**UNITED STATES MARINE CORPS**
MARINE CORPS AIR STATION
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STATION ORDER 1710.1

From: Commanding Officer
To: Distribution List

Subj: STANDING OPERATING PROCEDURES (SOP) FOR SUPPLEMENTAL PROGRAMS AND SERVICES (SPS)

Ref: (a) MCO 1710.30C

Encl: (1) Discipline Policy
(2) Touch Policy
(3) Acceptable and Unacceptable Guidance Techniques
(4) Child Safety and Sanitation Guidelines

1. Purpose. To establish Standing Operating Procedures (SOP's) for Supplemental Programs and Services (SPS) aboard Marine Corps Air Station (MCAS) Yuma, Az.

2. Background. To locate child care services that will allow families to participate more fully in military life. Child care options help meet the demand for occasional child care and special needs care thereby expanding the availability of care to more families in need of these services.

3. Policy. To increase the availability of child care beyond that which is provided by Child Development Center (CDC) and Family Child Care (FCC) homes and to enhance the current Child Development Program (CDP). The SPS is offered as a compliment to, not a substitute for, the CDP. The responsibility of parents is to plan for child care and make child care arrangements. The SPS will operate without discrimination to race, color, gender, special needs, national origin, or the grade of the sponsor. The SPS will function as an activity within the Child Development Programs and the Manpower/Human Resources organization.

4. Fees and Charges. Fees will cover direct child care costs.

5. Services Provided. The SPS director will visit each service option of the SPS component on a quarterly basis to ensure compliance with applicable requirements and to keep abreast of all SPS child care operating on-board MCAS, Yuma. A "Request for Care" record (DD Form 2606) for each child for whom care is requested shall be maintained by the SPS director.

a. Resource and Referral (R&R). Parents will receive information on available child care options on the installation and/or in the surrounding community.

b. Parent Participation and Education Programs. To encourage, manage, and support parent involvement in all CDP activities through the Parent Advisory Board (PAB), volunteer activities, special programs, events, and parent education programs that may include training workshops, resource library, and family centered activities.

c. Child Development Programs Volunteer Services. To provide centralized recruitment, management, training, and referral of volunteers working in the CDP.

d. School Age Care (SAC). To provide services for children during duty hours before and after school, on school holidays, teacher in-service days, and during school closings. This program will comply with educational occupancy standards for existing facilities.

e. Short Term Alternative Child Care (STACC). This option provides occasional care and allows on-site hourly group child care when parents of the children in care are attending the same command function. SPS will maintain records of such events.

(1) STACC facility requirements:

(a) STACC services will be provided in the same facility or in a building immediately adjacent to the facility where parents are in attendance at the same function. Parents will remain in or immediately adjacent to the building during the entire STACC session. Under no circumstances may parents or guardians be permitted to depart the facility without their children. The Marine Corps is not assuming custody of children during STACC session since the parent is remaining immediately accessible to the child and retains primary responsibility for the child. "Immediately accessible" is defined as being able to contact a parent by calling out, phoning, sending a person who is not counted in the ratio, or some other form of electronic communication (walkie-talkie, intercom system) that enables parents to reach the STACC site in time to assist caregiving personnel with an injured or sick child or in an emergency such as building evacuation.

(b) The space to be used for STACC will meet the same minimum standards that apply to the primary function of the facility and be approved in advance by base fire, safety, and environmental health officials. In approving alternative facilities for STACC, minimum facility standards for CDCs will be considered. Several sites should be identified as possible installation STACC locations to facilitate child care arrangements during command functions.

(c) For any room in which children under the age of two are provided care, there will be a source of running water available for hand washing and diaper changing. Portable water containers with a catch pan may be used.

(d) There will be an exterior exit from the building within 150 feet of the entrance to the room.

(e) Maximum capacity for each room used for STACC will be determined consistent with minimum square footage requirements for CDCs.

(2) STACC staffing requirements:

(a) Staff from the base CDP will be designated to provide STACC. Such staff will not include caregiver personnel needed to maintain staff-to-child ratios in the CDC.

(b) Staff designated to provide STACC will be able to function independently, have completed all basic training requirements, and meet all background clearances and health requirements for CDP personnel.

(c) There will be two adults present at all times regardless of the number of children served.

(d) The staff-to-child ratios will be consistent with USMC standards.

(e) On-site supervision of STACC will be provided by a child development program leader or technician on the CDP management staff. The on-site supervisor may be counted into the staff-to-child ratios.

