

Headquarters
United States Army Europe
Wiesbaden, Germany

Army in Europe
Regulation 608-10-1*

Headquarters
United States Army Installation Management Command,
Europe Region
Sembach, Germany

26 June 2014

Personal Affairs

IMCOM-Europe Child, Youth, and School Services

*This regulation supersedes AE Regulation 608-10-1, 28 June 2012.

For the Director:

ROBERT L. MYERS
Chief of Staff

Official:



DWAYNE J. VIERGUTZ
Chief, Army in Europe
Document Management

Summary. This regulation provides policy and procedures for Child, Youth, and School (CYS) Services facilities in the European theater.

Summary of Change. This revision—

- Adds AE Form 608-10-1K, Child, Youth and School Services Rescue Medication Dispensation Record.
- Adds AE Form 608-10-1L, Child, Youth and School Services Medication Incident Report.
- Deletes the CYS Services Discipline Policy and the CYS Services Touch Policy.
- Adds the requirement to enter immunization dates of CYS Services employees, regularly scheduled volunteers, and Family childcare (FCC) providers in the Child/Youth Management System ([para 2-2c](#)).
- Adds the requirement for a health assessment for children and youth participating in Schools of Knowledge, Inspiration, Exploration and Skills programs if requested by the Special Needs Accommodation Process Team ([para 2-4b\(4\)](#)).
- Adds the requirement for public health nurses to review requests for exception from the immunization requirement ([para 2-4c\(1\)\(a\)](#)).

If the Back button of your browser is not visible, use ALT + Back Arrow to return to previous location.

- Adds the requirement for parents to register their child in the Army Child and Youth Screening Tool at the time of registration in a CYS Services program to identify children with special needs ([para 2-5](#)).
- Specifies health-related criteria for accepting children in care ([para 2-7](#)).
- Adds the requirement for CYS Services personnel to complete medication-administration training even if not designated to administer medication ([para 2-10c](#)).
- Adds the requirement for parents or a healthcare provider to administer the first dose of a medication to a child before the medication may be administered in a CYS Services program ([2-11a\(1\)](#)).
- Adds teething gel without benzocaine as basic-care item ([para 2-13a](#)).
- Stipulates the location for preparing bleach solution ([para 2-20i](#)).
- Stipulates the procedure for washing and sanitizing toys in the dishwasher ([para 2-20j](#)).
- Changes provisions on storing toothbrushes ([2-24d](#)).
- Adds to the responsibilities of the CYS Services program director or nurse for diapering and toileting ([para 2-25](#)).
- Adds records-maintenance requirements of notifications to parents regarding the child's day in the CYS Services program and changes provisions for checking diapers and training pants and the use of cloth diapers ([para 2-26](#)).
- Changes requirements for special diet requests ([para 3-4](#)).
- Adds the requirement for the completion of a serious incident report when a child with a food allergy or intolerance is given incorrect food ([para 3-4f](#)).
- Changes provisions for the consumption of food from external sources ([para 3-6](#)).
- Changes provisions for feeding infants ([para 3-7](#)).
- Adds provisions for the procedure of serving meals and snacks ([para 3-8](#)).
- Changes the record-maintenance period of meal-cost sheets ([para 3-9](#)).
- Changes the procedure for determining the amount of food to be prepared in a CYS Services program ([para 3-10](#)).
- Changes provision on storing food items and deletes mayonnaise as potentially hazardous food ([para 3-11](#)).
- Adds the requirement that fruits, vegetables, and eggs must be sanitized before cooking or serving ([para 3-12g](#)).
- Adds provisions for the return of food-service personnel to work after illness ([para 3-14a\(3\)](#)).

- Changes training requirements for food-service personnel ([para 3-15](#)).
- Adds documentation requirements for field trips ([para 4-2](#)).
- Introduces the IMCOM CYS Services Standards of Conduct, Care, and Performance ([para 5-3a\(9\)](#)).
- Adds information on the DOD Child Abuse and Safety Violation Hotline ([para 5-4a\(11\)](#)).
- Changes requirements for background-checks for all CYS Services personnel, Family childcare providers, and their Family members ([para 5-10](#)).
- Adds an immunization schedule ([app C](#)).
- Adds diseases to the table of common childhood communicable diseases ([app D](#)).
- Adds a list of medications that are approved for administration in CYS Services programs ([app E](#)).
- Adds a list of toxic plants ([app I](#)).

Applicability. This regulation applies to all CYS Services facilities in the European theater and CYS Services employees, FCC providers, contractors, and volunteers, as well as the children enrolled in IMCOM-Europe CYS Services programs.

Records Management. Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2. Record titles and descriptions are on the Army Records Information Management System website at <https://www.arims.army.mil>.

Supplementation. Organizations will not supplement this regulation without approval of the Child, Youth, and School Services Branch, Office of the Assistant Chief of Staff, G9, IMCOM-Europe.

Forms. This regulation prescribes AE Form 608-10-1A, AE Form 608-10-1B, AE Form 608-10-1C, AE Form 608-10-1D, AE Form 608-10-1E, AE Form 608-10-1F, AE Form 608-10-1G, AE Form 608-10-1H, AE Form 608-10-1J, AE Form 608-10-1K, and AE Form 608-10-1L. AE and higher level forms are available through the Army in Europe Library & Publishing System at <https://aepubs.army.mil>.

Suggested Improvements. The proponent of this regulation is the Child, Youth, and School Services Branch, Office of the Assistant Chief of Staff, G9, IMCOM-Europe (mil 544-9376). Users may suggest improvements to this regulation by sending DA Form 2028 to IMCOM-Europe (IMEU-MWR-C), Unit 29064, APO AE 09136-9064.

CONTENTS

CHAPTER 1 INTRODUCTION

- 1-1. Purpose
- 1-2. References
- 1-3. Explanation of Abbreviations

CHAPTER 2 HEALTH REQUIREMENTS

SECTION I CYS SERVICES ADULT-HEALTH REQUIREMENTS

- 2-1. Responsibilities
- 2-2. Procedures

SECTION II HEALTH ASSESSMENTS AND IMMUNIZATIONS FOR CHILDREN

- 2-3. Responsibilities
- 2-4. Procedures
- 2-5. Special Needs

SECTION III CHILD AND YOUTH ILLNESS SCREENING AND READMISSION CRITERIA

- 2-6. Responsibilities
- 2-7. Admission Guidelines
- 2-8. Procedures for Notifying Parents of a Child's Illness
- 2-9. Readmission Guidelines

SECTION IV ADMINISTERING MEDICATION

- 2-10. Responsibilities
- 2-11. Prescription Medications
- 2-12. Rescue Medications
- 2-13. Basic-Care Items for CDC, FCC, and SAC Programs

SECTION V IDENTIFYING AND CARING FOR CHILDREN WITH ASTHMA

- 2-14. General
- 2-15. Responsibilities
- 2-16. Staff Training
- 2-17. Equipment
- 2-18. Procedures for Treatment

**SECTION VI
HEALTH AND SANITATION**

- 2-19. Responsibilities
- 2-20. Procedures

**SECTION VII
MEDICAL GUIDANCE ON INJURIES**

- 2-21. Responsibilities
- 2-22. Procedures

**SECTION VIII
TOOTHBRUSHING**

- 2-23. Responsibilities
- 2-24. Procedures

**SECTION IX
DIAPERING AND TOILETING**

- 2-25. Responsibilities
- 2-26. Procedures
- 2-27. Diapering Stations and Toileting Facilities
- 2-28. Diapering and Toileting Guidelines

**SECTION X
TEMPERATURE CONTROL DURING WEATHER EXCESSES**

- 2-29. Responsibilities
- 2-30. Procedures

**SECTION XI
CARE OF HIV-INFECTED CHILDREN**

- 2-31. Procedures

**SECTION XII
PLANTS AND PETS IN CYS SERVICES PROGRAMS**

- 2-32. Responsibilities
- 2-33. Procedures

**CHAPTER 3
FOOD AND NUTRITION PRACTICES**

- 3-1. Applicability
- 3-2. Responsibilities
- 3-3. Meal Planning and Menus

- 3-4. Special Diets
- 3-5. Food-Allergy Management
- 3-6. Food for Special Occasions
- 3-7. Feeding Infants
- 3-8. Serving Meals and Snacks
- 3-9. Food Quality and Accountability
- 3-10. Daily Food Production
- 3-11. Food Storage
- 3-12. Food Safety
- 3-13. Sanitation
- 3-14. Food-Service Personnel Health Requirements
- 3-15. Food-Service Personnel Training Requirements

CHAPTER 4 FIELD TRIPS AND HIGH-RISK ACTIVITIES

SECTION I GARRISON CYS SERVICES RESPONSIBILITIES

- 4-1. CYS Services Coordinators
- 4-2. Facility, Center, and FCC Directors
- 4-3. Training and Program Specialists and Training and Curriculum Specialists
- 4-4. CYS Services Direct-Care Staff Members

SECTION II CORE FIELD-TRIP REQUIREMENTS

- 4-5. Site Approval
- 4-6. Parental Permission
- 4-7. Transportation
- 4-8. Supervision
- 4-9. Safety
- 4-10. Meals and Snacks

SECTION III FIELD-TRIP REQUIREMENTS BY RISK LEVEL

- 4-11. Low Risk
- 4-12. Medium Risk
- 4-13. High Risk

CHAPTER 5 CHILD ABUSE AND NEGLECT

- 5-1. Purpose
- 5-2. Applicability
- 5-3. Definitions
- 5-4. Responsibilities
- 5-5. Physical and Behavioral Indicators of Possible Child Abuse and Neglect

- 5-6. Reporting Suspected Child Abuse and Neglect
- 5-7. Responding to Allegation of Child Abuse in CYS Services Settings (Out of Home)
- 5-8. Prevention Strategies
- 5-9. Release of Children from CYS Services Programs
- 5-10. Background-Check Procedures

Appendixes

- A. References
- B. Health Assessment for Child, Youth, and School Services Personnel
- C. Immunization Schedule
- D. Common Childhood Communicable Diseases
- E. Medications Approved for Administration in CYS Services Programs
- F. Sample Sink Signs
- G. Bleach-Solution Recipe
- H. Sample Parental Notifications
- I. Toxic Plants
- J. Temperature Control Log

Tables

- 1. CYS Services Health Assessment and Immunization Requirements
- 2. Field-Trip Adult-Child Ratios
- B-1. CYS Services Employee Immunization Schedule
- C-1. Pediatric Immunization Schedule
- D-1. Common Childhood Communicable Diseases
- E-1. Medications Approved for Administration in CYS Services Programs
- I-1. Toxic Plants

Figures

- Figure B-1. Protocol and Standing Orders for Child, Youth, and School Services Employee Health Assessment/Screening
- Figure D-1. Sample Exposure Notice (Several Diseases)
- Figure D-2. Sample Exposure Notice (Fifth Disease)
- Figure D-3. Sample Exposure Notice (Hand-Foot-and-Mouth Disease)
- Figure F-1. Sample Sign for Diapering and Hand-Washing Sink
- Figure F-2. Sample Sign for Food-Preparation and Toy-Washing Sink
- Figure G-1. Bleach-Solution Recipes
- Figure H-1. Sample Parental Notification for Infants and Pretoddlers
- Figure H-2. Sample Parental Notification for Pretoddlers and Toddlers

Glossary

CHAPTER 1 INTRODUCTION

1-1. PURPOSE

This regulation establishes policy, procedures, health guidelines, and food and nutrition practices for Child, Youth, and School Services (CYS Services). This regulation must be used with AR 608-10.

1-2. REFERENCES

[Appendix A](#) lists references.

1-3. EXPLANATION OF ABBREVIATIONS

The [glossary](#) defines abbreviations.

CHAPTER 2 HEALTH REQUIREMENTS

SECTION I CYS SERVICES ADULT-HEALTH REQUIREMENTS

2-1. RESPONSIBILITIES

a. CYS Services coordinators will ensure that all potential CYS Services employees, Family childcare (FCC) providers, and regularly scheduled volunteers complete a preplacement health assessment by a licensed healthcare provider (HCP) (physician, physician assistant, or nurse practitioner).

b. CYS Services program directors will ensure that annual health reviews for CYS Services employees, FCC providers, and regularly scheduled volunteers are completed.

c. CYS Services employees, FCC providers, and regularly scheduled volunteers must complete a preplacement health assessment and annual health reviews, meet the health requirements prescribed by Army regulations, and obtain follow-up and other evaluations when required. (Volunteer coaches for CYS Services sports and fitness programs are exempt from this health-assessment requirement.)

d. Civilian personnel officers will coordinate preplacement health assessments and notify the CYS Services program director of the status of the assessments. The civilian personnel officer will attach a copy of [appendix B](#) to AE Form 608-10-1F for the HCP to use when completing the preplacement health assessment.

e. Contractors will provide a certificate issued by an HCP validating that he or she is free from communicable diseases.

f. The local United States Army garrison (USAG) occupational health nurse (OHN) will provide occupational health oversight and support.

2-2. PROCEDURES

a. U.S. citizen applicants for CYS Services positions or FCC certification and regularly scheduled volunteers must undergo a preplacement health screening by an HCP before being placed in a CYS Services position. Applicants will ensure that their medical and immunization records are available for review at the time of the appointment. The local military medical treatment facility (MTF) will document the results of the health screening on the personnel datasheet that is provided by the servicing

civilian personnel advisory center (CPAC) and kept in the person's medical record. The MTF will also provide the CYS Services director a completed AE Form 608-10-1F. In addition to providing a statement that the employee is free from communicable disease and complies with all CYS Services health requirements, the completed form must identify any physical limitation the employee experiences that could affect performance in the workplace.

b. U.S. citizen applicants for CYS Services positions or FCC certification and regularly scheduled volunteers will be assessed for risk of tuberculosis (TB) during their preplacement health screening. The HCP conducting the screening will assess the risk of TB infection using the TB Risk Assessment tool in MEDCOM Regulation 40-64.

c. CYS Services program directors will ensure that immunization dates of employees, FCC providers, and regularly scheduled volunteers are entered into the Child/Youth Management System (CYMS) for tracking and updated accordingly.

d. All U.S. citizen CYS Services employees, FCC providers, and regularly scheduled volunteers must have an annual health review completed by an HCP or the OHN.

(1) When annual health reviews are completed in an MTF, documentation of the review must meet the requirements established in MTF policy for medical recordkeeping.

(2) CYS Services program directors will receive and keep at the workplace completed copies of AE Form 608-10-1F that documents the annual health review of each employee, FCC provider, and regularly scheduled volunteer.

(3) During the annual health review, the HCP or OHN will assess the risk of TB infection using the TB Risk Assessment tool included in MEDCOM Regulation 40-64.

e. All local national (LN) applicants for CYS Services positions and current LN employees who require an initial preplacement assessment or annual health review will be referred to the USAG OHN. The USAG OHN will develop a specific plan for completing required health screenings and will oversee the process through completion.

SECTION II HEALTH ASSESSMENTS AND IMMUNIZATIONS FOR CHILDREN

2-3. RESPONSIBILITIES

a. The child development center (CDC), FCC, school-age center (SAC), or Outreach Services (OS) director will ensure that all children immunization records are up to date. Clerks, assistant directors, or director designees will enter proof of immunizations into CYMS. CYMS will be used to audit fulfillments of immunizations requirements in all programs.

b. The public health nurse (PHN) or designated health consultant will—

(1) Review files to ensure that health assessment and immunization policies are being enforced.

(2) Conduct monthly health and sanitation inspections at CDCs (with record and CYMS reviews) and ensure that preventive-medicine officials conduct monthly inspections of CDCs.

(3) Conduct quarterly health and sanitation inspections (with record and CYMS reviews).

(4) Address concerns and questions brought out in the reviews and inspections in (1) through (3) above.

c. The CYS Services nurse or health specialist will help monitor compliance with health requirements, including compliance with immunization policy.

d. The OS director will ensure the enrollment process is in compliance with current policy.

2-4. PROCEDURES

a. Records. Copies of original documents (immunization records, health assessments) must be maintained at parent central services and the child’s file at the care site. The health consultant will audit files at the parent central services to ensure CYMS records are accurate when an inspection of records at the care site indicates that records may be incomplete or inaccurate.

b. Health Assessments and Sports Physical Examinations.

(1) Children Enrolled in CDC, FCC, and SAC Programs.

(a) Every child must meet the applicable health assessment and immunization requirements in table 1 to register in a CDC, FCC, or SAC program. AE Form 608-10-1A must have been completed by the child’s parents (or guardian) and an HCP no earlier than 1 year before the registration date. Well-baby and well-child examinations, school and athletic physical examinations, or other health examination forms may be attached to AE Form 608-10-1A to ensure all required information is provided. Parents must complete part A of AE Form 608-10-1A and sign the form. A printed extract from the Armed Forces Health Longitudinal Technology Application (AHLTA) does not serve as a health assessment. All health assessments must be in English. The date on which the health assessment was performed must be entered into the appropriate CYMS field.

Table 1 CYS Services Health Assessment and Immunization Requirements				
CYS Services Program	Age	Health Assessment	Sports Physical Examination	Proof of Immunization
CDC and FCC regularly scheduled daycare (part and full time)	4 weeks thru 5 years	Within 30 days	NA	At registration
Kindergarten, SAC, and summer camps	5 thru 10 years	Within 30 days	NA	At registration
Hourly care, short-term alternative childcare for more than 5 hours per week	4 weeks thru 10 years	Within 30 days	NA	At registration
Contingency and emergency care	4 weeks thru 5 years	Within 60 days	NA	Within 60 days
Middle school or teen	11 thru 18 years	No (unless requested by SNAP team)	NA	No
SKIES	4 weeks thru 18 years	No (unless requested by SNAP team or deemed necessary by personnel)	NA	No
Sports (individual or team)	3 thru 18 years	Before the first practice or team event		No

(b) All children in CDC, FCC, and SAC programs must have a new health assessment conducted by an HCP at least every 3 years.

(c) A parent or guardian must review AE Form 608-10-1A each of the next 2 years to ensure the information and immunizations are current. If the information and immunizations are current, the parent or guardian will sign and date the bottom of the form. Significant changes in a child's health will require a new physical examination by an HCP. The date of this annual parent review will be entered into CYMS, replacing the date of the original health assessment.

(d) The completed AE Form 608-10-1A will be placed in the child's record at both parent central Services and the care site and be maintained there as long as the child is enrolled in a CYS services program.

(2) Middle School and Teen Participants. Middle school and teen participants do not require a health assessment unless they are participating in a sports program ((3) below) or are enrolled in a residential camp program (including the Youth Leadership Forum) that requires a health assessment. A health assessment is also required if requested by the Special Needs Accommodation Process (SNAP) Team because of a special need.

(3) CYS Services Sports and Fitness Team-Sports Participants.

(a) CYS Services sports and fitness team-sports participants may register and enroll in any sports and fitness program without a physical examination. They may be placed on a team roster, but must pass a sports physical examination before being able to participate in the first practice or game. Children enrolled in CYS Services sports and fitness team-sports programs must undergo a sports physical examination once a year.

(b) The physical examination must be annotated on AE Form 608-10-1A and remain valid through the last day of the enrolled sport. Well-child examinations, school and athletic physical examinations, or other health examination forms may be attached to AE Form 608-10-1A to ensure all required information is provided. To qualify as a sport physical, other health examination forms must state "Cleared to participate in sports."

(c) If the validity of the sports physical examination expires at any time during the season, the child will be prohibited from participating in any practice or game from the date the sports physical examination expires. Children may resume participating only after they have received a new sports physical examination.

(4) Schools of Knowledge, Inspiration, Exploration, and Skills (SKIES) Participants.

Children who are enrolled only in instructional programs through the age of 12 are not required to have a physical examination unless deemed necessary by the instructor, the OS director, the CYS Services coordinator, or the PHN. A health assessment is also required if requested by the SNAP Team because of a special need.

(5) Exceptional Family Member Program (EFMP) Enrollees. When a child that is enrolled in the EFMP uses CYS Services programs, SNAP guidance from IMCOM-Europe must be followed. When a Family with an EFMP enrollee moves, the gaining and the losing garrisons are strongly encouraged to establish contact before the move of the Family to ensure quick reentry into care.

c. Immunizations.

(1) U.S. military and civilian patrons with children enrolled in CDC, FCC, and SAC programs will follow the U.S. pediatric immunization requirements. The United States Army Europe Regional Medical Command (ERMC) implements these requirements at U.S. MTFs. The current immunization schedule is in appendix C.

(a) The only allowable exceptions to this requirement are for HCP-documented medical reasons or for legitimate religious objections based on published tenets documented by the clergy (including military chaplains). All requests for exception, both medical and religious, will be subject to review by the PHN to ensure appropriate action is taken to remove unimmunized children from programs in the event of an immunization-preventable disease outbreak. Immunization requirements will not be waived based on parental preference.

(b) Non-U.S NATO military patrons may elect to follow their host nation's child-immunization guidelines, but must provide a copy of those guidelines and prove that the child has been vaccinated accordingly. Non-U.S NATO military patrons, however, are encouraged to follow U.S. pediatric immunization requirements.

(c) Children will be excluded from care if there is an outbreak of a vaccine-preventable communicable disease against which the child is not vaccinated.

(2) Parents (or guardians) must provide a copy of the current immunization record when registering children for CDC, FCC, and SAC programs ([a above](#)).

(3) The CYMS will be set to provide a 30-day advance notice before immunizations are due. Parents of children who are delinquent in immunizations without documented justification from a health facility will be given a 10-day written notice to update the immunization or services will be suspended until immunizations are up to date. If the child is behind schedule at the time of registration, the next dose of required immunizations must be given before the child may enter the program. The child will then continue with the recommended catch-up immunization schedule. Unvaccinated children present a potential health threat to other children in group care who have legitimate medical reasons for being unable to receive immunizations on time.

(4) In the event of a vaccine shortage, medical authorities will provide guidance. Immunizations will be waived in CYMS and the waiver annotated "due to vaccine shortage."

2-5. SPECIAL NEEDS

a. At the time of registration for CYS Services, all parents are required to register their child in the Army Child and Youth Services Screening Tool to screen all children for special needs under the SNAP at the time of initial registration and annually thereafter.

b. After identifying any of the following special needs, parents will submit the appropriate documents, as shown below, signed by an HCP to the PHN:

(1) Food allergies: a special diet statement ([para 3-4](#)) and, if applicable, an allergy medical action plan (MAP).

(2) Food intolerance: a special diet statement ([para 3-4](#)).

(3) Respiratory diseases (asthma or reactive airway disease): a respiratory MAP.

(4) Nervous system disorders (epilepsy, seizures, febrile seizures): a seizure MAP.

(5) Diabetes: a diabetes MAP.

c. For conditions not listed in [subparagraph b above](#), the PHN will decide which documents are required to substantiate and address the conditions.

d. MAPs are valid for 1 year from the date of HCP signature or until the health status of the child changes.

e. CYS Services personnel and FCC providers must receive all pertinent special-needs documentation, be trained to recognize and respond to the child's special need, and be trained in providing all required accommodations before the child will be received in care.

f. The PHN will identify CYS Services personnel training requirements for children with special needs during the SNAP process and schedule and oversee the training.

g. CYS Services program directors will ensure that special needs binder is available for each child with identified special needs and that each binder contains the following documents, as applicable to the condition:

(1) SNAP screening tool documents 7625-1, -2, -3 or tool #1, tool #2.

(2) MAPs.

(3) Special diet statements.

(4) Individual education plan.

(5) Documents from supporting therapists (for example, speech therapist).

(6) Behavioral plans.

