. PRIVACY ACT OF 1974 COMPLIANCE INFORMATION</p>	<p>Privacy Act of 1974 Compliance Information. Solicitation of Information contained herein is authorized by Executive Order 10450, and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041), and may be used as a basis for suitability determinations. Your social security number is being requested pursuant to Executive Order 9397. Disclosure of the information by you is voluntary. Information may be transferred as a routine use to appropriate federal, state, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or pursuant to a request by GSA or such other agency in connection with the hiring or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit. Information also may be transferred as a routine use to a duly authorized official engaged in investigation or settlement of a grievance, complaint, or appeal filed by an employee. Failure to provide information requested on this form may result in the government's inability to determine your suitability for the position applied for or occupied, and may affect your prospects for employment or continued employment under a government contract, or at a federal facility, or with a government license.</p>						
<p>26. CERTIFICATION</p>	<table border="1"> <tr> <td data-bbox="219 1814 781 1881"> <p>FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES OF UP TO \$2000 AND IMPRISONMENT UP TO FIVE YEARS.</p> </td> <td colspan="2" data-bbox="781 1814 1557 1881"> <p>Before signing this form, check back over it to make sure you have answered questions fully and correctly.</p> </td> </tr> <tr> <td data-bbox="219 1881 781 2003"> <p>I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.</p> </td> <td data-bbox="781 1881 1333 2003"> <p>SIGNATURE</p> </td> <td data-bbox="1333 1881 1557 2003"> <p>DATE</p> </td> </tr> </table>	<p>FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES OF UP TO \$2000 AND IMPRISONMENT UP TO FIVE YEARS.</p>	<p>Before signing this form, check back over it to make sure you have answered questions fully and correctly.</p>		<p>I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.</p>	<p>SIGNATURE</p>	<p>DATE</p>
<p>FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES OF UP TO \$2000 AND IMPRISONMENT UP TO FIVE YEARS.</p>	<p>Before signing this form, check back over it to make sure you have answered questions fully and correctly.</p>						
<p>I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.</p>	<p>SIGNATURE</p>	<p>DATE</p>					

**PRE-EMPLOYMENT
BACKGROUND CHECK
CERTIFICATION SHEET**
TO BE USED FOR CHILD CARE CENTERS ON GSA CONTROLLED PROPERTY

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

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

CENTER NAME: _____

NAME: _____

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

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

Signature

Date

Title

equipment

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

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

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

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

Marketing

general principals

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

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

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

A marketing strategy for an ongoing center involves much of what has been mentioned above but there can be somewhat different emphases. For instance, a focus on age groups for which there are open slots, emphasizing the advantages of that particular program, may be desirable. Consider adding the extra programs or services for which parents may pay additional fees. These can provide positive marketing opportunities because the extra activities don't require the parent's presence or time, including within the regular day something that would have to be done after the workday ends or on a weekend. One center brings in a hair stylist once a month to give that terrific cut which usually takes up a chunk of many families' Saturdays! "Extras" provide very little additional money for the center (most of the fees go to the people providing the special services); however, these can provide a "competitive edge" for the center by meeting more needs of the customer and freeing up time for other family activity and travel.

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

Marketing

federal strategies

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

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

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

Key to knowing your federal market is understanding which agencies are housed along with you in the same and neighboring facilities. Your GSA building management contact can provide you with a mailing list of agency contacts. Specific tenants in each building can also be found on the internet: <http://www.pbsmis.gsa.gov/> click on **Portfolio Management**. Once in this web site, you will be able to find your building, surrounding properties and a list of tenants in those buildings.

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

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

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

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

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

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

For more in depth information on creating a marketing plan the handbook “How to Increase and Retain Enrollment Through Marketing” by George Fowler is available from the GSA Child Care Operations Center of Expertise Library by calling 202-501-0287 or check the library section of the COE web site:

<http://www.gsa.gov/pbs/centers/child/child.htm>

MARKETING PLAN

I. CENTER'S MISSION STATEMENT

II. INTRODUCTION OF THE MARKETING PLAN, marketing objectives summarized

III. SITUATIONAL ANALYSIS (use attached worksheet)

IV. KEY MARKETING ISSUES

The most important opportunities/risks the center faces (never state a risk or problem without stating at least one solution)

Crucial changes necessary: state why, where, what, when, how long. Do you have new needs, new programs, policies; staff needed, include justification.

V. KEY MARKETING OBJECTIVES

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

VI. MARKETING STRATEGIES:

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

Pricing

Promotion

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

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

VII. FINANCIAL CONSIDERATIONS: (costs for marketing)

VIII. SUMMARY:

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

SITUATIONAL ANALYSIS

1. STRENGTHS AND WEAKNESSES

Internal Factors	STRENGTHS	WEAKNESSES
<p>Customer Situation:</p> <p>Who they are, where they are, how many, ages marital status, income, etc.</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>Psychographics:</p> <p>Customer needs, attitudes, life style, standards, benefits expected, receptivity to program changes, price changes</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>Key Trends and their Impact:</p> <p>Social, economic, family based, cultural</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>Center's Situation:</p> <p>Programs, policies: are they in tune with parent needs, are the total needs of parents met</p> <p>Recent enrollment performance: up/down, wait list?</p> <p>Staff/ Personnel:</p>	<ul style="list-style-type: none"> • Strong spirit of team work • 	<ul style="list-style-type: none"> •
<p>Financial Situation:</p> <p>Why are they entering and leaving?</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>Marketing and Communication Focus:</p>	<ul style="list-style-type: none"> • 	

2. OPPORTUNITIES & THREATS

External Factors	OPPORTUNITIES	THREATS
<p>Trends: (government, social, economic, technical, and political)</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Other family friendly initiatives may infringe on the need for on site child care • Withdrawal of support from federal agencies
<p>Stakeholders: <i>Those that have invested their resources into the Center</i></p> <ul style="list-style-type: none"> • • GSA • Tenant Agencies • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>Competitors:</p> <ul style="list-style-type: none"> • Where your center fits in comparison to the market Staff, management, programs, capacity, plant, equipment 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>Collaborators:</p>	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Child Care Reviews

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

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

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

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

**U.S. GENERAL SERVICES ADMINISTRATION
CHILD CARE OPERATIONS CENTER OF EXPERTISE**

**HEALTH AND SAFETY PRACTICES ASSESSMENT
FOR
CHILD CARE CENTERS**

Instructions and Guidance

Regional Child Care Coordinator:

name

phone number

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

INTRODUCTION

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

The current tool for GSA Health and Safety Practices Assessment (hereafter referred to as Health Assessment) is based primarily on several sources: standards described in Maternal and Child Health Bureau's *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, originally published by American Public Health Association and the American Academy of Pediatrics (1992); recommendations from the *Handbook for Public Playground Safety (draft)* undergoing revision May, 1997, U.S. Consumer Product Safety Commission; and criteria for accreditation in *Accreditation Criteria & Procedures* (1992) from the National Academy of Early Childhood Programs (NAECP), a division of the National Association for the Education of Young Children. The NAECP criteria, in many instances, reflect topics of the other two. The instructions and guidelines for the Health Assessment were prepared by GSA's Child Care Operations Center of Expertise.

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

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

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

GENERAL GUIDANCE

CONTENT

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

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

SYMBOLS

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

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

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

ORDER OF ADMINISTRATION

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

CODES

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

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

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

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

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

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

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

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

The code of N/O should be used judiciously.

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

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

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

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

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

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

INTERVIEWING THE DIRECTOR

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

TIME

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

SPECIFIC GUIDANCE ON CHECKLISTS

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

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

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

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

OBSERVER AND CENTER IDENTIFICATION

DATE OF SITE VISIT: _____

HEALTH CONSULTANT'S NAME: _____

and TELEPHONE NUMBER: _____

CENTER'S NAME _____

CENTER DIRECTOR'S NAME:

CENTER ADDRESS:

GSA REGION: _____

Dear Health Care Consultant:

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

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

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

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

Sincerely,

GSA Regional Child Care Coordinator

Specific Guidance and the Checklist
on
HEALTH

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

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

Policy and Records

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

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

Comment: _____

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

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

Comment: _____

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

- (a) exclusion for specific communicable diseases, a physical condition, or injury which requires professional medical attention;**
- (b) exclusion for the duration of possible exposure if an outbreak of vaccine-preventable disease; and**
- (c) requirements for re-admission to the center.**

(Guidance for 3. on next page)

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

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

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

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

Comment: _____

- _____ ****4. According to the center's written policy,**
(a) the parents must notify the center within 24 hours after their child develops a known or suspected communicable disease.
(b) The center, in turn, must notify the state/local public health authorities of the known or suspected communicable disease, if required by their regulations, and
(c) the center must notify parents of enrolled children who may have been exposed to the known or suspected communicable illness.