(3) STACC patron requirements:

(a) Children using only STACC programs will not be required to register with the base CDP nor will documentation be required regarding health screenings/immunizations. An individual information sheet for each child in care will be prepared which provides space for special instructions from parents and for recording information by those who care for the child. Abbreviated registration forms or sign-in sheets for parents may be used for children using only STACC care.

(b) Children may not be accepted for STACC with obvious signs of illness. This determination is within the sole discretion of the CDP staff.

(4) STACC program requirements:

(a) Equipment and materials will be provided by the base CDP appropriate to age and developmental level of the children in care.

(b) Activity plans, appropriate to the age and number of children served, will be written for each STACC session.

(c) STACC may be provided no more than one hour before the start and one hour after the completion of the special command function.

(d) Meals and/or snacks will be provided by the CDP when appropriate for the time and length of the care. Procedures for transporting meals and snacks will be approved by base environmental health officials.

(5) STACC administrative requirements:

(a) Activities projecting a need for hourly care beyond that available in the base CDP will make their needs known to the CDP administrator at least two weeks prior to the command function. An agreement between the activity and the base CDP will be established to assure that the full non-appropriated cost of the care is paid by the users or the requesting activity.

(b) Records on STACC will be maintained by the SPS director regarding the names and number of organizations served, location of sites, number of STACC sessions provided, number and age of children served, grade of sponsors served, number and name of caregiving employees working in STACC sessions, and amount of fees collected.

(6) While the USMC does not assume custody of children in STACC facilities because parents are easily accessible, the government may be held liable for injuries sustained by children left in STACC programs.

(a) Baby-sitter Training and Referral Service. To provide training and referral services for adult and teen family member baby-sitter living on and off the installation. Maintain a list of certified sitters. Coordinate patrons and sitters.

(b) Parent Baby-sitting Co-ops. To offer baby-sitting co-ops as a child care option. Co-ops operate on the principle of credit for time as parents exchange baby-sitting services rather than money. Baby-sitting is provided in homes of members.

(c) Child Care in Unit Setting (CCUS). This option is an extension of STACC that permits volunteer and paid personnel to provide temporary child care for unit activities at no cost to patrons.

1 The CCUS option is a cooperative effort involving the family members of the military unit or organization who provide on-site child care for family members of their military unit or another military unit in exchange for similar services at a future, mutually agreed upon time. All parents of children in care must be attending the same on-base function and must remain on-site for the duration of the CCUS session. This option includes child care provided at medical treatment facilities receiving services.

2 For the purpose of the CCUS program, a unit is defined as any military unit, organization, or group authorized to exist and operate on the installation (e.g., military battalions, wives clubs, religious

organizations, Navy/Marine Corps Relief Society, American Red Cross, Armed Services YMCA, MWR sponsored classes, Key Volunteer, Marine Corps Family team building programs; Lifestyles, Insights, Networking, Knowledge, Skills (L.I.N.K.S.) and Leadership in Family Excellence (L.I.F.E.), and athletic teams).

3 All personnel designated to provide CCUS care will obtain enclosure (1) through enclosure (4), which shall be utilized when setting up a room prior and during CCUS sessions.

4 STACC policies regarding facility, patron, and adult or staff-to-child ratio apply to CCUS activities. There will always be a minimum of two adults (CCUS personnel) on the premises during CCUS sessions for the protection of the children and the CCUS personnel. Snacks and meals will be provided by the sponsoring unit; parents will provide infant food and formula.

5 The CCUS program may be provided CDP equipment on loan.

(d) Other SPS Options. Other child care options recommended by the CDP administrator and approved by the commander may be implemented on a pilot basis when approved by CMC (MHT).

6. Patron Eligibility. Sponsors include military personnel, DoD civilian paid from APF's and NAF's, reservists on active duty or during inactive personnel training, and DoD contractors.

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# DISCIPLINE POLICY

The classroom environment (i.e. room arrangement, daily schedule, activity plans, selection of materials, adults role and interaction, etc.) will be designed so that age-appropriate positive direction is offered to every child.

Clear behavior limits will be established in each classroom.

Redirection and positive reinforcement will be used whenever possible to achieve positive behavior.

Caregivers will use positive language and clearly state what behaviors they expect. General subjective terms (i.e. good, bad, etc.) will be avoided.

Caregivers will repeatedly reinforce positive behaviors during the day through praise.

If a child harms another person or damages property, he/she will be given "Time-out" for no more than 5 minutes. The Caregiver will state clearly the expected behavior. Praise will be given to the child as soon as possible when positive behavior is observed.

If a child does not adhere to limits as set, then he/she will be given a clear, short, and positively-phrased warning. If the behavior persists, the child will be given "Time-out" for not more than 5 minutes. The Caregiver will state clearly the expected behavior. Praise will be given to the child as soon as possible when positive behavior is observed.