SECTION III

CHILD AND YOUTH ILLNESS SCREENING AND READMISSION CRITERIA

2-6. RESPONSIBILITIES

a. CYS Services personnel will closely observe children when they arrive and while they are in care until they leave. Parents, guardians, and CYS Services personnel should consult the CYS Services nurse or PHN when there is a question about a child's health.

b. The CYS Services nurse or director will notify the PHN of any reportable or contagious disease within 24 hours after diagnosis and will provide an exposure notice ([app D](#)) to parents or guardians. In addition to providing a notice to parents, exposure information may be posted on classroom doors for 2 weeks after the last reported case. CYS Services personnel may contact the CYS Services Branch,

Office of the Assistant Chief of Staff, G9, HQ IMCOM-Europe (mil 544-9329), for exposure notices for contagious diseases that are not listed in [appendix D](#).

c. Within 1 hour after being notified, unless extenuating circumstances exist, parents or guardians must pick up children who become ill while in care. The CYS Services director will evaluate circumstances that may require more than 1 hour for a parent or guardian to pick up a child.

2-7. ADMISSION GUIDELINES

CYS Services personnel and FCC providers will screen each child for acceptance in care at the time of arrival and before the parent leaves. Only personnel who have been properly instructed by the PHN will perform the admission screening.

a. CYS Services personnel will inquire whether the child has had any of the following conditions:

(1) Nausea, vomiting, or diarrhea.

(2) Consultation with their primary HCP regarding child-health concerns.

(3) Axillary temperature higher than 100.5° F for infants (3 months and younger) or higher than 101° F for all other children. Children who have been denied care due to fever can be readmitted for care if the fever has been absent for 24 hours without the use of a fever-reducing agent or with a signed and stamped note from an HCP stating that the child is not infectious and can return to care.

(4) Inability to participate in daily activities.

b. If any of the symptoms in subparagraph a above are noted or reported and CYS Services personnel or FCC providers determine that the child needs to be temporarily excluded from care, CYS Services personnel or FCC providers will advise parents to do the following:

(1) Care for the child at home until symptoms have subsided and the child is able to participate in daily activities.

(2) Consult an HCP for further instructions.

c. Children who appear ill or show visible signs of the following at the time of arrival at the CYS Services program will be excluded from care:

(1) Axillary temperature that is higher than 100.5° F for infants (3 months and younger) and higher than 101° F for older children.

(2) During influenza season (1 Oct thru 31 May): axillary or oral temperature higher than 100 °F) and at least one respiratory symptom (runny nose, cough, congestion, sore throat) or intestinal upset or diarrhea.

NOTE: Individuals may be infected with influenza and have respiratory symptoms without a fever.

(3) Inability to participate comfortably in daily activities. This may include but not be limited to an acute change in behavior (lethargy or lack of responsiveness, irritability, persistent crying, difficulty breathing) or having a quickly spreading rash.

(4) Obvious symptoms of the following (symptoms of the illnesses are described in [table D-1](#)):

(a) Impetigo.

(b) Scabies.

(c) Ringworm (of body).

(d) Diarrhea that is not associated with changes of diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing soiled pants or clothing. In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two or more bowel movements more than the normal frequency for that child, the child has loose or watery stools associated with fever, or the child's ability to participate in program activities is affected.

NOTE: Breast-fed infants may have large stools that may not always be contained in the diaper and are not to be excluded unless there is a significant change in their normal stool pattern. Children that are on antibiotics will sometimes have loose stools and should not be excluded unless they meet the criteria in [\(d\) above](#).

(e) Chickenpox.

(f) Head lice and nits.

(g) Diagnosed strep infections that have not been under treatment for at least 24 hours.

(h) Conjunctivitis (pink eye).

(i) Pinworm infestation.

(j) Other contagious diseases such as measles, mumps, and hepatitis.

d. If a child becomes ill while in care, the child will be immediately placed in the isolation area until the parent arrives.

e. In the case of a sudden serious illness or injury, CYS Services personnel or FCC providers will call emergency services and the parents. If the parents cannot be reached immediately, the child will be taken to the nearest designated MTF or local hospital by ambulance. A representative from CYS Services will accompany the child to the MTF while CYS Services personnel who stay behind continue to make efforts to contact the parents. FCC providers will make a decision on who will accompany the child to the MTF based on the circumstances. Conditions that require immediate medical care include, but are not limited to, the following:

(1) Convulsions.

(2) Marked difficulty breathing.

(3) Unconsciousness.

- (4) Serious laceration.
- (5) Injury to an extremity with obvious deformity.
- (6) Head trauma associated with vomiting or altered consciousness.
- (7) A child who has mistakenly been given medication.

f. Emergency numbers for an ambulance, poison control, military police, and the fire department will be posted by every telephone in CYS Service programs and FCC homes.

2-8. PROCEDURES FOR NOTIFYING PARENTS OF A CHILD'S ILLNESS

a. CYS Services personnel or FCC providers will notify parents or guardians when a child becomes ill while in care. If the parents or guardians cannot be located, the designated emergency contact must be contacted.

b. Until they are picked up, children who are ill must remain in the isolation room under adult supervision and away from other children.

c. The CYS Services nurse or PHN must be consulted when guidance in established references does not provide specific details on the course of action to follow.

d. AE Form 608-10-1B must be completed when a child is sent home from the CYS Services program or FCC home. A copy of the form will be placed in the child's record, and the original will be provided to the parent or guardian.

2-9. READMISSION GUIDELINES

A child may return to the CDC facility, SAC facility, or FCC home when either the child no longer exhibits the symptoms of illness or the staff is presented with an AE Form 608-10-1B signed and stamped by an HCP stating that the child's illness is no longer contagious. The child must also be well enough to participate in scheduled program activities, including outdoor play, and meet the conditions on AE Form 608-10-1B. The form will be placed in the child's record and kept there as long as the child is in care. Any recommendations for limited activity or requirements for more detailed observations to be made should be specified by the HCP. These recommendations, however, may not override guidelines prescribed by AR 608-10. The communicable diseases chart in [table D-1](#) provides information about illnesses, their length of contagious periods, and exclusion and readmission criteria.

SECTION IV ADMINISTERING MEDICATION

2-10. RESPONSIBILITIES

a. The PHN will—

(1) Provide regularly scheduled training to the CYS Services staff and FCC providers on administering medication. The PHN may delegate in writing to the CYS Services nurse the authority to provide training on administering medications, sudden infant death syndrome, bloodborne pathogen exposure prevention, and communicable diseases.

(2) Be the approval authority for exceptions to policy on administering medications. When an exception is approved, the PHN or CYS Services nurse will train caregivers as needed. Exceptions to policy on administering medication must be documented on AE Form 608-10-1D.

b. CYS Services managers will—

(1) Ensure that all designated CYS Services caregivers and FCC providers successfully complete medication-administration training (a(1) above) as specified on individual development plans (IDPs) before they are allowed to administer medication.

(2) Review and sign DA Form 5225-R and AE Form 608-10-1C or AE Form 608-10-1K for rescue medication.

(3) Ensure CYS Services programs provide adequate and safe storage for medications.

(4) Notify parents or guardians of any suspected or apparent side effect or emergency related to the medication.

(5) Notify the CYS Services nurse or PHN of any unusual occurrence or medication-related problem and document it on AE Form 608-10-1L.

(6) Ensure that medication is administered only to children enrolled in full-day care, part-day care, school-age programs, or sick-child care settings. Programs will accommodate SNAP team recommendations for access to rescue medication for children in hourly care.

(7) Track the administration of medications to ensure they are given as prescribed and on time (c(5) below) and that medication administration is documented correctly.

c. CYS Services caregivers and FCC providers will—

(1) Complete medication-administration training every 3 years, whether or not they are designated to actually administer medication.

(2) CYS Services caregivers and FCC providers who are designated to administer medication will—

(a) Be spot-checked annually for competency by the CYS Services director, nurse, or PHN. Documentation of this spot-check will be kept in the employee's or provider's file.

(b) Receive updated information on changes to all authorized lists of medications and changes to the procedures in dispensing medications as needed.

(3) Read and be familiar with the policy and procedures in this section.

(4) Ensure parents complete and sign DA Form 5225-R or AE Form 608-10-1C or AE Form 608-10-1K for rescue medications. One of these forms must be completed before any medication is administered.

(5) Review each DA Form 5225-R and AE Form 608-10-1C at the start of each shift to ensure medication is administered at the required times.

(6) Administer medication at the specified times. A medication is “on time” if it is given no more than 30 minutes before or 30 minutes after the prescribed time. When a dose is more than 30 minutes late, CYS Services staff will not administer the dose, but call parents to inform them of the missed dosage so that the parents can choose to come in and give the medication or wait until the next scheduled dose.

(7) Inform CYS Services managers, the parent or guardian, and the CYS Services nurse or PHN of any emergency or errors related to the administration of medication.

(8) Ensure the CYS Services program director reviews and signs DA Form 5225-R and AE Form 608-10-1C or AE Form 608-10-1K.

d. The parent or guardian of a child enrolled in CYS Services will—

(1) Ensure the child is well enough to participate in the CYS Services program.

(2) Give instructions to and written permission for CYS Services personnel to administer prescribed medications, basic care items, or both according to this paragraph and [paragraph 2-11](#).

(3) Ensure the child received required medication at least 24 hours before the medication is administered by CYS Services personnel.

(4) Complete and sign the medication-administration documentation (DA Form 5225-R, AE Form 608-10-1C, or AE Form 608-10-1K).

2-11. PRESCRIPTION MEDICATIONS

All prescription medications will be entered into CYMS.

a. Children Enrolled in a CDC, FCC, or SAC Program.

(1) Parents or guardians will administer medications to their children whenever possible. When this is not possible, medications may be administered in the CYS Services setting. The HCP or parent will administer the first dose of a medication. Children will be on oral medication at least 24 hours before CYS Services personnel may administer the medication.

(2) Designated CYS Services personnel and FCC providers may administer medication to children in CYS Services programs according to HCP instructions. Designated CYS Services personnel and FCC providers may administer medication only after they have successfully completed medication-administration training given by the PHN or CYS Services nurse ([para 2-10a\(1\)](#)).

(3) Medication may be administered to children enrolled in regular full-day, part-day, or school-age programs. Medication may be administered in hourly care programs if the parent or guardian has completed and provided AE Form 608-10-1D, the exception to policy is approved by the PHN and CYS Services director, and no other reasonable alternative exists. The completed form will be placed in the child’s record and maintained there as long as the child is enrolled in the program. Children with severe allergies or with asthma may require access to a rescue medication while attending a CYS Services

hourly care program. After SNAP team review and approval, rescue medications must be available at the care site when these children are attending a CYS Services program (para 2-12).

(4) All medication, with the exception of rescue medications, must be kept in one locked, centrally located cabinet, out of reach for children, and according to the manufacturer's instructions. Medication requiring refrigeration must be isolated in the refrigerator in a separate locked container. The individual in charge will keep the key to the cabinet or locked refrigerated container in the administration office.

(5) Only HCP-prescribed, U.S. MTF-dispensed antibiotics, antihistamines, decongestants, topical medications, and behavioral medications may be administered (app E lists approved medications). Only the PHN may approve HCP-prescribed medications that are not MTF-dispensed or in a category other than those listed above. For example, medication prescribed by a host nation (HN) medical provider and dispensed by an HN pharmacy will require review for clarity in labeling of prescribing information before the PHN will consider approving it as an exception to policy.

(a) Only the PHN may approve administering medications other than orally or topically. Eye, ear, and nose drops may be administered by CYS Services personnel who have documented training and demonstrated competency in administering these types of medication.

(b) Medications that are prescribed as "prescription required as needed" or "PRN" will not be given in CYS Services programs, with the exception of rescue medications such as an epinephrine autoinjector (like EpiPen®) and asthma inhalers as prescribed in the respiratory MAP. The administration of rescue medication requires approval from a health consultant, compliance with AR 608-75, and a SNAP team review. Approval will be granted on a case-by-case basis.

(c) Acetaminophen and ibuprofen may be given if ordered by an HCP with specific dosage and time sequence, not "as needed." These medications will not be given to control fever in CYS Services programs, but may be prescribed as needed in a seizure MAP.

(d) Diaper bags and children's backpacks must be free of all medications and hazardous materials.

(6) Written permission on DA Form 5225-R or AE Form 608-10-1K for rescue medication must be obtained from a parent or guardian and reviewed and signed by the CYS Services manager before a medication may be administered. For children in FCC homes, an FCC director, CYS Services nurse, or PHN must have reviewed and signed DA Form 5225-R or AE Form 608-10-1K within 10 workdays after a medication has been given.

(7) CYS Services personnel will use either of the following forms to record every day whether the medication has been administered or not:

(a) DA Form 5225-R.

(b) AE Form 608-10-1K. This form may be used instead of DA Form 5225-R for the administration of rescue medication.

(8) All medication must be in the original container with a childproof cap. The container must be labeled with the date of issue, child's first and last name, the HCP's name, name of the medication,

dosage, method of administration, and instructions for use. Each prescription may be written for only one child. All prescriptions must be in English or have a translation provided by the prescribing HCP or designee. When provided, the translation should be put in a resealable zip-style plastic bag with the medication. [Subparagraph \(5\) above](#) provides approval requirements for medications that are not dispensed by an MTF.

(9) A child will not be forced to take a medication if he or she refuses it. In these cases, CYS Services personnel will notify the parent or guardian and note the refusal on DA Form 5225-R or AE Form 608-10-1K and complete AE Form 608-10-1L.

(10) Medication will be administered to only one child at a time in an area away from other children. Only one dosage of liquid medication will be poured at a time.

(11) The primary caregiver will verify the identity of the child before any medication is given.

(12) The label on the medication must be read carefully and compared to DA Form 5225-R or AE Form 608-10-1K before administering the medication to a child. If there is any doubt about medication administration, the medication must be withheld, the parent or guardian must be contacted, and the CYS Services nurse or PHN must be notified.

(13) The dosage of medication cannot be altered from the dosage listed on the prescription label. Parents or guardians will provide the appropriate measuring device for the child's age (either graduated disposable medicine cups or oral syringes) for administering medications.

(14) The time that the medication is given and the initials of the person administering the medication must be entered immediately on DA Form 5225-R or AE Form 608-10-1K. The initials on the form verify that the person followed proper procedures when administering the medication. The initials of the caregiver will be identified with the caregiver's full name on the form.

(15) Medication will always be referred to as *medicine* or *medication*. It will never be referred to as *candy*.

(16) If the child has difficulty taking a solid medication (pill or capsule), the PHN should be contacted for suggested methods of assisting the child. For repeated difficulties, the parents or guardians should be encouraged to contact the HCP to obtain a prescription in liquid form if possible.

(17) If a child spits up a medication, the medication will not be readministered. CYS Services personnel will notify the parent or guardian and note the incident on DA Form 5225-R or AE Form 608-10-1K and complete AE Form 608-10-1L.

(18) Medication must be returned to the parent or guardian when the instructions on the medication indicate that the prescribed period for administering the medication is finished. When a child ceases to participate in the CYS Services program, all medications must be returned to the parents or guardian, and the return of the medications must be documented on DA Form 5225-R or AE Form 608-10-1K. Medications not returned must be given to the CYS Services program director or CYS Services nurse for disposal.

(19) CYS Services personnel will notify the parents and complete a medication incident report (AE Form 608-10-1L) when there is any unusual occurrence, incident, or mistake in administering the medication (for example, medication was spilled, a wrong dose was administered, a medication was administered to a different child or at a wrong time, a dose was missed, side effects were observed). The CYS Services Program director will sign AE Form 608-10-1L and place the form in the child's file.

(20) The following instructions apply to the use of teething medication:

(a) Teething medications containing benzocaine oral anesthetics require a prescription. Careful documentation of when the medication is administered is critical to preventing overdoses. Communication between parents and CYS Services personnel should include the time when the last dose was administered at home and the time when the last dose was administered at the care site.

(b) CYS Services personnel will wash their hands thoroughly and put on protective gloves before applying the medication. A small amount of ointment will be applied to the child's gums. Care should be taken to avoid applying the medication to other areas of the mouth. The caregiver will dispose of the gloves and wash his or her hands after applying the medication.

(c) Caregivers will carefully observe children for signs and symptoms of adverse reactions to include paleness; gray or blue-colored skin, lips, and nailbeds; headache; lightheadedness; shortness of breath; fatigue; and rapid heart rate.

b. Middle-School and Teen-Youth Service Program Participants.

(1) Staff members are not responsible for administering medications to middle-school and teen participants. Staff members may administer medication to special-needs youth as documented by the SNAP team.

(2) Youths must notify the staff when they are in possession of any prescribed or over-the-counter (OTC) medication, and must take the medication (as permitted by AE Form 608-1-1H) in the presence of the staff. Each facility must have an established process to monitor and track youth self-medication on AE Form 608-10-1H for the youth on file.

(3) During middle-school and teen-youth service programs (for example, on- or off-post activities, field trips), participants may carry and self-administer prescribed or OTC medication with written parental permission. All medications, whether OTC or prescribed, must be in the original container with labels intact.

2-12. RESCUE MEDICATIONS

Rescue medications are medications that are to prevent or lessen potential life-threatening reactions of a medical condition.

a. Rescue medications will be secured out-of-reach of children, but not locked. Medication should be stored in a backpack with a reusable childproof lock or device, easily accessible in an emergency.

b. Rescue medications may be kept in a small backpack or "fanny pack" with the medication in a secured zipper compartment and will be stored in the child's classroom. Rescue medications will be stored in a way to ensure immediate access and administration of the medication within 2 minutes. Drills will be conducted and documented to evaluate the time it takes to access rescue medication and administer it within 2 minutes. SAC and MST programs may store rescue medications in a central location to ensure immediate access and administration of the medication within 2 minutes if the youth does not carry the medication him- or herself.

c. Children or youth who require rescue medication are not allowed to participate in CYS Services programs without their rescue medication and a MAP being on site.

d. All rescue medication will be—

(1) In the original container with a child-proof cap.

(2) Labeled with the child's or youth's name, name of medication, dosage strength, route of administration, the name of the HCP, and instructions for use (for example, "Inhale two puffs every 4 hours for wheezing or shortness of breath").

e. Rescue medications will only be administered as prescribed by the instruction for use and as directed by the MAP.

f. Only CYS Services personnel or FCC providers who have received appropriate training by the PHN on how to administer medication will administer rescue medication.

g. CYS Services personnel will use either DA Form 5225-R or AE Form 608-10-1K to document the administration of rescue medication and keep the form in the child's or youth's file.

h. SAC and MST facilities must have an established written process to monitor and track youths who carry and self-administer rescue medication. Youth participants may carry their own rescue medication (inhalers and autoinjectors) in youth programs. Youths will not be admitted to the program without their rescue medications. The staff must be aware of the location of the emergency medication at all times. A signed consent form from the HCP, appropriate documentation, and SNAP paperwork must be on file. A central location for rescue medication must be determined for each facility when it is preferable to keep rescue medicines on site rather than in the possession of the youth. The conditions in [paragraph 2-11](#) apply.

2-13. BASIC-CARE ITEMS FOR CDC, FCC, AND SAC PROGRAMS

a. Basic-care items are OTC diaper creams, teething gel without benzocaine, insect repellants, sunscreens, lip balm, petroleum jelly, and moisturizing lotions. Only these items may be used without a prescription.

b. Basic-care items with labeling information in a language other than English will require review for clarity in labeling of information by the PHN before it may be used.

c. The parent or guardian must purchase and supply these items, label the container with the child's first and last names, and complete AE Form 608-10-1C. This form will be—

(1) Valid for 90 days after it is dated.

(2) Kept in the child's classroom folder during the duration of use.

(3) Placed in the child's permanent folder after the 90-day period.

d. Basic-care items must be stored out of the children's reach.

e. Routine use of diaper creams is authorized subject to subparagraph c above. An HCP must evaluate any diaper rash or redness that persists for more than 5 days or does not improve with the use of diaper cream. The parent or guardian must provide documentation from an HCP showing that the child has been examined and treatment has been prescribed.

f. The following apply to the use of sunscreen and insect repellants:

(1) Only nonprescription, nonflammable sunscreens with a sun-protection factor of at least 15, and identified by the manufacturer as appropriate for the use on the child's age group, may be applied.

(2) CYS Services personnel may apply sunscreen to children who have not yet begun first grade. CYS Services personnel will apply sunscreen to the face (being careful to avoid the eyes) and to all skin exposed to the sun. Sunscreen may need to be reapplied if exposure to the sun is prolonged or the children are involved in water-play activities.

(3) SAC children may carry and apply their own sunscreen with supervision by CYS Services personnel.

(4) Insect repellants must be nonflammable and applied according to the manufacturer's instructions.

SECTION V IDENTIFYING AND CARING FOR CHILDREN WITH ASTHMA

2-14. GENERAL

a. This section applies to all children enrolled in CYS Services programs who have an identified medical diagnosis of asthma or reactive airway disease. For simplicity, the term *asthma* will be used for both throughout this section. Each child identified must have a current respiratory MAP that describes rescue measures.

b. The PHN will use the EFMP-defined algorithm in the SNAP standing operating procedure (SOP) to review DA Form 7625-1 for each child that is identified as having asthma to determine whether or not a SNAP team review is necessary. If a SNAP review is needed, the SNAP established by IMCOM-Europe must be followed. Children with good medical control of their asthma may not require a SNAP team review. In these cases, the respiratory MAP will be used to inform CYS Services staff members of the child's medical needs.

c. The PHN, CYS Services nurse, or medical designee will train CYS Services staff on asthma.

d. A child who has asthma medications in a CYS Services program will receive his or her medications according to his or her respiratory MAP.

e. A child enrolled in a CYS Services program with asthma must have the following on file:

(1) A current AE Form 608-10-1A.

(2) A respiratory MAP completed by an HCP, reviewed by the PHN, and monitored by the CYS Services nurse at the program site. Respiratory MAPs must be renewed each year.

(3) Completed DA Form 7625-1, DA Form 7625-2, and DA Form 7625-3, and minutes of the SNAP team's review and recommendations, if applicable.

f. A completed AE Form 608-10-1D is not required for inhaled rescue medications when prescribed as rescue medications if all other documents (including DA Form 5225-R) and the appropriate respiratory MAP are complete and current.

2-15. RESPONSIBILITIES

- a. The CYS Services program director will ensure that all children enrolled in CYS Services programs who have asthma have a current respiratory MAP.
- b. The PHN or MTF-designated health consultant will—
 - (1) Review DA Form 7625-1 to determine whether or not a SNAP team review is required.
 - (2) Complete DA Form 7625-2, review respiratory MAPs, and identify CYS Services personnel training requirements.
- c. The CYS Services nurse will ensure that a respiratory MAP is on file, train staff members on respiratory MAP components as needed, and monitor the overall effectiveness of individual respiratory MAPs.
- d. CYS Services personnel will administer asthma medications only after having received training according to [paragraph 2-16](#).

2-16. STAFF TRAINING

The CYS Services nurse or PHN will conduct asthma-care training and ensure employees demonstrate competency in administering asthma medication annually. This training must be documented in IDPs.

2-17. EQUIPMENT

- a. All asthma-related equipment, such as metered dose inhalers (MDIs), nebulizers, and spacers, will be provided by the parent or guardian. All equipment will be stored in a clear plastic bag with a resealable zip closure that is properly labeled with the child's name.
- b. MDIs and spacers need not be cleaned after each use. Regularly used MDIs and spacers should be sent home at the end of each week for cleaning by the parents or guardians.
- c. Parents or guardians are responsible for refilling prescribed medications.

2-18. PROCEDURES FOR TREATMENT

To treat children who have asthma, CYS Services personnel will—

- a. Take the child to a designated area. (Older children who have been trained to treat themselves should be allowed to self-administer the medication. This is part of learning to take care of themselves.)
- b. Assemble the child's equipment and medication.
- c. Follow the standard CYS Services medication-administration procedures in [section IV](#).
- d. Follow administration instructions for MDIs with spacers and nebulizers in the child's respiratory MAP.

SECTION VI HEALTH AND SANITATION

2-19. RESPONSIBILITIES

CYS Services directors will ensure that—

- a. Staff members strictly follow policy and procedures that apply to program health and hygiene standards.
- b. Staff members, caregivers, FCC providers, cooks, and food-service workers are trained in the prevention of foodborne diseases.
- c. All activity rooms and outdoor play areas have easy access to soap, disposable towels, and trashcans.

