



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3280 RUSSELL ROAD
QUANTICO VA 22134-5103

IN REPLY REFER TO:
NAVMC 1710.4
M&RA (MF)
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NAVMC 1710.4

From: Commandant of the Marine Corps
To: Marine Corps Community Services (MCCS)

Subj: Child and Youth Programs (CYP) Health Promotion Protocol

- Ref:
- (a) MCO 1710.30
 - (b) DoD Instruction 6060.02 w/CH 2, "Child Development Programs (CDPs)," September 1, 2020
 - (c) DoD Instruction 6060.04 "Youth Services (YS) Policy," December 4, 2019
 - (d) Army Regulation 40-905/SECNAVINST 6401.1B/AFI 48-131, Veterinary Health Services
 - (e) Army Regulation 40-562/BUMEDINST 6230.15B/AFI 48-110_IP/CG COMDTINST M6230.4G, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases
 - (f) TB MED 530/NAVMED P-5010-1/AFMAN 48-147-IP, Tri-Service Food Code
 - (g) American Academy of Pediatrics (AAP)
 - (h) Centers for Disease Control (<https://www.cdc.gov>), Advisory Committee on Immunization Practices (ACIP)
 - (i) Caring for Our Children: National Health and Safety Performance Standards
 - (j) United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) (<https://www.fns.usda.gov/cacfp>)
 - (k) United States Department of Agriculture (USDA) Feeding Infants in the Child and Adult Care Feeding Program (CACFP) July 2021
 - (l) US Food and Drug Administration, Disposal of Unused Medicines: What You Should Know. <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>
 - (m) Virtual Lab School; <http://www.virtuallabschool.org>
 - (n) Centers for Disease Control and Prevention (<https://www.cdc.gov>), Handwashing in Communities: Clean Hands Save Lives
 - (o) Centers for Disease Control and Prevention; National Notifiable Disease Surveillance System (NDSS), Notifiable Infectious Disease Data Tables
 - (p) National Association for the Education of Young Children (NAEYC) Early Learning Program Accreditation Standards
 - (q) NC Child Care Health and Safety Resource Center <http://healthychildcare.unc.edu/resources/posters/>
 - (r) Managing Infectious Diseases in Child Care and School, 5th Edition. Edited by Susan S. Aronson, MD, FAAP and Timothy R. Shope, MD, MPH, FAAP. Published by the American Academy of Pediatrics, 2020.
 - (s) National Association for the Education of Young Children (NAEYC), Cleaning, Sanitizing, and Disinfecting Frequency Table
 - (t) Centers for Disease Control and Prevention (<https://www.cdc.gov>), Healthy Pets, Healthy People, Animals in Schools and Daycares
 - (u) Centers for Disease Control and Prevention (<https://www.cdc.gov>), Breastfeeding, Guidelines & Recommendations, Proper Storage and Preparation of Breast Milk

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Encl: (1) Child and Youth Programs (CYP) Health Promotion Protocol

1. Purpose. To provide practices, procedures, and guidance to ensure the promotion of health and well-being of participants.
2. Background. It is critical that children have the opportunity to grow and learn in healthy and safe environments with caring professionals.
3. Processes. CYP follows health and safety best practices to ensure quality care and education for children and youth.
4. Information. Headquarters, U. S. Marine Corps, Marine and Family Program Division, Family Care Branch, Child and Youth Programs maintains and updates information as required.
5. Certification. This NAVMC is effective the date signed.

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Child and Youth Programs (CYP) Health Promotion Protocol

1. Participant Health Requirements in accordance with (IAW) references (b) and (c)

a. Immunization. Written documentation of receipt of immunizations (appropriate for age) is a condition of participation in a Child Development Center (CDC), School Age Care (SAC), Family Child Care (FCC), and Youth Programs IAW references (e) and (h). Information on immunizations and dosage scheduling provided by Advisory Committee on Immunization Practices (ACIP) can be found at <http://www.cdc.gov/vaccines/schedules/easy-to-read/index.html>.

(1) Child and Youth Programs (CYP) collects official documentation of age appropriate immunizations of participants enrolling or currently enrolled in CYP. All records are updated annually and kept in the participant's file.

(a) Participants without age-appropriate immunizations (prior to enrollment and as a condition of remaining enrolled) show evidence of an appointment for immunizations within 30 days of enrollment or within 30 days of discovery of non-compliance.

(b) If an immunization(s) is not administered due to a medical reason or religious belief, CYP coordinates with the parents to include an immunization exemption statement to acknowledge associated risks.

1. The NAVMC 1750/4, Marine Corps Child & Youth (CYP) Health Assessment form (section 7. Other) will include the following statement: "I am requesting a child/youth immunization exemption and acknowledge and accept the risk and the consequences of having an unimmunized child attend CYP. I have reviewed NAVMC 1710.4 CYP Health Promotion Protocol and understand the policies associated with this exemption."

2. By signing the NAVMC 1750/4, parents acknowledge that their child may be excluded from care resulting from an illness or disease outbreak until it is considered safe for the child to return, and they may still be responsible for child care fees.

(c) If an immunization(s) is not administered due to a medical condition written documentation is required by the participant's health care provider on NAVMC 1750/4, Marine Corps Child & Youth (CYP) Health Assessment form or a written statement, and is maintained in the participant's file. The statement includes the specific immunizations(s), reason for the exemption, and the length of time the immunization(s) is contraindicated.

(d) If an immunization(s) is not administered due to a religious belief, a written statement from the parent/guardian is required and maintained in the participant's file. The statement includes the specific immunizations requiring exemption and is updated annually.

(e) Philosophical exemptions for immunizations are not permitted.

(2) SAC and Youth program participants enrolled in a Department of Defense Education Agency (DoDEA) school or in a Local Education Agency (LEA) are excluded from the requirement of providing a copy of immunizations EXCEPT the annual seasonal influenza (flu) vaccine.

(3) CYP collects official documentation of the annual seasonal influenza (flu) vaccine (administered after July 1) for ALL participants 6 months and older, including those enrolled in DoDEA or LEA schools.

(a) CYP collaborates annually with local medical authority to determine required date of documentation (no later than December 31), taking into consideration when the influenza vaccine supply is received.

(b) Participants requiring a second dose of influenza vaccine provide documentation of both dates of administration.

b. Health Assessment in accordance with (IAW) reference (a).
Participants enrolling or currently enrolled in CDC, SAC, and FCC programs are required to maintain an initial (within 30 days of enrollment) and annual, thereafter, health assessment as a condition of participation.

(1) CYP maintains a current NAVMC 1750/4 (Marine Corps Child & Youth (CYP) Health Assessment form). Health records are updated annually and as needed for changes in medical conditions and maintained in the participant's file.

(2) CYP may accept an enrolling participant's physical examination (date of exam within the 12 months prior to enrollment date) and attach to NAVMC 1750/4.

(3) Youth participants are not required to submit health assessments.

2. Professional, Volunteer, and Family Child Care (FCC) Provider Health Requirements in accordance with (IAW) references (b) and (c)

a. Immunization

(1) IAW Naval Occupational Health requirements, CYP Professionals maintain appropriate immunizations, to include the annual administration of the seasonal influenza vaccine (administered after 1 July and before 31 December), as evidenced by the initial and annual health clearance and is a condition of CYP employment.

(2) IAW reference (h), specified volunteers maintain appropriate immunizations, to include the annual administration of seasonal influenza vaccine (administered after 1 July and before 31 December), as a condition of active participation.

(3) IAW reference (h), FCC providers and household family members maintain appropriate immunizations, to include the annual administration of influenza vaccine, as a condition of the license to operate.

(4) In the event that a request for an exemption is submitted for a mandatory immunization, due to either a medical condition or sincerely held religious belief, CYP Management will consult with the installation Human Resources Office (HRO) to ensure adherence to policy.

(5) Philosophical exemptions are not authorized.

b. Health Screening

(1) Professionals and regular volunteers have an initial health

screening to determine they are in good health and free from communicable disease prior to contact with participants and annually by the installation medical authority. Documentation of annual health screening is maintained in the Professional's record.

(2) FCC family members, residing in the provider's household, are in good health and free from communicable disease.

3. Health Compliance in accordance with (IAW) references (b) and (c)

a. CYP collaborates with the installation medical authority to assist in compliance of the required health screening and immunizations.

b. During a documented case of a vaccine-preventable disease in a facility or FCC home, participants and/or Professionals who are unimmunized and susceptible to that disease are excluded from the program for the duration of possible exposure, or until the appropriate immunizations have been completed as determined by the local medical authority and/or local health department.

c. During a widespread influenza outbreak (10% of the population of a facility diagnosed with influenza, as confirmed by a laboratory test or diagnosed by a health care provider), unimmunized participants (with medical or religious exemptions) are excluded from the program for the duration of possible exposure or until proof of immunization has been received.

(1) Unimmunized infants (6 months or younger) will be allowed to remain in care.

(2) CYP establishes procedures to reduce the risk of further spread of illness (e.g. staff use of facemasks, limiting staff allowed in infant classrooms).

d. CYP consults with the local Marine Corps Community Services (MCCS) Counsel and HRO involving issues with Professional's compliance of the health screening and immunization requirements.

e. CYP consults with the local MCCS Counsel involving issues with Participants' compliance of the health screening and immunization requirements.

4. Universal Precautions. Professionals and volunteers follow universal precautions to promote infection control and prevent transmission of blood-borne diseases. The CYP Nurse, local medical authorities, and base safety coordinate to ensure current policies to discard biohazardous (red bag) waste are current and in practice.

a. Handwashing in accordance with (IAW) reference (n)

(1) Professionals and participants have access to handwashing sinks and follow procedures as outlined by current Center for Disease Control and Prevention guidelines. If modified child-height sinks are not available, safe and cleanable U.S. Consumer Product Safety Commission (CPSC) approved step aids are used.

(2) Professionals assist and provide guidance to participants to ensure proper handwashing techniques. Children and staff members wash their

hands using the following method:

- (a) Clean, disposable paper towels are available.
 - (b) Turn on clean, running water to a comfortable temperature.
 - (c) Moisten hands with water and apply liquid soap to hands. Bar soap and antibacterial soap are not to be used.
 - (d) Rub hands together vigorously until a soapy lather appears (hands are out of the water stream) and continue for at least 20 seconds.
 - (e) Rub areas between fingers, around nail beds, under fingernails and jewelry, and on back of hands.
 - (f) Rinse hands under clean, running water until free of soap and dirt. Leave the water running while drying hands.
 - (g) Dry hands with clean, disposable paper towels.
 - (h) If faucets do not shut off automatically, turn faucets off with a disposable paper towel.
 - (i) Throw disposable paper towels into a lined trash container.
- (3) Handwashing signs are located at all sinks and are appropriate for the intended audience using appendix (a) "Washing Your Hands" posters.
- (4) Handwashing is performed by Professionals and participants IAW appendix (b), "Assisting Children with Handwashing" poster. In addition, Professionals wash hands upon arrival, after breaks, during transitions (moving from one classroom to another), and before and after all mealtimes and snacks.
- (5) If soap and water are unavailable, an alcohol-based hand sanitizer that contains at least 60% alcohol is used to clean hands for participants over 24 months of age. Hand sanitizer is kept out of the reach of children and Professionals monitor use to avoid potential ingestion or inadvertent contact of hand sanitizers with eyes and mucous membranes.

b. Personal Protective Equipment (PPE)

- (1) CYP ensures Professionals have adequate access to PPE (i.e. gloves, gowns, and masks) when appropriate to reduce the spread of infectious disease.
- (2) During times of significant community-based transmission of an infectious disease, CYP Programs may require the use of cloth face coverings by Professionals and children and youth during care IAW appendix (c) "COVID-19 Operating Guidance". Children under the age of 2 years should not wear a mask or cloth face covering due to risk of suffocation.

c. Environmental Health

- (1) CYP uses Environmental Protection Agency (EPA) registered cleaning solutions for cleaning, sanitizing, and disinfecting. Definitions of cleaning, sanitation, and disinfection are as follows:

(a) Clean: To physically remove all dirt and contamination. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.

