



UNITED STATES MARINE CORPS

MARINE CORPS BASE

QUANTICO, VIRGINIA 22134-5001

MCBO 1754.2A

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MARINE CORPS BASE ORDER 1754.2A

From: Commander
To: Distribution List

Subj: CHILD CARE FACILITIES SANITARY AND HEALTH REGULATIONS

Ref: (a) MCO 1710.30C
(b) NAVMED P5010, Chapters 1 and 2
(c) SECNAVINST 4061.1C (NOTAL)
(d) OPNAVINST 1700.9D
(e) BUMEDINST 6240.10A

Encl: (1) Child Care Facilities Sanitary and Health Regulations

1. Purpose. To provide policy and guidance for sanitary operation of child care centers and to promote quality child care aboard MCB.

2. Cancellation. MCBO 1754.2.

3. Summary of Revision. This Revision updates the references and revises facility requirements, child admission requirements, issuance of medications, and sleeping facilities requirements. This Order should be reviewed in its entirety.

4. Policy and Scope. It is the policy of the Navy and Marine Corps to provide personnel and their dependents with programs which will effectively contribute to their morale and well-being. The Child Development Center is considered to be an integral part of the Navy and Marine Corps Recreation Program. Child care centers operated aboard military installations are required to adhere to the minimum standards for fire, safety, health, and sanitation set forth in the references.

5. Definitions. Child care centers provide care for children on a full-time or part-time basis in a common facility. Types of child care available are:

a. Day Care. Provides care for infants, preschool, and school age children outside their homes for a portion of the 24-hour day, usually on a regularly scheduled basis. Drop-in care may also be provided. In addition to meeting the basic physical needs, a program of activities should be offered to meet the emotional and developmental needs of children other than formalized preschool education.

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b. Custodial Care. Provides short-term care for infants, preschool, and school age children outside their homes. This is usually hourly, periodic, or intermittent day or evening care. Custodial care meets the basic physical needs of children and an organized program of activities is not necessarily offered. Regularly scheduled full-time children should not be limited to custodial care.

c. Further definitions of types of child care facilities are contained in reference (a).

6. Information

a. Eligibility. All dependent children of military personnel are authorized to use child care facilities and services. Commands will determine age limits of children accepted for care; however, under no circumstances will children under six weeks of age be accepted.

b. Health and Sanitation, Fire Protection, and Safety. Child care centers will strictly adhere to the regulations set forth in references (b), (c), and (d) pertaining to health and sanitation, fire protection, and safety. Child care facilities sanitary and health regulations are listed in the enclosure.

c. Administration and Support. Child care centers will be operated administratively per reference (a).

d. Staffing

(1) Ratio. Staff versus child ratios are defined in reference (d). The ratio of staff to children must be sufficient at all times to maintain constant supervision and to quickly effect evacuation in the event of fire or other emergencies.

(2) Staff Qualifications

(a) Staff should be selected on their ability to work with children in a group and on their basic understanding of a child's needs.

(b) The recommended minimum qualifications for child care center personnel are outlined in references (a) through (e).

e. Advisory Council. Advisory councils may be established to provide the Commander, MCB with recommendations for improving services and operations of the child care centers. The councils should have cross section representation from the parents who use

the centers. The council should have only advisory capacity. The council should not have a part in the actual management and operation of the child care center.

7. Action. The Director, Marine Corps Community Services will:

a. Task the Child Development Services Coordinator with establishing and operating child care centers where warranted and justified.

b. Comply with established policies and standards set forth in the references.

c. Establish local policy governing day-to-day operations of child development centers.