2-20. PROCEDURES

Preventing the spread of diseases requires good personal hygiene. The Occupational Safety and Health Administration requires the provision of protective gloves for employees who wish to use them. Both adults and children are required to use the following practices:

a. Thorough handwashing is the most effective way to prevent the spread of disease. CYS Services personnel must use the handwashing method recommended by the Centers of Disease Control and Prevention as described in subparagraph d below. Signs that explain handwashing procedures must be posted at all sinks. CYS Services personnel and children will wash their hands with soap and water when available. Hand sanitizers may be used only when sinks are not available. Hands must be washed—

(1) Before beginning work, handling food, common medium play (for example, water table, sand table, clay), diapering and toileting, and administering medication.

(2) After diapering and toileting, handling food, handling body fluids, common medium play, administering medication, entering the childcare setting from outside, and handling pets or pet items.

b. Sinks in diaper-changing units will be used only for handwashing, never for food preparation or toy sanitizing. If only one sink is available in the room, plastic basins must be used for toy washing and sanitizing, and all food preparation must be done in the kitchen. Signs must be posted by each sink in the activity room to clarify what the sink may be used for ([app F](#)).

c. Disposable (paper) towels and liquid soap must be provided for staff and children.

d. Hands must be washed using the following procedures:

(1) Remove rings or raise them to the knuckle area. Use soap and running water to wash the ring site, then replace the ring to its original site and wash the rest of the hands thoroughly.

(2) Rub the hands together vigorously (washing all surfaces) for at least 20 seconds.

(3) Rinse thoroughly with running water.

(4) Dry with disposable towels.

(5) Use a disposable towel to turn off the water.

(6) Place the disposable towel in a plastic-lined trashcan.

e. Trashcans used for food disposal must be covered and sanitized daily.

f. The use of foot-operated diaper pails with functional lids is highly recommended. Diaper pails and lids must be sanitized daily. When foot-operated diaper pails are not available, the staff will sanitize the diaper-pail lids and all other areas touched (including cupboard doors) after each use.

g. The following procedures and those in [paragraph 2-31f](#) must be used when handling blood and other body fluids:

(1) Wear protective gloves when handling blood or blood-contaminated fluids, and when hands have open lesions or cuts. This will prevent contamination from body fluids. Gloves may be worn when changing soiled diapers.

(2) When cleaning up contamination by blood, feces, or vomit—

(a) Wear protective gloves on both hands.

(b) Wash the surface with soap and water.

(c) Sanitize the area with a bleach solution ([i below](#)) and allow the area to air-dry.

(d) Wash nondisposable items (for example, mops, buckets) with soapy water and sanitize them with a bleach solution.

(3) When accidentally exposed to blood or blood-contaminated fluids, hands must be washed thoroughly using the procedures in subparagraph d above.

h. Before and after the children eat, tabletops in activity rooms must be sanitized using bleach solution and disposable towels.

i. The bleach solution must be—

(1) Prepared each day in the laundry room or janitor's closet. The bleach-solution recipe ([app G](#)) must be posted in the preparation area.

(2) Labeled *Bleach Solution* with the date of preparation.

(3) Kept out of the reach of children.

(4) Provided in each infant room and FCC home with two labeled bleach bottles: one for the diapering and toileting area and one for the activity area (for example, tables, shelves).

(5) Prepared according to [appendix G](#).

j. Wash and sanitize toys as follows:

(1) Toys used by children younger than 3 years must be washed with soapy water at the end of each day and after a child has placed the toy in his or her mouth. Toys used by children 3 years and older must be washed with soapy water at least once a week (including drama play clothes). A

dishwasher may be used to clean toys, as long as the water temperature is at least 140 to 150 °F and there is nothing other than the toys in the dishwasher at the same time. All toys must be free of obvious dirt or debris and in good condition.

(2) Rinse toys with clean water.

(3) Immerse toys in bleach solution for at least 2 minutes.

(4) Allow the toys to air-dry on a clean surface.

(5) When an infant or toddler finishes playing with a toy, put the toy in a bin reserved for dirty toys. The contents of the bin must be out of the reach of the children. Toys can be washed at a convenient time and then placed in play areas.

k. Wash and sanitize surface areas (tabletops, cabinets, shelves) as follows:

(1) Wash all surfaces with soapy water to remove particulate matter (for example, food debris, saliva).

(2) Spray the bleach solution on surfaces.

(3) Allow surfaces to air-dry if possible.

l. Pacifiers must be labeled with the child's name using a waterproof label or nontoxic permanent marker. Pacifiers must be washed after being dropped on the floor.

m. Caregivers will ventilate all rooms at least once a day to clear the air of bacteria and other germs.

SECTION VII MEDICAL GUIDANCE ON INJURIES

2-21. RESPONSIBILITIES

a. The CYS Services coordinator will ensure that—

(1) Every child who is injured while in a CYS Services program receives proper care.

(2) The Program Manager, CYS Services Branch, Office of the Assistant Chief of Staff, G9, IMCOM-Europe; local garrison safety office; CYS Services nurse; and PHN are notified of every serious accident or injury that requires medical treatment.

b. Program directors will ensure the following:

(1) All children are cared for immediately when an accident or injury occurs.

(2) Staff members complete a first-aid course, complete cardiopulmonary resuscitation (CPR) training and demonstrate competency, and know the procedures in [paragraph 2-22](#).

(3) Emergency telephone numbers are displayed by all telephones at all times.

(4) Children's files are checked periodically to ensure parent or guardian and designated emergency contact telephone numbers are accurate.

(5) The parent, guardian, or designated emergency contact and the CYS Services coordinator are immediately notified when an accident or injury occurs.

(6) AE Form 608-10-1E is completed immediately and accurately in case of an accident or injury.

(7) First-aid kits are available in all CYS Services locations and stocked with required supplies. At least one complete first-aid kit must be at each CYS Services program location and include the items in (a) through (i) below. As many small portable kits as deemed necessary should be available for field trips and outdoor play.

(a) Adhesive bandages. (Latex-free products are recommended.)

(b) Disposable gloves. (Latex-free products are recommended.)

(c) Gauze rolls and dressings (2 inches by 2 inches and 4 inches by 4 inches).

(d) Hand soap and sanitizer (2 ounces size).

(e) Ice packs.

(f) Scissors.

(g) Sling.

(h) Surgical tape. (Latex-free products are recommended.)

(i) Tweezers (alcohol pads may be included to sanitize tweezers).

c. CYS Services employees and volunteers will—

(1) Use the procedures in [paragraph 2-22](#) to ensure children receive proper care after an accident or when injured.

(2) Ensure the program director is immediately notified when an accident or injury occurs.

(3) Objectively complete AE Form 608-10-1E immediately after an accident or injury occurs. After obtaining the signature of the parent or guardian, AE Form 608-10-1E will be placed in the child's file and kept there as long as the child is in care. Copies may be given to parents for use in other program services or when they end enrollment in the program. Records of children who have had a serious accident, injury, or unusual occurrence requiring emergency consultation or treatment at an MTF will be retained in the CYS Services system for 3 years.

2-22. PROCEDURES

In case of an accident or injury, CYS Services personnel and FCC providers will do the following:

a. Minor Cuts and Abrasions.

(1) Before caring for a wound, wash hands using the procedures in [paragraph 2-20d](#) or use a hand sanitizer when on field trips without access to running water.

(2) Wash the wound with soap and running water, then cover it with an adhesive or gauze bandage. When there is no access to running water, remove debris from the wound, cover it with gauze, and transport the child to a source of water.

b. Bleeding Wounds.

(1) Put on protective gloves and apply gentle (never heavy) pressure directly on the wound with gauze or a clean cloth.

(2) Assess for evidence of a fracture; if there is no evidence, elevate the injured body part to a level higher than the child's head.

(3) When bleeding is under control, bandage the wound firmly, but not tightly.

(4) If the wound continues to bleed—

(a) Call an ambulance.

(b) Notify the parent, guardian, or designated emergency contact; the program director; the CYS Services nurse or PHN; and the CYS Services coordinator.

(c) Have a copy of the child's registration form ready for emergency responders to take with the child in case the child is transported.

(5) Follow the procedures in [paragraph 2-31f](#).

c. Bruises. Apply a cold compress directly on the wound. Notify the parent, guardian, or designated emergency contact immediately if the bruising is severe.

d. Burns.

(1) If the skin is red or discolored—

(a) Immerse the body part in cold (not icy) water until the pain subsides (usually within 5 to 10 minutes) or lightly apply a clean, cold compress.

(b) Gently pat the skin dry using sterile gauze or a clean cloth.

(c) Loosely cover the wound with sterile gauze or a clean cloth.

(d) Not use an antiseptic spray or ointment.

(e) Not apply pressure to the burn site.

(2) If the skin appears white, mottled, or is blistering, immediately notify the parent, guardian, or designated emergency contact, who will determine what medical followup actions to take and follow up by notifying the CYS Services coordinator or nurse and the PHN.

e. Insect Bites and Stings.

(1) In case of bee stings—

(a) Remove the stinger immediately.

(b) Cleanse the site with soap and water and apply a bandage.

(c) Place a cold compress on the sting site.

(d) If swelling occurs, immediately notify the parent, guardian, or designated emergency contact; the program director; the CYS Services nurse or PHN; and the CYS Services coordinator.

(2) In case of severe swelling, a history of an allergy to insect bites or stings, or difficulty in breathing—

(a) Refer to the respiratory MAP if available.

(b) Call an ambulance.

(c) Notify the parent, guardian, or designated emergency contact; the program director; the CYS Services nurse or PHN; and the CYS Services coordinator.

(d) Have a copy of the child's registration form ready for emergency responders to take with the child in case the child is transported.

(e) Monitor the child's breathing closely. If breathing stops, begin CPR and continue until the emergency medical team arrives or the child begins breathing again.

f. Convulsive Seizures.

(1) Refer to the seizure MAP if a seizure disorder has been identified.

(2) Clear the immediate area of large or sharp objects that can cause injury.

(3) Not restrain body movements; loosen restrictive clothing and roll the child on his or her side.

(4) Not insert a tongue blade or any object between the teeth.

(5) Stay with the child, note the length of time the convulsions last, and observe body movements.

(6) Notify the parent, guardian, or designated emergency contact, and the program director. The program director will notify other appropriate personnel.

(7) If breathing stops—

(a) Begin CPR and immediately identify by name a staff member to call an ambulance; continue CPR until the emergency medical team arrives or the child begins breathing again.

(b) Notify the parent, guardian, or designated emergency contact; the program director; the CYS Services nurse or PHN; and the CYS Services coordinator.

(c) Have a copy of the child's registration form ready for emergency responders to take with the child in case the child is transported.

g. Head, Neck, or Back Injuries. (A medical evaluation must be obtained for all head, neck, and back injuries.)

(1) If the child is unconscious—

(a) Ensure he or she is breathing; if the child is not breathing, begin CPR and immediately identify by name a staff member to call an ambulance; continue CPR until the emergency medical team arrives, or the child begins breathing again.

(b) Not move the child, not put anything into the child's mouth, and not bend the child's neck.

(c) Immobilize the child in his or her current position.

(d) Notify the parent, guardian, or designated emergency contact, and the program director.

(e) Have a copy of the child's registration form ready for emergency responders to take with the child in case the child is transported.

(2) If the child is conscious, immediately notify the parent, guardian, or designated emergency contact to ensure that one of them accompanies the child for a medical evaluation.

(3) Cleanse minor wounds with soap and water; then apply an adhesive or gauze bandage.

(4) If there is bleeding, apply light (never heavy), direct pressure over the wound with sterile gauze or a clean cloth.

(5) Stay with the child and reassure him or her.

h. Eye Injuries. (A medical evaluation is needed for all eye injuries.)

(1) For minor irritants (for example, sand, dirt, bug), follow normal first-aid procedures to flush the eye; if irritation continues after flushing, contact the parent, guardian, or designated emergency contact to determine medical followup actions.

(2) Not rub the eyes.

(3) Not put drops or ointments in the eye without medical advice.

(4) Not try to remove objects that have become lodged in the eye.

(5) Cover the eye loosely with sterile gauze or a clean cloth and call an ambulance.

(6) Notify the parent, guardian, or designated emergency contact and the program director.

(7) Have a copy of the child's registration form ready for emergency responders to take with the child in case the child is transported.

i. Ear and Nose Injuries. (A medical evaluation is necessary for marked or severe ear and nose injuries.)

(1) For a nosebleed, gently pinch the lower soft part of the nose for about 5 minutes while the child is sitting erect, and apply cold compresses; the head should not be tilted back.

(2) If the bleeding continues for more than 10 minutes—

(a) Call an ambulance.

(b) Notify the parent, guardian, or designated emergency contact, and the program director.

(c) Have a copy of the child's registration form ready for emergency responders to take with the child in case the child is transported.

(3) If the nose might be broken, contact the parent, guardian, or designated emergency contact to determine medical followup actions.

(4) Not remove foreign objects from the ear or nose; contact the parent, guardian, or designated emergency contact to accompany the child for a medical evaluation.

j. Ingestion.

(1) Immediately call the Poison Control Center at military 486-7070 or civilian 0049-6371-867070, if suspicion exists that something harmful was eaten or swallowed. (The Landstuhl Regional Medical Center Emergency Room is open 24 hours a day, 7 days a week: civilian 0049-6371-868485 or military 486-8485/)

(2) If vomiting occurs, save a specimen for analysis.

(3) Not induce vomiting unless directed to do so by an HCP.

(4) Not give the child anything by mouth unless directed to do so by an HCP.

(5) Immediately notify the parent, guardian, or designated emergency contact.

k. Face and Jaw Injuries.

(1) Make sure blood, saliva, and broken teeth do not block the airway; if the child is conscious and there is no neck injury, lean him or her forward to let fluids drain from the mouth.

(2) Place a cold compress on the injured area to reduce swelling.

(3) If teeth are broken and knocked out—

(a) Immerse them in a container with milk and not clean them.

(b) Immediately call the parent, guardian, or designated emergency contact, notify the program director, and take the child and the container with the tooth or teeth to the emergency room. (A dentist is on call 24 hours a day through the emergency room.)

(4) For bleeding of the tongue, apply direct pressure with sterile gauze or a clean cloth; if there is a possibility that the jaw is fractured, immobilize it and not move it; immediately call an ambulance.

(5) If the wire of dental braces or a retainer is embedded in the tissue, not try to remove it; immediately contact the parent, guardian, or designated emergency and accompany the child for medical attention.

(6) If a broken wire is irritating the inside of the mouth, pad the area with a small piece of cotton or cloth.

l. Broken Bone. When there is a possibility of a broken bone—

(1) Keep the child still and immobilize the injured area; stay calm and reassure the child.

(2) If the bone is obviously broken, call an ambulance.

(3) Without touching the area, cover any open wound with a clean cloth or sterile gauze.

(4) Immediately notify the parent, guardian, or emergency contact.

m. Heat Stroke.

(1) Treat a heat stroke as a life-threatening emergency. A heat stroke occurs when the body becomes unable to control its temperature. The body temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106 °F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.

(2) Check for the following symptoms:

(a) Extremely high body temperature (above 103 °F, taken orally).

(b) Confusion.

(c) Dizziness.

(d) Nausea.

(e) Rapid, strong pulse.

(f) Red, hot, dry skin (no sweating).

(g) Throbbing headache.

(h) Unconsciousness.

(3) Immediately call for medical assistance.

(4) Move the victim to a shady area.

(5) Cool the victim rapidly using whatever methods are available (for example, immersing the victim in a tub of cool water; placing in a cool shower; spraying with cool water from a garden hose; sponging with cool water; if the humidity is low, wrapping the victim in a cool, wet sheet and fan him or her vigorously).

(6) Monitor body temperature and continue cooling efforts until the body temperature drops to 101 or 102 °F.

(7) Call the hospital emergency room for further instructions if emergency medical personnel are delayed.

(8) Not give the victim alcohol to drink.

NOTE: Sometimes a victim's muscles will begin to twitch uncontrollably as a result of heat stroke. If this happens, CYS Services personnel and FCC providers will keep the victim from injuring him- or herself, but not place any object in the victim's mouth and not give him or her anything to drink. If there is vomiting, the airway needs to be kept open by turning the victim on his or her side.

n. Heat Exhaustion.

(1) Recognize heat exhaustion. Heat exhaustion is the body's response to an excessive loss of the water and salt contained in sweat. If heat exhaustion is untreated, it may progress to heat stroke. Those most prone to heat exhaustion are elderly people, people with high blood pressure, and people working or exercising in a hot environment. Warning signs of heat exhaustion include the following:

(a) Cool, moist skin.

(b) Dizziness.

(c) Fainting.

(d) Fast but shallow breathing.

(e) Fast but weak pulse.

(f) Headache.

(g) Heavy sweating.

(h) Muscle cramps.

(i) Nausea or vomiting.

(j) Paleness.

(k) Tiredness.

(l) Weakness.

(2) Seek medical attention immediately if the symptoms are severe or the victim has heart problems or high blood pressure; seek medical attention if symptoms worsen or last longer than 1 hour.

(3) Help the victim cool off. Cooling measures that may be effective include the following:

- (a) An air-conditioned environment.
- (b) A cool shower, bath, or sponge bath.
- (c) Cool, nonalcoholic beverages.
- (d) Lightweight clothing.
- (e) Rest.

SECTION VIII TOOTHBRUSHING

2-23. RESPONSIBILITIES

a. Center-based staff members and FCC providers will ensure the procedures in this section are followed during toothbrushing while children are in their care.

b. Parents will provide each child his or her own toothbrush. Caregivers will label each toothbrush with the child's first and last name and the date that the toothbrush was provided.

2-24. PROCEDURES

a. Supervision of Brushing. Children enrolled in CDC and FCC homes must be supervised during brushing. Center-based toothbrushing must be done in the rooms at the sink. In FCC homes, toothbrushing must be done in the bathroom.

b. Techniques. Caregivers will teach and encourage proper brushing techniques as follows:

- (1) Direct the bristles at a 45-degree angle where the teeth and gums meet.
- (2) Brush the outside and inside surfaces of the teeth.
- (3) Move the brush in a short, circular motion, back and forth, and up and down.
- (4) Brush the gums and tongue.
- (5) Rinse the mouth.

c. Toothpaste.

(1) Use of toothpaste in CDC programs is optional.

(2) If one tube of toothpaste is used for a group, place small segments with a space between each segment on a paper towel, wax paper, or paper plate. Caregivers will help children place toothbrushes with the bristle-side down to pick up a segment of toothpaste.

(3) If individual tubes of toothpaste are used, each tube must be labeled with the child's first and last name.

d. Toothbrush Storage. Toothbrushes will be stored in a way that ensures they stay clean, open to the air, with bristles not touching, and out of the reach of children. Brushes may be stored in individual containers that are labeled with the child's name and that adequately separate the brushes and allow them to air-dry. Toothbrush holders must be replaced (if disposable) or sanitized with bleach solution at least once a month.

e. Toothbrush Replacement. Toothbrushes must be replaced every 3 months or when bristles have become frayed.

SECTION IX DIAPERING AND TOILETING

2-25. RESPONSIBILITIES

a. The CYS Services director or nurse will—

(1) Locate and equip diapering stations more than 5 feet away from food-preparation areas.

(2) Periodically check the bleach-sanitizing solution ([app G](#)) to ensure it is properly prepared and used.

(3) Require everyone to use the hand-washing procedures in paragraph [2-20d](#). Employees may choose to wear protective gloves on both hands while diapering or providing toileting assistance.

(4) Require caregivers to use the diaper-changing procedures in AR 608-10, figure C-8. This includes washing the child's hands with soap and water after each diaper change.

(5) Ensure parents, guardians, or designated emergency contacts are notified of any unusual changes in bowel movements or changes in skin condition, such as rashes.

(6) Ensure that CYS Services staff members whose primary function is to prepare food will not change diapers until their food duties are completed for the day.

b. Training specialists will ensure caregivers know the diaper-changing procedures in AR 608-10, figure C-8.

c. Caregivers will use proper hand-washing and diapering procedures ([a\(3\)](#) and [\(4\) above](#)).

d. Parents or guardians will—

(1) Provide enough diapering supplies and extra clothing ([para 2-26b](#)).

(2) Notify caregivers about their infant's or toddler's bowel and bladder habits.

2-26. PROCEDURES

a. CYS Services personnel will—

(1) Check diapers and training pants at least every 2 hours when the child is awake and immediately after the child awakens from a nap.

(2) Document each time diapers and training pants are changed and whether they were wet or soiled.

(3) Communicate in writing with parents (or guardians) the number and type of diaper changes. This communication must occur daily. CYS Services personnel will keep a copy of each notification in the child's classroom file for 30 days. [Appendix H](#) provides sample notifications.

b. Parents or guardians will provide at least the following:

(1) One diaper for each hour an infant will be in care.

(2) One set of training pants or diaper for every 2 hours a toddler will be in care.

(3) An extra set of clothing for emergency use.

(4) Wipes that are labeled with the child's first and last name.

c. Parents or guardians will provide only disposable diapers or a written statement from an HCP with the reason and length of time cloth diapers will be required. Cloth diapers will have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces or urine. Both the diaper and the outer covering are changed as a unit. Parents must supply a container for cloth diapers. The container will be returned to the parent at the end of each day. Cloth diapers will not be rinsed before they are placed in a plastic bag and deposited in the container.

d. During each diaper change, children will be cleaned with a disposable wipe. Wipes will be used only once. A written statement from an HCP is required if the child should not be cleaned with disposable wipes. In these cases, the parent or guardian must supply a washcloth for each diaper change and a plastic bag that will hold soiled washcloths. Washcloths will not be rinsed before they are placed in the plastic bag. The plastic bag will be returned to the parent or guardian at the end of each day.

2-27. DIAPERING STATIONS AND TOILETING FACILITIES

a. Center-Based Care.

(1) The location of the diapering station must be more than 5 feet away from food-preparation areas and allow staff members to supervise child-activity spaces while changing diapers.

(2) Hot and cold running water must be available next to the diapering station. The hot-water temperature may not exceed 110 °F.

(3) Antibacterial liquid soap is not required, but highly recommended.

(4) Only diapering stations will be used for changing diapers. Diapers will not be changed in cribs, on floors, on counters, or on tables.

(5) Diapering surfaces must be smooth, nonporous, waterproof, and free from tears, cracks, or crevices. A disposable barrier, such as a paper towel, must be placed between the child and the diapering surface during each diaper change. The diapering surface must be sanitized after each use as follows:

- (a) Wash surface well with soap and water.
- (b) Wipe dry with disposable towels.
- (c) Spray with bleach solution.
- (d) Wipe dry with disposable towels.

(6) Diapering stations must have a raised edge or safety strap to prevent the child from rolling off. A child must never be left unattended on a diapering station.

(7) Portable training chair receptacles are not allowed in center-based facilities.

b. FCC Home.

(1) The diapering station must be in the bathroom, near a sink with hot and cold water. Any other site chosen for diapering must have been approved by the CYS Services nurse or PHN. A diaper-changing mat must be placed on the changing table or floor for diaper changes. If the floor is used for diaper changing, the mat must be sanitized on both sides after the diaper is changed. Diapering stations must have a raised edge or safety strap to prevent the child from rolling off. A child must never be left unattended on a diapering station.

(2) Portable training-chair receptacle frames and containers must be made of a smooth, nonporous material that can be easily cleaned. Wood frames may not be used. The container must be easily removable and fit securely into the frame. Portable training-chair receptacles must be emptied and sanitized with a solution of 1 part of bleach to 10 parts water after each use.

c. Short-Term Alternative Childcare or Kids on Site. Diapering stations in these programs will be identified in a protocol and used only for this purpose. Bleach solution must be made fresh for each session and made available for sanitizing surfaces.