(b) Sanitize: To reduce germs on inanimate surfaces to levels considered safe by public health codes or regulations.

(c) Disinfect: To destroy or inactivate most germs on any inanimate object, but not bacterial spore.

(2) Only toys that can be cleaned or sanitized are used.

(a) CYP uses cleaning and sanitizing/disinfecting products that are safe for oral contact when used on food contact surfaces or on items that may be mouthed by participants.

(b) Play with plastic or play foods, play dishes, and utensils, is closely supervised to prevent shared mouthing.

(c) Contaminated toys, by mouthing, body secretion or excretion, are set aside in a designated container until cleaned by hand with water and detergent, rinsed, sanitized, and air-dried.

(d) Machine washable cloth toys are used by one participant at a time and laundered before being used by another participant.

(e) Indoor toys are not shared between groups of infants, pre-toddlers, and toddlers unless washed and sanitized before being moved from one group to the other.

(3) All bedding (e.g., sheets, pillows, blankets, sleeping bags) material is washable.

(a) Participant's bedding is kept separate from other participants' bedding, on the bed or stored in individually labeled bins, cubbies, or bags.

(b) Bedding is washed weekly, at a minimum, or before use by another participant. Bedding is used by only one participant between washings. Individual cribs, cots, and mats are washed if soiled.

(4) Custodial services support environmental health as established by job requirements and/or custodial contracts.

d. Sanitizing/Disinfecting Agents

(1) CYP follows the EPA-registered and manufacturer's safety and use instructions for "Household use" bleach concentration, including the dilution and required contact time for sanitizing and disinfecting. CYP follows bleach solution preparation procedures IAW appendix (d) "Safe Use of Cleaning, Sanitizing, and Disinfecting Agents Guide".

(2) CYP Facilities may use "alternative to bleach" EPA-registered cleaners, sanitizers, and disinfectants IAW the manufacturer's instructions. Manufacturer's safety and use instructions including the dilution and required contact time for sanitizing and disinfecting are followed.

(3) CYP follows the recommendations for safe use of cleaning, sanitizing, and disinfecting agents IAW reference (s) and appendix (e) "Cleaning, Sanitizing, and Disinfection Frequency Table".

5. Environmental Temperature

a. CYP facilities and FCC homes are heated and cooled to maintain the required temperatures and humidity.

b. CDC temperatures for all regularly occupied areas are adjustable between 68°F (20°C) to 73°F (22.8°C) in winter and 72°F (22.2°C) to 77°F (25°C) in summer and maintain 35 to 50% humidity.

c. FCC, SAC, and Youth facility temperatures for all regularly occupied areas are at a minimum 68°F (20°C) to a maximum of 78°F (26°C) and maintains 30% to 50% humidity.

6. Health Checks and Exclusion. All Professionals are trained and implement appropriate procedures for identifying mildly ill participants and determining exclusion (due to medical condition). The CYP Nurse is not solely responsible to conduct health checks and determine exclusion.

a. Daily Health Checks

(1) CYP Professionals (direct care and management) are trained to and conduct regular health checks of participants as outlined in appendix (f) "Daily Health Check" poster.

(2) During times of significant community-based transmission of an infectious disease (i.e. outbreak or pandemic), CYP work with their local medical authority and health departments to determine the need for additional screening procedures IAW appendix (c) "COVID-19 Operating Guidance".

b. Exclusion in accordance with (IAW) reference (r)

(1) CYP follows appendix (g) "CYP Criteria for Exclusion Guide".

(a) Participants may be readmitted after treatment is initiated and/or the contagious stage of the illness has passed.

(b) Participants remain excluded until 24 hours after initial antibiotic treatment.

(2) When a participant is temporarily excluded (sent home) from a CYP facility/activity or FCC home AND confirmed to be contagious by their healthcare provider, written notification of the contagious illness is provided to families and posted, at minimum, in the reception area of the facility.

(a) Information about a specific participant with a contagious illness remains confidential.

(b) Notifications are posted for a minimum of 14 days (10 business days), or until the contagious stage of the illness has passed.

(c) FCC providers notify parents and the FCC Director of communicable diseases or illness of the participants, the provider, or the

provider's household member(s).

(3) When a participant is confirmed to have an infectious disease that is considered to be a notifiable condition IAW reference (o), CYP contacts the installation medical authority to coordinate making the report to the appropriate health departments. (A notifiable disease is any disease that is required by law to be reported to local or state health departments).

(a) CYP works collaboratively with the installation medical authority and health departments to notify parents/guardians about potential or confirmed exposures of their child to an infectious disease.

(b) During times of significant community-based transmission of an infectious disease (e.g. outbreak or pandemic), programs consult with their local medical authority, health departments and determine if stricter exclusion criteria is warranted IAW appendix (c) "COVID-19 Operating Guidance".

7. Response to Medical Emergencies

a. All Professionals are trained to manage an emergency until emergency medical care becomes available. Training on emergency medical procedures, emergency plans, and first aid and CPR, is conducted, at a minimum, annually. A CYP Nurse is not present in all facilities or during all operating hours.

b. Medical emergency procedures are established, posted, and easily accessible. All medical emergency procedures take into account the specific needs of children enrolled, including such factors as age, abilities, special health care needs, and special developmental needs. Written plans include, but are not limited to:

(1) Procedures for a CYP Management Professional to accompany a child to a medical facility and stay with the child until a parent/guardian arrives.

(2) Telephone numbers for emergency medical care and ambulance services, such as 911 and Poison Control (1-800-222-1222), are posted in a conspicuous place near all telephones.

(3) CYP maintains emergency contact documentation. Current telephone numbers are available for the parent(s) in case of an emergency. Parents provide the names and contact information of local individuals who may be contacted in case of an emergency. Parents keep this information up to date, and at a minimum, review their emergency contact information annually.

(4) Off-site contracted activities have access to emergency contacts and emergency procedures.

c. First Aid and Cardiopulmonary Resuscitation (CPR). CYP Professionals are trained and maintain current certification in Infant, Child, and Adult CPR and First Aid provided by American Red Cross or American Heart Association. First Aid and emergency supplies are maintained in all CYP facilities and off-site contracted activities.

(1) Each facility has, at a minimum, one First Aid Kit containing supplies IAW appendix (h) "CYP First-Aid Kit", which is kept in a closed container, cabinet, or drawer that is labeled and stored in a location known

to all staff, accessible to staff at all times, but inaccessible to children.

(2) When participants leave the facility, for a walk or to be transported, a designated Professional brings a transportable First Aid Kit.

(3) First Aid Kits and rescue medications are maintained by designated Professionals during emergencies that require evacuation or lock down of a facility.

(4) CYP routinely inspects the First Aid Kit to ensure required items are stocked and within expiration dates. Medications (e.g., antibiotic ointments, hydrocortisone ointments, burn creams, and iodine solutions) are not kept in First Aid Kit /supplies.

d. Incident Reporting in accordance with (IAW) reference (b)

(1) CYP has policies and procedures for recording and reporting incidents that occur at a CYP facility, FCC home, and activity in connection with CYP. Incidents include, but are not limited to, accidents/injuries requiring first aide, providing the wrong bottle to a participant, a medication error, or serving an excluded food to a participant with a documented allergy/intolerance.

(2) CYP records and reports individual incidents involving participants. Incidents are recorded and filed in the participant's file; in addition, CYP communicates with the parent/guardian regarding the incident.

(3) NAVMC 1750/6, USMC Child and Youth Programs (CYP) Injury/Illness Communication Form is completed for ALL incidents.

e. Serious Incidents in accordance with (IAW) references (a) and (b)

(1) A serious incident is any incident that did or could have compromised the essential health and safety of any participant, such as but not limited to the death of a participant, serious injury that resulted in the program advising that the participant be taken to a medical treatment facility (MTF) (whether transported by the Emergency Medical Services, program, parent, or other individual). CYP reports, as a serious incident, any information received that a participant was taken (or advised to be taken) for medical treatment because of an occurrence at the program.

(2) All incidents reported to the accrediting body are also reported to Headquarters, U. S. Marine Corps (HQMC).

(3) Serious incident reporting procedures are as follows:

(a) All serious incidents, including those that require emergency medical attention, are reported to the program Director and CYP Administrator.

(b) CYP completes NAVMC 1750/6, USMC CYP Injury/Illness Communication Form.

(c) CYP completes and submits the HQMC CYP Serious Incident Report (SIR) in CYP SharePoint Online (SPO) to HQMC within 24 hours of knowledge of incident occurrence. The SIR is updated within 10 days to indicate outcomes and corrective action(s) because of the incident and every

30 days until reaching resolution.

8. Medications. CYP will administer medication when necessary.

a. CYP requests that parents/guardians and health care providers adjust medication schedules so that medication administration occurs outside of CYP care hours, when possible.

b. The decision to administer medication is made on a case-by-case basis with consideration given to the needs of the participant and family as well as the ability to safely administer within CYP current operations and training IAW reference (a).

c. The CYP Administrator (CYPA) is responsible for creating and updating the installation standard operating procedure (SOP) for medication administration and storage. The SOP outlines the local information needed to implement all requirements regarding medication from the Health Promotion Protocol.

d. Training

(1) Designated Professionals (to include all Management Professionals and FCC Providers if medication is to be administered in the home) are trained annually on how to properly receive, store, administer, and document the administration of medications and non-medicated topical products by the CYP Nurse or qualified medical professional as designated by local MTF. Training includes the types of medications (i.e. over-the-counter (OTC), prescription, and controlled substances) and the routes of administration (i.e. oral, topical, eye, ear and nasal drops, ointment, sprays, metered dose inhalers, nebulizers, and injectable emergency rescue medications).

(2) All CYP Professionals are trained annually on the proper storage and administration of emergency rescue medication to include rescue Albuterol inhalers, Epi-pens (epinephrine auto injectors), and Diastat (rectal valium) as part of the Prevention of Illness and Injury and Promotion of Health training conducted by the CYP Nurse or a qualified medical professional as designated by local MTF.

(3) All CYP Professionals are trained annually on non-medication topical products, to include safety, application, and storage.

(4) As appropriate, the CYP Nurse and/or installation medical authority may recommend to management that additional Professionals be designated and trained when necessary to meet the needs of the program.

e. Receiving Medications in accordance with (IAW) references (b) and (c)

(1) CYP only accepts medication (prescription and OTC) prescribed by a healthcare provider and with written parent/guardian permission.