If a child is out of control, call the front desk for assistance, parents will be notified if behavior persists.

# BEHAVIOR POLICY

Children are expected to listen to caregivers and follow directions as required to ensure their safety and well-being.

Clear behavior limits will be established in each classroom. Physically harming children and/or staff will not be tolerated. If a child does not adhere to the designated limits, then he/she will be given a clear, short, and positively-phrased warning. If the behavior persists, the child will given "Time-out".

If a child becomes out of control, refuses to listen to caregiver or runs from the room, the child will be taken to the front office.

If the child remains out of control, the child's parents will be called to take the child home for the day.

Repeated calls to parents regarding uncontrollable child will result in termination from the Child Development Center Program.

# TOUCH POLICY

1. Purpose: To establish an installation touch policy for implementation in all Child Development Programs (CDP) settings.

2. Scope: This SOP applies to all individuals (employees, FCC providers and volunteers) working with children within CDPs.

3. Policy: This Child Development Program's touch policy is based on the premise that positive physical contact with children is necessary for their healthy growth and development. "No touch," under any circumstances, creates a stark and unacceptable atmosphere for young children. Individuals involved in direct care will provide positive physical contact (appropriate touch) and refrain from inappropriate touch. Children will always have the option to refuse touch except in the case of danger to other children or to the child.

4. Clarification of Terms:

a. Appropriate touch involves:

(1) Recognition of the importance of physical contact to child nurturance and guidance.

(2) Adult respect for personal privacy and personal space of children.

(3) Having the permission of the other for touch.

(4) Responses affecting the safety and well being of the child (i.e., holding hand when crossing the street; holding the child gently but firmly during a temper tantrum).

(5) Role modeling of appropriate touch by direct care staff.

b. Examples of appropriate touch are:

(1) Hugs, holding hands and lap-sitting as expressions of affection to build self-esteem or when the child needs to be comforted.

(2) Reassuring touch on the shoulder to show approval or provide support.

(3) Naptime back rubs to relax a tense child.

(4) Diapering of infants and toddlers.

(5) Assistance in toileting for children when needed.

c. Inappropriate touch may involve any or all of the following:

(1) Coercion (physical or emotional) or other forms of exploitation of the child's lack of knowledge

(2) Disregard for safety and well-being of the child.

(3) Failure to respect the child's right to personal privacy and space or to refuse touch from an adult.

(4) Satisfaction of adult needs at the expense of the child.

(5) Violates a cultural taboo against sexual contact between adults and children.

(6) Attempts to change child behavior with adult physical force often applied in anger.

(7) Reinforces with children the concept of "striking out" to respond to a problem.

d. Examples of inappropriate touch are:

(1) Forceful holding of a child in a chair or squeezing a child's hand with sufficient force to cause pain as a way to change behavior.

(2) Force good-bye kisses.

(3) Corporal punishment (spanking).

(4) Sexual exploitation (fondling or molestation).

(5) Hitting or in any way physically assaulting a child.

(6) Prolonged tickling.

5. Responsibilities. CDS Director will:

a. Establish CDS touch policy for CDS operated and regulated program.

b. Monitor CDS programs for compliance with the touch policy.

## UNACCEPTABLE GUIDANCE TECHNIQUES

- Any type of striking - slapping, spanking, hitting.
- Twisting of any part of the body.
- Jerking, shoving, squeezing, pinching, pulling hair, biting.
- Striking with an object.
- Belittling, shaming.
- Derogatory remarks about the child or his/her family.
- Shutting in rooms toilets, closets, etc. -out of sight of adult.
- Requiring to clean or repair beyond damage done by child/appropriate for child's development level.
- Threats to harm, abandon, etc.
- Abandoning, shutting in dark room.
- Tying to chair, table, or tying parts of body.
- Gagging (muzzles, tape over mouth, etc.)
- Washing mouth out with soap, forcing to injest unpleasant substance.

## ACCEPTABLE GUIDANCE TECHNIQUES

-Requesting - bringing your concerns to the child.

-Persisting - repeating what you want until the child goes along.

-Monitoring - making frequent checks on the child to make sure he/she follows through; being physically near.

-Ignoring - not responding to a child's negative behavior.

-Rewarding - praising or giving special privileges for appropriate behavior.

-Encouraging - complimenting action that is a step toward the desired results; maintaining a positive view toward the child's behavior.

-Compromising - lessening, but not eliminating expectations.

ENCLOSURE (3)

# CHILD SAFETY AND SANITATION GUIDELINES

1. The areas of the room should be separated using low dividers so that caregivers can easily see all children at all times.