2-28. DIAPERING AND TOILETING GUIDELINES

a. Diapering.

(1) The diaper-changing procedures in AR 608-10, figure C-8, must be followed. These procedures must be posted at every diapering station. CYS Services diapering posters (available from the CYS Services website through Army Knowledge Online at <https://www.us.army.mil>) will be displayed above or near all diaper-changing stations.

(2) To minimize the spread of infection and to protect caregivers and children, diapering stations will never be used for any other procedure (including storage of excess supplies or equipment or for toy washing, sanitizing, or drying).

(3) Wearing disposable gloves is recommended when changing diapers of children who have diarrhea, broken skin, or rashes. Gloves will be removed by pulling the inside over the outside and disposed in a plastic-lined garbage can. Hands must be washed after gloves are removed.

b. Toileting.

(1) Toilet training will be cooperatively planned by CYS Services staff, FCC providers, and parents to ensure a consistent toilet routine is followed at home and in the care setting.

(2) Toilet training will be part of the toddler program.

(3) Toilet training will be a positive, developmental learning experience.

(4) The lead caregiver or FCC provider will coordinate a meeting with the parents before the start of toilet training to discuss child readiness and toilet training procedures at the center or the FCC home and the child's home.

(5) Children will not be forced to use the toilet.

(6) Caregivers and FCC providers will ensure that a child's stated request for using the toilet is acknowledged and carried out in a timely manner. When a child requests to discontinue using the toilet, caregivers and providers will accept and stop training until the child is ready. This will prevent a power struggle between adults and the child.

(7) Accidents (urination or bowel movement in clothing) or lapses in toilet training will be considered part of the toilet training process and normal for children under the age of 5 years.

(8) Punishment, harassment, or scolding of any child, regardless of age, because of lapses in toilet training will not be allowed.

(9) Soiled clothing will be placed in a sealed plastic bag and returned to parents daily.

**SECTION X
TEMPERATURE CONTROL DURING WEATHER EXCESSES**

2-29. RESPONSIBILITIES

a. All CYS Services staff members are responsible for monitoring temperatures and watching children for signs of heat stroke and heat exhaustion ([paras 2-22m and n](#)).

b. Local preventive-medicine personnel will provide technical assistance and guidance as needed.

2-30. PROCEDURES

Extended exposure to high or low temperatures puts children at risk. The risk increases during outdoor activities and in facilities that do not have air conditioning.

a. Indoor Temperatures.

(1) Temperatures in child-activity rooms and FCC homes should be kept between 68 and 78 °F (20 and 26 °C). The temperature must be measured at 1 foot above the ground.

(2) When indoor temperatures exceed 78 °F (26 °C), cooling techniques must be implemented.

(3) When indoor temperatures reach 85 °F (29 °C), the CYS Services program director will consult with the PHN or medical authority to determine if a recommendation to close the CYS Services facility should be made to the CYS Services coordinator.

b. Outdoor Play.

(1) CYS Services personnel and FCC providers will use the following to determine whether or not outdoor play is appropriate:

(a) When the outdoor temperature is 90 °F (32 °C) or higher, caution must be taken to ensure children are protected from heat exhaustion. Outdoor play must be limited to 20 minutes (unless children are engaged in swimming activities) and children be kept in shady areas. Caregivers must observe children for heat injury and ensure children drink water. Sunscreen must be applied frequently. Water-play activities or swimming is recommended.

(b) When the outdoor temperature is 86 to 89 °F (30 to 32 °C), outdoor play must be limited to 30 minutes. Swimming activities are allowed at these temperatures and the rules in (a) above apply.

(c) There are no restrictions to outdoor play when the outdoor temperature is 35 to 85 °F (2 to 29 °C).

(d) When the outdoor temperature is 25 to 34 °F (-4 to 1 °C), outdoor play must be limited to 30 minutes.

(e) When the outdoor temperature is below 25 °F (-4 °C), outdoor play must be limited to 15 minutes.

(f) A damp fog or mist alone is not a reason to keep children indoors. Snow or cold temperatures are not barriers to outside play.

(g) No outdoor play will be allowed during heavy rain, lightning, blowing snow, or icy conditions.

(2) Parents are responsible for dressing their children appropriately for the weather. This includes providing coats, hats, boots, and mittens or gloves during inclement weather.

(3) CYS Services personnel and FCC providers will attempt to keep hats and mittens on children and keep children's coats zipped when weather dictates.

**SECTION XI
CARE OF HIV-INFECTED CHILDREN**

2-31. PROCEDURES

a. The SNAP team as defined in AR 608-75 will make determinations on the placement of children who are infected with the human immunodeficiency virus (HIV). These determinations will be made based on consultation with and advice from the following:

(1) The child's primary HCP.

(2) EFMP personnel, if applicable.

(3) The IMCOM-Europe CYS Services Program Manager and the ERMIC Public Health Nursing Consultant.

(4) Other appropriate specialists.

b. The following must be considered when making placement decisions:

(1) Neurological development.

(2) Behavior.

(3) Coexisting chronic or infectious diseases (such as TB).

(4) The status of the child's immune system.

(5) Protection of the child from exposure to communicable diseases.

(6) The availability and ability of an FCC home to provide care.

c. The child's status as being HIV-infected must remain confidential. It may only be disclosed to personnel who need to know about the child's medical condition. Identifying individuals who need to know will be based on requirements for health procedures directed by the child's medical treatment plan.

d. The CYS Services nurse or PHN will train CYS Services personnel (including volunteers, coaches, and contractors) on the child's healthcare needs according to current standard medical practice as defined by the ERMIC Public Health Nursing Consultant. This training is needed to protect the immune-deficient child from exposure to common childhood communicable diseases and to prevent that other children in CYS Services, staff members, and FCC providers come into contact with potentially infectious blood and body fluids.

e. The procedures in AR 608-10 for environmental sanitation, personal hygiene, hand washing, diapering, and toileting are sufficient when caring for an HIV-infected child. Staff members will immediately notify the parents of HIV-infected children when their child is exposed to a communicable disease, particularly chickenpox, measles, or TB.

f. All CYS Services staff members will do the following when handling blood and other body fluids:

(1) Wear protective gloves to avoid contact with blood and body fluids (for example, when giving first aid), dispose of the gloves in a plastic bag that will be secured and thrown away, and wash hands after removing gloves.

(2) When contact with body fluids occurs, wash hands vigorously for at least 30 seconds using soap and warm water as soon as possible.

(3) Wear protective gloves to place soiled or blood-contaminated clothing in a plastic bag. The bag must be secured and sent home.

(4) When body-fluid spills occur, wear protective gloves to wash the surface with soap and water, then sanitize the surface with bleach solution (for blood spills, use 1 part of bleach to 10 parts of water; for other body-fluids spills, use bleach solution prepared according to [app G](#)).

(a) Secure disposable items (for example, paper towels) in a plastic bag.

(b) Clean nondisposable items (for example, mop, buckets) with soap and water and sanitize them with a bleach solution.

SECTION XII PLANTS AND PETS IN CYS SERVICES PROGRAMS

2-32. RESPONSIBILITIES

a. CYS Services directors will enforce the policy and procedures in this section.

b. Preventive-medicine personnel, the CYS Services nurse, and the PHN will monitor sanitary conditions and the immunizations of pets as part of their routine inspections. These inspections must be documented on preventive-medicine inspection forms.

c. Veterinary personnel will—

(1) Monthly inspect pets that are permanently maintained at a CYS Services facility. The veterinarian with oversight responsibility may determine that more frequent inspections are necessary for specific animal species.

(2) Consult with the PHN or preventive-medicine inspection staff on sanitary requirements for different species.

(3) Provide recommendations on the appropriateness of certain types of animals in CYS Services facilities or FCC homes.

(4) Provide annual health assessments, immunizations, and certifications for pets in FCC homes. The pet owner is required to pay for these services.

2-33. PROCEDURES

a. Plants. Only nontoxic plants will be permitted in CDCs, SAC facilities, and FCC homes (indoor or outdoor) for use in child science and developmental activities or to enhance the physical environment. Toxic plants are not allowed and must be removed if present ([app I](#) lists toxic plants). The United States Department of Agriculture Natural Resources Conservation Service provides a plant database that may be consulted if in doubt (available at <http://plants.usda.gov/java/>). All indoor and outdoor plants must be labeled with the plant's name. Artificial plants must be cleaned weekly to minimize dust.

b. Pets. All pets in the facility or home, indoors or outdoors, must be in good health, show no evidence of disease, and be safe for children.

(1) Dogs and cats, where allowed, must be immunized for zoonotic diseases and under a flea-, tick-, and intestinal parasite-control program. A copy of the animal's health record proving its immunization and health status must be maintained at the facility or FCC home where the pet is housed.

(2) CYS Services programs will not allow ferrets, iguanas, turtles, psittacine birds (birds of the parrot family), any wild or dangerous animal, pets bred or trained for attack, "known aggressive pets," or pets recognized as dangerous (for example, poisonous spiders, some tropical fish, snakes).

(3) The local veterinary officer must be consulted to determine if a particular pet is appropriate for children.

(4) Pet bowls, cages, holding areas, beds, and pens must be kept clean and sanitary and inaccessible to crawling children. Pet waste must be disposed of immediately. Litter boxes should not be accessible to children. Pets will not roam freely in center-based programs.

(5) Pet food and supplies must be kept out of the reach of children.

(6) Parents must be notified when they are registering children if animals are in the facility or FCC home and when a pet is added.

(7) Pets must be handled humanely and in a manner that protects the well-being of the animal. Children must be taught how to behave around the animal. They should be taught not to provoke the animal or remove its food. Children must know that they must keep their faces away from the mouth, beak, or claws of all pets. CYS Services staff will ensure all pets are cared for during weekends and holiday periods.

(a) FCC providers must supervise the handling of any animals by children.

(b) All adults and children must wash their hands after handling pets or pet items.

(c) FCC certification may be denied or revoked if the FCC director believes that a child may be at risk from a pet living in or associated with an FCC home.

CHAPTER 3 FOOD AND NUTRITION PRACTICES

3-1. APPLICABILITY

This chapter applies to all personnel involved with CYS Services food and nutrition programs in IMCOM-Europe.

3-2. RESPONSIBILITIES

a. The CYS Services coordinator or designee is responsible for verifying compliance with the food and nutrition standards and procedures in this chapter.

b. The food-service manager and facility manager are responsible for the following:

(1) Ensuring food-service procedures are economical, effective, and in compliance with this regulation, TB MED 530 (Tri-Service Food Code (TSFC)), the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), and relevant Army regulations.

(2) Providing budget input that includes labor, supplies, equipment, and food expenditures.

(3) Maintaining the following required USDA CACFP data:

(a) Monthly meal counts.

(b) Monthly food and supply usage and meal costs.

(c) Menus and food-item substitutions.

(d) Monthly food and supply inventories.

(4) Documenting nutrition education and training for CYS Services personnel and parents.

(5) Supervising food-service personnel hygiene practices.

(6) Supervising cleanliness, sanitation, and sanitary maintenance of food-service equipment, utensils, and facilities.

c. CYS Services caregivers are responsible for the following:

(1) Ensuring meal sessions are conducted in a way that is appropriate to the age of the children and youth in the program and according to the procedures in this regulation.

(2) Participating in the meal using proper table manners and eating child-sized portions of food.

(3) Helping children develop healthy eating habits by controlling portion sizes.

(4) Maintaining an awareness of children in the room who have food allergies, ensuring that current information on the specific allergy is accessible in the activity room.

d. Parents are responsible for the following:

(1) Providing medical documentation showing a child's allergies or food intolerance and instructions for emergency response should accidental exposure to an allergen occur along with a list of appropriate substitutions ([para 3-5](#)).

(2) Providing feedback to program staff on the effectiveness of the food-service program.

3-3. MEAL PLANNING AND MENUS

a. Nutritious food that helps meet children's nutritional needs will be served in all CYS Services programs.

b. Children participating in CDC and FCC programs 5 to 8 hours during the day must receive one-third of their daily nutritional needs. Children cared for longer than 8 hours a day must receive two-thirds of their daily nutritional needs.

- c. Meal and snack sessions will be scheduled at 3-hour intervals. Timing of the intervals begins at the end of the meal. If, for example, lunch starts at 1130 and ends at 1200, a snack should be served at 1500. A typical meal schedule is breakfast from 0800 to 0830, lunch from 1130 to 1200, and an afternoon snack from 1500 to 1530.
- d. School-age children will be offered breakfast and an afternoon snack daily. Lunch will be offered when school is not in session.
- e. Middle-school and teen youth will be offered a snack after school and during weekend sessions. During camp sessions, meals and snacks will be served according to the hours of the program.
- f. Meals and snacks must meet USDA CACFP requirements.
- g. All food for CDC and SAC programs must be provided by the CYS Services facility. With the exception of food for special diets and special occasions ([paras 3-4](#) and [3-6](#)), no outside food may be brought into the CDC and SAC facilities.
- h. Except during field trips, all food supplied by CYS Services must be consumed at the facility.
- i. MTF dietitian-approved, standardized menus will be used in all center-based facilities. FCC providers may use the standardized menus. FCC providers who do not use the standardized menus must have their menus approved by an MTF dietitian.
- j. All menus will be posted or otherwise made available to parents. Changes must be approved by the facility manager and written on the posted menu. Changes to menus must be kept for 2 years. Nonavailability of food items or special events are the only allowable reasons for substitutions. The menu will not be altered to meet personal preferences or to simplify the meal-preparation process.

3-4. SPECIAL DIETS

- a. Requests for CYS Services enrollment for any child with a life-threatening food allergy or special medical diet must be reviewed by the SNAP team to determine if the CYS Services program can accommodate the child's needs.
- b. Parents of children on special diets (food intolerances or allergies that are not life threatening) are required to provide an HCP statement that specifies the food items the child cannot consume as well as allowable substitutions.
- c. Parents of children with special diets based on published tenets of religious faith are required to complete a special-diet statement signed by a clergy member or a military chaplain that specifies the religious faith and the food items that are to be avoided as well as allowable substitutions.
- d. Special diets based on parental preferences (for example, vegetarian) will be reviewed on a case-by-case basis by the food-service manager, facility director, health specialist, and CYS Services coordinator to determine if CYS Services can reasonably accommodate the diet.
- e. Copies of special-diet statements along with the posted documentation are maintained in the kitchen and classroom of children or youths on special diets.

f. CYS Services personnel will prepare a serious-incident report (AE Form 608-10-1J) in all instances of a child given incorrect food when a special diet statement is on file.

3-5. FOOD-ALLERGY MANAGEMENT

a. Food management for children with allergies that are not life threatening does not require a SNAP team review or approval by the PHN, but documentation signed by an HCP is required. A list with each child's first and last name, a photograph, and the child's food allergies, with appropriate food or drink substitutions, will be posted in the kitchen and children's activity area for identification of each child with a food allergy. Middle-school and teen programs do not require photographs or posting in the program areas, but the staff must have access to the information. This list will be updated monthly or when a new child enrolls. Children's names will not be removed from the list without documentation signed by an HCP.

b. CYS Services will provide substitutions with equivalent nutrients for meal components within reasonable program capabilities as follows:

(1) If the child is allergic to only one or two ingredients per cycle menu, CYS Services may make the appropriate approved substitutions (for example, soy milk substituted for cow's milk or cheese for fish). Cooks must be able to explain substitutions.

(2) When a child is unable to eat a majority of the food served or when providing the specialized food would result in excessive preparation time or expense, parents may be asked to provide food. Guidelines for parents providing food to CYS Services will be determined in consultation with preventive medicine personnel, the PHN, the CYS Services nurse, and a registered dietitian, and must meet the requirements of USDA CACFP guidelines.

3-6. FOOD FOR SPECIAL OCCASIONS

a. Foods for special occasions and celebrations may not always meet USDA CACFP nutrition standards but are relevant to recognizing the traditions, ethnic backgrounds, and seasonal celebrations in children's lives. CYS Services teams are encouraged to develop menus for these occasions that are both nutritious and relevant to the enrolled children.

b. For special celebrations, prepared food must be purchased from an approved source (Army and Air Force Exchange Service (AAFES) or Defense Commissary Agency (DECA)). The food may not be stored in the CYS Services kitchen; it must be taken directly to the children's room from the point of sale at the time of service (usually snack time).

c. Parents who want to provide special food for birthday celebrations should be encouraged to provide a cake mix in the original sealed package for children to prepare as part of a cooking activity or to purchase a cake from AAFES or DECA. Food for special occasions may not be prepared at home or in nonapproved facilities. Food for special occasions should be limited to cakes, cupcakes, and cookies and will be served with fruit and milk to ensure nutritional requirements are met. Items such as candy, chewing gum, and "goody bags" are not allowed.

3-7. FEEDING INFANTS

a. FCC and CDC programs will provide free canned powder formula to all infants up to the age of 12 months in full- and part-day programs. Each infant will receive approximately 50 ounces of iron-fortified infant formula each month for parents to prepare at home. Parents will have a choice of two

brands of iron-fortified formula and have the option to decline the formula. Infant formula made from soy will not be served without an HCP statement.

b. Infant formula may not be prepared in CYS Services programs. Parents are responsible for providing an adequate number of bottles labeled with the child's first and last name for each day the infant is in care. Warmed formula that has not been consumed (baby has not sucked from the bottle) must be discarded within 4 hours after heating. Partially consumed formula will be discarded after the feeding session. Bottles will be rinsed and sanitized after the feeding session to prevent bacterial growth and returned to the parent at the end of the day. The formula may be mixed in FCC homes that provide extended care.

c. Infant formula may be warmed but never in a microwave. The preferred method for warming formula is by standing the bottle in a bowl of warm water. Crock pots and bottle warmers are not allowed as there is no sure way of regulating the temperature settings and these vessels hold large amounts of scalding water posing a threat.

d. The temperature of the formula must always be tested before feeding to make sure it is neither too hot nor too cold. The formula should be gently mixed and the temperature tested by squirting a couple of drops of the liquid onto a wrist or back of a hand. The temperature is correct when the liquid feels neither warm nor cold.

e. Bottles for infants under 12 months may contain only formula or breast milk. Whole milk is allowed for children from 12 through 24 months. European children teas (for example, *Kindertee*), presweetened drinks, and sodas will not be served to children in CDC or FCC programs. Beginning at the age of 12 months, pasteurized juices with 100 percent fruit content may be given to children in a cup.

f. Breast milk may be brought in bottles labeled with the child's first and last names and the date. Bottles should contain no more than 2 to 3 ounces of breast milk. Breast milk that has been warmed but is not consumed (baby has not sucked from the bottle) may be held for 4 hours at room temperature. Breast milk from a partially consumed bottle can be held 1 hour at room temperature before discarding. Breast milk that has not been warmed and served should be returned to the parents at the end of each day. Parents are responsible for ensuring that breast milk sent to the CYS Services program has been stored appropriately while at home (appropriate temperature and time).

(1) Staff members should consult with parents regarding the frequency and interval of feeding. Breastfed babies typically feed more often than formula-fed babies as breast milk is digested quicker and more completely. Mothers must be told whenever the baby takes more breast milk or formula than expected. The baby may be experiencing a growth spurt and additional milk is required. Every effort should be made by staff members not to waste breast milk.

(2) Breast milk should be stored, thawed, and warmed according to the following guidance of the Centers for Disease Control and Prevention:

(a) Breast milk will be refrigerated when not in use.

(b) Breast milk will be warmed gently in a bowl or cup of tepid water. The milk must never be heated in a microwave or placed in bottle warmers or crockpots. Breast milk contains beneficial living cells that can be destroyed by excessive heat. Breast milk will be gently mixed to ensure even temperature, never shaken.

g. Infants must be held during all bottle feedings. Bottles will not be propped for self-feeding.

h. FCC and CDC programs will provide all jar food, cereal, and teething biscuits for infant meals. In accordance with the CACFP, jar foods must be all fruit, vegetable, or meat. Combination meals, desserts, fruits, and vegetables containing tapioca will not be served. Cereal must be iron-fortified and must not contain fruit. Cereals will be mixed only with formula or breast milk.

i. Infants will be fed individually. Patterns established for infant feedings will be based on individual children's feeding plans (AE Form 608-10-1G), and individual schedules will be developed by caregivers or FCC providers in coordination with the parents. Spoon-feeding and self-feeding will be encouraged based on the child's interest and ability. Infants may be seated in highchairs or held on an adult's lap for spoon-feeding.

j. Food storage, preparation, and eating areas for infants and toddlers will not be adjacent to diaper-changing areas or animal cages.

3-8. SERVING MEALS AND SNACKS

a. CDC and FCC programs will conduct Family-style dining in the following manner:

(1) Children will not be forced to eat, and food will not be used as a punishment or reward.

(2) Toddler-age children and older will participate in cleaning tables, setting tables, and preparing for meals. Once tables are ready, all children and adults will sit together to dine "Family style." Children will serve themselves with adult assistance.

(3) CDC staff members and FCC providers will sit and eat with the children as part of meal and snack services. Adults will use proper table manners and carry on pleasant conversations with the children as they eat.

(4) CDC staff members will take one child-sized portion and will serve themselves from the same serving containers as the children. Only adults in ratio and participating in Family-style dining may eat.

(5) Staff will not consume any food or drinks other than those served by the CYS Services program in the activity rooms or while in the presence of children. (Chewing gum and drinking coffee or soda are examples of prohibited activities.)

(6) Tables, chairs, dishes, glasses, and eating utensils of a design and size suitable for use by children must be provided. FCC homes may adapt adult-size furniture.

(7) Paper products (cups, plates) and plasticware should not be used for food service except under the condition described in [paragraph 3-13h](#).

(8) Cleanup after meals will be conducted by both children and adults. Children will help scrape and stack dishes, wipe spills, and clean tables.

(9) CYS Services staff will not use food-service times to clean or set up classrooms for the next activities as this distracts children from the meal service. Staff should instead use this opportunity to teach good nutrition, making healthy choices, self-help skills, and similar food-related lessons.

b. All meals for school-age, middle-school, and teen programs will be served buffet style during schooldays as well as during school-out days and vacations in the following manner:

(1) The alternate choice for breakfast will be cereal or yogurt. The alternate choice for the snack meal will be yogurt, granola bar, or fruit.

(2) Small quantities will be placed on the serving line throughout the meal service.

(3) Cold food must be kept at a maximum of 41 °F and hot food kept at a minimum of 135 °F.

(4) Potentially hazardous food (PHF) ([para 3-11e](#)) should not be left out more than 2 hours. PHF must have a temperature of 41 °F or less when removed from the cold storage or 135 °F or greater when removed from hot storage.

(5) A display showing appropriate portion sizes of the current meal should be placed on a plate and covered with plastic wrap for children to use as an example.

(6) Proper portion control should be followed to help control cost and prevent childhood obesity. The taking of second helpings is permissible, but should be monitored to help children make healthy choices in the amount of food consumed ([para 3-10a](#)).

(7) SAC, middle-school, and teen-program staff members will take one portion from the buffet. Only staff in ratio in the meal or snack area will participate in the meal or snack service.

c. Snacks for middle-school and teen programs will be served à la carte with food items that meet USDA CACFP guidelines.