R. P. ROOK
Chief of Staff

DISTRIBUTION: A

CHILD CARE FACILITIES SANITARY AND HEALTH REGULATIONS

1. Facilities

a. Building structure and/or facilities standards set forth in MCO 1710.30, NAVMED P5010-1, SECNAVINST 4061.1, and OPNAVINST 1700.9 will be strictly adhered to.

b. Floors and walls will be constructed of smooth, easily washable material and be free from hazards. Only nontoxic paints will be used on painted surfaces.

c. Electrical outlets accessible to children will have an appropriate cap or cover which cannot be removed by a child.

d. Lockable storage space will be provided for the storage of cleaning compounds and cleaning gear. Such space will not be located in or directly off of rooms occupied by children, in the kitchen, or in toilet facilities.

e. Inside winter design temperature will be 70 degrees Fahrenheit, at the floor; inside summer design temperature will be 78 degrees Fahrenheit. Temperature control will be by thermostat having 70 or 78 degree Fahrenheit deadband. Relative humidity should be maintained between 50 and 70 percent, particularly in winter.

f. Floor furnaces, open-grate gas heaters, and electric space heaters will not be used to heat areas occupied by children. Electric baseboard heating is acceptable. Open fireplaces and combustion space heaters are prohibited. Steam or hot water radiators will be effectively screened. If fans are used for cooling, they will be protected by a small mesh grill and installed out of reach of children.

g. Water will be of potable quality and meet the standards prescribed in BUMEDINST 6240.10. Drinking fountains will be of sanitary design with guarded angle-jet drinking head. Fountains for use by children shall be installed at a suitable shorter height or platform steps will be provided for children's use. Where drinking fountains are not used, single service, individual drinking cups will be provided in sanitary dispensers.

h. Lighting levels should be 50 footcandles (fc) in reading rooms, 30 fc in adjoining areas or work areas, and 10 fc in hallways or nonwork areas.

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i. Toilet and Handwashins Facilities

(1) A minimum of one flush-type toilet and handwashing sink will be provided per 12 children 3 years old and older. There will be at least one nursery chair for every four children who are being toilet trained or for whom chairs are appropriate. Where junior size toilets and low sinks are not available, platforms and steps shall be provided so that children may use the facilities with minimal assistance.

(2) Handwashing facilities with hot and cold water will be provided in each room occupied by children.

2. Personnel Health and Training Requirements

a. Health Requirements

(1) Staff personnel must be in good physical and mental health and free from communicable disease. All staff will have pre-employment and annual physical examinations. Those physicals will include a screening test for tuberculosis and any other test deemed necessary by appropriate medical authority,

(2) Staff personnel will be immunized, except where religious beliefs preclude immunizations against polio, tetanus, diphtheria, rubella, and rubeola. Other immunizations may be required at the option of the local medical authority. Records of these immunization requirements will be maintained at the location of the child care center on each employee.

(3) No staff member who is infected with a communicable disease, or is a carrier of such a disease, or is afflicted with boils, infected wounds or sores, or acute respiratory infection will be permitted to care for children, prepare food, or be employed in any capacity where there is a likelihood of transmitting a disease to other individuals.

(4) All staff members must wear clean outer garments and maintain a high degree of personal cleanliness. Staff personnel will wash their hands frequently, particularly after each diaper change and each use of the toilet.

(5) Smoking is prohibited in areas used by children.

(6) Volunteer personnel must meet the same health requirements as staff personnel.

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b. Training Requirements

(1) Prior to employment, or as soon as possible after employment, all paid permanent staff personnel will have successfully completed approved training in the following areas:

- (a) First Aid.
- (b) Cardiopulmonary Resuscitation (CPR).
- (c) Heimlich Maneuver.
- (d) Food Service Sanitation Training

(2) Training may be procured from the local Red Cross or health agencies except for paragraph (1)(d) above where the Naval Medical Clinic (NMCL), Quantico, Preventive Medicine Department will provide the necessary training.

(3) Training will be completed within 30 days of employment or volunteer services begin.