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

Comment: _____

- _____ ****5. The center's written policy on a child's oral or topical medication (prescription or nonprescription) either**
(a) precludes administration by center personnel but allows it to be given by a parent on center premises or
(b) allows administration by center personnel but only when a written request by the parent to do this is on file at the center or, if not, is submitted with the medication.

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

Comment: _____

____ ****6. According to the written policy on child’s oral or topical medication, whether administered by the parent/guardian or center personnel,
(a) nonprescription medicine is accompanied by instructions for its administration signed and dated by a health care provider; and
(b) prescription medicine is given according to instructions of the health care provider’s instructions on the dated prescription label.**

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

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

Hygiene, Supplies, and Sanitizing

_____ **++11. Caregivers wash their hands**

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

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

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

Comment: _____

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

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

(Comment section for 12. on next page)

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

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

(Comment section for 16. on page 15)

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

Guidance: If this spacing is not physically possible, head to foot sleeping is employed and aisles are maintained on one side of each cot/mat/crib for evacuation purposes.
(Comment section for 20. on next page)

Comment: _____

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

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

Comment: _____

____ **++22. Carpet areas**
(a) are vacuumed daily and spot cleaned as needed.
(b) have been shampooed within the last three months.

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

Comment: _____

Food-Related Propositions

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

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

Comment: _____

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

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

(Comment section for 24. on page 17)

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

(Guidance section for 28. on page 18)

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

Comment: _____

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

Comment: _____

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

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

Comment: _____

____ **31. The center properly washes and disinfects pots, pans, dishes and tableware by one of the following methods:**
(a) has a 3-compartment sink to wash, rinse, and disinfect; or
(b) has an approved dishwashing machine capable of disinfecting multiuse utensils; or
(c) in the absence of (a) or (b) uses paper cups and plates and plastic tableware.

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

Comment: _____

Specific Guidance and the Checklist
on
STAFF TRAINING

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

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

** item requires examination of one or more documents

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

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

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

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

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

Comment: _____

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

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

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

Comment: _____

___ **3. All staff involved in the provision of direct care have received training within 60 days of hire in pediatric first aid including, at the least,

- (a) rescue breathing, (b) choking, (c) treatment of insect bites, and**
- (d) management of head injuries and of bleeding.**

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

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

Comment: _____

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

Guidance: Code as P if all are not.

Comment: _____

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

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

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

Comment: _____

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

Comment: _____

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

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

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

(Comment for item 7. on page 21)

Comment: _____

- _____ ****8. All staff have their own copy or access to a copy of**
(a) the center’s exclusionary policy as it regards the ill health of staff member or child;
(b) the center’s written policy on administration of a child’s oral or topical medication; and
(c) the center’s policy about releasing the child to other than the custodial parent.

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

Comment: _____

- _____ ****9. Directors and all caregivers should have the following clock hours of continuing education concerning child health/safety and staff health:**
(a) 14 hours in the first year of employment and
(b) 8 hours in each subsequent year.

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

Comment: _____

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

Comment: _____

Specific Guidance and the Checklist
on
SAFETY

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

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

Indoors

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

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

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

Comment: _____

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

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

Comment: _____

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

Comment: _____

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

Comment: _____

____ **++10. Medications are inaccessible to children.**

Comment: _____

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

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

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

Comment: _____

OUTDOORS

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

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

Comment: _____

- ____ **++19. Playground equipment does not have**
- a. missing or damaged parts/pieces;**
 - b. exposed footings;**
 - c. splintered, cracked, or otherwise deteriorating wood; or**
 - d. rusting and/or deformed parts/pieces.**

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

Comment: _____

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

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

Comment: _____

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

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

Comment: _____

Specific Guidance and the Checklist
on
INFANTS/TODDLERS

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

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

** item requires examination of one or more documents

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

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

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

Comment: _____

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

Comment: _____

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

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

Comment: _____

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

Comment: _____

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

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

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

Comment: _____

**Specific Guidance and the Checklist
on
SPECIAL NEEDS CHILDREN**

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

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

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

** item requires examination of one or more documents

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

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

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

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

Comment: _____

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

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

Health Consultant:

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

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

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

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

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

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

U.S. GENERAL SERVICES ADMINISTRATION
OFFICE OF WORKPLACE INITIATIVES

INSTRUCTIONS AND GUIDANCE
FOR
CONDUCTING CHILD CARE PROGRAM REVIEWS

Released June 29, 1994

REGIONAL CHILDCARE COORDINATOR:

(name)

(phone number)

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INSTRUCTIONS AND GUIDANCE
FOR
CONDUCTING CHILD CARE PROGRAM REVIEWS

INTRODUCTION

These guidelines and instructions have been prepared for those who conduct program reviews at child care centers operating in the U.S. General Services Administration's (GSA) space. The purpose of the Program Review is to examine the operations of GSA centers in terms of relevant Federal laws and the Special Conditions to the License Agreement with GSA. Reviews are conducted using five checklists, one each on program Management; Center Administration, Records and Finances; Parent Involvement; Staffing; Child Abuse and Prevention; and Special Needs Children and Adults. Separate site visits will consider fire-safety, environment issues and those relevant to health.

Background

GSA has more than 110 child care centers at or near Federal work sites and more are in the planning stages. The primary mission of the child care program in GSA is to ensure that families receive quality care for their young children in these centers.

The Program Reviews are intended to generate valuable feedback to validate good practices and improve others. The results should also assist child care centers to either prepare for accreditation or continue good practices in accredited centers.

The items in the checklist on center operations stem from two main sources, as mentioned earlier: Federal law and the Special Conditions of the GSA Licensing Agreement which address operations of child care centers in GSA Space. Some aspects of the special conditions may vary from center to center. The center director who will be going over many items with the observer will have a copy of the Special Conditions for his/her center.

General Nature of the Checklists and the Checklist Items

Generally, the checklists are comprised of items focusing on the existence of documents, on observable behaviors and interactions, and on the information provided by the interview of the center director. The decision to target documents for a number of items derives from the fact that all behaviors and interactions of interest simply do not occur during the relatively short time observers can be in the children's rooms during a site visit. If documents exist which provide the basis for appropriate behavior and interactions, there is some assurance that these occur whether the observer is there or not to see them. Since the center director will have a copy of the checklist, documents can be ready for the observer. With the checklist in hand the director should also be ready with a range of information needed by the observer in addition to that generated during the time the observer spends in the classroom.

GENERAL GUIDANCE

CODES

Please use the standard codes cited at the beginning of each individual checklists to mark the individual checklist items: C for compliance, P for partial compliance, N for noncompliance, N/A for non applicable and N/O for not observed. If you select any code other than C or N/O, you must note briefly in the comment section for the checklist item why the code was used. You may also make brief comments even if you choose to mark the item with a C.

SYMBOLS

Two symbols are used in the checklists to signal information to you. Some items have both symbols preceding their number.

1. The double plus signs (+ +) are shown for items used to observe in all the classrooms.
2. The double asterisk (* *) indicates the item requires examination of a document. Some documents are portable and if clustered together for you by the center director can be examined during the day whenever time away from the children or center director occurs.

Items marked with asterisks in all checklists except those for Program Management can be examined with the assistance of the director. You can ask the director to point out statements in a document that communicate a given practice or procedures to which an item refers rather than you reading an entire document to find the statements yourself.

INTERVIEWING THE DIRECTOR

Some of the items in the checklists can be or need to be covered by interviewing the center director. Since the director will have a copy of the checklists, interviewing involves going over the items with him/her and getting a "yes," "no," "partially," etc.,

and explanations that may be offered for answers other than ones which result in a mark of C for the items or sub-items. For the few items where codes are not used according to specific guidance, the director will give you the information you need for completing the item.

TIME

Although daily schedules may vary a bit from center to center, be assured that it is perfectly feasible to complete all five checklists within a day.

Please anticipate that it will take about 8 to 10 hours to complete the tasks of a site visit. Small centers (four or less rooms) can be done in fewer hours.

The estimate includes time:

1. for observations in each classroom;
2. to conclude from your notes for checklist items used to observe in more than one classroom what code you want to use to for each such item as representative of the overall center;
3. to examine documents while you are at the center and, as you do this, to code your conclusions about these for relevant items;
4. to interview the center director about certain items, marking codes as you go along.;
5. to make brief comments in the space provided at each item to explain why the item could not be marked C; N/O may also need comment from time to time. Comments should not be put off for a later time but done as you code; and,
6. at the end of all your coding, to debrief the center director about the program review as coded in the checklists.

ORDER OF ADMINISTRATION

The checklist items can be addressed in any order you prefer. We do recommend that you try to complete the observations within a given classroom before you go to another.