3-9. FOOD QUALITY AND ACCOUNTABILITY

a. All food will be obtained from approved sources, free from spoilage and adulteration, and prepared using methods designed to conserve nutritional value, flavor, and appearance per USDA CACFP guidelines.

b. Only pasteurized fluid milk and fluid-milk products containing vitamins A and D from approved firms that meet applicable Federal standards for quality will be served. Milk processed under ultra-high-temperature is not a credible food source for vitamins A and D (unless fortified).

c. Children between 13 and 24 months will be served whole cow's milk. Children older than 24 months will be served milk with a fat content of 1 percent. All children in rooms with a mixed age group will be served milk appropriate to the youngest age group in the room.

d. Dry or canned milk will be used only for cooking.

e. Hermetically sealed food must be processed in approved food-processing plants. Use of home-canned food is prohibited. Canned food that has an abnormal color, taste, or appearance; cans showing bulges or swelling at the ends; and cans with leakage will not be used and must be discarded immediately.

f. Only 100-percent fruit juice that has been pasteurized will be served. Fruit juice may not be diluted without a physician's statement.

g. Items will be ordered to meet menu requirements. Purchases will be made only from approved sources.

h. All food items, including refrigerated and frozen food, will be inspected before being placed on storeroom shelves or in refrigerators and freezers. Stocked food must be rotated to ensure that the oldest items are used first. All items in the inventory will be dated with the day, month, and year of receipt.

i. Only designated persons will be authorized to remove food from the pantry. The removal of food will be recorded on a kitchen sign-out form when used for anything other than normal menu preparation (for example, classroom food projects). All food pantries should be locked at all times.

j. Spoiled and outdated food will be immediately removed from the shelf and properly discarded.

k. Food-service funds will not be used to purchase supplies for purposes other than food preparation and storage. Art supplies, batteries, and facial tissues will not be purchased with food money. Supplies will be purchased separately from food to allow accurate reporting of both.

l. Costs for food used for normal meal preparations will be recorded on the daily meal-cost sheet and monthly food-cost sheet. Cost sheets must be maintained for 3 years.

m. Monthly inventories will be completed on the last workday of each month and maintained for 2 years. Quarterly inventories will be conducted by a randomly selected individual every 90 days.

n. Cooks will visit rooms during mealtimes to observe food quality and waste. Adjustments to quality and quantity of prepared meals will be made based on observations and children's feedback. Cooks will use CACFP guidelines to determine the appropriate serving size (portion control) for all children.

3-10. DAILY FOOD PRODUCTION

a. A sufficient quantity of food will be prepared to allow children second helpings. Seconds should be prepared of each component, not to exceed 25 percent of the original number of servings needed.

b. Amounts of prepared food will be based on the number and ages of children in the program on a daily basis and the number of adults in ratio eating a child-sized meal to avoid overproduction, waste, and excessive costs. During training and holiday periods when attendance is anticipated to be low, cooks will prepare amounts of food based on a headcount or reservation sheet and the number of adults present that day.

c. Monthly meal-production records should be filled out each day to ensure accurate recordkeeping.

3-11. FOOD STORAGE

a. All food and drinks must be labeled, dated, covered, and stored at a safe temperature in accordance with the TSFC in both facility- and home-based programs. The first-in, first-out method will be used for inventory control.

b. All food and ice must be protected from contamination by dust, insects, rodents, and unclean utensils. This applies during storage, preparation, display, and transportation. Work surfaces will be protected from dirt and germs as much as possible.

c. Vehicles used to transport food should not be used to transport trash or supplies that can leak liquids or powders. Vehicles used to transport equipment or supplies should have the cargo area cleaned and disinfected before being used to transport food. For example, after shopping at the self-service supply center or the post Exchange, the vehicle cargo area must be cleaned before shopping at the commissary.

d. FCC homes are not required to have a shelf or cabinet for storage of FCC food. Refrigerators and freezers must meet TSFC requirements. Foods that are clearly marked with an expiration date do not have to be dated again but must be discarded on their expiration date.

e. PHFs are perishable food items that consist of eggs, fish, meat, milk, milk products, poultry, shellfish, or other ingredients capable of supporting bacterial growth.

(1) PHFs will be handled with a minimum of physical contact. All equipment used in preparation will be cleaned and sanitized before and after each use. Cutting boards and utensils used for raw meats or vegetables will be washed, sanitized, and air-dried before being used for another food item. The use of color-coded cutting boards is the preferred method. The use of wood or bamboo cutting boards is prohibited.

(2) PHFs left unrefrigerated for more than 2 hours will be discarded. PHFs must be prepared as close to serving time as possible. Puddings, custards, and pastries will be stored in the refrigerator unless served immediately after preparation.

(3) Pork and stuffing must be thoroughly cooked to kill trichinae pathogens and to provide a uniformly cooked product. Poultry and stuffing must be thoroughly cooked to kill salmonella organisms, and the stuffing will not be cooked with or in the poultry item.

(4) All precooked, refrigerated, and frozen food must be reheated rapidly to a minimum of 165 °F for at least 15 seconds.

(5) Once PHF containers are opened, they must be labeled with the opening date and time, covered, and stored in the refrigerator. Open milk may be kept for no more than 48 hours.

(6) PHFs may be premade up to 7 calendar days before serving when cooled to 70 °F within 2 hours and from 70 °F to 40 °F or less within 4 hours, and then maintained at 40 °F or less. Premade PHFs may be stored up to 45 days if frozen immediately.

f. Dry storage must be properly maintained and monitored as follows:

(1) Dry-storage areas must be kept dry, clean, ventilated, out of direct sunlight, and maintained at a temperature between 50 °F and 70 °F.

(2) Products must be labeled and dated when received to ensure the first-in, first-out principle is followed. All products must be stored on shelves at least 6 inches off the floor and 18 inches from the bottom of sprinkler heads.

(3) When products are opened, they must be placed in a closeable container and labeled with the date and the contents.

(4) Food-storage areas may not be used to store nonfood-related equipment or supplies.

g. Refrigerated storage must be properly maintained and monitored as follows:

(1) A thermometer must be placed in the warmest section of the refrigerator (normally the front) for temperature control.

(2) Food items must be refrigerated immediately after delivery.

(3) Prepared food items must be wrapped and labeled with the date and time before being placed in the refrigerator.

(4) Fresh fruits and vegetables must be maintained between 40 °F and 45 °F.

(5) All PHFs must be stored at 41 °F or less.

h. Freezer storage must be properly maintained and monitored as follows:

(1) A thermometer must be placed in the warmest section of the freezer (normally the front) to control the temperature.

(2) Food items must be labeled with the date of freezing.

(3) The temperature must be maintained below 0 °F.

(4) Food items must be wrapped in moisture-proof materials.

(5) Food items that have been thawed must not be refrozen.

(6) Cardboard shipping cartons must not be placed in the freezer when the food inside is contained in another storage box or bag. Staff will retain child-nutrition labels from the shipping carton if they are not included on inner storage packaging.

i. Temperatures in dry-storage areas, refrigerators, and freezers must be checked three times daily. Temperatures must be recorded on separate log sheets for each piece of equipment ([app J](#)).

j. Leftovers, that is, items made for immediate consumption on the day of preparation but left over at the end of the food-service period, must not be retained for reuse or a later meal service.

3-12. FOOD SAFETY

a. Suitable utensils must be provided and used to minimize handling of food. If disposable plastic gloves are used, they should be discarded and replaced frequently.

b. Frozen meat and poultry must be thawed either in the refrigerator pan on the bottom shelf, submerged in cool (70 °F or lower) running water, or as part of the cooking process.

c. Food items must be prepared as close to serving time as possible.

- d. Equipment, utensils, and surfaces must be thoroughly cleaned and sanitized after each use.
- e. Raw food, especially meat, must be handled in a different area from cooked food, and different cutting tools must be used for raw and cooked products.
- f. Can tops must be washed before opening the can to remove dust and potential contamination.
- g. To remove dirt and pesticides, all fruits, vegetables, and eggs must be sanitized with a mix of 1 table spoon of bleach to 4 gallons of cool water for 30 seconds followed by a rinse in potable water, before cooking or serving
- h. Food items must be cooked at the proper temperatures, especially items such as pork, poultry, eggs, and ground meat. According to the TSFC, food must be cooked at temperatures from 145 to 165 °F.
- i. Guidelines for holding and serving food are as follows:
 - (1) Hot food must be kept at 135 °F or above.
 - (2) Cold food must be kept at 41 °F or below.
 - (3) Food must be covered and kept safe from insects and dust.
- j. Chipped or cracked dishes, glasses, and utensils must be disposed of.
- k. Children must not be allowed to use the same plate when returning to the serving line for seconds.
- l. Food must never be returned to the kitchen.

3-13. SANITATION

- a. After each use in the kitchen, all tableware, kitchenware, and food-contact surfaces must be thoroughly cleaned and sanitized with a bleach solution prepared according to [appendix G](#).
- b. Cooking surfaces of grills, griddles, fryers, and similar cooking devices must be free of encrusted grease deposits and other soil.
- c. Nonfood-contact surfaces such as cabinets and shelves must be cleaned and sanitized as often as necessary to prevent soil accumulation.
- d. Floors must be swept and mopped daily and whenever needed throughout the day.
- e. Food-service personnel will use only disposable cloths for cleaning. Cloths used for wiping food-contact surfaces must not be used for other purposes. The use of sponges, steel wool, and reusable cloths is prohibited. Woven brass or nylon pot scrubbers or green scrub pads may be used if kept in sanitizing solution and disposed of at the end of each workday.

f. Use of a dishwashing machine is highly recommended. All utensils must be rinsed to remove heavy soil before being placed in the dishwasher. Dishes must be placed on racks so that no surface is obstructed from the wash water.

g. When a dishwasher is not available, utensils and dishes must be washed in the hottest water available, rinsed, and immersed in a sanitizing solution, using the three-sink method as follows:

(1) First sink: Soapy water at 110 to 120 °F.

(2) Second sink: Rinse water at 120 to 140 °F.

(3) Third sink: Sanitized water consisting of 1 tablespoon of bleach per gallon of water or ½ cup of bleach per 10 gallons of water.

h. During temporary circumstances when the methods in [subparagraphs f and g above](#) are not available, disposable paper or plastic products may be used.

i. All food-contact surfaces must be air-dried after cleaning. Spoons, knives, forks, and cups will be touched only on the handles. Glasses and bowls will be handled so that fingers and thumbs do not contact the inside of lip-contact surfaces.

j. All parts of the food-service facility must be kept clean. The principle of “clean as you go” must be emphasized. All other cleaning, except for emergency cleaning, must be done between meals to prevent food contamination.

3-14. FOOD-SERVICE PERSONNEL HEALTH REQUIREMENTS

a. The following health guidelines must be enforced:

(1) Food-service workers must meet all adult health requirements established for other CYS Services personnel ([chap 2, sec I](#)). In addition, hepatitis A immunity as substantiated by a completed vaccination series or titer test is required for food-service personnel.

(2) Personnel with communicable diseases, boils, infected wounds, sores, or acute respiratory infections will not work in the food-preparation or food-service area.

(3) After returning from sick leave caused by a communicable illness, food-service staff members must be cleared by a medical professional before resuming food-preparation duties. The supervisor will retain the medical clearance in the staff member’s personnel file.

b. The following cleanliness and hygiene habits must be enforced:

(1) All food-service personnel will wear clean uniforms or light-colored clothing covered by an apron or a clean smock while on duty. Sleeveless tops are not permitted. Personnel must maintain a high degree of personal cleanliness at all times.

(2) All personnel must wash their hands thoroughly with soap and water using the stop-disease method ([para 2-20d](#)) before starting work, after blowing or touching their nose, after returning to the kitchen from other areas of the building or from breaks, after using the toilet, and as often as necessary

to remove soil and contamination. A sign explaining the stop-disease hand-washing method and above requirements must be posted in center-based programs. A hand sanitizer is not a replacement for soap and water.

(3) With the exception of medical-alert necklaces or plain wedding bands, food-service personnel will not wear any jewelry (this includes tongue rings and other exposed body piercings).

(4) Personnel will not use tobacco in any form while in the kitchen area, when serving food, or in view of children. If tobacco is used during breaks, hands must be washed before returning to work.

(5) All personnel working in or entering food-preparation areas will wear hairnets or hats that contain all hair, including facial hair, at all times (TSFC).

(6) The TSFC requires that fingernails be trimmed, filed smooth, clean, and not extend past the fingertip. Artificial fingernails, nail jewelry, and any other nail product such as polish or glitter are prohibited during food preparation and service.

(7) For safety reasons, food personnel may not wear open-toed shoes, shorts, or midriff shirts while on duty.

c. Only qualified food-service personnel will prepare food, except food prepared as a learning activity with children.

d. Food-service personnel will not be asked to perform other duties outside of the kitchen. This includes hauling and moving equipment, cleaning non-kitchen areas, and taking out trash other than that from the kitchen.

e. Supervisors may consult the OHN or preventive-medicine staff for advice on food-service personnel health requirements.

f. No unauthorized person will be allowed access to the kitchen area. Signs will be posted to this effect. Kitchen and pantry doors must be locked when the food-service staff is not present for long periods (for example, lunch breaks) and when leaving for the day.

g. While on break or at lunch, food-service employees will eat meals only in the staff lounge. They are not allowed to eat food prepared for children.

3-15. FOOD-SERVICE PERSONNEL TRAINING REQUIREMENTS

a. All cooks and one additional management staff member in each facility will complete the National Restaurant Association (NRA) Food Safety ServSafe® Manager Course and the annual Food Sanitation Refresher Course available at the Installation Management Community Academy at <http://www.imcomacademy.com/>. A local food-handler's certificate is not an acceptable replacement.

b. All CYPAs will receive the initial CYS Services standardized food-handler training, including training on hand-washing procedures and sanitation requirements, and annual refresher training.

CHAPTER 4 FIELD TRIPS AND HIGH-RISK ACTIVITIES

SECTION I GARRISON CYS SERVICES RESPONSIBILITIES

4-1. CYS SERVICES COORDINATORS

Garrison CYS Services coordinators will—

a. Provide guidance, enforce policy, and coordinate with the appropriate agencies to ensure children, youths, staff members, contractors, and volunteers participating in garrison field trips are safe and secure.

b. Coordinate garrison field trips with the following (as appropriate):

- (1) PHN.
- (2) Garrison safety officer.
- (3) Garrison force-protection officer.
- (4) Garrison provost marshal (PM) or military police.
- (5) Preventive-medicine personnel.

c. Ensure that accidents, deaths, serious injuries, and incidents that could result in a claim are documented and reported using DA Form 4106.

4-2. FACILITY, CENTER, AND FCC DIRECTORS

Facility, center, and FCC directors will—

a. Ensure that CYS Services personnel supervise all CYS Services programs, activities, and field trips.

b. Ensure that all field trips and other activities (indoors and outdoors) are assessed and monitored before and during the field trip or other activity. Directors must ensure a safety-risk assessment is completed, reviewed by the garrison safety office, and approved by the garrison commander or directorate chief based on the level of risk ([paras 4-11 thru 4-13](#)). Additionally, the director will coordinate a force-protection risk assessment, approved by the force-protection officer.

c. Ensure required safety gear meets applicable certification criteria for the activity and use of the safety gear is enforced.

d. Ensure there are enough CYS Services staff members for the activity or trip based on the ages of the children and group sizes. Activities must be appropriate to the ages and abilities of the children.

e. Ensure the SNAP team has determined that reasonable accommodations are available in field-trip settings when children with special needs will participate.

f. Ensure parents are notified and have given written permission for participation before each field trip when the trip will require children to leave the facility.

g. In case of an emergency, notify the—

(1) Garrison CYS Services coordinator as soon as possible after emergency services have been provided.

(2) Safety officer not later than 24 hours after the emergency using DA Form 4106.

h. Document each field trip with a cover sheet that includes the date and time of the trip, destination, a list of attending children, and a list of participating staff. The cover sheet and the permission slips will be kept on file for 3 years.

4-3. TRAINING AND PROGRAM SPECIALISTS AND TRAINING AND CURRICULUM SPECIALISTS

Garrison training and program specialists (TAPs) or training and curriculum specialists (TACS) will—

a. Develop guidelines for age-appropriate field trips and activities that promote skill development.

b. Assist the directors ([para 4-2](#)) in completing risk assessments for all field trips and other activities (indoors and outdoors).

c. Be responsible for the safety and security of all children participating in the field trip or other activity regardless of their age, program, or location.

d. Observe field trips by positioning themselves near activities, restrooms, exits, major pieces of equipment, and other places where children are present.

e. Conduct training and observations ([d above](#)) to ensure field trips and activities are age-appropriate and promote skill development. Training and observations must be documented in writing.

4-4. CYS SERVICES DIRECT-CARE STAFF MEMBERS

Garrison CYS Services direct-care staff members will—

a. Help the director complete risk assessments for all field trips and other activities (indoors and outdoors).

b. Be responsible for the safety and security of all children participating in the field trip or activity regardless of their age, program, or location.

c. Supervise the entire location of the field trip by positioning themselves near activities, restrooms, exits, major pieces of equipment, and other places where children are present.

d. Ensure that appropriate adult–child ratios are maintained at all times. At least two CYS Services staff members will be with children at all times.

e. Ensure that stocked first-aid kits, water, and sunscreen (when appropriate) are available on field trips.

SECTION II CORE FIELD-TRIP REQUIREMENTS

4-5. SITE APPROVAL

a. Programs may use only garrison-approved field-trip sites.

b. Field-trip sites must be coordinated with the garrison safety office and the garrison force-protection office ([para 4-9](#)).

4-6. PARENTAL PERMISSION

A signed parental permission slip is required for each excursion when children or youths will be taken off the program premises. Permission slips will include written pick-up and drop-off times, trip location, type of transportation, trip-leader contact information, special dress requirement, needs for children or youths to bring special items or money, and other pertinent information.

4-7. TRANSPORTATION

a. Only U.S. Government vehicles or HN-contracted vehicles meeting all U.S. and HN laws and safety requirements will be used for field-trip transportation.

b. The adult-child ratios, including drivers, for specific types of field trips are specified in [paragraph 4-8](#).

c. Infants and toddlers will not be transported for field trips, but may be taken on walks around the neighborhood. Infants will ride in a Bye-Bye Buggy® during walks. Toddlers may walk, but CYS Services personnel should use a rope with handholds tied in for each child as a means of keeping order and discouraging wandering.

d. The use of 15-passenger vans to transport children to and from childcare facilities and youth service centers will not be allowed. Contractors providing transportation must comply with HN and local requirements in addition to any contractual requirements imposed by the responsible garrison.

e. The need for carseats for preschool children and seatbelt usage must be coordinated and assessed before the event. Contractors must comply with HN and local requirements in addition to any contractual requirements imposed by the applicable garrison.

f. Children will board and leave the vehicle from the curb side of the street when possible.

g. Transportation must be coordinated in advance to ensure that the vehicle and driver will be authorized access to the installation.

h. A CYS Services staff member will inspect vehicles for cleanliness and the presence of trash or hazardous materials before allowing children to board. Checks will include floors, seats, seat pockets, overhead racks, and toilets if present.

4-8. SUPERVISION

a. All field trips, other than neighborhood walks, will be supervised by a qualified management designee (CYS Services director, assistant director, TACS, TAPS, or supervisory program lead). An emergency POC who remains at the program site must be appointed in writing for all field trips. Neighborhood walking trips must meet ratio requirements but require a minimum of two staff members.

b. Regular CYS Services volunteers must have completed all local background checks. Background checks are not required for volunteers who occasionally chaperone field trips.

c. The CYS Services director will determine if an interpreter will be needed for the field trip.

d. Supervision in school-age programs for grades 1 through 5 or 6 will be as specified in [table 2](#). At least two staff members are required for every field trip. A driving CYS Services staff member counts in

the adult–child ratio. Adult volunteers may supplement CYS Services employees to further reduce the adult–child ratio.

Table 2 Field-Trip Adult-Child Ratios				
Program Type/ Risk Level	Preschool 3-5 years	Kindergarten	School Age (Grades 1-5/6)	Youth Program (Grades 6-12)
Low Risk	Ratio 1:6	Ratio 1:8 (at least two staff members for the first children-ratio group required)	Ratio 1:10 (at least two staff members for the first children-ratio group required)	Ratio 1:12
Overnight Trip	Not Permitted	*Not Permitted	Ratio 1:10 (at least two staff members for the first children-ratio group required)	Ratio 1:12
Swimming	Not Permitted	*Not Permitted	Ratio 1:6 (at least two staff members for the first children-ratio group required)	Ratio 1:12 (lifeguards required)
Medium Risk	Not Permitted	*Not Permitted	Ratio 1:8 (at least two staff members for the first children-ratio group required)	Ratio 1:12
High Risk	Not Permitted	Not Permitted	*Not Permitted	Ratio 1:10
NOTE: Requests for exceptions to reduce adult–child ratios or to conduct programs that are not permitted and marked with an asterisk (*) may be sent to the CYS Services Branch, Office of the Assistant Chief of Staff, G9, IMCOM-Europe, for approval.				

e. Supervision in the youth program (YP) (middle-school and teenage groups) will be as specified in [table 2](#) and the following:

(1) YP staff members who are drivers on field trips will count in the adult–youth ratio. An additional CYS Services staff member is not needed unless another ratio group is started.

(2) Supervision of YP field trips does not always require direct line-of-sight supervision of youths. If the maturity level of the youths and experience level of the staff permit, it is permissible to divide a larger group into subgroups using the guidelines listed below. The subgroups may explore a contained setting such as a park, zoo, or museum on their own. Staff members and volunteers are not required to accompany each subgroup but must accompany as many as staffing permits.

(a) Parents must provide written permission authorizing YP personnel to assign youths to an unaccompanied subgroup.

(b) Individual groups must have at least three youths.

(c) A communication protocol must be established between staff members, volunteers, and subgroups. Cell phones or walkie-talkie radios may be used.

(d) A meeting place for regular mandatory accountability checks must be established. All youths must be accounted for at all check-in times.

(e) All adult staff members or volunteers must be present during all established meeting times.

(f) One adult staff member or volunteer must be present at the designated meeting place for the duration of the field trip in case of emergency or to provide assistance if needed.

f. Lower adult-youth ratios may be necessary and should be determined locally.

4-9. SAFETY

a. At least one CYS Services staff member supervising field trips must be certified in CPR.

b. CYS Services staff members will carry first-aid kits, emergency accessories (for example, flashlights, reflective vests), previously tested communication devices (for example, walkie-talkies, radios, cell phones), and emergency cash in the HN currency, when appropriate, during all field trips.

c. Staff members must be made aware and knowledgeable of safety rules and regulations specific to the type of activities being conducted (for example, rules and regulations posted at the HN facility). Staff members must be trained in their supervisory roles and responsibilities by the overall supervisor or POC and must be positioned in locations to assist and observe all children.

d. A system must be in place to quickly account for all participants in the field trip (for example, colored wrist bands, other readily visible identification). The buddy system will be used to pair up children at regular documented intervals (for example, aquatic activities every 15 minutes).

e. An emergency action plan will be established that includes a meeting point for children who get separated from the group, injured, or have an emergency. The emergency treatment facility that is the closest to the activity location must be identified.

f. A documented safety briefing and review of rules must be completed with children before the field trip. This briefing must include what they will see, what to do if a stranger approaches them, and what to do if they become separated from the group.

g. Assessment and monitoring is required for all field trips (indoors and outdoors) before and during the activity or field trip. A safety-risk assessment must be completed by CYS Services personnel, reviewed by the garrison safety office, and approved by the garrison commander or directorate chief based on the level of risk. A force-protection risk assessment must be approved by the force-protection officer.

h. Risk assessments must address the following, as applicable:

(1) Age, weight, and height requirements for participants.

(2) Safety and inspection record of the facility.

(3) A “preride” by the staff.

(4) Developmental and physical appropriateness of the activity for the children’s age group.

- (5) Fall hazards and pinch points at the site.
- (6) Methods to maintain safety distances.
- (7) Methods to control braking.
- (8) Language barriers.
- (9) Realization of supervision requirements.

i. CYS Services will ensure that all field-trip participants dress appropriately and use all mandatory safety equipment necessary for the scheduled activity (for example, helmets, pads, long pants, long-sleeved shirts, appropriate footwear such as boots, rubber-soled shoes).

j. An inclement-weather plan must be prepared for all field trips. When applicable, transportation must be coordinated to support the inclement-weather plan.

4-10. MEALS AND SNACKS

Meals and snacks provided by CYS Services during field trips must comply with USDA guidelines and proper food-storage and transportation requirements during the entire trip (hot food kept above 135 °F and cold food kept at 41 °F or below). Adequate water and snacks must be made available for participants during all field trips.