3. Child Admission Requirements

a. No child may be admitted to a child care center without current immunization against tetanus, diphtheria, whooping cough (pertussis), and poliomyelitis, except where religious beliefs preclude immunization. Should the religious beliefs of the child's parent or guardian preclude prophylactic immunization, a signed and dated statement in that regard will be obtained from the parent or guardian and will be retained in the same manner as is the evidence of immunization. No child, 15 months or older, may be admitted without current immunizations against measles, mumps, and rubella (MMR). Children, 2 months to 5 years old, accepted for full-time day care must also be immunized against Haemophilus Influenzae b. Certification that immunizations are current will be obtained from the NMCL prior to admission. Local disease profiles may require additional immunizations and the local medical department should be contacted regarding any additional requirements. Child care program personnel will be knowledgeable about current immunization requirements as advocated by the local medical department.

b. No child may be admitted who is obviously ill. Children with various symptoms such as coughs, running noses, rashes, etc.,

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may be admitted only with the physician's certification attesting that the condition is not communicable. Certification will include the physician's name and telephone number.

c. Parents will certify, as part of the admission procedure, that their child is free from obvious illness and is in good health. Parents will also note any known allergies to food or other substances.

d. Parents will complete an authorization release for emergency medical care as part of the admission procedure. Appropriate telephone numbers will be kept on file where both parents, or a person designated by a parent to be responsible, may be reached.

4. Illness

a. Any child showing signs of illness will be isolated until they leave the child development center. Parents or persons specifically authorized in writing by the parents will be notified to pickup the child immediately. The ill child will have a staff member in constant attendance.

b. Emergency medical care and ambulance telephone numbers must be posted in a conspicuous place.

c. Whenever exposure to a communicable disease has occurred, the cognizant NMCL Preventive Medicine Service should be contacted for recommendations regarding control measures.

d. Children who have been ill for more than 5 days and are returning to the center will be certified in writing to be free of symptoms and noncommunicable disease by a physician or pediatric nurse practitioner.

5. Medications. It is preferable that medications not be administered in the Child Development Center. When possible, parents and physicians should be requested to adjust medication schedules so that medication need not be administered by staff.

6. Sleeping Facilities

a. In infant nurseries and toddler rooms, cribs should be spaced at 36-inch intervals laterally or end-to-end if ends are of solid construction and be so configured to preclude wedging or entrapment of a child's body between the slats, bars, or other component parts.

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b. During rest periods, a separate bed or cot will be assigned to each child. Pillows and mattresses will be covered with clean sheets and pillow cases. Sheets and pillowcases will be changed with each new occupant or at least daily when used. Cots or beds will be spaced at a minimum interval of 3 feet.

7. Waste Disposal

a. Only disposable-type diapers will be used on infants. Soiled diapers will be placed in a plastic bag and then in a designated impervious container and disposed of daily or more frequently, if required.

b. Cloth diapers may be used if furnished by, and returned to, the parents or their designated representative. Soiled cloth diapers will be placed in a securely fastened plastic bag provided by the parent and returned daily.

c. Solid waste and garbage will be kept in durable, waterproof heavy duty, noncombustible waste containers with tight-fitting lids. These waste containers should be provided with suitable plastic liners and cleaned frequently to prevent odor and insect harborage. Combustible materials will not be kept in plastic containers.

8. Food Service Operations

a. Child care personnel responsible for the selection of meals and/or snacks should have a basic knowledge of nutritional needs of children, and should consult with the pediatric or dietary staff of the NMCL.

b. Food refrigeration or freezer equipment in child care centers must be approved by the National Sanitation Foundation. Food preparation and handling will be per reference (b), Food Service Sanitation.

c. Single-service dishware and/or eating utensils should be used in child care centers. Where multi-use cooking utensils and/or dishware are used, they will be washed and sanitized per reference (b), Food Service Sanitation.

d. Formula and juices served in a baby bottle will be prepared at home, identified for the appropriate child by the parents, and refrigerated until used. Baby food will be refrigerated after opening. Only plastic baby bottles are permitted. All infants not capable of holding their own bottles will be held for feedings.

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e. All directors and staff personnel who engage in food service operations will complete a course of food service operations sanitation training. Training will be provided by the cognizant NMCL Preventive Medicine Service.

ENCLOSURE (1)