(a) The prescription label is required to be attached to the medication and will serve as the healthcare provider's order.

(b) CYP requires all medication in the original container with original prescribed label prepared by the pharmacy. OTC medication is accepted without a prescription label when there is written documentation for use from the health care provider.

(2) Expired medications are not given.

(a) Medication with a prescription fill date over 1 year are not accepted or given. CYP requires an updated prescription when 1 year from the medication fill date or manufacturer's expiration date is reached (whichever comes first) verifying that participant remains under the care of a healthcare provider and the medication is still necessary.

(b) CYP may accept current documentation signed by a healthcare provider such as a Health Assessment (NAVMC 1750/4, page 3), Emergency Action Plan (EAP), or a healthcare provider note on letterhead (valid for 1 year) in lieu of updated prescription when approved by the CYP Nurse. This documentation is kept with the medication.

(3) Only designated CYP Professionals with current medication training or the CYP Nurse accepts medication into the program. Before the CYP Professional accepts the medication, they verify that the medication is:

(a) Brought in the original container and labeled by a pharmacist. The prescription label includes the participant's name, the medication name, dosage, route, frequency, and the prescribing healthcare provider's name.

(b) Accompanied by a current NAVMC 1750/10 (USMC CYP Medication Authorization and Administration Record) or NAVMC 1750/11 (USMC CYP Controlled Medication Authorization, Administration Record and Daily Log) that is completed and signed by the parent/guardian, and the information on the medication authorization and prescription label instructions match.

(4) Any medication, that is to remain in the program for greater than 30 days, requires a Health Support Plan (HSP).

(5) The details of the medication authorization and necessity to continue administering the medication are verified by parent monthly. If there are no changes to the medication, the parent must initial and date the form. If changes to the medication have occurred, the medication has expired, or the prescription end date has passed, a new authorization is completed.

(6) A list of all medications (medication log) currently in the program is confidentially maintained and includes the following: participant's name, medication, location of medication (i.e. locked medication box, refrigerator, classroom, etc.), and date returned to parent.

(7) A medication binder is maintained, remains confidential, and is easily accessible to CYP Professionals trained in medication administration. The medication binder includes at a minimum:

(a) A copy of Installation Medication Administration and Storage SOP.

(b) A list of CYP Professionals currently trained in medication administration.

(c) A list of medications currently in the program (medication log).

(d) A copy of the medication authorization for each medication currently in the program.

(8) Any child or youth requiring medication during care is included on the Special Needs and Allergy list. CYP enters and tracks all medications in the USMC approved childcare management system and updates as needed.

f. Administration of Medication

(1) CYP follows the following process for administering medication:

(a) The first dose of any medication is administered by the parent or healthcare provider and the participant is monitored at home on the medication for at least 24 hours prior to program staff administering the medication whenever possible.

(b) Medications are administered in the dosage, times, and route prescribed as stated on the prescription label and medication authorization. The Six Rights of Medication Administration are followed every time: Right Person, Right Drug, Right Dose, Right Route, Right Time, and Right Documentation.

(c) Homeopathic or Alternative Medicine (to include essential oils) will be considered on a case-by-case basis and will only be administered when accompanied by documentation from a conventional health care provider with recommendations for specific use.

(2) Only trained and designated Professionals (or a parent/guardian) administer medications to participants.

(a) At least two Professionals, trained and designated to administer medications, are present at all times during operating hours.

(b) A separate form is used for each medication and updated at least annually.

(c) A copy of the medication authorization is kept with the medication.

(3) CYP documents the administration of medications on the medication administration record each time a medication is given.

(a) All information is written each and every time. Quotations and/or arrows are not used in any section. White out is prohibited.

(b) Parents/guardians are notified every time a medication is given. Notification process is agreed upon and determined with parent/guardian. The administration of an emergency medication requires immediate notification to parent via phone call.

(c) NAVMC 1750/10 and NAVMC 1750/11 is kept with the medication.

(d) A copy of the NAVMC 1750/10 and NAVMC 1750/11 is retained in the participant's file after the medication is discontinued, changed, or updated in accordance with the Records Management Protocol.

(4) Controlled Substance medications follow all previously listed procedures. Additional control measures are established for administering and storing controlled substances via installation policies and procedures. The policies and procedures address issues concerning who can administer, the policy for administration and storage, counting the controlled substance, and installation specific concerns.

(a) CYP does not accept controlled medication in liquid form.

(b) Controlled medications are kept out of reach of children and locked.

(c) All controlled medication received or returned is counted and signed by staff member and parent/guardian every time.

(d) The total number of pills is verified by two persons (at a minimum) daily and every time a dose of the medication is given.

(e) A second staff member or parent/guardian witnesses and signs the medication administration record every time a medication is given.

g. Medication Errors

(1) A medication error is defined as giving medication to the wrong child, giving the wrong medication, giving the medication at the wrong time or date, giving the wrong dose or by the wrong route or giving medication without the required documentation.

(2) The following steps are taken when an error in giving a medication occurs:

(a) Contact the Poison Help Center at 1-800-222-1222 (if available in your location) immediately and seek medical advice as recommended.

(b) Stay with the child and observe for reactions and side effects.

(c) Inform management staff and parents/legal guardians immediately.

(d) A NAVMC 1750/6 is completed.

h. Non-medicated Topical Products

(1) Non-medicated topical products such as may be administered with a current NAVMC 1750/7 (CYP USMC Non-Medicated Topical Products Authorization) completed by parent/guardian. Hydrocortisone is considered a medication and must follow procedures as described above.

(2) Non-medicated topical products contain the manufacturer's label and the participant's first and last names.

(3) Non-medicated topical products are used following the directions (appropriate dosage, area of the body, and time); however, instructions do not exceed or directly conflict with manufacturer's instructions.

(4) Authorization to apply non-medicated topical products are updated annually.

(5) CYP does not use Talcum Powder.

(6) CYP procedures for documenting and notifying parents/guardians when non-medication topical products are applied.

i. Medication Storage

(1) Medications are kept under strict controls in a locked or secured container, cabinet, or refrigerator out of participant's reach. Access is limited to trained and designated Professionals.

(a) Emergency Rescue medications (e.g. EpiPen, Inhalers, Glucagon, and Diastat) are stored in the participant's classroom (CDC) or as close as possible to participants and easily accessible by CYP Professionals (SAC and Youth Programs (YP)); when on playground, outdoors or on field trip, medications are brought in a container that stays with a trained and designated Professional. An Emergency Action Plan (EAP) completed by health care provider or the CYP Nurse is required.

(b) Non-medicated topical products are stored in a manner to prevent cross contamination and maintained out of participant's reach. They are not required to be locked and may be kept in the participant's classroom.

(c) Controlled substances are maintained by double lock and out of participant's reach.

(2) CYP does not store, manage or administer medications, of any kind, for Professionals or volunteers.

(a) CYP Professionals/volunteers maintain control of their own medications, and out of participant's reach at all times.

(b) If an accommodation/modification is needed, he/she must seek assistance through the HRO to ensure the proper accommodations can be made.

j. Youth Medication Administration. Youth are not permitted to carry or administer medications, without permission from parents/guardians and healthcare provider.

(1) These medications follow all previously listed procedures with the exception of monthly verification and storage requirements.

(2) When youth administer their own medications, it is done under the supervision of trained Professionals, logged on the Medication Administration Record (MAR), and away from other participants.

(3) Participants do not carry controlled substances.

k. Medication Disposal

(1) Unused, expired, or discontinued medications are returned to the parent/guardian for disposal and recorded on the medication log. In the event medication cannot be returned to the parent, the program will collaborate with the installation medical authority for disposal.

(2) If the medication cannot be disposed of by the installation medical authority, it is disposed of IAW reference (1). Documentation is kept with the CYP facility/activity of all disposed medications. The current guidelines are one of the following:

(a) Follow specific disposal instructions, if provided on the medication.

(b) Participate in Community Drug Take Back Programs (if available).

(c) Medications are removed from their original containers and placed in a sealable bag. Mix medications with an undesirable substance such as used coffee grounds or kitty litter. Throw the mixture into the regular trash. Ensure participants do not have access to the trash.

9. Food Safety in accordance with (IAW) reference (f)

a. CYP ensures kitchen and food prep areas are clean and sanitary. The following sanitation measures are practiced to include, but not limited to:

(1) Cleaning supplies are not stored in food prep areas or with food items or dishes.

(2) Dishware and cooking utensils are air dried.

(3) Floor is clean and free of debris, to include under the appliances.

(4) Food carts are clean and free of debris.

(5) Food contact surfaces are free of breaks, open seams, cracks, chips, pits, and other similar imperfections.

(6) Food storage area is clean and free of debris.

(7) Gloves are used when handling food.

(8) Hot water is available at kitchen sinks and handwashing sinks.

(9) Kitchen appliances are clean and free of spills, debris and grease build up.

(10) Kitchen equipment is in good repair and condition.

(11) Proper dishwashing procedures are followed. Cooking utensils and dishware are washed and sanitized using either the 3-sink method or with an automatic dishwasher.

(12) The kitchen Heating, Ventilation, and Air Conditioning (HVAC) system is working properly and food service areas have adequate ventilation. The temperature in the kitchen is at a comfortable level.

(13) There are no signs of insect and rodent infestation.

(14) Food waste trash cans are covered when not in use.

(15) Walls, counters, drawers and food prep area are clean and free of debris.

b. CYP ensures food is stored and served to the activity room/meal service area in a safe and sanitary manner. The following safety measures are practiced to include, but not limited to:

(1) All food stored in refrigerators is covered and protected from any type of contamination.

(2) Bulk lots of food are stored 6 inches above the floor and 4 inches from the walls.

(3) Cans and dry goods are marked with expiration date.

(4) Food is not expired.

(5) Food is transported in a safe and sanitary manner.

(6) Only food items are stored in food storage spaces.

(7) Opened dry goods are labeled with "date opened and expiration/discard date".

(8) Opened dry goods are stored in containers with tight fitting lids or tops that can be tightly sealed (zip-lock).

(9) Opened refrigerated food is discarded by the expiration date, manufacturer use-by-date, or after 7 days after opening, whichever occurs first.

(10) Condiments are discarded by expiration date or manufacturer use-by-date, whichever occurs first.

(11) Refrigerator and freezer items are marked with expiration date.

(12) Refrigerator and freezer temperature entries are recorded daily. Temperature ranges are 32-41°F for refrigeration and 0°F or below for freezers.

(13) Approved foods, brought by families, are labeled and stored in designated areas.

(14) Staff food is stored in a designated area and clearly labeled.