SECTION III

FIELD-TRIP REQUIREMENTS BY RISK LEVEL

4-11. LOW RISK

a. Low-risk field trips are trips (full- or part-day) to garrison community playgrounds, parks, theaters, zoos, museums, roller-skating rinks, bowling alleys, and similar sites.

b. All core requirements ([sec II](#)) apply to low-risk field trips.

4-12. MEDIUM RISK

Medium-risk field trips are those that involve the following and similar activities:

a. Swimming, Diving, and Waterparks. In addition to the core field-trip requirements ([sec II](#)), the following must be met for swimming, diving, and waterpark field trips:

(1) At least one lifeguard who is certified for the specific type of water activity being conducted must be available for all swimming, diving, and waterpark field trips. The lifeguard will observe activities for behaviors or situations that might lead to life-threatening emergencies. Lifeguard certification credentials must be verified and validated before using the facility. The number of required lifeguards will depend on the configuration of the facility and the result of the risk assessment.

(2) With thorough garrison coordinator review and approval and a documented plan that includes safety measures for children and staff members, swimming, diving, and waterpark field trips for a group of six or fewer children may take place with one lifeguard and one staff member.

(3) Qualified staff members must evaluate and classify participants' swimming ability and assign participants to the appropriate equipment, facilities, and activities.

(4) Adult supervision of children is required at all times.

(5) All swimming areas must have sufficient lifesaving equipment, communications equipment, first-aid facilities, and protective devices available.

(6) Lower adult-child ratios may be necessary and should be determined locally.

b. Aquatic Activities such as Kayaking, Snorkeling, Scuba Diving, Water Skiing, and Fishing.

In addition to the core field-trip requirements ([sec II](#)), the following requirements must be met:

(1) Aquatic activities must have appropriately certified instructors to supervise the activities.

(2) Aquatic activities must have written documentation stating that every staff member and participant has been instructed on the following:

(a) The requirement to wear a personal flotation device (PFD) at all times. A documented checkout system for PFDs must be used.

(b) The safety regulations to be followed.

(3) A distress signal that is effective both day and night (for example, whistles, horns, bells, flashlights) must be available and hand signals must be established and explained to all activity participants.

(4) Children must demonstrate proper boarding and disembarking procedures, correct use of PFDs, and the proper way to react in emergencies.

4-13. HIGH RISK

In addition to the core field-trip requirements ([sec II](#)), the following apply to high-risk adventure and challenge activities (including climbing of all kinds, rappelling, ropes courses, horseback riding, bicycling, unicycling, skating (other than skating on roller-skating and ice-skating rinks), hiking, camping, tobogganing, go-karting, skiing):

a. Adventure and challenge sites must provide an adequate number of qualified instructors or leaders and must use equipment that is appropriately sized and in good repair. The credentials of qualified instructors must be verified and validated before the site is used.

b. The overall supervisor for adventure and challenge activities must have certification or documented training and experience in those activities, be at least 21 years old, and have at least 6 weeks of supervising experience in the same or similar types of activities.

c. The overall supervisor for adventure and challenge activities must evaluate and classify the participants' skills and abilities, and assign appropriate participation levels and equipment. Participants must be strictly monitored until competency with equipment is demonstrated.

d. Go-karts must be equipped with roll bars and restraint devices. Care must be used when selecting the go-kart establishment to ensure safety precautions are followed.

e. Facilities for summer tobogganing and similar activities must be thoroughly assessed before being used. Facilities must be properly certified and properly equipped. Youths must be briefed on or demonstrate necessary skills for such activities (for example, distance intervals to maintain, disembarking procedures, correct use of controls, emergency procedures).

CHAPTER 5 CHILD ABUSE AND NEGLECT

5-1. PURPOSE

This chapter identifies procedures for responding to incidents of suspected Family and out-of-home child abuse, maltreatment, and neglect. It also prescribes responsibilities for preventing, identifying, and reporting suspected or alleged incidents in CDC, FCC, SAC, sports-and-fitness, YP, and OS settings.

5-2. APPLICABILITY

This chapter applies to all CDC, FCC, SAC, sports-and-fitness, YP, and OS programs, facilities, personnel, providers, and volunteers.

5-3. DEFINITIONS

a. Abuse. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child. Types of abuse are as follows:

(1) **Child Abuse and Neglect.** The physical or mental injury, sexual abuse, exploitation, or negligent treatment of a child.

(2) **Child Emotional Maltreatment.** Acts or pattern of acts, omissions or pattern of omissions, or passive or passive-aggressive inattention to a child's emotional needs resulting in an adverse effect on the child's psychological well-being. Maltreatment includes intentional berating, disparaging, or other verbally abusive behavior toward the child, and violent acts that may not cause observable injury.

(3) **Child Neglect.** A type of child abuse or maltreatment whereby a child is deprived of needed age-appropriate care by act or omission of the child's parent, guardian, or caregiver; an employee of a residential facility; or a person providing out-of-home care, under circumstances indicating that the child's welfare is harmed or threatened. Child neglect includes abandonment, deprivation of necessities, educational neglect, lack of supervision, medical neglect, or nonorganic failure to thrive.

(4) **Child Physical Maltreatment.** Physical harm, mistreatment, or injury of a child by a parent, guardian, foster parent, or caregiver, whether the caregiver is interfamilial or extrafamilial, under circumstances indicating that the child's welfare is harmed or threatened.

(5) **Child Sexual Maltreatment.** A category of abusive behavior within the definition of child abuse that includes the rape, molestation, prostitution, sexual exploitation, incest, or the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist in any sexually explicit conduct (or any simulation of such conduct).

(6) **Extrafamilial Abuse.** Abuse by an individual unrelated by blood, law, or marriage and who may be an employee, an independent contractor, or a volunteer in a military-sanctioned or military-sponsored program that provides care for and supervision of a minor or special-needs person by agreement with the minor or individual's parent, guardian, or emergency-placement care provider or foster parent. Such caregivers include CYS Services personnel, military FCC providers and their Family members over the age of 12, teachers, school officials, and other DOD caregivers. This category

includes staff members and volunteers in civilian schools located outside the military installation where the program, service, or activity is sponsored or sanctioned by the military. This may range from individuals who are known to the victim to those who are not. It may also include individuals living in or visiting the same residence who are unrelated to the victim by blood or marriage and who are not cohabitating with the child's parent.

(7) Maltreatment. A general assessment term referring to abuse or neglect.

(8) Out-of-Home Abuse. Child abuse or neglect that occurs in a DOD-operated or -sanctioned activity (for example, CDC, FCC, YP, SAC, Department of Defense Dependent Schools, chaplain's programs). The abuser has a caretaking responsibility and is another adult or child (see definition in subparagraph c) who is commonly present in that environment (for example, custodial staff).

(9) Policy Infraction. Violation of the IMCOM CYS Services Standards of Conduct, Care, and Performance (available through CYS Services Branch, Office of the Assistant Chief of Staff, G9, IMCOM-Europe (mil 544-9376), for example, inappropriate grabbing of a child or youth by the arm or pushing forcefully).

b. At Risk. A situation involving an individual who is vulnerable to domestic abuse but where no abuse has occurred. Characteristics that may place children at increased risk of abuse, maltreatment, or neglect include premature birth of a child to adolescent parents; the presence of an infant with colic accompanied by continuous crying; congenital deficiencies or abnormalities; extreme financial distress; substance abuse; or any other condition that interferes with parent-child attachment.

c. Child. An unmarried person, whether biological child, adopted child, foster child, stepchild, or ward, who is a dependent of a military member (active duty or retired) or of a DA civilian or his or her spouse and who is under 18 years old or who is incapable of self-support because of a mental or physical incapacity and for whom care in a military medical treatment program is authorized.

d. Death of Child. Child fatality as a result of abuse or neglect.

e. Victim. An individual who has been abused or neglected.

5-4. RESPONSIBILITIES

a. CYS Services coordinators, CYS Services facility directors, and program managers are responsible for the following:

(1) Operating all CYS Services programs in accordance with the policy and procedures in AR 608-10 and other CYS Services policy directives.

(2) Reporting suspected out-of-home child abuse, neglect, and maltreatment to the provost marshal office (PMO) immediately.

(3) Reporting allegations of out-of-home child abuse, neglect, and maltreatment to the CYS Services Branch within 24 hours by e-mail or telephone.

(4) Ensuring that all CYS Services staff members, regular volunteers, contractors, and FCC providers and their Family members above the age of 12 have applicable background-clearance checks ([para 5-10](#)).

(5) Ensuring that all CYS Services staff members, volunteers, contractors, and FCC providers receive training on appropriate disciplinary methods, appropriate touch principles, child-development principles, child accountability, and child-abuse and -neglect prevention and reporting within the first 3 months of employment, before FCC certification, or as part of the volunteer orientation session (AR 608-18, para 8-3), using the IMCOM CYS Services Standards of Conduct, Care, and Performance.

(6) Ensuring that all CYS Services staff members, regular volunteers, and FCC providers understand their responsibility to report child abuse and neglect.

(7) Ensuring that all new direct-care employees sign performance standards that include the following statement before they are allowed to work with children: *Any incidence of physical punishment such as spanking, pushing, or shaking a child or violations of the IMCOM CYS Services Standards of Conduct, Care, and Performance may result in disciplinary action, including removal.*

(8) Providing child-abuse prevention programs for parents in conjunction with the garrison Family advocacy program manager (FAPM), Army Community Services.

(9) Following procedures in [paragraph 5-9](#) for children left in CYS Services settings.

(10) Ensuring that employees implement the guidance in [paragraph 5-8](#) to reduce the opportunity for out-of-home child abuse.

(11) Posting reporting procedures for CYS Services staff members with telephone numbers of the reporting point of contact (RPOC) in each DOD-operated or -sanctioned activity. A poster with the telephone number of the DOD Child Abuse and Safety Violation Hotline (collect 703-604-2547) for parents will be prominently displayed in the lobby of the facility or on the parent bulletin board in FCC homes. CYS Services program directors will ensure that the telephone number of the DOD Child Abuse and Safety Violation Hotline is provided in handbooks for parents and the staff.

b. TACs and TAPs are responsible for the following:

(1) Coordinating child-abuse-and-neglect training with the FAPM.

(2) Ensuring child-abuse-and-neglect initial training and refresher training is provided at least twice a month.

c. CYPAs, FCC providers, and volunteers are responsible for the following:

(1) Monitoring each child in their care for signs of abuse, maltreatment, or neglect. [Paragraph 5-5](#) provides a list of physical and behavioral indicators of child abuse.

(2) Reporting any known or suspected cases of child and spouse abuse, maltreatment, or neglect directly to the RPOC or appropriate military law-enforcement agency immediately. [Paragraphs 5-5 and 5-6](#) explain procedures for identifying and reporting suspected child abuse, maltreatment, or neglect.

(3) Reporting suspicions to the appropriate program director.

(4) Ensuring child-staff ratio sheets or facility sign-in/sign-out logs are maintained in each activity room for both children and staff. Parents must sign children in and out of rooms or the facility each day.

(5) Rotating responsibilities for playground supervision, diapering, toileting, and naptime to minimize risk.

(6) Ensuring children are released only to parents or to authorized designated adults.

(7) Wearing name tags at all times. All CYS Services personnel must be visually identifiable to patrons through the use of easily readable name tags with first and last names.

(8) Ensuring children are within sight at all times and are properly supervised.

(9) Complying with all established child-abuse prevention measures in [paragraph 5-8](#).

(10) Following procedures in [paragraph 5-7](#) to report allegations of child abuse, maltreatment, or neglect.

(11) Complying with the IMCOM CYS Services Standards of Conduct, Care, and Performance.

(12) Contacting the military police if a child is not picked up by closing time or the end of a sports practice when no information or contact is received from the parent or authorized designee within 30 minutes.

d. The FAPM is responsible for the following:

(1) Coordinating and providing training that includes recognizing, responding to, and reporting child abuse, maltreatment, or neglect in both out-of-home and FCC settings.

(2) Overseeing the Child Abuse Safety Program for parents and children aged 6 through 18 years on the installation and coordinating training on request of the activity director.

(3) Serving on the installation CYS Services evaluation team.

(4) Reviewing and making recommendations to any written statements addressing child abuse or neglect in employee or parent handbooks.

(5) Assisting local child-protective service agencies according to AR 608-18.

(6) Ensuring that all required reports are completed within established timeframes.

(7) Ensuring that all reports of suspected child abuse, maltreatment, and neglect are coordinated with the local PMO, Criminal Investigation Division (CID), and Case Review Committee (CRC).

(8) Ensuring all reports are reviewed and findings presented to the CRC.

(9) Notifying the garrison commander when the responsible law-enforcement agency or CRC receives a report of child abuse that occurred in a DOD-operated or -sanctioned activity.

(10) Notifying the Family Advocacy Program Manager, Army Community Services Branch, Office of the Assistant Chief of Staff, G9, IMCOM-Europe, of suspected child abuse, maltreatment, or neglect within 24 hours. The IMCOM-Europe FAPM will notify the Family Advocacy Program

Manager, Warrior and Family Support Branch, Office of the Deputy Chief of Staff, G9, IMCOM, within 48 hours after the reported child-abuse incident according to AR 608-18 and complete DA Form 7318.

(11) Serving as liaison to agencies responsible for investigating child-maltreatment cases.

e. The local CID will do the following:

(1) Investigate allegations of child physical and sexual abuse that occur on a military installation, and conduct joint investigations with the controlling civilian jurisdictions when active duty members or U.S. civilian employees are identified as alleged offenders in incidents that occur off the military installation.

(2) Ensure background checks are processed promptly.

(3) Advise the CYS Services coordinator of allegations of child abuse, maltreatment, or neglect or other criminal allegations against CYS Services personnel to ensure appropriate steps are taken to protect the safety and well-being of children.

(4) Serve as a member of the Program Review Board (PRB) to review derogatory background-check information and provide recommendations to the garrison commander.

f. The staff judge advocate will do the following:

(1) Provide guidance on CYS Services legal matters, including liability issues and application of Federal laws and Army regulations to program operations.

(2) Provide advice regarding the release of information and records.

(3) Serve as a member of the PRB to review derogatory background-check information and provide recommendations to the garrison commander.

g. The garrison Army Substance Abuse Program Manager will do the following:

(1) Screen prospective and current CYS Services employees, volunteers, and FCC applicants and their Family members as part of the background check for locally known drug or other substance abuse.

(2) Serve as a member of the PRB to review derogatory background-check information and provide recommendations to the garrison commander.

h. The PM will do the following:

(1) Process background and clearance checks.

(2) File serious-incident reports and DA Form 7517 and consult with CYS Services coordinators as needed.

(3) Serve as the RPOC for suspected child abuse, neglect, and maltreatment.

(4) Serve as a member of the PRB to review derogatory background-check information and provide recommendations to the garrison commander.

i. The garrison social work services office will do the following:

(1) Process background checks.

(2) Serve as a member of the PRB to review derogatory background-check information and provide recommendations to the garrison commander.

j. The nonappropriated fund (NAF) CPAC will do the following:

(1) Initiate background checks ([para 5-10](#)) and provide a list of completed local checks to the CYS Services Branch before bringing new employees on board. Local background checks will be repeated every 5 years.

(2) Serve as a member of the PRB to review derogatory background-check information and provide recommendations to the garrison commander.

5-5. PHYSICAL AND BEHAVIORAL INDICATORS OF POSSIBLE CHILD ABUSE AND NEGLECT

a. The possibility of child abuse exists whenever an injury occurs without adequate explanation for the degree of injury sustained. The possibility is greater when the explanation of the accident is not logical or there are changes or conflicts in the information provided.

b. The physical indicators of abuse may include but are not limited to the following:

(1) Bruises, welts, wire-loop marks.

(2) Severe burns, cigarette burns.

(3) Fractures, broken teeth.

(4) Lacerations, abrasions, hematoma (swelling under the skin).

(5) Failure to thrive.

(6) Advanced untreated disease, dental caries, oral infections or pain.

(7) Consistent inattention to minimal needs for food, shelter, clothing, medical care, dental care, safety, or education (for example, constant hunger, inappropriate clothes for the weather).

(8) Genital or rectal trauma, vaginal bleeding, venereal disease.

c. The behavioral indicators of abuse may include the following:

(1) Wariness of adult contacts or fear of specific persons.

(2) Constant fatigue, listlessness, or falling asleep.

(3) Behavioral extremes (overly aggressive or withdrawn, constantly complaining, displaying chronic lack of discipline).

(4) Habit disorders (thumb-sucking, biting, rocking, head banging).

(5) Overly adaptive behavior (inappropriately adult, inappropriately infant).

- (6) History or knowledge of explicit sexual activity inappropriate to the age of the child.

5-6. REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

- a. During normal duty hours, employees, FCC providers, and contractors will—

- (1) Report any suspected abuse or neglect to the PMO and then inform their program director or branch chief. All employees and FCC providers are required by law to immediately report any suspected child abuse or neglect.

- (2) Provide the following information when reporting suspicions of child abuse or neglect:

- (a) Name and age of the victim.

- (b) Name, grade, and Social Security number of the child's sponsor.

- (c) Sponsor's home address, duty address, and duty and home telephone numbers.

- (d) Physical or behavioral indicator that prompted the report.

- (e) Details of circumstances observed or provided by parent of child (who, what, when, where) if given.

- b. After normal duty hours, CYS Services employees, FCC providers, and contractors will report suspected abuse or neglect to the PMO and then notify their program director or branch chief the next workday.

- c. For each incident, the CYS Services coordinator or OS director will ensure that a memorandum for record and a Serious-Incident Report (AE Form 608-10-1J) is completed.

5-7. RESPONDING TO ALLEGATIONS OF CHILD ABUSE IN CYS SERVICES SETTINGS (OUT OF HOME)

- a. The procedures for reporting child abuse and the telephone numbers of the RPOC will be posted on each parent bulletin board and in each activity room, employee lounge, and FCC home.

- b. Any suspected abuse, maltreatment, or neglect will be reported following the procedures in paragraph 5-6. The director will inform the CYS Services coordinator, who will notify the FAPM.

- c. The CYS Services coordinator will immediately notify the chain of command and the garrison director, family, morale, welfare and recreation (DFMWR).

- d. The Social Work Services Office will investigate the case in accordance with AR 608-10 and AR 608-18.

- e. The program director will inform the employee or FCC provider who made the initial report of whatever action is taken.

f. If an employee is named as the offender, that employee will be detailed to duties outside the program that do not involve childcare, pending the outcome of the investigation. The employee should be detailed to a position or duties of comparable grade for which the employee is qualified. The detail will be coordinated with the NAF CPAC. If the allegation is substantiated, the NAF CPAC and CRC will be consulted for further guidance. When an FCC provider or Family member is the alleged offender of suspected child abuse, maltreatment, or neglect, the CYS Services coordinator will ensure that the FCC home is closed until a determination is made by the CRC. If the allegation is substantiated, the home will be permanently closed and certification revoked.

g. During the investigation of a child-abuse allegation, management personnel will—

(1) Provide access to administrative files, attendance records, work schedules, incident reports, parent addresses and telephone numbers, and any other official records to investigators and Army personnel with an official need to know.

(2) Provide availability of direct-care personnel for investigative interviews.

(3) Take notes, observe facts, and record relevant management information.

h. A garrison commander's strategy team (AR 608-18, para 8-12) will be established to guide the garrison's response to the allegation. The strategy team will work with local authorities as appropriate to determine if screening for multiple victims is necessary. The team chairperson, normally the DFMWR or executive officer, will report directly to the garrison commander. The FAPM will serve as the action officer and subject-matter expert in working with the strategy team. The FAPM will coordinate the overall garrison response plan, including handling community awareness and providing information and services for parents and affected staff members.

(1) The strategy team will develop a response plan to address the following issues:

(a) Corrective action or measures to be taken in the facility to ensure the safety of children (including reassignment of the suspected offender pending completion of the investigation).

(b) Identification of a lead investigative agency to coordinate interviews, identify the pool of potential victims, assign interviewing teams (social workers and criminal investigators), and develop a matrix of offender profiles when appropriate.

(c) The overall installation plan for communication with the press and public, services to victims and their parents, services for staff members, and staff member rights.

(2) To minimize rumors, an individual will be designated to serve as a Family liaison officer to keep Families informed of how the investigation is proceeding and to provide information on available resources. This person should not be closely involved in the case. Actions to support the Family may include an information and referral support line to answer parents' concerns and refer them to professionals for screening and to parent support groups.

(3) Members of the strategy team should include at least the following:

(a) DFMWR or executive officer.

(b) Representative from CID.

- (c) Public affairs officer.
- (d) Representative from CPAC.
- (e) PM.
- (f) FAPM.
- (g) CRC chairperson or Chief, Social Work Services.
- (h) A pediatrician.
- (j) Staff judge advocate.
- (k) CYS Services coordinator.
- (l) CYS Services program activity director.
- (m) Others deemed appropriate by the garrison commander.

5-8. PREVENTION STRATEGIES

a. Training.

(1) Personnel Training Requirements. All personnel will receive written and oral guidance on the following topics before working with children:

(a) Precertification (for FCC) and entry-level training (for CDC, SAC, YP, OS, sports and fitness, SKIES) will include the following:

1. Definitions of child abuse, child neglect, and out-of-home child abuse.
2. Identification of behavioral and physical indicators of abuse.
3. Internal and external reporting procedures.
4. Mandatory reporting requirement.
5. Applicable SOPs, including the IMCOM CYS Services Standards of Conduct, Care, and Performance.
6. Policies on discipline and use of corporal punishment.
7. Distinguishing between child abuse, maltreatment, neglect, and poor caregiving.
8. Policy for granting parents access to facilities.
9. Guidance on release of children to unfamiliar adults or to older siblings.

10. Touch policy.

11. Parent–provider partnership in the identification and prevention of child abuse.

(b) Accountability and supervision of children.

(c) Field-trip security procedures.

(d) Provisional certification (for FCC) and skill-level training (for CYS Services, SAC) during the first 6 months of employment. This training will include the following:

1. Use of the FCC and CDC child abuse risk assessment tool (CARAT).

2. Room arrangements and staffing patterns to minimize risk of child abuse.

3. Appropriate child guidance and discipline techniques.

4. Prevention of abuse allegations. All personnel will receive training on avoiding the appearance of abuse and protecting themselves from unwarranted accusations of abuse.

5. Stress factors relative to child abuse.

6. Developmental expectations and supervision factors related to child abuse.

7. Use of substitute providers (for FCC).

NOTE: The standard training modules, staff brochure, and video will be used as a basis for the above training. The TACS is responsible for planning and organizing all training. Training will be coordinated with the FAPM.

(2) Parent Training. Child abuse safety training for parents will be provided.

(a) The program directors or trainers are responsible for child abuse safety education for their particular program, must keep a record of all training, and will coordinate all child abuse safety education efforts for CYS Services programs with the FAPM to ensure parents are aware of reporting procedures and that a system is set up to address potential reports.

(b) Training will be generic, helping parents understand the importance of a strong parent–program partnership in the identification and prevention process, identifying the different types of abuse (including signs and causes of abuse), and explaining the measures that the staff and FCC providers are taking to minimize the risk of abuse or neglect.

(3) Child Training.

(a) The CYS Services coordinator will coordinate with the FAPM to provide child safety training for children and youths aged 6 through 18. Training will be tailored to their ability to understand and act on safety and exploitation issues. Training will also concentrate on helping children develop skills to protect themselves against abuse.

(b) Training plans and attendance will be documented to serve as evidence of training.

b. Program Management Prevention Strategies.

(1) Background checks will be completed on all CYS Services personnel, FCC providers, volunteers, and contractors ([para 5-10](#)).

(2) Procedures to be followed on receipt of derogatory information derived from background checks are explained in [paragraph 5-10](#).

(3) Line-of-sight-supervision will be in place for each employee until all background checks are complete. After satisfactory completion of the Childcare National Agency Check with Inquiries (CNACI), employees may work with a group of children without the presence of a second adult (subject to adult-child ratio requirements).