2. The floors should be clean, free of sponters and cracks and not highly polished.

3. There should be soft surfaces, such as carpet, mats, grass, sand, or artificial turf under climbing equipment.

4. Electrical cords should be kept out of children's reach and outlets should be childproof.

5. Equipment and toys should be developmentally appropriate for each child's age to avoid accidents and broken items.

6. Equipment and toys should be inspected regularly for each child's age to avoid accidents and broken items.

7. Furniture that could fall or be pulled over should be secured or removed from the room.

8. Low, open shelves should be used for storage. Toys should not be stored in chests with heavy lids that could fall on children.

9. Toys should be arranged on shelves so that the heaviest ones are on the bottom. Then children won't pull down heavy things on themselves.

10. The room should be set up for easy exiting in case of fire or other emergencies. The smoke detector and fire extinguisher are working properly.

11. Caregivers should know where the fire extinguishers are located and how to use them.

12. Caregivers should arrange open spaces indoors and outdoors for large motor play. To prevent accidents these spaces should be kept clear of toys and there should be protected spaces for quiet play and for infants.

13. Changing tables should have raised edges or at least three inches and safety straps, which are always used.

14. The infant and toddler rooms should contain no small toys or objects that can be swallowed.

15. Caregivers should make sure that infants and toddlers do not eat unsafe food, such as popcorn, honey, and nuts.

16. When caring for infants, walkers and crawlers should be separated from non-crawlers.

17. In the infant room there should be a clear aisle between cribs and cots so caregivers have quick access to each child.

18. Cleaning material and other poisons are stored only in locked cabinets or out of the reach of children.

19. Children are supervised at all times; adequate child-adult ratios are maintained; cargivers interact with children rather than congregating with each other. The ratios are as follows: infants 1:4; 1 year olds, 1:5; 2 year olds, 1:7; preschoolers 1:12; school agers, 1:15.

20. Outside area is securely fenced, and gate latches can only be opened by adults.

21. Check that no broken glass or debris are present.

22. Stay clear zones around swings and slides are marked. Caregivers are there to remind children what the marks mean.

23. Cribs should adhere to the following guidelines: slats spaced no more than 2 3/8 inches apart, mattress fits snugly with less than two inches of clearance, and drop-side latches can be released only by adults.

24. Highchair has sturdy waist and crotch straps that are secured each time it is used and the tray locks securely.

25. Wash hands frequently and after each individual diaper change.

26. Children's hands must be washed with soap and running water after each bathroom visit and outdoor play; before and after meals, snack, water table, and playdough; after each diaper change for toddlers.

27. Cots are to be sanitized after each use. Use tape to label each child's cot with their name.

28. Clean and sanitize all washable toys with bleach solution weekly.

29. Baby bottles are to be refrigerated upon arrival. Bottles must be capped, dated and labeled with child's name. Do not allow children to walk around with bottles. Unconsumed formula will be thrown out. Empty bottles should be rinsed.

30. Crib railings are to be sanitized and linen changed daily.

31. Return milk, juice and food to kitchen after meals or snack.

32. Before serving food, sanitized table by wiping them off with bleach water solution.

33. Clean and sanitize diaper changing mat after each individual diaper change including under the mat.

34. Children in diapers will be checked at least every 30 minutes.

35. Disposable plastic gloves will be used for every diaper change.

36. Children will be changed when wet or dirty.

37. Diapers will be marked with the child's name and not used on other children.

38. Soiled clothing will be placed in a plastic bag, after large particles have been removed, and returned to the parent on the same day.

39. Trash cans holding soiled diapers must be covered at all times. Empty trash cans frequently to keep odors down. Place all trash inside dumpster.

40. Do not use the same cloth or paper towel to clean more than one child.

41. Do not comb children's hair unless comb is provided by parents.

42. Keep children's faces and hands clean at all times and noses clean as needed.

43. Do not accept children with obvious signs of illness.

44. All sanitizing products must be labeled and dated, including hand soap. Bleach and water solutions will be changed daily.

General Purpose - Spray Bottle Solution
- 1/4 cup bleach to 1 gallon water
- 1 tablespoon bleach to 1 quarter water

Diaper Area - Spray Bottle Solution
- 1/2 cup bleach to 1 quart water
- 1 part bleach to 10 parts water

Soaking Solution Sink Solution - 1 tablespoon bleach to 1 gallon water
- mixed in bucket or sink
- allowed a 2 minute soak
- air dry

45. Children will be required to wear shoes and socks. Pants or shorts for boys and dresses, pants or shorts for girls will be required at all times.