(15) FCC program food is labeled and has a designated shelf in the home refrigerator.

c. CYP creates a nut and shellfish free environment to decrease exposure to allergens that commonly and increasingly produce anaphylactic reactions.

d. CYP ensures clean drinking water is available to participants at all times, to include when outside and on field trips.

e. Any Professional with signs or symptoms of illness, or open skin sores (that cannot be covered with gloves), or who could potentially be, or actually is infected with bacteria, viruses or parasites that can be carried

in food, are excluded from food preparation and handling.

f. Professionals do not contact exposed, ready-to-eat food with their bare hands and use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.

g. Professionals handle food after thoroughly washing hands. Aprons/smocks worn in the food service area are clean and removed when diaper changing or when using the toilet.

h. Professionals wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair while present in the food preparation/kitchen area.

i. CYP does NOT allow any foods or beverages brought from home, without written orders from a health care provider and a HSP. Exceptions may be offered to SAC and Youth participants with the approval of the CYP Administrator.

j. Areas and equipment used for storage, preparation, and service of food are clean at all times.

(1) Food preparation, food service, and dining areas are cleaned and sanitized before and after use.

(2) Food preparation equipment is cleaned and sanitized after each use, stored in a clean and sanitary manner, and protected from contamination.

(3) Sponges are not used for cleaning and sanitizing.

(4) Disposable paper towels are used. Each time a washable cloth is used (preferably Microfiber), it is stored in a covered container and thoroughly washed daily.

10. Nutrition. Nutrition is an important part of children's healthy development.

a. In USMC CYPs, nutrition plays a critical role in supporting the wellness, health, and development of children while providing a powerful opportunity to instill healthy habits that serve as a foundation for healthy life choices.

b. Mealtimes in CYP play an important role in supporting the health and nutrition of children by:

(1) Providing food that helps meet the child's daily nutritional needs in a clean, relaxed environment with opportunities to socialize.

(2) Recognizing individual differences and cultural patterns.

(3) Providing learning opportunities for children, families, and CYP Professionals to understand the relationship of nutrition to health so that this knowledge can be applied at home.

(4) Exposing a child to new foods, textures, and tastes over time, increasing the likelihood that the child will be more accepting of healthy foods and developing healthy habits.

c. The food program is administered IAW reference (j).

(1) The United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) is a federal program providing reimbursements for nutritious meals and snacks to eligible children.

(2) The program promotes the development of good eating habits through nutrition education and provides participating programs with education, guidelines, and monetary reimbursement.

(3) USMC CYP's compliance with CACFP guidelines ensures children are offered a variety of nutritious foods, including fruits, vegetables, and whole grain foods.

(4) Participation in the USDA CACFP reimbursement program is a requirement for facility based CYPs located in the continental United States (CONUS).

(5) CYPs outside of the continental United States (OCONUS) are not eligible for reimbursements, all CYPs must follow the guidelines and meal patterns for serving nutritious meals and snacks.

(6) FCC Providers are strongly encouraged, but not required, to participate in the USDA CACFP reimbursement program; however, all FCC Providers must follow the guidelines and meal patterns for serving nutritious meals and snacks.

(7) Meals and snacks are served every 2-3 hours in CDC, FCC, and SAC programs. When calculating the required frequency period, calculate the time from the beginning of the last meal or snack to the beginning of the next meal or snack.

(8) Food planning and preparation allows for second helpings of vegetables, fruit, bread, and milk. Second helpings are easily accessible and quickly received.

d. Menus are posted and accessible at all times.

(1) Substitutions are recorded on the posted menu before they are served and are IAW CACFP guidelines.

(2) CYPs will establish a consistent system for posting menu changes in advance for parents and professionals.

11. Food Service in accordance with (IAW) references (f) and (j).

a. Food is delivered in a safe and sanitary manner.

b. Food is covered and maintained at the proper temperature.

c. In facility-based CYPs, Kitchen Professionals deliver food, drinks, and condiments ready to serve to children. Direct Care Professionals are not expected to cut or otherwise prepare food for eating, except to remove covers or lids from serving bowls.

(1) Kitchen Professionals and FCC Providers cut food into bite-sized pieces for infants, pre-toddlers, and toddlers. Food is prepared for easy

chewing and swallowing, and appropriate to age and development of the participant.

(2) Foods, which present a potential choking hazard, are cut in the kitchen and are not larger than 1/4" square for infants/pre-toddlers (less than 24 months) and 1/2" square for toddlers (24-36 months). Soft finger foods, for children who can feed themselves, may be served without cutting.

(3) Certain foods are not served in a CDC or FCC program to children under three due to an increased risk of choking. These foods include but are not limited to:

(a) Hot dogs.

(b) Whole grapes.

(c) Large chunks of hard foods (e.g. carrots, hard pretzels, chips, popcorn), hard candy, nuts, and seeds).

(d) Chunks of meat larger than what can be swallowed whole.

(e) Round foods that could conform to a child's airway.

d. Allergies. A current listing of participant allergies is maintained in USMC approved childcare management system, is easily accessible, but discreetly placed in kitchen, all food prep areas, and activity rooms. Food allergies are posted for CYP Professionals to view easily while still maintaining confidentiality.

12. Infant Feeding. Infants grow and develop at different rates and nutritional requirements will change over time. CYP Professionals work together with families to determine each infant's needs and to ensure the promotion of healthy growth and development.

a. Feeding Infants on Demand

(1) Infants are fed on an individual schedule according to their needs instead of CYP imposed schedules.

(2) Infants grow rapidly and their hunger needs change quickly. Responding to an infant's demands for feeding builds the child's trust and feeling of security with adults.

(3) When feeding an infant with a bottle, sit down to feed the infant in a comfortable place, positioned to be able to monitor and engage with the other infants.

(4) CYP Professionals give attention (e.g. eye contact, vocalizations, and observing for cues) to each child during feeding.

(5) Bottles are never propped or allowed in cribs. Propping bottles can cause choking or suffocation and deprives the infant of important cuddling and human contact.

b. Bottle Storage, Organization, and Accountability Measures

(1) Processes are in place to ensure bottles, human milk, and infant foods are maintained properly at all times.

(2) The CYP Administrator (CYPA) is responsible for creating and updating the installation standard operating procedure (SOP) for bottle accountability. The SOP outlines the local information needed to implement all requirements regarding bottle accountability from the Health Promotion Protocol.

(3) An accountability system is in place for the safe handling of bottles in CYP and will include at a minimum:

(a) Intake

1. Parents provide enough clean, prepared bottles or cups for their child's normal daily intake.

a. Tight-fitting nipples and lids are required for all bottles. Lids are required for cups with human milk.

b. Plastic bottles and cups should be bisphenol-a (BPA) free.

c. For infants up to 4 months of age, glass bottles with a silicone sleeve designed to reduce breakage risk may be used. The use of glass is limited due to increased injury risks. Glass bottles are heavy for infants and injury risk increases significantly.

2. Staff ensure that all bottles/containers are labeled with the participant's first name, last name, contents of the bottle and date it was prepared. Labels are resistant to loss of the name and date during handling of containers.

(b) Storage

1. Daily storage of infant bottles will occur in a designated refrigerator.

2. Each participant will have a designated spot in the refrigerator labeled with his or her name and a laminated picture.

3. Designated refrigerator temperature will be verified and documented daily.

(c) Preparation

1. Infants are not held while preparing bottles or infant food.

2. Bottles and infant foods can be served cold (from the refrigerator) and do not have to be warmed.

3. If bottle warming is necessary, running warm tap water or a container of water no warmer than 120 degrees F may be used.

4. Bottles are not left in a container of water to warm for more than 5 minutes.

5. Crockpots and microwaves are not used to warm bottles or infant foods.

(d) Feeding

1. Infant bottles frequently look similar. To prevent errors, CYP implements practices to ensure the correct bottle is provided to the correct child. In addition to the storage and organization system, CYP consistently implements effective accountability practices to ensure each child is only provided their own bottle.

2. A two-step verification process is performed by two staff members and includes visual and audible confirmation that the correct bottle is given to the correct infant.

3. In a single ratio grouping, including FCC, the CYP Professional looks at the child's face and speaks the name of the child aloud; then reads the name on the bottle/cup aloud.

4. Staff bottle-feed one infant at a time. Bottles are hand-held and never propped while feeding.

5. Time of feeding and amount consumed is documented for parent awareness.

6. Unconsumed bottles are returned to the parents daily.

(e) Training. Staff are trained on the bottle accountability process.

c. Infant Formula and Human Milk in accordance with (IAW) with references (j) and (u)

(1) CYPs, enrolled in CACFP, offer at least one type of iron-fortified, commercially prepared infant formula for families. Families may choose the CYP provided infant formula, provide an alternate commercial infant formula, or provide human milk daily.

(2) CYP will follow the manufacturer's instructions for preparation listed on the container when preparing infant formula from powdered concentrate. The designated amount is mixed with water from an authorized cold water source.

(3) CYP support mothers who continue to breastfeed for as long as they wish and are able to do so. For children age 1 year and older, human milk can be used to meet the CACFP fluid milk component of a meal. Human milk is considered an acceptable fluid milk substitute at any age.

(a) No medical statement is required.

(b) Mothers may also come to the facility or day care home and breastfeed their child.

(c) Human milk in sippy or covered cups must be labeled in the

same way that bottles are, regardless of the child's age.

(d) Human milk is a food and may be stored alongside other foods in any refrigerator that is appropriate for food storage and should not be considered or treated as a biohazard.

d. Establishing Nursing Areas in accordance with (IAW) reference (b)

(1) CYPs that serve infants provide a nursing area.

(2) Mothers may nurse their own child beyond infancy and CYPs provide supportive, respectful environments.

(3) Nursing areas should offer a reasonably private space that is shielded from public view and minimizes disruption from others.

(4) At a minimum, the designated space for breastfeeding shall be clean; have a comfortable chair and table or counter space; be at a reasonable temperature; and have proper ventilation.

(5) The designated nursing area is not in a restroom or closet.

(6) The space is available for the duration of the program's operating hours.

(7) FCC Providers maintain an appropriate nursing area that is available on an as needed basis.

e. Transitioning Infants to Solid Foods in accordance with (IAW) reference (k)

(1) CYP Professionals do not offer new foods to infants without working with the child's family on an individualized infant feeding plan.

(2) The family introduces all new foods to their child at home prior to it being offered in CYP to observe indicators of adverse or allergic reaction. It is important to know which foods families have already provided to their infant and if the infant had any reactions to the foods.

(3) Solid foods offered to infants are soft/pureed/strained foods that are easy and safe for an infant to consume once the child is developmentally ready.

13. Diapering/Toileting in accordance with (IAW) references (g), (i), (m), and (p)

a. CYP implements written policies and procedures for diapering and toileting that meet current Centers for Disease Control and Prevention standards and local medical authority guidelines.

b. CYP provides diapering/toileting areas that are accessible to and appropriate for participants of all ages. If age appropriate toilets are not available, safe and cleanable, CPSC approved step aids are used.

c. Diapering procedures are followed IAW appendix (i) "Diapering Procedure" poster.

(1) Appendix () "Diapering Procedure" posters are posted and visible at all diapering areas.

(2) The "Three Towel Method" can be used in place of disposable wipes to clean Professional's hands and then clean children's hands after removing a soiled diaper and before putting on a clean diaper.

(a) Wipe child's hands with a damp towel moistened with a drop of liquid soap.

(b) Wipe child's hands with a second wet paper towel.