(4) Management and CPAC personnel will take appropriate action in accordance with Federal personnel regulations when assaultive behavior, substance abuse, larceny, or related misconduct is revealed during record or application screening. Management personnel and the appropriate command representatives will act on similar instances involving FCC providers or volunteers.

(5) All program directors should have a sufficient number of flex- or part-time employees who have met the background screening requirements available to fill in for emergency situations.

(6) Access to child activity rooms by personnel other than parents (for example, delivery personnel, maintenance personnel) will be restricted when children are present. Access is allowed only when escorted into the facility by CYS Services personnel. A visitor sign-in/sign-out log must be easily accessible and visible at the front desk. Visitors will be assigned visitor name badges.

(7) Tasks such as playground supervision, diapering, toileting, and nap supervision will be shared by direct-care personnel in CYS Services programs.

(8) A daily record of the children in attendance in each activity room or program will be maintained for all children whether full-day, part-day, or hourly care. This record will include the child's name and time-in and time-out, and the direct-care personnel time-in and time-out, where applicable.

(9) Field trips, whether walking or using vehicular transportation, will have at least two CYS Services staff members supervising the children at all times except for FCC and the YP ([chap 4](#)). Written advance notice will be given to parents in all programs. A written record of dates, times, and field-trip participants will be maintained for 3 years.

(10) Requests from parents that a child enrolled in SAC sign him- or herself in following an after-school meeting or out after a specific time will be evaluated by the SAC director on a case-by-case basis. The responsiveness and maturity of the child will be assessed. A letter from the parent requesting this self-admission and release must be maintained in the child's file indicating specific times and dates. Children in grades 1 through 5 will not be released to return home alone under any circumstances.

(11) Parents will have access to their child at all times during program operation. Parents are encouraged to volunteer, use the parent lending library, participate in special activities, and attend parent-teacher conferences.

(12) The CYS Services coordinator will ensure annual parent education programs on child abuse prevention, identification, and reporting procedures are offered, as well as techniques and guidance concerning discipline.

c. CY5 Services Risk Assessments. The CY5 Services coordinator will apply a risk assessment to CY5 Services programs in accordance with IMCOM G9 guidance every 3 years or as needed.

(1) FCC CARAT.

(a) The CY5 Services coordinator, FCC director, and TACS will use the CARAT to help identify particular conditions that indicate children may be at risk in an FCC home.

(b) The CARAT will be used before granting full certification, before recertification every 3 years, and when applicable to identify particular conditions that may indicate children may be at risk in an FCC home.

(c) The FCC provider will be advised of the purpose of the CARAT visit before the visit is scheduled.

(d) The observation component of the CARAT will be used when the majority of enrolled children are present in the FCC home. The component will be administered during a time of day when children and the FCC provider are actively engaged in a daily routine.

(e) Results of the CARAT are For Official Use Only. Disclosure is subject to the requirements of the Privacy Act and AR 340-21.

(f) A written followup plan will be prepared using the form located in the CARAT manual. This will be kept in a central FCC locked file for 3 years. When the provider is determined to be marginal, this follow-up plan must address the specific findings noted in the CARAT and may include the following:

1. Extension of provisional certification period, including requirements for further training.
2. Increased number of home visits.
3. TACS involvement to address specific areas of concern.
4. Counseling by outside professionals.
5. Denial or revocation of certification.

(2) CDC CARAT. The CDC CARAT will be administered in accordance with AR 608-10 every 3 years or on any room with a child-abuse allegation.

5-9. RELEASE OF CHILDREN FROM CY5 SERVICES PROGRAMS

a. Unless written arrangements have been made with CY5 Services personnel, only parents or designees listed on the CYMS Child Profile Print may pick up a child from a CY5 Services program. Proper identification is required.

b. In accordance with the child-supervision guidance issued by the Army Community Services Branch, children may be released only to siblings or other children age 13 or older when approved by the program director on a case-by-case basis.

c. No parent may be denied access to a child or be denied the right to pick up a child from CYS Services or an FCC home unless a copy of the custody agreement or court restraining order that denies such parental rights has been reviewed by the staff judge advocate and is on file at the program site.

d. FCC providers will have a written child-release policy and will provide parents of all enrolled children a copy of that policy.

e. CYS Services personnel and FCC providers will coordinate with the PMO regarding the release of children to parents or authorized release designees who appear to be under the influence of alcohol or drugs.

f. When parents fail to pick up their child within 15 minutes after close of business, all telephone numbers on the registration card for parents and emergency designees will be called, including the company commander and the unit staff duty officer, until someone is contacted to determine who will pick-up the child and at what time.

(1) The program director in charge will contact the military police to determine if there has been any report of an accident involving the child's parents and request assistance in locating the parents. If the unit staff duty officer does not respond with someone to pick up the child, the military police will be called to pick up the child within 30 minutes and place the child in appropriate care.

(2) A sign will be placed on the door of the CYS Services facility to inform parents or guardians where to locate children if the facility is closed.

5-10. BACKGROUND-CHECK PROCEDURES

a. General. This paragraph explains policies and procedures for background screening of all CYS Services employees, FCC providers, and their Family members over age 12, other authorized individuals residing in a potential FCC home, newly hired individuals, volunteer applicants, and contractors involved in providing services for children and youths.

b. Types of Background Checks.

(1) **CNACI.** This check is initiated before an individual starts work in CYS Services programs and includes the following:

(a) National Agency Check with Inquiries for appropriated fund (APF) and NAF positions.

(b) Federal Bureau of Investigation fingerprint check for APF and NAF employees and contractors.

(c) State Criminal History Repository Check for APF and NAF employees and contractors. Requests for this check should be sent to States where the individual has resided during the 5 years before being hired.

(2) **Installation Records Check (IRC).** This check is initiated and completed before the individual starts work with CYS Services programs and includes the following:

(a) Family Advocacy Program check through Social Work Services to include the Army Central Registry Check and behavioral health records.

(b) Local military police check, including records of incidents from installations the CYS Services employee was assigned to before.

(c) Civilian law-enforcement records check through local U.S. sheriff's departments.

(d) Army Substance Abuse Program check.

(e) Mental health check through the Social Work Service Behavioral Health clinic.

(3) CID Check. This check includes records of the Defense Clearance and Investigation Index.

c. Background-Check Requirements.

(1) Newly selected APF and NAF employees require a CNACI, CID, and an IRC.

(2) Current APF and NAF employees require an initial CID and IRC update every 5 years.

(3) CYS Services employees transferring from another Army installation with no break in service require an initial CID and IRC. On receipt of the official personnel folder, completed checks will be verified. Completed checks on staff members converting from APF to NAF remain valid (AR 608-10, para 2-24).

(4) FCC providers, Family members, and other authorized individuals residing in a potential FCC home require an initial CID and IRC and every year thereafter. Children over the age of 12 years require a school-counselor reference check.

(5) CYS Services contractors require a one-time CNACI and CID and an IRC at the beginning of each new contract and every 5 years thereafter.

(6) CYS Services regularly scheduled volunteers require an annual CID and IRC.

(7) Intermittent volunteers in a CYS Services setting do not require background checks. Volunteers, however, will only work with children or youth under line-of-sight supervision.

d. Background-Screening Responsibilities. The NAF human resources office (HRO) will—

(1) Initiate CNACIs, CIDs, and IRCs for all new employees before the employees start working.

(2) Document checks on verification sheets and maintain original background-check clearances in a suitability file at the NAF HRO.

(3) Follow PRB procedures when derogatory information is received on any applicant during preemployment or update screening.

(4) Send the signed background-check verification sheet to the CYS Services Program Operations Specialist (POS) or designee before the employee start date.

(5) Provide updated background-check verification sheets to the CYS Services POS or designee as pending checks are received (for example, CNACI) until completion of all pending checks.

(6) Track the CNACI to ensure the Office of Personnel Management (OPM) adheres to the 75-day timeline required for responding to the request. If the CNACI is not received within the timeframe allowed, the CPAC will submit a followup request. If followup requests are unsuccessful with the OPM

POC, the CPAC will provide information on checks exceeding the 75-day timeframe to the POC at HQ IMCOM-Europe CYS Services.

(7) Track 5-year checks, reinitiate CID and IRC re-verification for all NAF employees, and send updated background-check verification information to the CYS Services POC or designee and CYS Services program director to be filed in the employee personnel file.

(8) Inform the CYS Services coordinator of the results of an employee, applicant, or contractor background check if derogatory information is received for review by the PRB.

(9) Notify the employee, applicant, or contractor when derogatory information is received for review by the PRB.

(10) Conduct and document personal, professional, and employer reference checks in accordance with AR 215-3 and provide documentation on background-check verification sheets.

(11) Ensure the personnel action contains the following remark: “Unfavorable adjudicated background checks will be grounds for removal.”

e. PRB Procedures. PRBs will follow IMCOM standards for determining whether a case is suitable for being reviewed at the garrison level or whether it must be reviewed and adjudicated at DA level.

APPENDIX A REFERENCES

SECTION I PUBLICATIONS

AR 40-562, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases

AR 215-3, Nonappropriated Funds Personnel Policy

AR 340-21, The Army Privacy Program

AR 608-10, Child Development Services

AR 608-18, The Army Family Advocacy Program

AR 608-75, Exceptional Family Member Program

TB MED 530/NAVMED P-5010/AFMAN 48-147_IP, Tri-Service Food Code

MEDCOM Regulation 40-64, The Tuberculosis Surveillance and Control Program

United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP)
(<http://www.fns.usda.gov/cnd/care/>)

SECTION II FORMS

DA Form 2028, Recommended Changes to Publications and Blank Forms

DA Form 3437, Certificate of Medical Examination

DA Form 4106, Incident Report

DA Form 4700, Medical Record-Supplemental Medical Data
(<https://www.qmo.amedd.army.mil/asthma/ActionPlan2008.xls>)

DA Form 5225-R, Child Development Services (CDS) Medical Dispensation Record

DA Form 7318, Initial Report of Child Abuse in DOD Operated or Sanctioned Activities

DA Form 7625-1, Army Child and Youth Services Health Screening Tool

DA Form 7625-2, Army Child and Youth Services Program Placement Checklist

DA Form 7625-3, Special Needs Accommodation Process (SNAP) Team Care Plan

[AE Form 608-10-1A](#), Child, Youth, and School Services Health Assessment/Sports Physical

[AE Form 608-10-1B](#), Child, Youth, and School Services Child Illness/Injury Readmission Record

[AE Form 608-10-1C](#), Child, Youth, and School Services Basic-Care Item Treatment

[AE Form 608-10-1D](#), Child, Youth, and School Services Exception to Policy for Administering Medication

[AE Form 608-10-1E](#), Child, Youth, and School Services Accident/Incident Report

[AE Form 608-10-1F](#), Child, Youth, and School Services Employee Health Assessment/Screening

[AE Form 608-10-1G](#), Child, Youth, and School Services Infant Feeding Plan

[AE Form 608-10-1H](#), Child, Youth, and School Services Parental or Guardian Permission and Instruction for Youth Self-Medication

[AE Form 608-10-1J](#), Child, Youth, and School Services Serious-Incident Report

[AE Form 608-10-1K](#), Child, Youth, and School Services Rescue Medication Dispensation Record

[AE Form 608-10-1L](#), Child, Youth, and School Services Medication Incident Report

APPENDIX B

HEALTH ASSESSMENT FOR CHILD, YOUTH, AND SCHOOL SERVICES PERSONNEL

B-1. REQUIREMENTS

Child, Youth, and School Services (CYS Services) personnel are required to have an initial preplacement physical assessment followed by annual health screenings. The initial physical assessment must be documented on a physical-assessment form issued by the local garrison human resources office. The form will usually be DA Form 3437 or a copy of DA Form 4700 automated by medical file systems. The initial physical assessment should include a medical-record review and screening to ensure that the employee remains able to perform the essential components of the position (able to bend, stoop, and stand for prolonged periods of time, and lift 40 pounds) and has no communicable diseases that could be transmitted to children and other members of the CYS Services staff during work.

a. During the initial preplacement physical assessment and annually thereafter, the employee should be screened for risk of tuberculosis infection using the TB Risk Assessment Tool in MEDCOM Regulation 40-64.

b. An immunization screening should be conducted to ensure that immunizations are up to date. Immunization requirements for CYS Services employees are listed in [table B-1](#).

Table B-1 CYS Services Employee Immunization Schedule	
1. Mandatory Immunizations	Requirements
Hepatitis A	Completed two-dose series is mandatory for cooks.
Measles, mumps, and rubella	Completed two-dose series. Immunity to measles and rubella as indicated by titer is an acceptable alternative to documented immunization history.
Tetanus, diphtheria, pertussis (Td, Tdap)	Documentation of current booster. Boost with Tdap regardless of interval since the last Td immunization.
Varicella (chicken pox)	Evidence of immunity to varicella in adults includes any of the following: 1) Documentation of two doses of varicella vaccine at least 4 weeks apart. 2) U.S.-born before 1980. 3) History of varicella based on diagnosis or verification of varicella by an HCP. 4) History of herpes zoster based on HCP diagnosis or verification of diagnosis by an HCP. 5) Laboratory evidence of immunity or laboratory confirmation of disease.
2. Recommended Immunizations*	
Hepatitis A	Completed two-dose series strongly recommended for all CYS Services staff.
Hepatitis B	Completed three-dose series strongly recommended.
Influenza	Annual vaccination
NOTE: Abbreviations in this table are explained in the glossary.	
*Based on AR 40-562 and recommendations of the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention	

B-2. DOCUMENTATION

AE Form 608-10-1F must be completed and returned to the CYS Services program director, validating that the required health assessment or screening has been completed.

a. Initial assessments must be completed in English by a physician, physician's assistant, or nurse practitioner.

b. Annual health reviews and screenings may be completed by a healthcare provider or a healthcare provider assistant, nurse practitioner, or occupational health nurse.

B-3. POINTS OF CONTACT

Questions should be addressed to the following:

a. Occupational Health Division, United States Army Public Health Command Region–Europe, military 486-7543.

b. Army Public Health Nursing, Landstuhl Regional Medical Center, military 486-7002.

B-4. PROCEDURE

[Figure B-1](#) demonstrates the procedure for health assessments of CYS Services employees.

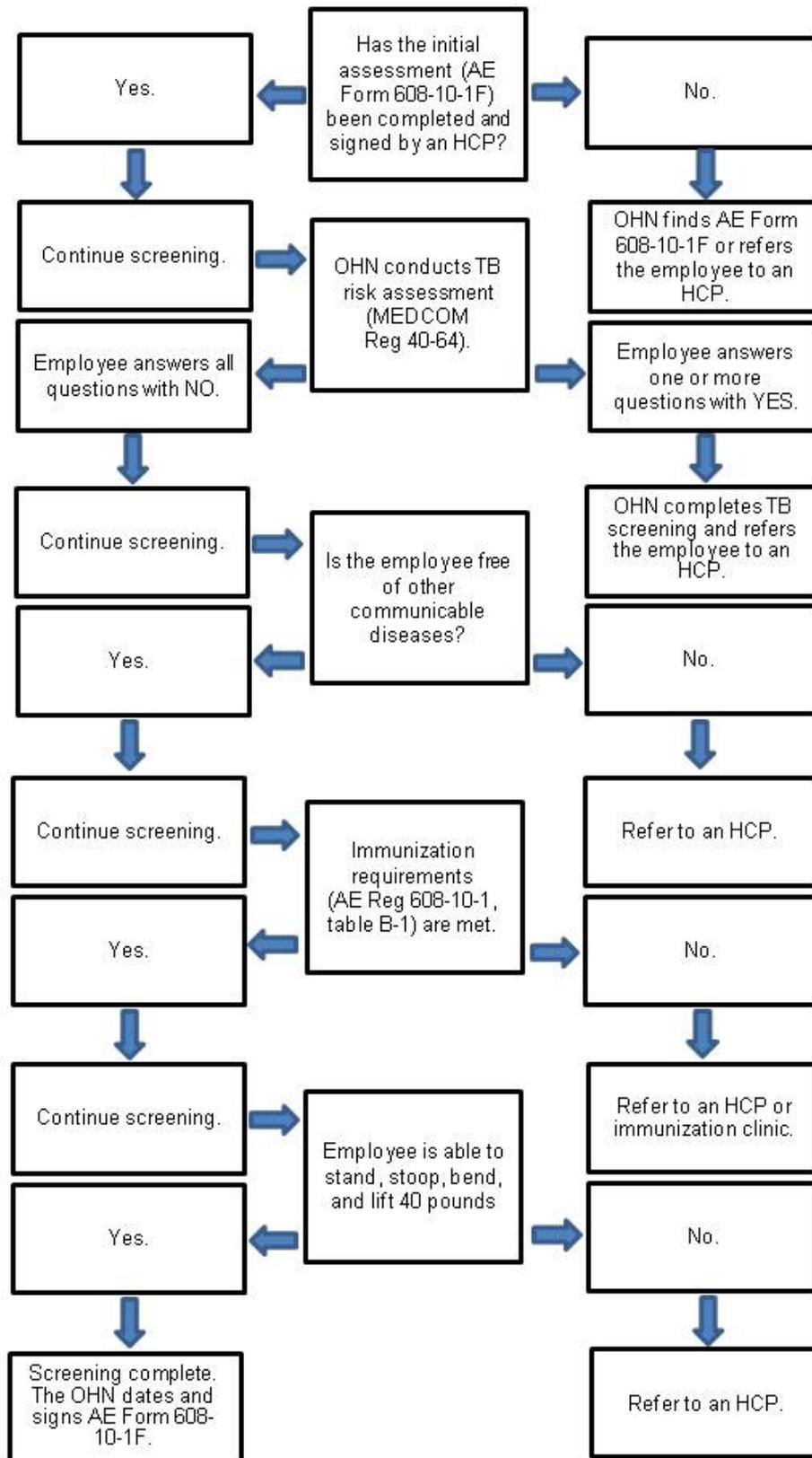


Figure B-1. Protocol and Standing Orders for Child, Youth, and School Services Employee Health Assessment/Screening

APPENDIX C

PEDIATRIC IMMUNIZATION SCHEDULE

Table C-1 shows the pediatric immunization schedule, which the United States Army Europe Region Medical Command follows.

Table C-1 Pediatric Immunization Schedule	
Age	Immunizations
Birth (or 2 weeks)	Hep B #1
2 months	DTaP #1, IPV #1, Hib #1, Hep B #2, PCV13 #1, RV #1
4 months	DTaP #2, IPV #2, Hib #2, PCV13 #2, RV #2
6 months	DTaP #3, IPV #3, Hib #3, Hep B #3, PCV13 #3, RV #3
12 months	MMR #1, varicella #1, Hep A #1
15 months	Hib #4, PCV13 #4
18 months	DTaP #4, Hep A #2
4-6 years	DTaP #5, IPV #4, MMR #2, varicella #2
11-12 years	MCV4 #1, Tdap, HPV vaccine (3 doses)
16 years	MCV4 #2
6 months – 18 years	Annual influenza vaccine
The following explains the abbreviations that are used in this table: DTaP=diphtheria and tetanus toxoids and acellular pertussis Hep A=hepatitis A Hep B=hepatitis B Hib=haemophilus influenzae type b HPV=human papillomavirus vaccine IPV=inactivated poliovirus vaccine MCV4=meningococcal conjugate vaccine series MMR=measles, mumps, and rubella PCV13=pneumococcal vaccine series RV=Rotavirus Tdap=Tetanus and diphtheria toxoids and acellular pertussis	

**APPENDIX D
COMMON CHILDHOOD COMMUNICABLE DISEASES**

D-1. Table D-1 provides information on common childhood communicable diseases and exclusion criteria for infected children.

Table D-1 Common Childhood Communicable Diseases						
Disease	Incubation Period	Symptoms	Period of Contagiousness	What to Watch Out For	Method of Spread	Exclusion Criteria
*Chicken Pox	2-3 weeks, usually 13 to 17 days	Slight fever and eruption that progresses from red bumps to pustules; all forms of rash may be seen at the same time	1-2 days before onset of rash to about 6 days after lesions first appear (until lesions are dry)	Look for eruption during incubation period	Respiratory; directly from person to person; through discharges of nose and throat and direct contact	Exclude until all pustules are dry and crusted and cleared with a doctor's note
Common Cold	12-72 hours	Runny nose, sneezing, malaise, irritated throat and nose	12 hours before onset and up to 5 days after onset of symptoms	Watch for signs of infection	Direct oral contact or droplet spread; indirectly by hands or articles soiled by infected discharges of nose or mouth	Exclude during influenza season if accompanied by a temperature of 100 °F or above or if child is unable to participate in daily activities
Conjunctivitis	24-72 hours	Redness of eye membranes with tearing and irritation with later swelling of lid, sensitivity to light, and purulent discharge	Until discharge and symptoms have cleared or until on anti-biotics for 24-48 hours	Watch for signs of infection	Contact with eye discharge and articles soiled by them	Exclude until discharge and symptoms of infection have disappeared and cleared with doctor's note
*Diarrheal Diseases	<p>Campylobacteriosis: 1-10 days, usually 2-5 days</p> <p>Escherichia coli O157:H7: 1-8 days, average 3-5 days</p> <p>Giardiasis: 3-25 days, usually 7-10 days</p> <p>Salmonellosis: 6-72 hours, usually 12-36 hours</p> <p>Shigellosis: 12-96 hours, usually 1-3 days</p>	<p>Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis to cramps and bloody stools in severe cases of shigellosis and E. coli O157:H7. Dangerous dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and lose weight.</p>	Throughout acute infection and as long as organisms are in stool	Watch for signs of infection	By the fecal-oral route through direct contact or by ingestion of contaminated food or water.	Exclude from care until acute diarrhea has stopped for 24 hours. Stress importance of proper handwashing. Sanitize all contaminated articles and equipment. E. coli and Shigellosis require two negative stool cultures and review by PHN for clearance to return.