STAFF BEHAVIOR

Because there are not checklist items on all possible behaviors, instructions follow about noting some behaviors for which no direct items are included in the checklist.

1. Staff behavior that contradicts or is inconsistent with a center document or does not properly implement its requirements (e.g., the curriculum, etc.) should be noted briefly in the comment section for the item addressing the

document. (Only the checklist item on the document about discipline incorporates a sub-item about match between behavior and document.) The appearance of the behavior does not change the code you used to mark the item regarding the existence and appropriateness of the document itself, unless seeing the behavior makes you review the document and rethink your judgment of its adequacy.

2. Staff behavior which you find problematic, but not associated directly enough with an item so you can acknowledge the behavior in a comment section, may be noted on a separate sheet or on the back of a checklist which may be generally relevant to the behavior.

EXCEPTIONS

If you find that the interactions or behaviors you have observed across all classrooms seem to meet the requirements of a checklist item **with the exception of once occurrence**, you will have to make a decision for which no comprehensive guidance can be given.

An example based on item #14 in the Program Management checklist illustrates the problem. You see one child who is crying and alone. No adult approached the child or fully orients him/her. Your coding of the relevant item for the whole center will be based on your professional judgment about whether or not the event is

- a. a rarity;
- b. indicative of many other similar incidents which are occurring in the center but not when you are in the room or not on the day of your visit;
- c. or a part of a withholding-attention procedure which has been planned and is being deliberately implemented by staff for some reason.

Asking the director about this incident may or may not provide you help with your coding decision. Some past observers have found that mentioning the incident to the director subsequently evokes either an immediate identification of the child, his/her problem, and a description of the procedure being employed or enough surprise to indicate that the child's problems have not been discussed or that the procedure was not a planned one. In the latter case, you still need to decide whether the staff were displaying a typical or rare response to crying. In the former, you will at least have learned the incident you observed was planned for the given child. In both cases, however, you alone must decide how to code the item for the whole center. Does the observation of one child crying and left alone merit the whole center being coded less than compliance? If you decide to mark the item with other than a C, you should still make a note in the comment section as to why. If you decide on C, you can still mention the incident in the comment section.

CHILD CARE PROVIDER

The term “child care provider” is used a number of times in the checklists. It needs to be clarified here because it is used in a variety of ways in the literature.

In the checklists, “provider” refers to the person or organization responsible for the operation and management of the center. You will most likely interact with the director of the childcare center who is an employee of the provider. The director should be able to give the information needed for the items referring to the provider. In the few instances that he/she cannot, suggestions have been made in the specific guidance for the item, as you will see.

SPECIFIC GUIDANCE ON CHECKLISTS

Please use the following identification sheet and the six checklists when conducting the Program Review. Specific guidance follows each item where we felt it would help assure consistent and accurate coding. Some items did not seem to need further explanation and, in those cases, there is not additional guidance.

If you are conducting Program Reviews at more than one child care center, additional copies of the checklists will be provided by the GSA Regional Child Care Coordinator.

If you have questions or want clarification about the checklists, please call the GSA Regional Child Care Coordinator in the region where you are conducting program reviews.

OBSERVER AND CENTER IDENTIFICATION

DATE: _____

OBSERVER'S NAME: _____
and TELEPHONE NUMBER: _____

CENTER'S NAME/GSA REGION:

CENTER DIRECTOR'S NAME:

CENTER ADDRESS:

CENTER TELEPHONE NUMBER: _____

**Guidance Specific to Checklist
On
PROGRAM MANAGEMENT**

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

Symbols: ++ item is used to observe in all classrooms
* * item requires examination of a document

The three items shown with double asterisks need to be examined independently by the observer. Some items in this checklist can be or need to be covered by interviewing the center director, particularly if no observational suggestions are included in the guidance.

___ * * **1. The Center has a written, developmentally appropriate curriculum that promotes the social, emotional, physical and intellectual development of children in each of the different age groups served. This curriculum document is made available to parents and others with need-to-know on request.**

Comment: _____

Guidance: The Document need not be a commercial publication or be a single volume. However, it must cover the elements of an acceptable curriculum with the coverage noted above and with all of its parts preferably in one place. (To have bits and pieces spread out over a center as a rule reduces availability to parents and use by care-giving staff).

If an otherwise acceptable curriculum cannot be made available to parents or pertinent others on request, mark the item P instead of C and note the reason in the comment.

___ ++ **2. The weekly schedule of daily activities, based on the curriculum, is posted in the respective age-group rooms for parents and other authorized visitors to view.**

Comment: _____

Guidance: A schedule must show some detail. (Be reasonable, however, a weekly schedule of daily activities is not a complete list of procedural detail for these activities). For example, a list of books to be covered in the reading segment of the schedule or at the very least a note saying books relative to a named topic will be covered is more informative than "10:00-

10:30 a.m., reading.” If the weekly schedule does not contain enough information, the item cannot be marked as C.

A weekly schedule of daily activities is the focus of this checklist item because that shows some of the thoughtful planning expected in a quality program. If only daily schedules are posted, the item cannot be marked as C.

____ + + 3. **The weekly schedule for each age-group contains a balance of child-initiated and adult-initiated activities.**

Comment: _____

Guidance: If there is not enough information on the schedule for you to judge the balance, compliance with this item cannot be assumed. Mark the item for less than compliance and comment briefly on the reason why. For example, you may have reason to believe, from broad titles (outdoor play, art, reading) that there is a balance but mark P for the item because you (or a parent who is reading the schedule) are not offered enough information to judge.

____ + + 4. **Each program within the center has developmentally appropriate equipment and supplies in adequate quantities.**

Comment: _____

Guidance: There is no answer to the question of “how many” equals “adequate.” Before concluding, however, that there are inadequate quantities of developmentally appropriate materials and equipment,

- (a) ask if some of these are in temporary storage;
- (b) ask also if materials and equipment are on order and, if so, ask to see the order. (You can still decide to mark this item as P or N if the order does not have a good selection of developmentally appropriate materials and equipment. If materials were recently ordered, it may be an indication of problems at this center that could benefit from some help).

____ + + 5. **Multiracial, nonsexist, non-stereotypic pictures, dolls, books and materials are available.**

Comment: _____

Guidance: There should be a reasonable number of anti-biased dolls, books, and materials available but there is no outside measure of what constitutes enough in number. If you think something important is missing, check to determine if it is on order before marking N.

Do not mark this item N if a temporary theme such as animals or flowers limits or precludes display of anti-biased items. If the director indicates that anti-biased materials, etc., are usually available, N/O, with a comment, is more appropriate than N.

Do not consider children’s artwork in marking this item.

___ ++ 6. Religious materials and instruction (formal or informal) are not permitted.

Comment: _____

Guidance: Notice whether there are any pictures or materials evident in the rooms or products that may derive from religious instruction and whether proselytizing is a regular element of everyday life in the center.

The assessment for this item should not be based on answers to the question of how a center celebrates Christmas—which does not begin to address the intended scope of the checklist item.

From time to time, we do expect reference to the religions of different cultures to appear in the classroom as these cultures are discussed in developmentally appropriate ways and made salient—either as a part of everyday curriculum or on special occasions.

___ ++ 7. Equipment/furniture is not used to restrain children for unnecessary lengths of time but, instead, is used for the activities for which these were designed, e.g., cribs for sleeping, chairs and tables for eating/drinking, etc.

Comment: _____

Guidance: Be especially alert to the use of multiple-seat feeding table, swings, walkers, and the like and the time children are seated in them. Judge whether the intent is to restrain or control the children unnecessarily or inappropriately.

___ ** 8. Weekly staffing plans, in writing, assign caregivers to activity rooms according to a schedule that place the children in the care of the same persons over time as much as is feasible.

Comment: _____

Guidance: GSA does not require a particular form to be used to work out and display staff assignments. You may encounter a variety of formats if observing at different centers. If the format of these is unusual, ask the director to assist you in understanding the content.

___ ++ 9. Staff treats children of both sexes and of all races, religions, family background, and cultures equally with respect and consideration.

Comment: _____

___ ++ 10. Staff talks with individual children and encourages children of all ages to use language.

Comment: _____

Guidance: Please be sure to consider whether adult language is used for more than directions to do a task or to ask questions in ways which usually limit answers to one word. These kinds of communications alone do not provide many opportunities for stimulation and development of children's language at any developmental level.

___ ++ 11. Caregiver-child interactions are developmentally appropriate and promote the child's positive self-image.

Comment: _____

___ ++ 12. Caregivers respond appropriately to children's requests and needs.

Comment: _____

___ ++ 14. Children are not left alone to cry either in a crib or elsewhere in the room or playground.

Comment: _____

Guidance: Refer to EXCEPTIONS in the general guidance section if you encounter only a single occurrence in the center. Item #14 has been used to discuss the problem.