(c) Dry child's hands with a dry paper towel.

d. Participants are diapered (e.g., pull-ups, cloth, and disposable) in designated diaper changing areas.

e. Changing tables are nonporous, kept in good repair, and cleaned and disinfected after each use to remove visible soil and germs.

f. Diaper changing areas and food preparation areas are physically separated. Diaper changing is not conducted in food preparation areas or on surfaces used for other purposes. Food and drinking utensils are not washed in sinks located in diaper changing areas.

g. Soiled cloth diapers and/or soiled training pants are not rinsed or carried through the childcare area to place the fecal contents in a toilet.

(1) Soiled cloth diapers are stored in a sealed plastic bag for removal from the facility by participant's family at the end of the day.

(2) The containers or sealed diaper bags of soiled cloth diapers should not be accessible to any child.

(3) Hand-free receptacles for soiled cloths and linen containing body fluids are conveniently located, washable, plastic-lined, and tightly covered.

14. Inclusion of Animals in accordance with (IAW) references (a), (d), (i), and (t)

a. Any animal kept in a CYP facility, activity or FCC home has base veterinary authority approval, and parents are informed in writing (prior to enrollment) of the presence of any animals and/or before a new animal is acquired for the program.

b. CYP does not allow exotic animals, amphibians, poultry, rodents, ferrets, reptiles, and psittacine birds (birds of the parrot family), or any wild or dangerous animals into the program.

c. Any animal present in a CYP facility, activity or FCC home, indoors or outdoors, is in good health, shows no evidence of carrying any disease, and has an appropriate temperament safe for participants.

d. When applicable, an annual certificate of health is kept on file at the facility/activity or FCC home for each animal. When applicable to the species, there is proof of current immunizations, signed by the base

veterinary authority, on file at the facility/activity or FCC home, where the animal is kept. These animals are immunized for all disease that can be transmitted to humans. When applicable, animals are on a flea, tick, and worm control program. CYP and the FCC homes are responsible for scheduling appointments and paying for these services.

e. Animal cages, pens, bowls, and holding areas are approved by the base veterinary authority; enclosed and kept clean of waste. Pet waste and litter boxes are cleaned and changed frequently and are NOT located in areas accessible to participants or food areas. Animal food supplies are kept out of participant's reach.

f. A Professional is always present when participants are exposed to domestic animals, including dogs and cats.

(1) Procedures are in place to protect participants from animals. Participants are instructed on safe procedures to follow when in close proximity to these animals.

(2) All animals are cared for as outlined by all applicable health and safety requirements.

(3) When animals are kept on the premises, procedures for their care and maintenance, to include periods of extended closure, are documented and implemented.

g. Live animals and fowl are prohibited from food preparation, food storage, and eating areas.

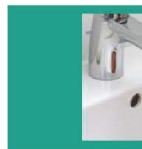
h. Hand washing procedures are followed after handling animals or animal waste.

i. FCC participants do not have access to household animals during hours of operation.

(1) Current documentation of liability insurance, which covers wounds inflicted by household pets, is maintained.

(2) FCC Providers are responsible for maintaining household pets IAW all applicable health and safety requirements.

Appendix A



Washing Your Hands

Revised August 2018



Teach children to wash their hands:

• Upon arrival



• Before and after water play

• After using the toilet/diapering



• After coughing or contact with body fluids

• After messy play

• After outside play

• After handling animals



• After touching contaminated surfaces



• Whenever hands are visibly dirty

• Before going home



1. Turn on warm water.

Be sure clean, disposable paper towels are available.

Water should be 80-110°F in NC.



2. Wet hands with Water.

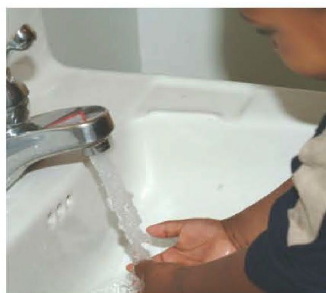


3. Apply liquid soap.



4. Wash for at least 20 seconds.

Rub top and inside of hands, under nails and between fingers.



5. Rinse hands.

Rinse hands under running water for at least 10 seconds.



6. Dry hands.

Dry hands with clean, disposable paper towel.



7. Turn water off with paper towel.

Without re-contaminating hands.



8. Throw paper towel away.

Dispose in a plastic-lined trash container.

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NC Sanitation Rule 15A NCAC 18A .2803 (b), 2815 (e), Caring for Our Children, 3rd Edition 3.2.2.1, 3.2.2.2

Posters developed in cooperation with the NC Division of Child Development and Early Education

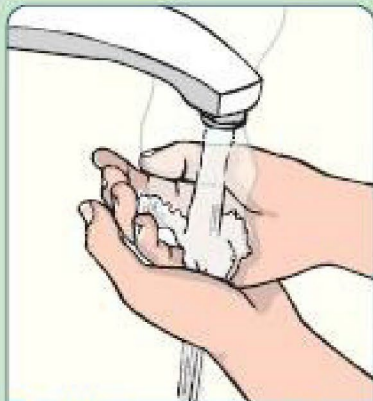


THE UNIVERSITY
of NORTH CAROLINA
in CHARLOTTE

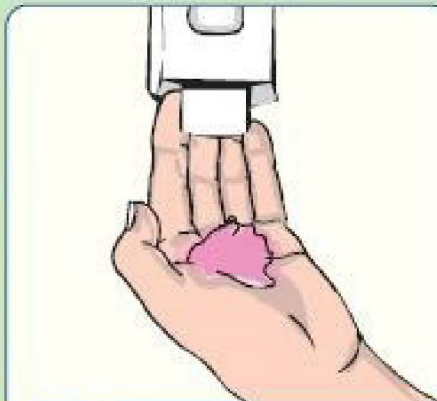


NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Child Development
and Early Education

FIGHT GERMS BY WASHING YOUR HANDS!



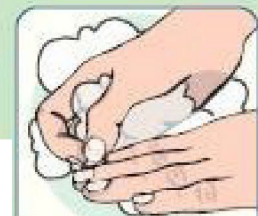
1 Wet your hands



2 Soap



3 Lather and scrub - 20 sec



4 Rinse



5 Dry your hands




Turn off tap

DON'T FORGET TO WASH:

- between your fingers
- under your nails
- the tops of your hands

Appendix B



USMC Child & Youth Programs

Assisting Children with Handwashing

When to Wash Hands


- Immediately before and after food or bottles
- After contact with potentially contagious individuals
- Before or after administering medication/basic care items/first aid
- After diapering/toileting
- Before and after water play
- After entering facility/home from outdoors
- After coughing/sneezing
- After contact with bodily fluid
- After handling pets
- After handling garbage
- When hands are visibly dirty
- Before going home

Handwashing Steps

1. Turn on warm water (80-110°F)
2. Wet hands
3. Apply liquid soap
4. Wash hands for 20 seconds
Rub top and inside of hands, under nails and between fingers
5. Rinse hands under running water for at least 10 seconds
6. Dry hands with disposable paper towel
7. Turn off water with paper towel
8. Throw paper towel into a lined trash container

Participants who...

CAN safely stand or roll to a sink:



1. Ensure proper equipment is available and utilized (e.g. pull out steps, slip resistant step stool, ADA sink).
2. Assist and/or monitor participant with proper handwashing
3. Wash your hands

CANNOT stand or roll to a sink:

Adult cannot hold infant or child at sink:

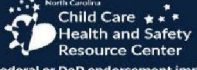

Use the **Three Towel Method** to wash hands

1. Wipe infant or child's hands with a damp towel moistened with a drop of liquid soap
2. Wipe infant or child's hands with a second wet paper towel
3. Dry infant's or child's hand with a third paper towel

Adult can hold infant or child at sink:

- Carry infant or child to sink
- Hold infant or child at the sink
Do not push infant or child's tummy into the sink
- Wash infant or child's hands
- Wash your hands

MARINE & Family



North Carolina
Child Care
Health and Safety
Resource Center

No Federal or DoD endorsement implied

Appendix C

COVID-19 OPERATING GUIDANCE

- This guidance is intended to provide a resource for Child and Youth Programs (CYP) operating during the continued COVID-19 pandemic.
- Programs should establish and maintain open channels of communication with installation medical authorities, local health departments and installation commanders. The adoption and implementation of this guidance should be done in collaboration with regulatory agencies and state and local public health departments, and in compliance with Department of Defense (DoD) policies and practices.
- Programs should monitor and adhere to the most current guidance from the Centers for Disease Control (CDC) and American Academy of Pediatrics (AAP), and maintain awareness of the current HPCON level for the installation.
- Programs should make decisions about increasing and/or decreasing number of participants and continuing operations based on available data including levels of community COVID-19 transmission (spread) and the program's ability to implement appropriate prevention strategies (risk reducing actions) to stay open safely and protect children, families and staff.
- CYP serve many children who are not yet eligible for vaccination. Therefore, CDC guidance emphasizes using multiple layered prevention strategies together, including vaccination of staff, families and eligible children, to protect people.

Considerations for Re-opening Facilities and Classrooms

1. Assess Staffing Availability Across Programs
 - a. Prioritize use of CYP staff to cover full-day childcare over recreational and supplemental activities.
 - b. Determine the operations of Youth Programs and if youth professionals will be required for working in CDC and SAC programs.
 - c. Hire new staff.
 - d. Work with HR for employees who may be part of a higher risk population.
2. Ensure the Facility/Room is Ready for Re-Entry
 - a. Determine rooms to open, one room per age group.
 - b. Determine operating hours; reduced hours may be necessary.
 - c. Enhanced deep cleaning and disinfection of all common areas.
 - d. Consider purchasing most effective sanitizing equipment on the market.
 - e. Install plastic barriers in high contact areas such as the front desk.
 - f. Arrange or remove furniture for more space.
 - g. Space out seating and bedding to 6 feet apart if possible and room configuration allows. Arrange the head of each bed alternately, in opposite directions, to lessen the possible spread of illness between children from coughing or sneezing.
 - h. Minimize large groups from gathering (e.g. Modify break room seating; staggering break times).
3. Replenish Supplies as needed
 - a. Non-contact thermometers or contact thermometer with alcohol wipes to clean after each use.
 - b. Face coverings.

- c. Disinfectants.
- d. Clean uniforms/smocks when soiled; consider long or short-sleeved scrub jacket that can be removed when soiled or leaving the room.
- e. Duplicate toys.
- f. Personal Protective Equipment (PPE); gloves, disposable gowns, and eye protectors.
- g. Hand sanitizer that contains at least 60% alcohol.

4. Communicate with Parents

- a. Ensure Update emergency contact information is current.
- b. Inform about necessary changes to policies and procedures during the pandemic (e.g. drop off and pick up procedures; exclusion policy; closures).

5. Training

- a. Train all staff in the enhanced health and safety precautions to reduce the spread of disease.
- b. Continue providing employees with opportunities to complete VLS courses in order to meet training requirements for advancement to include competency assessments and reflections.
- c. Minimize congregations of large staff groups.
- d. Continue online annual training as appropriate.
- e. Continue competency observations, modifying as needed to maintain social distancing whenever possible.

Layered Prevention Strategies

COVID-19 prevention strategies remain critical to protect children, families, and staff, who are not fully vaccinated, especially in areas of moderate-to-high community transmission levels.

Most programs serve children in an age group that is not yet eligible for vaccination. Therefore, this guidance emphasizes using multiple COVID-19 prevention strategies together to protect children and adults in CYP.

1. Vaccination

- a. Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination among all eligible individuals can help programs protect staff and children in their care, as well as their families.
- b. All DoD civilian employees, to include CYP Professionals, must be fully vaccinated by November 22, 2021, subject to exemptions as required by law.
- c. Children 6 months to five years old can receive the vaccine at this time.
- d. Existing policy requires certain vaccinations for children and staff attending CYP. Recommended prevention strategies vary by COVID-19 vaccination status. Programs can use this information, to inform masking and physical distancing practices, contact-tracing efforts, and quarantine and isolation practices. Programs that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols used to collect and secure other immunization or health status information about children.

2. Conduct Screening for COVID-19

- a. Regular screening and monitoring for symptoms should be done at home, at arrival to the program, and throughout the day to help reduce exposure.
- b. Determine screening method and process for health checks upon arrival (e.g. temperature check, screening questionnaire).
 - i. Ask parents/guardians to take their child's temperature before coming to the facility or upon arrival at the facility. Upon their arrival, CYP Professionals stand at least 6 feet away from the parent/guardian and child.
 - ii. Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
 - iii. Make a visual inspection of the child for signs of illness that could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
 - iv. If social distancing or barrier/partition controls cannot be implemented during screening, PPE can be used when within 6 feet of a child.
- c. Designate staff that will be performing health checks; hire or reallocate staff as needed
- d. Conduct a daily temperature and health screening of any person entering the building, including children, staff, parents/caregivers, and other essential visitors to identify symptoms, diagnosis, or exposure to COVID-19.
 - i. No one will be permitted to enter the facility with a fever (temperature 100.4 or greater) or symptoms of cough or shortness of breath.
 - ii. Additionally, they will be denied access if they display any other signs of illness, such as flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue or extreme fussiness, and/or loss of sense of taste and/or smell.

3. Adjust Arrival and Drop Off Procedures

- a. Stagger arrival and drop off times and/or plan to limit direct contact with parents as much as possible.
- b. Set up hand hygiene station at the entrance of the facility, so that children, parents, staff, and visitors can clean their hands before they enter. Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.
- c. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets.
- d. Parents or CYP Professionals are encouraged to enter and exit the room one person at a time to allow for social and physical distancing.
- e. Parents wash their own hands and assist in washing the hands of their children before drop off and prior to coming for pick-up.
- f. Parents and CYP Professionals use their own pens when signing children in and out, or have an established process to provide sanitized pens for each user.

4. Consistent and Correct Mask Use

When people wear a mask correctly and consistently, they protect others as well as themselves. CYP Professionals can model consistent and correct use for children aged 2 or older in their care.

Consistent and correct mask use by all people, especially those who are not fully vaccinated, is especially important indoors and when physical distancing cannot be maintained.

- a. Masks are mandatory for any person two years of age and older, regardless of vaccination status.
 - i. Face coverings are most essential in times when physical distancing is difficult (waiting in line; drop off; and riding the bus).
 - ii. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently.
 - iii. Cloth face coverings should not be placed on children younger than 2 years old, anyone who has trouble breathing or is unconscious, or anyone who is unable to remove the cloth face covering without assistance.
 - iv. Programs should ensure children have a mask when needed (e.g. children who forgot to bring their mask, if soiled, or whose families are unable to afford them).
 - b. Information should be provided to staff, participants, and families on proper use, removal, and washing of cloth face coverings.
 - c. Face coverings may be removed by participants during gross motor/outdoor play, and mealtimes.
 - d. Face covering are not worn during naptime.
 - e. Face coverings are mandatory for CYP Professionals at all times, to include, but not limited to, mealtimes.
 - f. In general, people do not need to wear masks when outdoors.
 - i. CDC recommends that people age 2 and older who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people.
 - ii. Fully vaccinated people might choose to mask outdoors regardless of the level of transmission, particularly if they or someone in their household is immunocompromised, at increased risk for severe disease, or if someone in their household is unvaccinated.
 - g. The following is a possible exception to the universal masking recommendation for everyone ages 2 and over:
 - i. A person who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA).
 - ii. Face coverings may be challenging for participants (especially younger participants and those with disabilities) to wear in all-day settings and should never be forcibly placed on a child.
 - h. Participants ages 2 years and older and drivers must wear a mask on buses and vans, regardless of vaccination status.
 - i. Masks should be stored in individual bags or containers during mealtime and outdoor play.
 - j. Clear masks or cloth masks with a clear plastic panel are an alternative type of mask for staff as they interact with young participants, participants with disabilities and participants who are deaf or hard of hearing, learning to read, learning a new language, or need to see the proper shape of the mouth for making appropriate vowel sounds.
 - k. Infants and children rely on facial expressions to learn social emotional skills and language development. Staff and parents are encouraged to be intentional about helping children identify emotions when a mask covers the mouth (refer to NCPMI “Helping Children Understand Emotions When Wearing Masks” posted in ETHOS).
5. Cohorting

Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, particularly in areas of moderate-to-high transmission levels.

- a. Ensure that classes include the same group of children each day and that the same CYP Staff remain with the same group each day, whenever possible.
- b. Minimize mixing between groups.
- c. Keep group sizes small.
- d. Maintain at least 6 feet between children and staff from different cohorts.
- e. Stagger use of communal spaces between cohorts.
- f. Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area. Playground equipment should be cleaned and disinfected between uses by different groups.
- g. Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up, if possible.

6. Physical Distancing

Implement strategies to model and reinforce social and physical distancing and movement.

- a. Use carpet squares, mats, or other visuals for spacing.
- b. Model social distancing when interacting with children, families, and staff.
- c. Reduce children waiting in line.
- d. Role-play what social distancing looks like by demonstrating the recommended distance.
- e. Give frequent verbal reminders to children.
- f. Space cots and cribs 6 feet apart from each other if possible. Arrange the head of each bed/crib alternately, in opposite directions, to lessen the possible spread of illness between children from coughing or sneezing.
- g. All personal items should be labeled and kept in a separate bag to ensure personal items are separate from others.
- h. Utilize more tables to spread children out or use name cards to ensure adequate spacing of children. Practice proper handwashing before and after eating.
- i. Offer more opportunities for individual play and solo activities, such as fine motor activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives).
- j. In transport vehicles, seat one child per row or skip rows when possible. Children from the same home can sit together.
- k. Prioritize outdoor activities. When possible, physically active play should be done outside. Maintain cohorts if feasible in outdoor play spaces. Masks should not be worn when swimming or playing in water.

7. Limit Sharing

- a. Limit the amount of sharing among children.
 - i. Designate a tub for toys that need to be cleaned and wiped after use.
 - ii. Have multiple toys and manipulatives accessible that are easy to clean and sanitize throughout the day.
 - iii. To minimize sharing of high-touch materials ensure there are adequate supplies or limit use of supplies and equipment by one group of children at a time, and clean, and disinfect between uses.
 - iv. Individualize sensory play activities that invite bacteria and germs to spread (i.e. water play, playdough or absorptive materials).
- b. The CDC, CFOC and AAP have advised that family-style meal service can be reinstated, however, CYP Professionals should consider how best to maintain infection control procedures in their program. Programs may resume family style meals if the following strategies are implemented:
 - i. Keep masks on until children and adults are eating.

- ii. Set up the table with serving dishes, water pitchers, and utensils prior to the meal.
- iii. Seat children farther apart.
- iv. Provide as much fresh air as possible.
- v. Wash hands prior to and immediately after eating.
- vi. Children eat outdoors or in well-ventilated spaces.
- vii. Clean and sanitize food surfaces before and after meals.
- viii. Ensure that children are not sharing food or touching each other during mealtime.
- ix. Create smaller groups and stagger mealtimes if space is limited.

8. Cleaning and Disinfection

- a. Per CDC Guidance in general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces.
- b. If someone in the program is sick or someone who has COVID-19 has been in the facility in the last 24 hours, clean and disinfect your facility.
- c. Additional considerations for cleaning and disinfection:
 - x. Ensure that personal items such as masks or toothbrushes are used only by one child and stored safely while not in use, for example, in individually labeled containers, bags, or cubbies. Ensure that children and staff wash hands after handling these personal items.
 - xi. Follow recommendations on cleaning and sanitizing toys.
 - xii. Schedule and implement procedures to routinely and frequently clean and disinfect surfaces and objects that are frequently touched, especially toys and games.
 - xiii. Immediately clean and disinfect trays and tables after meals.

9. Handwashing and Respiratory Etiquette

- a. People should practice handwashing and respiratory etiquette including covering coughs and sneezes to keep from getting and spreading infectious illnesses including COVID-19
- b. CYP Programs monitor and reinforce these behaviors and provide adequate handwashing supplies.
- c. Teach, practice and reinforce handwashing with soap and water for at least 20 seconds.
- d. Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- e. If handwashing is not possible, use hand sanitizer containing at least 60% alcohol with staff and older children that can use it safely. Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.
- f. Post signs and graphics that describe how to stop the spread of germs in important facility locations such as entrances and restrooms. Signs should be easy to understand, use pictures, and be in primary languages spoken by your staff and families.
- g. Set up hand hygiene stations at facility entrances if possible.
- h. Wear gloves when serving food.
- i. Teach, model, and reinforce healthy habits and social skills:
 - xiv. Using tissue to wipe their nose and to cough inside their elbow.
 - xv. Explain to children why it is not healthy to share drinks or food, particularly when sick.
 - xvi. Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

- xvii. Participate in mealtime activities.

10. Staying Home when Sick and Getting Tested

Staying home when sick is essential to keep infections out of programs and prevent spread to others.

- a. Children and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to a healthcare provider for testing and care.
- b. It is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19 and are tested.
- c. Educate staff and families to stay home if they are sick or have recently had close contact with a person with COVID-19.
- d. Encourage your families to be on the alert for signs of illness in their children and to keep them home when they are sick.
 - i. Fever, temperature 100.4 °F or higher, or chills
 - ii. Cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue
 - v. Muscle or body aches
 - vi. Headache
 - vii. New loss of taste or smell
 - viii. Sore throat
 - ix. Congestion or runny nose
 - x. Diarrhea, vomiting, or stomachache
- e. People who have a fever of 100.4 °F (38.0 °C) or above or other signs of illness are not admitted to the facility.
- f. Programs follow the most up to date exclusion criteria from the CDC Guidance, the local health departments, and medical authorities if someone at the facility has tested positive for COVID-19 or has been exposed to COVID-19. Local commands and medical authorities make the final decisions in determining who should quarantine and how long quarantine should last in the communities they serve, based on local conditions and needs.

11. Preparing for When Someone is Sick

Programs should implement multiple COVID-19 prevention actions to prepare for when someone is sick with COVID-19.

- a. Isolate children or staff who begin to have COVID-19 symptoms while at your facility to protect other children and staff.
- b. Plan to have an isolation room or an area, preferably with access to a separate restroom, you can use to isolate a sick child or staff member.
- c. Ensure that isolated children are still under adult supervision.
- d. Arrange safe transportation home or to a healthcare facility, if severe symptoms, for the child or staff if showing symptoms of COVID-19.
- e. Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area, if applicable.

12. Ventilation

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air.