___ ++ 14. Children are not forced to stand in lines or sit at table for long periods of time, whether in transition to activities or as part of activities.

Comment: _____

Guidance: Even if children are subjected to lining up for long periods, etc., only in one room/program, the center as a whole can be assessed at less than compliance. You will have to consider the circumstances of the moment to judge the rarity or commonality of the occurrence if limited to the one room.

___ ++ 15. Children are supervised at all time.

Comment: _____

**Guidance Specific to Checklist
on
CENTER ADMINISTRATION, RECORDS, & FINANCE**

Except for item #8, mark the individual items using C for Compliance, P for Partial Compliance, N for Noncompliance, N/A for Nonapplicable, and N/O for Not Observed. Item #8 should be marked as shown in the checklist itself.

Symbols: ++ item is used to observe in all classrooms
* * item requires examination of a document

All of the items in this checklist will be covered by your examination of documents and/or by interviewing the center director.

___ **1. The child care provider does not discriminate on the basis of sex, race, color, religion, or natural origin with respect to enrollment of children or employment of staff.

Comment: _____

Guidance: Ask the director to point out the statements which convey the nondiscriminatory policy/policies of the center in forms (application to enroll the child in a center program; employee application form) and in center operator-produced manuals (e.g., Parent Handbook) or in handouts.

If no statement about the policy is specified in writing, ask the director how the policy is publicized and judge whether or not this procedure or mechanism effectively conveys it. Lack of any written statement(s) should be noted in the comment even if you mark the item as C.

___ **2. The childcare provider does not discriminate on the basis of disability with respect to child enrollment and staff employment. Both child and adult, however, must be capable of functioning meaningfully within the Center and without harming themselves or others.

Comment: _____

Guidance: Ask the director to point out the statements which convey the nondiscrimination policy/policies of the center in forms (application to enroll the child in a center program; employee application form) and in center operator-produced manuals (e.g., parent handouts) or handouts.

If no statement about the policy is specified in writing, ask the director how the policy is publicized and judge whether or not this procedure or mechanism effectively conveys it. Lack of any written statement(s) should be noted in the comment even if you mark the item as C.

___ ****3. The childcare provider has an inventory on record of all items of Government-provided equipment/property.**

Comment: _____

Guidance: For your purposes, you only need to see the inventory; you do not need to verify its accuracy.

The director may not be the holder of the inventory (or relevant documentation) but can tell you who has it (e.g., the Provider, someone on the Board of Directors, the Federal agency representative, the Contracting Officer). At this point, mark the item as N/O, since you have not seen the document, and indicate the possible holder of it in the comment section. Someone associated with the GSA system of centers can try to locate the holder later.

If the director has no knowledge of the inventory and cannot suggest who has it, mark the item N and indicate she/he does know.

___ ****4. A tuition assistance program to help children from families in economic need has been established by an organization associated with the Center (e.g., Board of Directors, Parent Advisory Group).**

Comment: _____

Guidance: For evidence of this tuition assistance program, ask to see an application form for tuition assistance or statements in other documents (e.g., Parent Handbook or other handouts) that attest to the existence of the program. If existence of the program is demonstrated, mark the item C.

___ **5. Individuals responsible for the collection and disbursement of funds for the tuition assistance program have 10 hours of financial management training through the Internal Revenue Service/Department of the Treasury of equivalent training.**

Comment: _____

Guidance: Because the center director may not have any direct part in collection and disbursement of tuition assistance funds, she/he may not know about this training. If not, mark the item N/O and ask the director to identify who may know and include this information in the comment for later GSA follow up.

If the director has no knowledge of who may know, mark the item N and indicate he/she does not know in the comment.

8. Regarding accreditation by the National Association for the Education of Young Children (NAEYC), the child care provider

(CIRCLE whichever option is applicable to the center's current status).

- a. has achieved accreditation for the center.**
- b. is in the self-study process of accreditation.**
- **c. has completed the self-study process and is waiting for a validator's visit.**
- d. has had a validator's visit and is waiting for the commission decision.**
- e. has not begun the self-study process.**
- **f. is in the process of reaccreditation.**
- g. has achieved reaccreditation.**

Comment: _____

Guidance: Determine the center's status in the accreditation process. If you circle e., you must note in the comment section why the process has not begun. If you circle f., you must note in the comment section what phase of reaccreditation the center is in: self-study; waiting for the validator's visit; waiting for the commission's decision following the validator's visit.

A copy of the package sent to NAEYC on the self-study will be available if c. is the status or if f. is the status and the center is waiting for the validator in the reaccreditation process. You do not need to review the self-study at length, but have the director show it to you briefly.

___ 9. The child care provider has valid state/local licenses.

Comment: _____

Guidance: The relevant certificate will be displayed in the director's office or another appropriate location in the center. Ask about the license if you do not see the certificate.

___ 10. The child care provider submits quarterly financial statements to GSA.

Comment: _____

Guidance: You do not have to examine the statements but, instead, are asked to determine whether or not these statements are sent to a regional or central office representative of GSA during the year.

The submittal requirement may be annual or semi-annual, etc. in the special conditions of the license agreement for this center. Please note the requirement in the comment if different than quarterly.

If the statements are not submitted from the center but the director knows who handles them, note the holder in the comment for GSA follow-up. Mark the item N/O.

If the director knows nothing about these statements, ask for suggestions about who may and note these for GSA follow-up. Mark the item N/O.

If the director knows nothing about these statements or cannot suggest who may know anything about them for GSA follow-up, mark the item N and comment that the director does not know.

___ 11. The child care provider accomplishes an annual audit of its financial books, records, and expenditures prepared by an outside, independent auditor or accountant.

Comment: _____

Guidance: You are not being asked to examine the audit but to determine its existence and its submittal to a representative of GSA.

If the audit is not submitted from the center but the director knows who holds it, note the holder in the comment for GSA follow-up. Mark the item N/N.

If the director know nothing about the audit, ask for suggestions about who may and note this for GSA follow-up. Mark the item N/O.

If the director know nothing about the audit or cannot suggest who may know anything about it for GSA follow-up, mark the item N and comment that the director does not know.

____ 12. The child care provider has comprehensive liability insurance of not less than \$1 million and accident insurance on all students.

Comment: _____

Guidance: You are not being asked to examine the insurance policies but only to determine their existence and in the case of liability insurance the amount. The director should know something about this even if the policy is not held at the center. If the liability insurance is less than \$1 million and/or accident insurance is on fewer than all of the children, the item is marked for less than C.

____ **13. The child care center has the GSA system in place for reporting incidents requiring professional medical attention according to procedures specified in written guidance. The guidance:

a. indicates what security and building personnel must be notified.

Comment: _____

Guidance: Mark C for this item only if both above conditions are met. If the guidance is not in the staff handbook or its equivalent, ask to see the guidance from the special conditions of the GSA licensing agreement which covers this point. All centers have been issued the GSA serious medical incident form by the OWI for the report; a blank form can be shown to you.

**Guidance Specific to Checklist
On
PARENT INVOLVEMENT**

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

Symbols: ++ item is used to observe in all classrooms
 ** item requires examination of a document

The items in this checklist will be covered by your examination of documents and/or by interviewing the center director. Guidance for five items also include the possibility of seeing parents in the rooms when you are observing.

_____ ****1. Parents new to the program receive information during or before entry through discussion and written statements (e.g., Parent Handbook) on the program’s philosophy and goals and on operating procedures which include, among other things, fees and payment policy, hours of operation, rules for vacating child-care slot, and policy regarding sick child attendance.**

Comment: _____

Guidance: You should find this information in the center’s Parent’s Handbook or in whatever collection of handouts the center ay have for distribution to parents during or before entry of their child to the program.

_____ **+ +2. Weekly/monthly menus for meals and snacks are posted for the parents’ information.**

Comment: _____

Guidance: The menus may be in the rooms or on bulletin boards available for viewing by the parents. Whether the center prepares the meals and/or snacks in-house or has them catered, the menus should be posted.

If menus are constructed, but not posted, they are not serving the purpose of providing information to parents. Mark the item P, less than full compliance.

Some centers do not serve any sort of food/drink; including snacks. If parents send all of these with the children each day, mark the item N/A in such centers.

____ + +3. Information about special activities and new operating procedures are published in a monthly newsletter and/or posted on bulletin boards for parents' information.

Comment: _____

Guidance: If you do not see any notice of events, during your interview with the director ask to see an example of notices of past events (e.g., events especially for parents, like a parent meeting; events involving both children and parents, like luncheons; or events involving the children, like field trips). The form of the notice (i.e., whether it appears in a newsletter, handout, or file copy of bulletin board posting) is not the point here; written communication of events to the parents is the focus.

If no copies of current or past event announcements are available, mark the item as N.