- a. Bring in as much outdoor air as possible.
 - xviii. Open multiple doors and windows. Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms).
 - xix. Use child-safe fans to increase the effectiveness of open windows.
- b. During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk.
- c. Consider having activities and lunches outdoors when circumstances allow.
- d. Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
- e. Ensure your ventilation systems are serviced and meeting code requirements.
- f. Filter and/or clean the air in the facility.
 - xx. Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters to enhance air cleaning wherever possible, especially in higher-risk areas such as a nurse's office or sick/isolation room.
- g. Inspect and maintain exhaust ventilation systems in restrooms and kitchens.

Additional Considerations

1. Holding, Washing, or Feeding Children

- a. It is important to comfort crying, sad, or anxious infants and toddlers and they often need to be held. To the extent possible when holding, washing, or feeding young children, protect yourself by:
 - i. Washing your hands frequently.
 - ii. Washing your hands and anywhere you have contact with a child's body fluids.
 - iii. Avoiding touching your eyes while holding, washing, or feeding a child.
 - iv. Changing clothes right away if body fluids get on them, whenever possible, and then your hands should be rewashed.
 - v. Washing your hands before and after handling infant bottles prepared at home or in the facility.

2. Children with Disabilities or Other Healthcare Needs

- a. Provide accommodations, modifications, and assistance for children and staff with disabilities or special healthcare needs when implementing COVID-19 safety protocols.
- b. Work with families to understand the individual needs of children with disabilities.
- c. Ensure outside direct service providers (e.g. speech, occupational and physical therapists) are following prevention strategy guidance including vaccination, COVID-19 testing, contact tracing in combination with isolation/quarantine.

3. Tooth brushing

Tooth brushing is an important component for early childhood programs. Because tooth brushing can cause droplet spatter and potential contamination of surfaces and supplies, programs should follow these steps for hygienic tooth brushing in group settings:

- a. It is recommended for CYP staff helping children with brushing to be fully vaccinated against COVID-19. They may consider wearing face and eye protection such as a face shield in addition to a properly fitted mask covering their nose and mouth for additional protection.
- b. Encourage children to avoid placing toothbrushes directly on counter surfaces.
- c. Stagger the use of bathrooms or other communal spaces used for tooth brushing. Allow one cohort or group to complete tooth brushing, and clean and sanitize the area before another cohort has access to the area.
- d. Ensure that children and staff wash hands with soap and water for at least 20 seconds after brushing teeth.

References and Resources

- a. *Centers for Disease Control (CDC): COVID-19 Guidance for Operating Early Care and Education/Child Care Programs*; <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>
- b. *American Academy of Pediatrics (AAP): Guidance Related to Early Care and Education/Child Care During COVID-19* <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-related-to-childcare-during-covid-19/>
- c. *USMC CYP Health Protocol and Appendix*
- d. *ChildCareStrongNC Public Health Toolkit • Published March 23, 2020; Updated August 2, 2021*
- e. *Caring for our Children (CFOC): NRCHS COVID-19 Questions- CFOC Crosswalk* <https://safe.menlosecurity.com/doc/docview/viewer/docNBE4086963ECB67698e0f9419652be4cfe54812f0b790470bf5571dbdc050c9501d96a6811d75>
- f. <https://nrckids.org/CFOC/Database/4.5.0.4>

Appendix D

Safe Use of Cleaning, Sanitizing and Disinfecting Agents Guide

Household Bleach & Water

The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in reducing or inactivating germs.

EPA-registered bleach products are described as sanitizers and disinfectants. Check the label to see if the product has an EPA registration number and follow the manufacturer's safety and use instructions. Pay particular attention to the mixing "recipe" and the required contact time (i.e., the time the solution must remain on a surface to be effective) for each use. Remember, the recipe and contact time are most likely different for sanitizing and disinfecting.

To safely prepare bleach solutions:

- Dilute bleach with cool water and do not use more than the recommended amount of bleach. (reminder: dilution will be different for sanitizing vs. disinfecting)
- Select a bottle made of opaque material.
- Make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
- Wear gloves and eye protection when diluting bleach.
- Use a funnel.
- Add bleach to the water rather than the water to bleach to reduce fumes.
- Make sure the room is well ventilated.
- Never mix or store ammonia with bleach or products that contain bleach.

To safely use bleach solutions:

- Apply the bleach dilution after cleaning the surface with soap or detergent and rinsing with water if visible soil is present.
- If using a spray bottle, adjust the setting to produce a heavy spray instead of a fine mist.
- Allow for the contact time specified on the label of the bleach product.
- Apply when children are not present in the area.
- Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after the required contact time before allowing children back into the area.
- Store all chemicals securely, out of reach of children and in a way that they will not tip and spill.

To Review:

- Determine if the surface requires sanitizing or disinfecting.
- Check the labels of all products to see if they are EPA-registered; there are alternatives to chlorine bleach.
- Many chlorine bleach products (8.25% sodium hypochlorite) are now EPA-registered. If EPA-registered, you must follow the label instructions for “recipes” and contact times.
- Prepare and use the solutions safely.
- Use products that are safe for oral contact when used on food contact surfaces or on items that may be mouthed by children.

Alternatives to chlorine bleach

A product that is not chlorine bleach can be used in child care settings IF:

- it is registered with the EPA;
- it is also described as a sanitizer or as a disinfectant;
- it is used according to the manufacturer’s instructions.

Check the label to see how long you need to leave the sanitizer or disinfectant in contact with the surface you are treating, whether you need to rinse it off before contact by children, for any precautions when handling, and whether it can be used on a surface that may come in contact with child’s mouth.

A Final Note:

Remember that any cleaning, sanitizing or disinfecting product must always be safely stored out of reach of children. Always follow the manufacturer’s instruction for safe handling to protect yourselves and those in your care.

Adapted from Caring For Our Children: National Health and Safety Performance Standards, Appendix J

Appendix E



Definitions¹

- > **Cleaning**² -Physically removing all dirt and contamination, oftentimes using soap and water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.
- > **Sanitizing**³ -Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations. Sanitizing may be appropriate for food service tables, high chairs, toys, and pacifiers.
- > **Disinfecting-Destroying** or inactivating most germs on any inanimate object but not bacterial spores. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces.
- > **Detergent**-A cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.
- > **Dwell Time**-The duration a surface must remain wet with a sanitizer/disinfectant to work effectively.
- > **Germs**-Microscopic living things (such as bacteria, viruses, parasites and fungi) that cause disease.



Cleaning, Sanitizing, and Disinfection Frequency Table

Cleaning, Sanitizing, and Disinfecting Frequency Table¹

Relevant to NAEYC Standard 5 (Health), especially Topic C: Maintaining a Healthful Environment

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Food Areas						
Food preparation surfaces	Clean, and then Sanitize	Clean, and then Sanitize				Use a sanitizer safe for food contact
Eating utensils& dishes		Clean, and then Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; use of an automated dishwasher will sanitize
Tables& highchair trays	Clean, and then Sanitize	Clean, and then Sanitize				
Countertops		Clean	Clean, and then Sanitize			Use a sanitizer safe for food contact
Food preparation appliances		Clean	Clean, and then Sanitize			
Mixed use tables	Clean, and then Sanitize					Before serving food
Refrigerator					Clean	
Toilet& Diapering Areas						
Changing tables		Clean, and then Disinfect				Clean with detergent, rinse, disinfect
Potty chairs		Clean, and then Disinfect				Use of potty chairs is not recommended, but if used should be cleaned and disinfected after each use.
Hand washing sinks&faucets			Clean, and then Disinfect			
Countertops			Clean, and then Disinfect			
Toilets			Clean, and then Disinfect			

Cleaning, Sanitizing, and Disinfection Frequency Table

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Diaper pails			Clean, and then Disinfect			
Floors			Clean, and then Disinfect			Damp mop with a floor cleaner/disinfectant
Child Care Areas						
Plastic mouthed toys		Clean	Clean, and then Sanitize			
Pacifiers		Clean	Clean, and then Sanitize			Reserve for use by only one child; use dishwasher or boil for one minute
Hats			Clean			Clean after each use if head lice present
Door & cabinet handles			Clean, and then Disinfect			
Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles) Daily: Vacuum ⁶ when children are not present; clean with a carpet cleaning method consistent with local health regulations and only when children will not be present until the carpet is dry
Carpets ⁵ and Large Area Rugs			Clean		Clean	Monthly: Wash carpets at least monthly in infant areas and at least every three months in other areas, or when soiled
Small Rugs			Clean	Clean		Daily: Shake outdoors or vacuum Weekly: Launder
Machine washable cloth toys				Clean		Launder
Dress-up clothes				Clean		Launder
Play activity centers				Clean		

Cleaning, Sanitizing, and Disinfection Frequency Table

Areas	Before each Use	After each Use	Daily (End of the Day)	Weekly	Monthly	Comments ⁴
Drinking Fountains			Clean, and then Disinfect			
Computer keyboards ⁷		Clean, and then Sanitize				Use sanitizing wipes, do not use spray
Phone receivers			Clean			
Sleeping Areas						
Bed sheets & pillowcases				Clean		Clean before use by another child
Cribs, cots, & mats				Clean		Clean before use by another child
Blankets					Clean	

¹ Definitions and table adapted from: American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. <http://cfoc.nrckids.org>.

² Routine cleaning with detergent (see definition above) and water is the most useful method for removing germs from surfaces in the child care setting. Safer cleaning products are not only less-toxic and environmentally safer, but they also often cost the same or less than conventional cleaners. [Green Seal](#) and [UL/EcoLogo](#) are non-profit companies that research and certify products that are biodegradable and environmentally friendly.

³ Sanitizing and disinfecting can be achieved with a solution of chlorine bleach and water. However, the use of chlorine bleach for disinfecting and sanitizing is not a requirement; there are other EPA-approved sanitizing and disinfecting agents that can be used instead of chlorine bleach/water solutions. When purchasing products look for an EPA registration number on the product label, which will describe the product as a cleaner, sanitizer, or disinfectant. When using sanitizing and disinfecting agents, it is important that manufacture instructions for 'dwell time' (see definition above) is adhered to.

When sanitizing or disinfecting is warranted, staff use EPA-registered least-toxic disinfecting and sanitizing products. The easiest way to find least-toxic cleaning products is to use products that have been tested and certified by a third party group such as Green Seal, UL/EcoLogo, and/or EPA Safer Choice. For alternative methods and products to be used in lieu of chlorine bleach, please refer to the [Green Cleaning Toolkit for Early Care and Education](#) a set of resources developed by the EPA.

Follow manufacturer instructions for how to mix chlorine bleach/ water solutions for sanitizing and disinfecting. Refer to *Caring for Our Children*, Appendix J, (http://cfoc.nrckids.org/files/CFOC3_updated_final.pdf) for instructions on how to identify EPA-registered sanitizing and disinfecting products (including chlorine bleach), and how to safely prepare chlorine bleach solutions.


⁴ In addition to the frequencies listed here, all items should be cleaned when visibly dirty.

⁵ It is best practice to use alternatives to installed carpets in the child care environment.