Some centers, for a variety of reasons, may not have had any activities in which parents are involved, even field trips for which parental permission is required. (The permission slip for parent signature can be considered an announcement.) The item is then marked N/A but note the absence of activities in the comment.

++

____ **4. Staff inform parents about the day-to-day happenings of their children.

Comment: _____

Guidance: You may hear/witness staff informing parents if you are observing in the rooms at the end of the day. If your schedule does not permit this, ask the director whether and how the staff convey day-to-day happenings.

Ask to see any written guidance (e.g., Staff Handbook) which directs staff to give information to parents of happenings beyond report of accidents, etc.

Ask to see examples of some reports if the center uses forms to collect information over the day, showing or giving the report to the parent at the end of the day. This is typical in infant programs.

The information may be conveyed orally in other programs, e.g., when passing along projects examples to parents at the end of the day (art work, etc.).

++

____ ****5. Parents may visit the center and observe their child's activity at any time.**

Comment: _____

Guidance: Look for statements communicating this invitation in the Parent Handbook. In the absence of these, ask about parent visits during your interview with the director. When you visit rooms, staff can point out parents who are visiting rather than acting as volunteers.

++

____ *** *6. Parents may take part in the program in a variety of ways, e.g., helping in the classroom, taking field trips, attending parties and special events, or sharing a meal/snack.**

Comment: _____

Guidance: Look for statements communicating this proposition in the Parent Handbook or in some other handouts distributed at or before the child's enrollment. If you can determine that some of the adults in the rooms where you are observing are visiting parents, notice whether they are taking part as describes in the item. If no written statements are available and no parents are seen taking part in the program, your judgment will be based in the director's comments.

____ ****7. A parent-teacher conference is held to discuss the child's progress at least once a year, oftener if the parent wishes.**

Comment: _____

Guidance: Look for statements communicating this proposition in the Parent Handbook or in some other handouts. If no written statements are available, your judgment will be based on the director's comments. (Perhaps he/she can show you a calendar reflecting past parent meetings.)

_____ ****8. At least once a year, parents are asked to evaluate how well the program is meeting their children's needs.**

Comment: _____

Guidance: Any file of parent evaluations of the center which took place within the past year (e.g., parent portion of the accreditation self-study) would serve to assess occurrence of this practice. Statements stipulating parent evaluations as a regular practice may be included in the Parent Handbook. If no parent evaluations conducted within the last year are available nor are there relevant statements in written documents, determine during your interview with the director whether or not such evaluations took place (or will take place, if the center is a new one).

If a future plan is involved, the item can be marked C if you have firm evidence of this center's commitment (e.g., the evaluation form is in hand; the date is set; parents are aware of this plan) to do parent evaluations regularly.

**Guidance Specific to Checklist
On
CHILD ABUSE PREVENTION**

Unless otherwise directed, at each item in the checklist, mark C for Compliance, P for Partial Compliance, N for Noncompliance, N/A for Nonapplicable, and N/O for Not Observed.

Symbols: ++ item is used to observe in all classrooms
** item requires examination of a document

Some of the items in this checklist can be covered by your examination of documents and/or by interviewing the center director, the latter particularly if observational suggestions are not made in the guidance for a specific item.

_____ 1. All employees on the child care center payroll have undergone a criminal history background check showing no derogatory information.

Comment: _____

Guidance: If the director tells you that not all checks have been done, mark the item as P and ask for the following information for the comment section:

(a) How many checks have been initiated (i.e., fingerprints and relevant forms sent outside the center to the individual who is responsible for the next step in the handling of background checks) but the results of the background checks have not been returned to the center?

(b) How many checks for employees have not been initiated. That is, for how many employees have no fingerprints and relevant forms been submitted to the individual outside the center who is responsible for the next step in the handling of background checks? (In some cases, this individual is the Regional Child Care Coordinator who passes the package to the Federal Protective Service of GSA. In some cases, the individual is associated with a security service attached to the Federal agency sponsoring the center. Exactly who the individual is not important here but the examples are given to indicate it is not someone in the child care center's organization.)

_____ 2. New employees for whom the criminal history background checks have not been completed may only be placed with the children if a staff person already cleared is within sight and supervision of the new employee.

Comment: _____

Guidance: Statements of this policy, which is embedded in Federal Law, may appear in the Staff Handbook or Parent Handbook, but not necessarily. If not, your judgment for marking this item will be based on the director's comments.

_____ ****3. All personnel on the child care payroll have been trained in the prevention and detection of child abuse (which includes physical, sexual, and emotional abuse and neglect).**

Comment: _____

Guidance: Staff training records should show evidence of this training. If the item is marked less than C, note reasons in the comment section.

_____ ****4. All staff have been trained to report suspected child abuse to designated officials in accordance with written guidance.**

Comment: _____

Guidance: If training about reporting procedures is part of the training for the prevention and detection of child abuse, the results of your check of staff training records for item #3 should apply to item #4.

If no written guidance on reporting procedures is available (e.g., Staff Handbook, handouts), the item is marked P even if the records show training had been done.

_____ ****5. The child care center has a system in place for reporting suspected child abuse according to procedures specified in written guidance. The guidance:**

- a. specifies the State/local authority or organization that must be contacted immediately;
- b. indicates what security and building personnel must be notified and under what circumstances.

Comment: _____

Guidance: Mark C for this item only if all above conditions are met. If the guidance is not all in one place (e.g., staff handbook), ask to see the guidance from

the State/local licensing agency for a. and from the special conditions of the GSA licensing agreement for b.

++

****6. The center has a written program policy (or policies) on positive guidance and discipline which**

- a. specifies details of these caregiving procedures;
- b. conveys that physical punishment and other methods that hurt, frighten, or humiliate children are not allowed;
- c. is available to parents and others with need-to-know;
- d. is used for staff training; and
- e. is reflected in the actual behaviors of the staff interacting with the children.

Comment: _____

Guidance: each of the sub-items are to be marked in the checklist. Review the policy/policies for a. and b. above, ask the director about c. and d., and watch for e. as you observe in the rooms.

- ++7. if a caregiver is left alone with children, abuse prevention procedure require that the single-caregiver location be visited on an unannounced basis by another staff member (administrative or caregiving) during operating hours.

Comment: _____

Guidance: You may have an opportunity to see a visit if you are observing in a room where the caregiver is alone. If not, the director's response to this item will be the basis for the mark unless there is a statement about the policy in the Staff Handbook and/or Parent Handbook.

____ +8. The physical design and use of the facility permit visual monitoring of the care being given to the children.

Comment: _____

Guidance: During your movement throughout the center, be sure to look for good visual access to all locations where an adult could be alone with a child or where children could be together but not observed.

If you do see any, you should ask the director subsequently if this center has been examined by the Regional Child Care Coordinator in terms of the checklist for Child Care Center Design Guide. If so, possible problems may already be listed for further examination and correction. If not, locations without visual access should be noted in the comment.

____ +9. Entrances to the child care facility are monitored in some way so that unauthorized persons cannot enter and have access to the children.

Comment: _____

Guidance: Be alert for opportunities to enter the center. A security problem exists if you got into the center by following someone else in (someone who did not ask you to identify yourself or to show relevant identification); if the entrance door is propped open to facilitate parent entries or for other reasons and no center person is monitoring those who enter; if the service door is unlocked to allow people to make unmonitored deliveries; if electronic codes are used to open the door but not changed when staff leave or families no longer have children in the center, etc.

____ **10. No child may be released to an individual who is not the parent/legal guardian unless the latter has designated this individual in writing and the designee can show identification.

Comment: _____

Guidance: Ask to see several examples of the written designation system. The procedures for authorizing individuals may be in a Parent Handbook or some other handout. Centers might have a formal enrollment card, signed by a parent, which had a specific place for giving information about the people whom parents

authorize to pick up the child. Some centers may simply have informal notes from the parents giving information about the designated individuals.

____ + +11. The center has a workable, effective procedure which records the arrivals and departures of the enrolled children (e.g., bar code processing, parent sign-in/sign-out signatures with date/time).

Comment: _____

Guidance: A workable, effective procedure needs to be in place, ut its form or location has not been mandated.

A system involving parent sign-in/sign-out signatures would be in the individual rooms (and can be carried out of the room during fire drills, field trips, and emergency evacuations). When you are observing in a room, check the number of parent signatures against the number of children there is this system is in use. A variation of it could involve caregiving staff instead of parents signing the child in and out.

A bar code system may be located at a central reception desk or connected in some way with a security system for going through outside doors. If there is no additional sign-in/sign-out system in the children's rooms., the bar code system must also generate a portable copy pf the children's presence as part of the group so it can be carried out of the building when children go out as noted above.

While no system is 100% effective (electricity goes out occasionally; a parent may truly forget to sign in, etc.), arrivals and departures need to be recorded for the children's protection. A system is not effective if its use is not required by the center. If departures from use are evident, you must decide whether this is the exception or the rule. Problems should be noted in the comment.

**Guidance Specific to Checklist
On
STAFFING**

Except for item #1, mark the individual items using C for Compliance, P for Partial Compliance, N for Noncompliance, N/A for Nonapplicable, and N/O for Not Observed. Item #1 should be marked as discussed in the guidance associated with the item below.

Symbols: ++ item is used to observe in all classrooms
** item requires examination of a document

Some of the items in this checklist can be covered by your examination of documents and/or by interviewing the center director, the latter particularly if observational suggestions are not made in the guidance of a specific item. Random sampling rather than a complete survey of all training records should be adequate for most questions about staff training. The director can provide comprehensive numbers where needed, e.g., item #5.

+ +1. The Child Care Center meets the staff-child ratios recommended by the National Association for the Education of Young Children (NAEYC) and National Academy of Early Childhood Programs. (This item is not to be marked for C, P, N, N/A, or N/O. It is constructed to get a perspective on staffing at the center.)

The table for checklist item #1 is on the next page.

Comment: _____

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

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

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

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

Table for checklist item #1

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

____ +2. Volunteers are not counted in the adult-child ratios.

Comment: _____

Guidance: If the center has no volunteers (a category that includes student teachers, interns, and parents, even when they go on field trips), mark the item N/A.

Ask the director if any volunteers are in the rooms that date that you visit. Observe for yourself whether or not a volunteer is counted in the ratio that falls within the range of that cited by NAEYC for the age group, as shown in the table for item #1. For example, if there are 6 to 12 children ages 13- 24 months in the room, two adults, and one volunteer, then that volunteer is being counted in the adult-child ratio. The item, therefore, is marked N.

____ 3. The Center programs are staffed by persons 18 years of age and older.

Comment: _____

____ 4. Volunteers should be no younger than 16 years of age and work only under the supervision of qualified staff members.

Comment: _____

Guidance: When you go over this form with the director, you might also ask if youngsters under 16 are allowed in the center to do school projects. If they do anything other than observe and you think it maybe considered the sort of duties normally done by volunteers, include a note in the comment.

____ **5. All personnel on the child care center payroll, including the administrative officer (e.g., director), have had training in first aid and infant/child CPR (per local regulations).

Comment: _____

Guidance: Training records will show the past training. Personnel have to have had training in both first aid and CPR for this item to be coded as C.

____ ****7. The Center director/administrative officer has had training and/or experience relevant to early childhood program administration (e.g., personnel management, financial management), as well as training in Early Childhood Education (ECE) or Child Development (CD).**

Comment: _____

Guidance: Check the training record and/or ask the director about her/his experience. Note the item is not asking for information about a higher education degree. If you are offered that information, include it in the comment section.

____ ****8. Staff who are in charge of a group of children should have at least a Child Development Associate credential or an associate degree in Early Childhood Education, Child Development, or the equivalent.**

Comment: _____

Guidance: Check the training records on relevant staff. If there are too many to check all, sample some and rely on the director's statement about people having or not having these credentials. If all do not, include a note in comment about the percent of group leaders who do not.

____ ****9. Staff who implement program activities under direct supervision have at least high-school diplomas or the equivalent and participate in professional development programs.**

Comment: _____

Guidance: Sample the training records on relevant staff, but you will have to rely on the director's statements about people having or not having these credentials. If all do not, include a note in comment about the percent of staff working under supervision who do not have the diplomas and who have not participated in training.

_____ ****10. If staff and administrative personnel do not meet the specified qualifications, a training plan, both individualized and program-wide, has been developed and is being implemented for those staff members.**

Comment: _____

_____ **Guidance: Ask to see the individual education plans (IEPs) of relevant staff. If none are available, ask for training plans for the staff as a whole. If nothing is in writing, you must decide from the director's statements whether or not plans have been made. Include a note in comment if nothing is in writing.**

_____ ****11. The program provides regular training opportunities for staff to improve skills in working with children and families. Staff are expected to take part in regular training and professional development. The training may include workshops and seminars, visits to other programs, resource materials, in-service sessions, or course work.**

Comment: _____

_____ **Guidance: Ask to see training plans for the staff as a whole or whatever informal lists of upcoming training opportunities the director is generating. Ask to see the Staff Handbook or any other document which specifies the organization's expectation that staff are to take part in training and professional development. If nothing is in writing, you must decide from the director's statements if training opportunities are made available and that staff know the employer's expectations. Include a note in comment if nothing is in writing.**

****12. Training addresses the following areas: health and safety (including first aid and CPR), child growth and development, planning learning activities, guidance and discipline techniques, linkages with community services, communication and relations with families, detecting and reporting child abuse and neglect, advocacy for early childhood programs and the profession, the profession’s code of ethical conduct, and other topics as needed. The program provides training and other opportunities for staff to keep abreast of the latest developments in the field, including new programs and practices and pending policy, legislation, or regulatory changes.**

Comment: _____

Guidance: The observer must decide if a suitable selection of training opportunities are available over the year and if staff are obligated or encouraged to use these opportunities.

IMPORTANT TO NOTE: The topics mentioned in item #12 are drawn from NAEYC criteria. Very few in-house training programs provide this full set annually. Child care conferences usually do, however. This item can be marked C if staff have at least fifteen hours of training per year., in addition to any required study of child abuse prevention/detection and CPR/first aid.

The center’s training plan for the staff as a whole or a collection of past announcements of staff training events should serve to illustrate topics. Individual staff records of training are taken may not be the best source of the overall center training plan, but these can give a perspective if other documents are not available. If it can be determined that staff are involved in earning their Child Development Associate (CDA) credentials, you can almost assume that a significant number of relevant topics are being studied.

14. An individual with at least a B.A. degree in ECE or CD directs the educational program. If such an individual is not on staff, an education consultant is under contract to the Center to provide the equivalent service.

Comment: _____

Guidance: If the degree of the person directing the educational program is in an associated discipline, e.g., elementary education, the item can be marked C if a number of courses/trainings in ECE and CD were a part of the degree or were part of the person’s subsequent professional development.

If the degree is not associated with ECE or CD, then the item is marked P or N according to the observer's judgment and the degree's focus is noted in the comment.

____ ****15. Accurate and current records are kept of staff qualifications, including documentation of continuing in-service education.**

Comment: _____

____ **16. Staff turnover is not considered excessive. Accurate records are kept on staff turn-over and center has analyzed the reasons for staff turnover and taken steps to stabilize the program if turn over is high.**

Comment: _____

Guidance: If staff turnover in the last 12 month period is above the GSA average of 45% this must be noted and a plan should be in place to deal with staff turnover.

**Guidance Specific to Checklist
On
SPECIAL NEEDS CHILDREN/ADULTS**

From original Program Management checklist:

____ +4. To meet a child’s special needs, modifications are made in the environment, schedule, and activities as necessary.

Comment: _____

Guidance: “Special needs” here refers to those which are generated by or are associated with physical and/or mental disabilities. The necessity for modifications of the building and the program for such children is covered by the Americans with Disabilities Act; modifications which are not economically or physically feasible are not required.

You do not need to examine the facilities occupied by the center because other people are doing that with checklists constructed in conjunction with the GSA Child Care Center Design Guide. Focus on the organization of the rooms, schedules, and activities.

If there are no special needs children in the center, the item can be marked N/A.

The director is your source of information about program modifications if you are unable to observe enrolled special needs children on the day of your visit.

From original Staffing checklist:

____ 13. Staff are aware of the identified/diagnosed special needs of individual children and are trained to follow through on specific intervention plans if required.

Comments: _____

Guidance: If the center has no special needs children, this item is marked N/A.

If one or more special needs children is enrolled, training records may not show specific courses were taken; the training may have been quite specific to the child and done on a one-on-one basis. The director, rather than records, may be your only source of information here.

If staff have had some general training covering special needs children, this should be noted in the comment, whether or not the item is N/A.