⁶ All area rugs and carpeted areas should be vacuumed with a HEPA filtered vacuum and according to instructions for the vacuum. Use proper vacuuming technique: (1) push the vacuum slowly; (2) do a double pass-vacuum in 2 directions perpendicular to each other; (3) start at the far end of a room and work your way out (to avoid immediate re-contamination); (4) empty or replace vacuum bags when 1/2 to 2/3 full.

⁷ "Each Use" of computer keyboards should be defined as use by each group of children, not each individual child. Keyboards connected to computers should be cleaned daily if one group is in the room all day or after each different group of children uses the room. These guidelines do not apply to keyboards that are unplugged and used for dramatic play.

Appendix F



USMC Child & Youth Programs
Daily Health Check



What is it?

The Child Youth Programs (CYP) professional performs a daily health check by observing each participant when he/she enters the classroom and having a short conversation with the parent/guardian to see if they notice anything unusual. It is a way for CYP Professionals to check for a change in a participant's health and well-being. A daily health check helps CYP Professionals establish what is normal or abnormal for each participant.

Why do it?


To determine if a participant appears or is behaving differently than usual. The sooner sick participants are identified, the sooner their health needs can be addressed. Early identification of illness can also reduce the spread of illness or disease.

Who does it?


CYP Professionals do a daily health check. The CYP Professional should perform a daily health check in a relaxed and comfortable manner that respects the family's culture as well as the participant's body and feelings.

When to do it?


CYP Professionals should perform a daily health check when a participant first arrives at the facility and when the parent/guardian is still present. It can be repeated periodically throughout the day as necessary.



MARINE & Family




North Carolina
Child Care
Health and Safety
Resource Center
No Federal DoD endorsement implied




How is it done?


Start by getting on the participant's eye level, then:



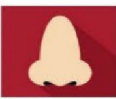
LOOK - for signs and symptoms of illness.
Changes in mood or behavior
Change in activity or energy level,
listlessness or difficulty moving
Runny nose or eyes
Drainage from open sore
Skin changes such as a rash, swelling,
bumps or redness
Scratching, tugging at a part of the body
or holding a body part



LISTEN - for complaints and unusual sounds from the participant that might indicate they are not feeling well. Listen to what a parent shares about the participant or other illness in the family.
Continual crying or unusual fussiness
Groans
Wheezing, sneezing, labored breathing
Hoarseness
Coughing



FEEL - for a change in the skin that might indicate a fever or dehydration.
Moistness
• Unusual warmth



SMELL - for unusual odors that might indicate an underlying disease.
Fruity sweet breath
Foul breath
• Unusual urine or bowel movement odors

Daily Head to Toe Health Check

"-"

If the participant has any of these symptoms, he/she may be ill.

- ☐ Shows a change in behavior or mood - less active, less energy, more sleepy, easily irritated
- ☐ Looks different from normal
- ☐ Complains of not feeling well
- ☐ Has itchy skin or scalp
- ☐ Is pulling at ear
- ☐ Has drainage from the eyes
- ☐ Has a runny nose
- ☐ Coughing severely
- ☐ Has skin rash or discoloration
- ☐ Has drainage from an open sore
- ☐ Has unusually warm skin
- ☐ Eating or drinking more or less than usual
- ☐ Is vomiting or has diarrhea
- ☐ Is not urinating
- ☐ Is off balance or walks unevenly

At the beginning of the day when the parent is still at the facility, CYP Professionals and parents can decide together on a plan of action to support the participant's health. If the participant needs to be excluded from care the parent/guardian can leave with the participant and tend to his/her health needs.

If the child becomes ill during the day, the CYP Professional should notify the designated program manager to contact the parent/guardian. Children who are ill or contagious must be excluded from child care based on CYP Exclusion Criteria. Parents/guardians may need to consult the child's health care professional before a child can return to child care.

Appendix G

CYP Criteria for Exclusion Guide

<ul style="list-style-type: none"> • <i>Regardless of having met other criteria, participants may NOT be admitted with a fever.</i> • <i>All participants must be well enough to participate comfortably in daily activities.</i> 	
Conditions for Exclusion from CYP, not limited to, are as follows:	
EXCLUSION CRITERIA	READMISSION CRITERIA
Fever – infants under 4 months of age Fever is ≥ 100.4 degrees (by any method*) regardless of signs of illness *CTP does not practice the method of taking rectal temperatures	<ul style="list-style-type: none"> • Recommended for immediate assessment by a health provider; within the hour if possible • Doctor's note required to return for infants 2 months or less • Infants 2-4 months do not require a doctor's note to return AND • Participant may return to care when they are fever free for 24 hours without the use of fever reducing medications, such as acetaminophen (Tylenol) or ibuprofen (Motrin/Advil).
Fever - 4 months and older Fever is ≥ 100.4 degrees (axillary) or 101 degrees (by any other method) AND symptoms of illness or behavior change	Participant may return to care when they are fever free for 24 hours without the use of fever reducing medications, such as acetaminophen (Tylenol) or ibuprofen (Motrin/Advil).
Diarrhea (If any of the following exists): <ol style="list-style-type: none"> Loose watery stool that frequency exceeds two stools above child's norm while in care Diapered Children: two episodes not contained by diaper Toilet-trained children: Two episodes that cause soiling of pants or clothing. Any evidence of blood or mucus. 	May return when frequency has returned to no more than two stools above normal and symptoms are at least as follows, prior to returning to care: <ol style="list-style-type: none"> Diapered children: Stool is contained in diaper, even though it may remain loose/watery. Toilet-trained children: No longer soiling pants or clothing. Diarrhea containing blood will require a note from a health care provider to return to care
Vomiting More than one episode in 8 hours OR One episode associated with fever, other signs of illness, or behavior changes.	No longer vomiting, prior to returning to care, AND child is eating and drinking normally without symptoms of illness.
Yellow/Green drainage from eyes Pinkeye/Conjunctivitis	<ul style="list-style-type: none"> • May remain in care until the end of the day (courtesy call to be made). • Children who have pain and/or copious amounts of drainage, may be sent home prior to the end of the day. • Doctor's note may be required to return to care the following day.
Rash <ul style="list-style-type: none"> • Rash with fever or behavior changes 	<ul style="list-style-type: none"> • Doctor's note required to return. • If antibiotics are prescribed, may return after treatment has been started.
Impetigo Red, oozing sores capped with golden yellow crust	<ul style="list-style-type: none"> • May remain in care until the end of the day (courtesy call to be made), if lesions can be covered. • Doctor's note required to return • If antibiotics are prescribed, may return after treatment has been started. • Cover lesions if possible. Lesions must remain covered until they are dry
Chicken Pox	Return when all lesions have dried or crusted (usually 6 days after onset)
Ringworm (other than scalp)	<ul style="list-style-type: none"> • May remain in care until the end of the day (courtesy call to be made). • Return when treatment is started. Cover lesions for at least the first 24 hrs.
Scabies	Doctor's note required to return.
Head lice	<ul style="list-style-type: none"> • May return after treatment. • Encourage parents to remove all nits. Some nits may be present upon return, but no live lice. • Re-treat in 7-10 days.

Measles, mumps, rubella, pertussis, Hepatitis A, or other contagious/vaccine preventable illnesses; to include influenza.

- CYP follows public health/preventive medicine guidelines.
- Participant may return to care when they have remained fever free for 24 hours without the aid of fever reducing medication. Children must be well enough to participate in activities.

The above information was adapted from the American Academy of Pediatrics publication Managing Infectious Diseases in Child Care and School, 4th Edition. Edited by Susan S. Aronson, MD, FAAP and Timothy R. Shope, MD, MPH, FAAP. Published by the American Academy of Pediatrics, 2017.
THE DECISION TO SEND A CHILD HOME IS MADE BY THE DESIGNATED PROGRAM MANAGER

Appendix H

CYP First-Aid Kit

CYP first-aid kits have, at a minimum, the following items:

- Bandages/adhesive tape
- Sterile gauze pads
- Disposable gloves (preferably non-latex)
- Breathing barrier (appropriate type based on training)
- Liquid soap and water/moist towelette (unless soap and water can be reached with immediacy)
- Non-glass thermometer
- Triangular bandages and safety pins
- Cold packs
- Splints (or items that can be used as such)
- Pen/pencil and notepad
- Biohazard bags (at minimum garbage bags)
- Phone/two-way radio (at minimum a whistle) (item does NOT have to be housed in the kit)
- Standard first aid chart or guide such as the AAP Pediatric First Aid For Caregivers and Teachers (PedFACTS) Manual;
- Bottled Water (purified, distilled or sterile for cleaning wounds or eyes)
- Tissues
- Flashlight



Appendix I



Diapering Procedure

September 2022



1. GET ORGANIZED

Wash your hands.

Gather supplies:

- n, onl-absorbent, paper liner
- large enough to cover the changing surface from the child's shoulder to beyond child's feet (recommended)
- fresh diaper
- clean clothes if necessary
- plastic bag for soiled clothes or cloth diapers
- disposable wipes; or dampened paper towel, gloves (recommended)
- diaper cream, removed from container and placed on a disposable tissue (if necessary)



2. BRING CHILD TO DIAPERING AREA

A void contact with urine or stool.
Pick up child and place on diapering surface. Assist child to use steps if available and age-appropriate.



Always keep a hand on the child.

Remove child's clothes, shoes, and socks as needed.
Unfasten soiled diaper and fold underneath child.

3. CLEAN THE CHILD

Lift the child's legs.
Remove stool and urine from front to back.
Use fresh wipe or dampened paper towel with each front to back cleaning.
Place soiled wipe or paper towel in hands-free, covered, plastic-lined receptacle.



4. REMOVE SOILED DIAPER

Put disposable diaper in a hands-free, covered, plastic-lined receptacle. Do not rinse or soiled clothes. Place these items in a plastic bag and close securely.
If paper liner is used, fold upward from the feet to cover any spill.
If used, remove and dispose of gloves immediately.
Clean your hands with a disposable wipe.
Clean child's hands with a fresh disposable wipe.



5. PUT A CLEAN DIAPER ON THE CHILD

Slide fresh diaper under child.
Use tissue to apply needed diapering cream. Disinfect tissue in a hands-free, covered, plastic-lined receptacle.
Adjust and fasten diaper.
Finish clothing child.



Do not allow child to stand on diapering surface.

6. WASH CHILD'S HANDS

Take child to the sink.
Hold child and wash child's hands with soap and water.



If you are unable to safely hold the child for handwashing and the child cannot stand or sit at the sink, use the three-paper towel method:
• Put a drop of liquid soap on a damp paper towel and use no wipe the child's hands.
• Wipe the child's hands with a second wet paper towel.
• Dry the child's hands with a third paper towel.

7. DIAPERING AREA

Clean - Rinse - Disinfect
Dispose of paper liner (if used) into a hands-free, covered, plastic-lined receptacle.



Clean and disinfect the entire changing surface and all sides of pad (if used):
• Spray with detergent/soapy water.
• Rinse with water and wipe dry (Recommended).
• Spray all surfaces until glistening wet with disinfecting solution. Let solution sit for 2 minutes (or time recommended by manufacturer).
• Let air-dry or wipe dry with paper towel.

8. WASH YOUR HANDS

Put cleaning and disinfecting solutions away out of reach of children.
Wash your hands.
Record diaper change, diaper's contents, and any problems in daily log.