CHILD CARE CENTER FIRE/SAFETY INSPECTION SHEET

NAME OF CENTER: _____

NUMBER OF CHILDREN ON DAY OF INSPECTION _____

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

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

OUTSIDE PLAY AREA

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

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

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

Summary of findings:

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

BUILDING MANAGEMENT REPRESENTATIVE: _____

DATE OF INSPECTION : _____

training

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

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

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

NAEYC

All centers operating in GSA space are required to achieve and maintain accreditation by the Academy of Early Childhood Programs, a division of NAEYC. *

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

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

About NAEYC Accreditation

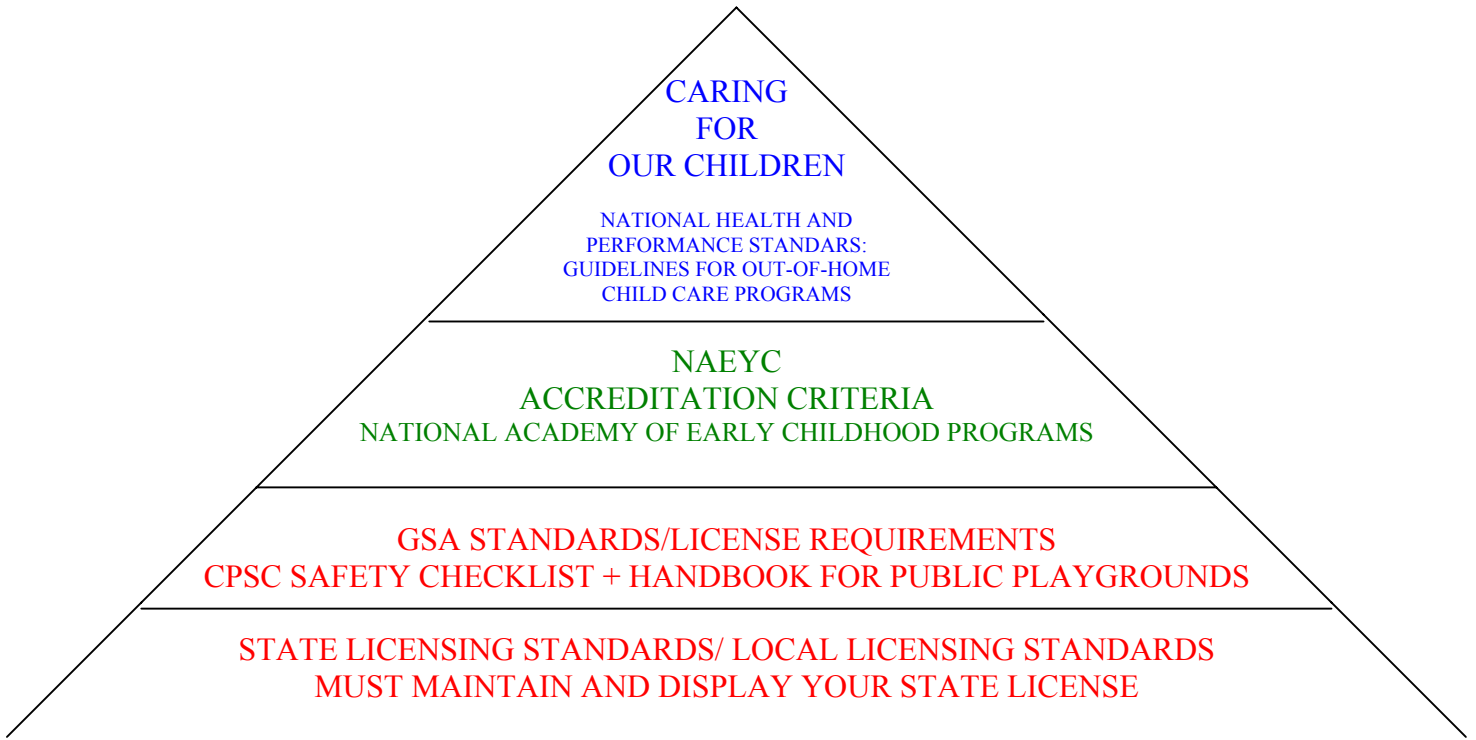
The National Academy of Early Childhood Programs, a division of NAEYC, administers a national, voluntary, professionally sponsored accreditation system for all types of preschools, kindergartens, child care centers, and school-age child care programs.

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

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

- A. Interactions among Staff and Children**
 - B. Curriculum**
 - C. Staff-Parent Relations**
 - D. Staff Qualifications and Development**
 - E. Administration**
 - F. Staffing**
 - G. Physical Environment**
 - H. Health and Safety**
 - I. Nutrition and Food Service**
 - J. Evaluation**
-

Standards



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

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

OSHA Standards Interpretation and Compliance Letters

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

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

Most Frequently Asked Questions Concerning The Bloodborne Pathogens Standard Disclaimer

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

Federal/State OSHA Authority

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

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

Introduction

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

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

Scope

Q. Who Is covered by the standard?

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

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

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

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

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

Q. Are volunteers and students covered by the standard?

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

Q. We have employees who are designated to render first aid. Are they covered by the standard?

A. Yes. If employees are trained and designated as responsible for rendering first aid or medical assistance as part of their job duties, they are covered by the protections of the standard. However, OSHA will consider it a **de minimis** violation - a technical violation carrying no penalties - if employees, who administer first aid as a collateral duty to their routine work assignments, are not offered the pre-exposure hepatitis B vaccination, provided that a number of conditions are met. In these circumstances, no citations will be issued.

The **de minimis** classification for failure to offer hepatitis B vaccination in advance of exposure does **not** apply to personnel who provide first aid at a first aid station, clinic, or dispensary, or to the health care, emergency response or public safety personnel expected to render first aid in the course of their work.

Exceptions are limited to persons who render first aid only as a collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. To merit the **de minimis** classification, the following conditions also must be met:

- Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer **before the end of the work shift** during which the incident occurs.
- Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time, as well as a determination of whether an exposure incident, as defined in the standard, has occurred.
- Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provided to OSHA upon request.
- First aid providers must receive training under the Bloodborne Pathogens Standard that covers the specifics of the reporting procedures.
- All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must have the vaccine made available to them as soon as possible but in no event later than **24 hours after the exposure incident**. If an exposure incident as defined in the standard has taken place, other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

Exposure Control

Q. What is an exposure control plan?

A. The exposure control plan is the employer's written program that outlines the protective measures an employer will take to eliminate or minimize employee exposure to blood and OPIM.

The exposure control plan must contain at a minimum:

- (1) The exposure determination which identifies job classifications and, in some cases, tasks and procedures where there is occupational exposure to blood and OPIM;
- (2) the procedures for evaluating the circumstances surrounding an exposure incident; and (3) a schedule of how and when other provisions of the standard will be implemented, including methods of compliance, HIV and HBV research laboratories and production facilities requirements, hepatitis B vaccination and post-exposure follow-up, communication of hazards to employees, and recordkeeping.

Q. How often must the exposure control plan be reviewed?

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

Q. Must the exposure control plan be accessible to employees?

A. Yes, the exposure control plan must be accessible to employees, as well as to OSHA and NIOSH representatives. The location of the plan may be adapted to the circumstances of a particular workplace, provided that employees can access a copy at the workplace during the workshift. If the plan is maintained solely on computer, employees must be trained to operate the computer.

A hard copy of the exposure control plan must be provided within 15 working days of the employee's request in accordance with 29 CFR 1910.1020.

Q. What should be included in the procedure for evaluating an exposure incident?

A. The procedure for evaluating an exposure incident shall include:

- the engineering controls and work practices in place
- the protective equipment or clothing used at the time of the exposure incident
- an evaluation of the policies and "failures of controls at the time of the exposure incident.

Methods of Control Universal Precautions

Q. What is meant by the term Universal Precautions?

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

Personal Protective Equipment

Gloves

A. Disposable gloves shall be replaced as soon as practical after they have become contaminated, or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. Hands must be washed after the removal of gloves used as PPE, whether or not the gloves are visibly contaminated.

Q. What are some alternatives when an employee is allergic to the gloves provided?

A. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives must be provided for employees who are allergic to the gloves that are normally provided.

Housekeeping

Q. What type of disinfectant can be used to decontaminate equipment or working surfaces which have come in contact with blood or OPIM?

A. EPA registered tuberculocidal disinfectants are appropriate for the cleaning of blood or OPIM. A solution of 5.25 percent sodium hypochlorite, (household bleach), diluted between 1:10 and 1:100 with water, is also acceptable for cleaning contaminated surfaces.

Quaternary ammonium products are appropriate for use in general housekeeping procedures that do not involve the cleanup of contaminated items or surfaces.

The particular disinfectant used, as well as the frequency with which it is used, will depend upon the circumstances in which a given housekeeping task occurs (i.e., location within the facility, type of surface to be cleaned, type of soil present, and tasks and procedures being performed). The employer's written schedule for cleaning and decontamination should identify such specifics on a task-by-task basis.

Regulated Waste

Q. What does OSHA mean by the term "regulated waste"?

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

Hepatitis B Vaccination and Post-Exposure Follow-up Procedures

Q. Who must be offered the hepatitis B vaccination?

A. The hepatitis B vaccination series must be made available to all employees who have occupational exposure. The employer does not have to make the hepatitis B vaccination available to employees who have previously received the vaccination series, who are already immune as their antibody tests reveal, or who are prohibited from receiving the vaccine for medical reasons.

Q. When should the hepatitis B vaccination be offered to employees?

A. The hepatitis B vaccination must be made available within 10 working days of initial assignment, after appropriate training has been completed. This includes arranging for the administration of the first dose of the series.

Q. Can the hepatitis B vaccination be made a condition of employment?

A. OSHA does not have jurisdiction over this issue.

Q. Whose responsibility is it to pay for the hepatitis B vaccine?

A. The responsibility lies with the employer to make the hepatitis B vaccine and vaccination, including post-exposure evaluation and follow-up, available at no cost to the employees.

Training

Q. Which employees must be trained?

A. All employees with occupational exposure must receive initial and annual training.

Q. What are the qualifications that a person must possess in order to conduct employee training regarding bloodborne pathogens?

A. The person conducting the training is required to be knowledgeable in the subject matter covered by the elements in the training program and be familiar with how the course topics apply to the workplace that the training will address. The trainer must demonstrate expertise in the area of occupational hazards of bloodborne pathogens.

Q. Where could information be obtained for conducting training on the Bloodborne Pathogens Standard?

A. OSHA's Office of Information and Consumer Affairs (OICA) has developed brochures, factsheets, and a videotape on the standard. Single copies of the brochure and factsheets can be obtained by writing OSHA Publications, 200 Constitution Avenue, NW, Room N3101, Washington, DC 20210 or by calling (202) 219-8148 the videotape is available through the National Audio Visual Center and the number is (301) 763-1896. All information available through OICA should be used as a supplement to the employer's training program. Other sources of information include local Area and Regional OSHA Offices. In addition, each Regional Office has a Bloodborne Pathogens Coordinator who answers compliance and related questions on the standard.

Q. Who are some examples of persons who could conduct training on the bloodborne standard?

A. Examples of health care professionals include infection control practitioners, nurse practitioners, and registered nurses. Non-health care professionals include industrial hygienists, epidemiologists or professional trainers, provided that they can demonstrate evidence of specialized training in the area of bloodborne pathogens.

Q. What is included in the training record?

A. The training record contains the dates of the training, the contents or a summary of the training sessions, the names and job titles of all persons attending the training, and the names and qualifications of the persons conducting the training.

Q. How long must the training records be kept?

A. Training records must be retained for 3 years from the training date.

CPSC

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

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

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

- Draw strings loose clothing or flowing scarves should not be worn for play. This is a potential strangulation hazard as these items can get caught in small openings on slides, swings and climbers.
- Soft bedding in cribs. All infant cribs (applies to children 12 months and younger) should not have excess blankets, soft toys or loose bumpers in the crib. This is a potential suffocation hazard.

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

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

Consumer Product Safety Commission

Soft Bedding May Be Hazardous To Babies

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

Safe Bedding Practices For Infants

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

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

U.S. Consumer Product Safety
Commission
Web site: www.cpsc.gov
1-800-638-2772

American Academy of
Pediatrics
Web site: www.aap.org

National Institute of Child Health and
Human Development
"Back to Sleep" Campaign
1-800-505-CRIB

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

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Consumer Product Safety Commission

Strings Can Strangle Children On Playground Equipment: Safety Alert

CPSC Document #5094

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

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

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

WARNING!

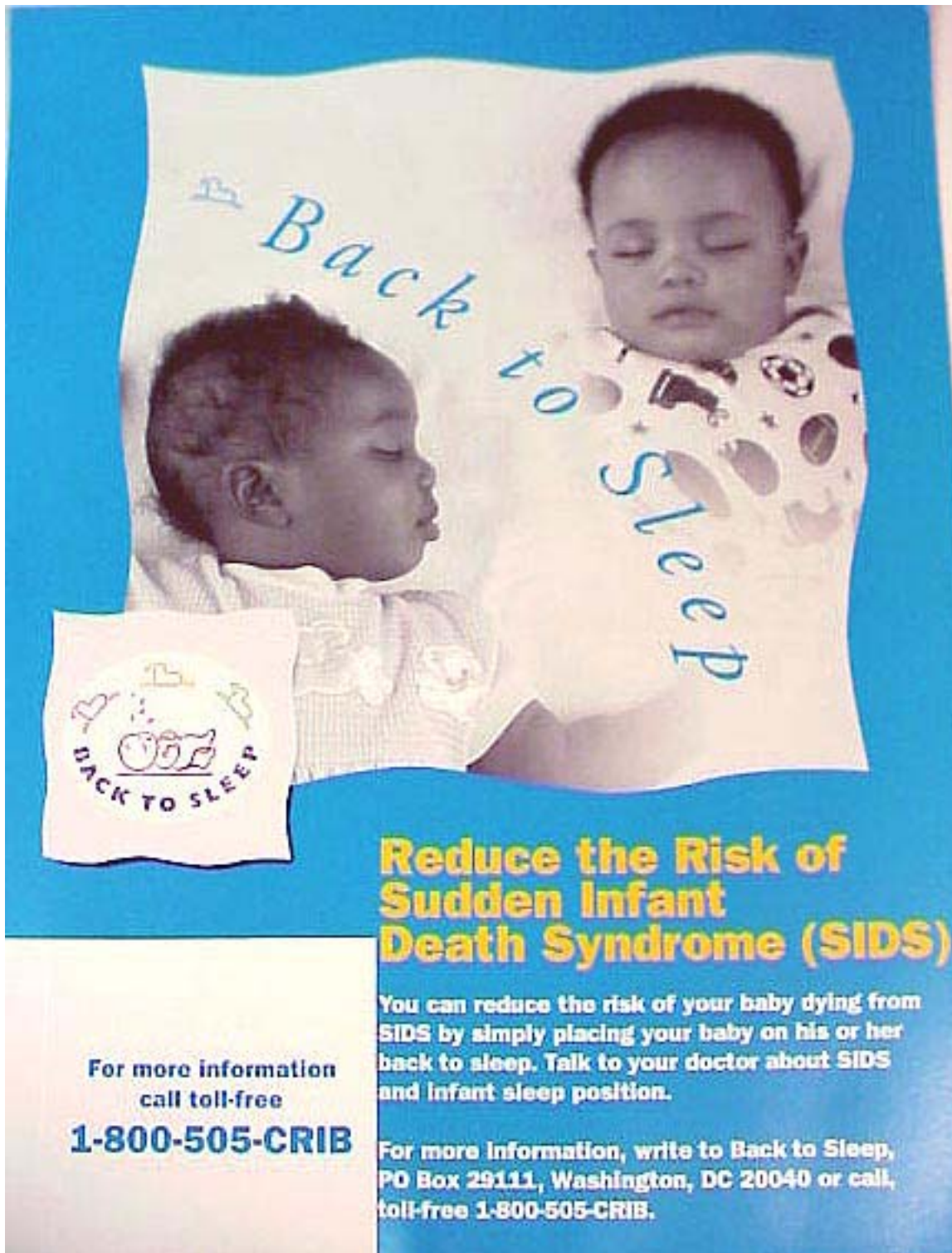
Clothing strings, loose clothing, and stringed items placed around the neck can strangle a child.

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

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

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Back to Sleep

Reduce the Risk of Sudden Infant Death Syndrome (SIDS)

You can reduce the risk of your baby dying from SIDS by simply placing your baby on his or her back to sleep. Talk to your doctor about SIDS and infant sleep position.

For more information call toll-free 1-800-505-CRIB

For more information, write to Back to Sleep, PO Box 29111, Washington, DC 20040 or call, toll-free 1-800-505-CRIB.

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

tuition assistance

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

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

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

TREASURY AND GENERAL GOVERNMENT APPROPRIATIONS ACT, 2002

Public Law 107-67
107th Congress

An Act

Making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 2002, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, Treasury and General Government Appropriations Act, 2002.

SEC. 630. (a) IN GENERAL- **Hereafter**, in accordance with regulations promulgated by the Office of Personnel Management, an Executive agency which provides or proposes to provide child care services for Federal employees may use appropriated funds (otherwise available to such agency for salaries and expenses) to provide child care, in a Federal or leased facility, or through contract, for civilian employees of such agency.

(b) AFFORDABILITY- Amounts so provided with respect to any such facility or contractor shall be applied to improve the affordability of child care for lower income Federal employees using or seeking to use the child care services offered by such facility or contractor.

(c) ADVANCES- Notwithstanding 31 U.S.C. 3324, amounts paid to licensed or regulated child care providers may be in advance of services rendered, covering agreed upon periods, as appropriate.

(d) DEFINITION- For purposes of this section, the term `Executive agency' has the meaning given such term by section 105 of title 5, United States Code, but does not include the General Accounting Office.

(e) NOTIFICATION- None of the funds made available in this or any other Act may be used to implement the provisions of this section absent advance notification to the Committees on Appropriations.