Table D-1 Common Childhood Communicable Diseases (Continued)						
Disease	Incubation Period	Symptoms	Period of Contagiousness	What to Watch Out For	Method of Spread	Exclusion Criteria
Fifth Disease	4-21 days	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Light fever, body ache, and headache may occur 7-10 days before rash	Up to 7 days before the rash appears; not communicable after onset of rash	Pregnant women and immune system compromised persons should seek medical advice	Primarily through contact with respiratory secretions	Exclusion from care not indicated
*German Measles (Rubella)	2-3 weeks	Slight head cold, swollen glands on back of neck, and changeable rash that goes away in 2 or 3 days	Up to 7 days after rash begins	Observe for swollen glands and rash	Respiratory; directly from person to person; contact with nose discharge and articles soiled by them	Exclude for 7 days after rash begins and until cleared by an HCP; keep child away from first trimester pregnant women
*Haemophilus Influenzae Type b (Hib)	Unknown	Depends on site of infection. May include fever, vomiting, irritability, stiff neck, rapid onset of difficult breathing, cough, warm, red, swollen joints, swelling and discoloration of the skin, particularly of the cheek and around the eye	Until antibiotic treatment has begun	Observe for symptoms of infection in unimmunized persons.	Respiratory; directly from person to person	Exclude for at least 24 hours after antibiotic therapy is completed.
Head Lice (pediculosis capitis)	1-2 weeks	Severe itching of scalp with nits (egg sacs) seen on hair shafts and lice seen on scalp	As long as lice or eggs are alive on infested person or in clothing	Direct inspection of hair and scalp	Direct contact with infected person or indirectly by contact with contaminated clothing	Exclude until treatment is completed
*Hepatitis A	15-50 days, on average 28-30 days	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children.	1 week before and 2 weeks after the jaundice and other symptoms appear	Watch for signs of infection	By fecal-oral route through direct contact or ingestion of contaminated food and water	Follow advice of child's HCP

Table D-1 Common Childhood Communicable Diseases (Continued)						
Disease	Incubation Period	Symptoms	Period of Contagiousness	What to Watch Out For	Method of Spread	Exclusion Criteria
*Hepatitis B	45-160 days, on average 90 days	Only a small portion of acute infections have clinical symptoms, which are similar to those of hepatitis A	Several weeks before symptoms appear and as long as the person is ill		By direct contact with infected blood or body fluids (transmission of the virus occurs through broken skin or mucous membranes)	Follow advice of child's HCP
*HIV Infection and AIDS	variable	A broad range of disease manifestations affecting multiple organ systems; many children remain asymptomatic	From the moment of infection throughout life		By direct contact with infected blood or body fluids (transmission of the virus occurs through broken skin or mucous membranes)	Follow advice of child's HCP
*Impetigo	Variable and indefinite; commonly 4-10 days	Blister-like lesions that develop into pustules (most common on hands and face) and "honey crusted scabs"	Until lesions have cleared; usually 1-2 weeks or until on antibiotics for 24-48 hours	Emphasize personal cleanliness and the need to avoid being infected (for example, avoiding common use of towels)	Contact with discharge from lesions or articles soiled by discharge	Exclude until lesions are no longer weeping and treatment has begun and until cleared with doctor's note
*Influenza (Oct thru May)	24-72 hours	Fever, chills, headache, malaise, runny nose, and mild sore throat	Probably 3 days from clinical onset	Watch for signs of infection	Direct contact through droplet infection	Rest at home until fever subsides and able to participate in CYS Services activities
*Measles (Rubeola, Red Measles)	1-2 weeks	Runny nose, watery eyes, fever (may be quite high), cough, and blotchy rash	Up to 4 days after appearance of rash	Observe for rash	Respiratory droplets and contact with articles soiled by them	Exclude for 4 days after appearance of rash and until cleared with doctor's note
*Meningitis bacterial (H. influenza, Meningococcal, Pneumococcal)	H. influenza: 2-4 days Meningococcal: 2-10 days, usually 3-4 days; Pneumococcal: 1-4 days	Sudden onset of fever, headache, nausea, stiff neck and photophobia; rash may occur in cases of meningococcal disease	Communicable until after 24 hours of treatment with antibiotics started	Watch for signs of infection	By direct contact or droplet spread of nasopharyngeal secretions of an infected person	Exclude during acute illness

Table D-1 Common Childhood Communicable Diseases (Continued)						
Disease	Incubation Period	Symptoms	Period of Contagiousness	What to Watch Out For	Method of Spread	Exclusion Criteria
MRSA (Methicillin-resistant Staphylococcus aureus)	Unknown	Depend on site of infection; in case of skin infection, there may be red bumps that progress to pus-filled boils or abscesses which may spontaneously drain pus and progress to cellulites; infections of other parts include fever, tiredness, pain and swelling of joints or bones and cough when the lungs are infected	Constant risk because many people (especially healthcare and childcare providers) are carriers of the bacterium without symptoms; especially contagious while bumps or abscesses are draining	Watch for signs of infection	Close skin-to-skin contact; in crowds; under conditions with poor hygiene; direct contact with open sores or boils	No reason for exclusion unless other exclusion criteria are met
*Mumps	14-26 days	Pain in cheeks which increases with chewing and swelling over jaw and in front of ears	9 days after swelling appears	Observe for swelling of face and neck	Through respiratory secretions	Exclude until all swelling has disappeared and cleared by an HCP
*Norovirus	12-48 hours	Sudden onset of vomiting or diarrhea or both, abdominal cramps, and nausea	Communicable before onset of symptoms and up to 2 weeks after recovery	Watch for signs of infection	Primarily by fecal-oral route through direct contact or ingestion of contaminated food; also possible through contact with surfaces contaminated with vomit of infected person	Exclude until after 24 hours after symptoms resolved
*Pertussis	4-21 days, usually 9-10 days	Infection of upper respiratory system and increasingly irritating cough during initial stage; paroxysmal stage includes repeated episodes of violent cough with aspiratory whooping and vomiting	6 to 20 days	Watch for signs of infection	Through respiratory secretions	Exclude until cleared by an HCP (usually 5 days after initiation of appropriate antibiotic therapy)

Table D-1 Common Childhood Communicable Diseases (Continued)						
Disease	Incubation Period	Symptoms	Period of Contagiousness	What to Watch Out For	Method of Spread	Exclusion Criteria
Pinworm	10-22 days	Itching of anal area especially at night; child may not sleep well and may have nightmares; loss of appetite	While it is itchy	Check child's anal area at night about 1 hour after the child goes to sleep; check for tiny, white, thread-like worms	Directly from person to person; contact with dirt in bedroom or kitchen; contact with soiled bedding	Exclude for 24 hours after treatment has begun and cleared by an HCP
Ringworm (of Body)	4-10 days	Flat ring-like lesions on exposed skin areas; edges are reddish brown with small blisters or pustules; lesions may be dry and scaling or moist and crusted	As long as lesions are present or until 24 hours while on medication and lesions begin to shrink	Watch for signs of infection	Skin-to-skin contact with infected persons or articles	Exclude until on medication for 24 hours and cleared by an HCP
Ringworm (of Scalp)	10-14 days	Small bumps that spread and leave scaly patches of baldness	As long as fungus can be found in lesions	Screen exposed children for signs of infection; emphasize cleanliness of hair and scalp	Contact with lesions of infected person, animals, or contaminated articles	Exclude until on medication for 24 hours and cleared by an HCP
*Rotavirus	2-4 days	Nonbloody diarrhea, nausea, vomiting, dehydration in severe cases, generally last 3 to 8 days	Communicable before and to 3 weeks after diarrhea starts	Watch for signs of infection	Through the fecal-oral route and through contact with contaminated surfaces	Exclude until acute diarrhea has stopped for 24 hours; sanitation of contaminated items required
Roseola	5-15 days	Fever and rash, initially on the trunk. Fever usually breaks in 3-5 days, at which time the rash usually fades rapidly.	Exact period of contagiousness is unknown.	Watch for signs of infection	Saliva; child-to-child transmission through nasopharyngeal secretions	Until fever and rash are resolved
RSV (Respiratory Syncytial Virus)	1-10 days	Fever, runny nose, cough, and sometimes wheezing	Just before onset of symptoms and when feverish	Watch for signs of infection	Through respiratory secretions during close contact with infected persons or contaminated surfaces or items	Exclude until fever resolved and child can tolerate normal activities

Table D-1 Common Childhood Communicable Diseases (Continued)						
Disease	Incubation Period	Symptoms	Period of Contagiousness	What to Watch Out For	Method of Spread	Exclusion Criteria
Scabies	1-4 days in people with previous infestation; as long as 2-6 weeks before the first symptoms appear in an initial infestation.	Intense itching, skin lesions	Until mites and eggs are destroyed through treatment	Individuals with a history of direct skin-to-skin contact	Direct contact	Exclude until on treatment for 24 hours
Streptococcal sore throat or scarlet fever	24-72 hours	Sore throat, fever, headache; if scarlet fever, also a rash	If untreated, 10-21 days or until antibiotic treatment starts	Watch for signs of infection	Direct contact with saliva or respiratory droplets	Exclude until on antibiotics for 24 hours and cleared by an HCP
Thrush	2-5 days	White coating of tongue and mouth	Duration of lesions	Watch for signs of infection	Contact with excretions of mouth and skin	Do not exclude; good hand washing and toy sanitizing required
**Viral Gastroenteritis	24 to 48 hours	Nausea, vomiting, diarrhea, abdominal pain, light fever, headache, and muscle aches, or any combination thereof	During diarrhea and vomiting (usually only 48 hours)	Watch for signs of infection	Fecal, oral, or maybe water- and foodborne	Exclude until acute illness resolved or cleared for communicable disease by an MTF
NOTES:						
*Reporting required to local PHN and IMCOM-Europe CYS Services Branch.						
**Reporting required if two or more children in the same room are affected.						

D-2. Figures D-1 through D-3 are samples of exposure notices to parents.

EXPOSURE NOTICE

Date: _____

Dear Parent:

Your child may have been exposed to the disease checked below on _____.
Please read that section and follow the guidelines. (Date)

- [] **Chicken pox.** Onset is 2 to 3 weeks after exposure. The contagious period is 1 or 2 days before onset of the rash to about 6 days after lesions first appear. *Symptoms:* Slight fever and irritability for 1 day and fine blisters on the trunk and face. The disease is spread through discharges of the nose and throat. Do not bring your child to group care until all scabs are dry or crusted over.
- [] **German measles (rubella).** Onset is 2 to 3 weeks after exposure. The contagious period lasts up to 7 days after the rash begins. *Symptoms:* Slight head cold, swollen glands at the back of the neck, and a changeable rash that disappears in 2 to 3 days. The disease is spread through respiratory discharges. Do not bring your child to groupcare for 7 days after the rash begins.
Keep your child away from women who are in the first trimester of pregnancy.
- [] **Measles.** Onset is 1 to 2 weeks after exposure. The contagious period is up to 4 days after the appearance of the rash. *Symptoms:* Runny nose, watery eyes, fever (may be quite high), and a cough; a blotchy rash appears about the 4th day. The disease is spread through respiratory discharges. Do not bring your child to groupcare for 4 days after the appearance of the rash.
- [] **Roseola (roseola infantum; exanthema subitum; sixth disease).** This viral illness causes rash and fever, usually occurring 5 to 15 days after exposure. The fever usually lasts 3 to 5 days. When the fever breaks, the rash usually fades rapidly. Symptoms are generally mild. The length of potential communicability is unknown. Excluding children with this diagnosis for 24 hours after the resolution of their fever reduces risk of additional cases. Although cases appear up to age 4, this infection mostly occurs in children under 2 years of age with a peak in infants between 6 and 12 months.
- [] **Strep (including scarlet fever and strep sore throat).** Onset is 2 to 5 days after exposure. The contagious period is 10 to 21 days if untreated, but only 24 to 48 hours after treatment with antibiotics has started. *Symptoms:* Sore throat, fever, and occasionally a rash. The disease is spread through direct contact with saliva or respiratory droplets. Consult a healthcare provider. Do not bring your child to groupcare until on antibiotics for 24 hours.

Figure D-1. Sample Exposure Notice (Several Diseases)

EXPOSURE NOTICE

Date: _____

Dear Parent:

Your child may have been exposed to the disease checked below on _____.
Please read that section and follow the guidelines. (Date)

- [] **Head lice.** Onset is 1 to 2 weeks after exposure. The contagious period lasts as long as the lice or eggs are alive on the infested person or in his or her clothing. *Symptoms:* Severe itching of the scalp with eggs or nits (tiny, pearly white, egg-shaped objects) that stick slightly to the hair shafts and lice on the scalp. The disease is spread through direct contact with an infested person or indirectly by contact with contaminated clothing. Consult your healthcare provider or pharmacist for treatment. Do not bring your child to groupcare until 24 hours after treatment has started. Carefully check other members of the Family for eggs or nits.

 - [] **Mumps.** Onset is 14 to 26 days after exposure. The contagious period is for 9 days after the swelling appears. *Symptoms:* Pain in the cheeks that is increased by chewing, swelling over the jaw and in front of the ear. The disease is spread through respiratory secretions. Do not bring your child to groupcare until all swelling has disappeared or after 9 days after the swelling appears.

 - [] **Pinworms.** Onset is 10 to 22 days after exposure. The contagious period lasts while it is itchy. *Symptoms:* Itching of the anal area, especially at night, is the most common sign. Your child may have insomnia or nightmares and may lose his or her appetite. The disease is spread through infected bedding or a dusty or dirty bedroom or kitchen. Consult your healthcare provider. Observe other members of the Family for symptoms. About 1 hour after the child goes to sleep, check the anal area with a flashlight. If the child is infected, small, thread-like worms will be in the anal area. Do not bring your child to groupcare until 24 hours after treatment begins.

 - [] **Scabies.** Caused by a mite that burrows under the skin, causing redness, bumps, small blisters, and line-shaped lesions. A scabies infestation itches intensely, especially at night. The initial infestation can occur 2 to 6 weeks before onset of itching in people without previous exposures and 1 to 4 days before itching starts in people who have had scabies in the past. The contagious period lasts until the mites and eggs are destroyed by treatment. The disease is spread by direct contact with an infested person. Transfer from undergarments and bed clothing occurs only if these items have been contaminated by infested people immediately beforehand.
-

Figure D-1. Sample Exposure Notice (Several Diseases) (Continued)

EXPOSURE NOTICE

Date: _____

Dear Parent:

Your child may have been exposed to the disease checked below on _____.
Please read that section and follow the guidelines. (Date)

- [] **Conjunctivitis (pink eye).** Onset is 24 to 72 hours after exposure. The contagious period lasts until discharges and symptoms have cleared or until the child is on antibiotics for 24 to 48 hours. *Symptoms:* Irritated, red, and tearing eyes; swollen lids. Children under 5 years are the most susceptible. The disease is spread through contact with discharge from the eyes and articles soiled by the discharge. Do not bring your child to groupcare until discharge and symptoms of infection have cleared and your child has been cleared by a physician with a written statement.

- [] **Impetigo.** Onset is variable and indefinite, but is commonly 4 to 10 days. The contagious period lasts until lesions have cleared, usually 1 to 2 weeks or until the child is on antibiotics for 24 to 48 hours. *Symptoms:* Golden crusty sores or pimple-like spots develop watery heads, break, and form crusted areas; may occur on hands, legs, feet, buttocks, or face. It spreads rapidly if untreated. The disease is spread through contact with discharges from the lesions or articles soiled by them. Consult your healthcare provider. Do not bring your child to groupcare until the lesions are no longer weeping and treatment has begun.

- [] **Ringworm (body).** Onset varies. The contagious period is for as long as lesions are present or until the child is on medication. *Symptoms:* Rounded, reddish area with a scaly blister border; often itchy. The lesions may be dry and scaling or moist and crusted. The disease is spread through skin-to-skin contact with infected persons or contaminated articles. Do not bring your child to groupcare until on medication for 24 hours.

- [] **Ringworm (scalp).** Onset varies but is usually 4 to 10 days after exposure. The contagious period is for as long as the fungus can be found in the lesions. *Symptoms:* Bald oval shapes on the scalp, grayish scales, broken hair, and itching. The disease is spread through contact with lesions of infected persons, animals, or contaminated articles. Do not bring your child to groupcare until on medication for 24 hours.

Figure D-1. Sample Exposure Notice (Several Diseases) (cont)

EXPOSURE NOTICE

Date: _____

Dear Parent:

Your child may have been exposed to the disease described below on _____.
(Date)

FIFTH DISEASE

What is it? This is a mild rash illness that usually affects children. It is caused by a virus called parvovirus B19 that lives in the nose and throat and can be spread from person to person.

What are the signs and symptoms? The first stage of illness includes headache, body ache, sore throat, low-grade fever, and chills. These symptoms last about 2 to 3 days and are followed by a second stage, lasting about a week, during which the person has no symptoms at all. In children, the third stage involves a bright red rash on the cheeks, which gives a “slapped cheek” appearance. A “lacy” rash may follow on the trunk and arms and legs. The rash begins 17 to 18 days after exposure. The rash may appear on and off for several weeks with changes in temperature, sunlight, and emotional stress. Adults may not develop the third-stage rash but may experience joint pain, particularly in the hands and feet. The disease is usually mild, and both children and adults recover without problem. In rare instances, however, some people (especially those with blood disorders such as sickle-cell anemia) may develop more severe symptoms.

Who gets it and how? Children and adults can get parvovirus B19. When an infected person coughs, sneezes, or speaks, the virus is sprayed in the air. These contaminated droplets can then be inhaled or touched by another person. Women who get infected during pregnancy may pass the infection to their unborn fetuses. In rare cases, miscarriages and stillbirths have been associated with fifth disease during pregnancy.

How is it diagnosed? The diagnosis in children is based on the clinical symptoms of the facial rash. There is a particular laboratory test that can detect newly formed antibodies to the parvovirus B19. This test may be used for pregnant women, persons with blood disorders, and people with deficient immune systems who may be at higher risk for complications from fifth disease.

How is it treated? There is no specific treatment for fifth disease. Healthcare providers may suggest treatment to relieve symptoms. There is no vaccine to prevent fifth disease.

Must your child stay home? Children with fifth disease do not have to stay home. By the time they are diagnosed with the rash, they are no longer contagious.

What should you do? Watch for the symptoms of fifth disease and tell us if your child had fifth disease. If you are pregnant, tell your healthcare provider about your possible exposure. Instruct your child to wash hands often and thoroughly, especially after touching discharge from the nose and throat and before eating or handling food.

Figure D-2. Sample Exposure Notice (Fifth Disease)

EXPOSURE NOTICE

Date: _____

Dear Parent:

Your child may have been exposed to the disease described below on _____.
(Date)

HAND-FOOT-AND-MOUTH DISEASE

What is it? This is a common viral infection that usually occurs during summer or fall. Despite its scary name, the illness is usually mild.

What are the signs and symptoms? Tiny blisters in the mouth and on the fingers, palms of hands, buttocks, and soles of feet that last a little longer than a week (blisters may appear on all, a few, or even none of these locations in infected children). Common cold symptoms may also appear, with fever, sore throat, runny nose, and a cough. The most troublesome finding is blisters in the mouth, which makes it difficult for a child to eat and drink. Other symptoms, such as vomiting and diarrhea, can occur, but less frequently.

What are the incubation and contagious periods? After being exposed to the infection, it usually takes 3 to 6 days for a child to show symptoms. Respiratory transmission of the infection usually lasts for less than a week, but children with this infection can continue to shed the virus in their stool for weeks.

How is it spread? It is spread through respiratory routes (coughing or sneezing), direct contact, and through exposure to the virus in a stool.

How can it be controlled? Cover coughs and sneezes. Use a disposable tissue or use your shoulder: “Give your cough or sneeze a cold shoulder.” Wash hands immediately after coughing or sneezing. Dispose of used tissues promptly in a waste receptacle.

How is it treated? There is no specific treatment for the hand-foot-and-mouth disease. Healthcare providers may suggest treatment to relieve symptoms. There is no vaccine to prevent this illness.

Must your child stay home? Generally a child can continue in care, as long as no other exclusion criteria (fever, unable to participate in regularly scheduled activities) occur. Exclusion does not generally reduce the risk of further spread of the disease in CYS Services, because the virus can spread even when symptoms are not present. Your CYS Services program will work closely with its health consultant to determine if additional measures should be taken (for example, when a cluster of cases occurs in a single care setting at the same time). Sometimes the health consultant may also recommend that infants and toddlers with mouth blisters be excluded, because of the difficulty they have in controlling their saliva.

What should you do? Watch for the symptoms of hand-foot-and-mouth disease and tell the staff if your child develops this infection. Ask if there are any special instructions from the health consultant that you may need to follow. Instruct your child to wash hands often and thoroughly, especially after touching discharge from the nose and throat and before eating or handling food.

Figure D-3. Sample Exposure Notice (Hand-Foot-and-Mouth Disease)

APPENDIX E

MEDICATIONS APPROVED FOR ADMINISTRATION IN CYS SERVICES PROGRAMS

The following medications are approved to be administered in CYS Services programs when prescribed:

Table E-1 Medications Approved for Administration in CYS Services Programs	
Antibiotics	
Trade Name	Generic Name
Amoxil	Amoxicillin
Augmentin	Amoxicillin/Clavulanate
Amicil, Omnipen	Ampicillin
Bactrim/Septra	Trimethoprim/sulfamethoxazole
Biaxin	Clarithromycin
Cleocin	Clindamycin
Furadantin/Macrochantin	Nitrofurantoin
Gantrisin	Sulfisoxazole
Pediazole /Peditamycin	Erythromycin/sulfisoxazole
Penicillin	Penicillin
Septra	Trimethoprim/sulfamethoxazole
Suprax	Cefixime
Keflex	Cephalexin
Zithromax	Azithromycin
Antihistamines/Decongestants	
Allegra	Fexofenadine HCL
Atarax Syrup	Hydroxyzine
Benadryl	Diphenhydramine
Chlor-Trimeton (CTM)	Chlorpheniramine
Claritin	Loratadine
Dimetapp	Brompheniramine Maleate/Phenylpropanamine
Robitussin	Guaifenesin
Zyrtec	Cetirizine HCL
Anti-infective and Anti-fungal Ointments and Suspensions	
Diflucan	Fluconazole
Elidel	Pimecrolimus
Grigulvine/V	Griseofulvin
Hydrocortisone 1% cream	Hydrocortisone 1% (cream)
Kenalog	Triamcinolone (cream or ointment)
Mycolog II	Triamcinolone/Nystatin
Mycostatin	Nystatin (ointment or oral suspension)
Tridesilon	Desonide (cream or ointment)
Westcort 0.2% cream	Hydrocortisone-valerate 0.2% (cream)

APPENDIX F
SAMPLE SINK SIGNS

Figures F-1 and F-2 show samples sink signs.

DIAPERING AND HAND-WASHING SINK

This sink may be used only for diapering and hand washing!

Food preparation and toy washing will be done in the food-preparation and toy-washing sink.

Do not place anything other than a child on the diaper-changing surface (including clipboards, diaper wipes, and toys). This will prevent items from being contaminated.

Figure F-1. Sample Sign for Diapering and Hand-Washing Sink

FOOD-PREPARATION AND TOY-WASHING SINK

This sink may be used only for the following:

- Drinking water.
- Food preparation.
- Washing toys.
- Water to wash meal tables.

Washing hands and any activity related to diapering or toileting must be done in the diapering and hand-washing sink. This will prevent contamination of food and hands.

Figure F-2. Sample Sign for Food-Preparation and Toy-Washing Sink

APPENDIX G
BLEACH-SOLUTION RECIPES

Figure G-1 shows bleach-solution recipes for different kinds of available bleach products to be posted in the preparation area.

<p style="text-align: center;">5%-Bleach-Solution Mix 1 tablespoon of bleach with 1 quart of water or mix ¼ cup of bleach with 1 gallon of water for larger projects or to immerse toys.</p>
<p style="text-align: center;">8.25%-Ultra Bleach-Solution Mix ½ tablespoon of bleach with 1 quart of water or mix 2 tablespoons of bleach with 1 gallon of water.</p>
<p style="text-align: center;">12%-Flore Chem Bleach-Solution Dispenser Mix 1 teaspoon of bleach with 1 quart of water or mix 1½ tablespoons of bleach with 1 gallon of water.</p>
<p>NOTES:</p> <ol style="list-style-type: none">1. Mix a fresh bleach solution each day and label the bottles.2. Solutions may not be made in quantities of less than 1 quart.3. Use a calibrated measuring spoon to measure bleach.

Figure G-1. Bleach-Solution Recipes

APPENDIX H

SAMPLE PARENTAL NOTIFICATIONS

Figures H-1 and H-2 show samples of parental notifications.



YOUR INFANT'S/PRETODDLER'S DAY

PARENT SECTION

Date: _____

Name: _____ Age: _____

Today I brought (enter amount):

Bottles: _____ Jars of food: _____ Diapers: _____ Wipes: _____

My infant/prettoddlr—

Ate last at: _____ a.m./p.m., _____ oz of milk/formula, or solids: _____

Slept last at _____ a.m./p.m. and will sleep again at _____ a.m./p.m.

Needs applied today: diaper cream sun screen.

Special things I would like you to know for today:

CARE PROVIDER SECTION

Time	06	07	08	09	10	11	12	13	14	15	15	17	18
Diaper change (circle)	dry												
	wet												
	bm												
Diaper cream													
Initials													
Bottles <small>W: water J: juice fm: formula</small>	w	w	w	w	w	w	w	w	w	w	w	w	w
	j	j	j	j	j	j	j	j	j	j	j	j	j
	fm												
Amount (in oz)													
Initials													

Your infant/prettoddlr—

Ate:

	Well	Little	None
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Needs:
 Diapers Clothes
 Wipes Diaper cream
 Hugs and Kisses

Had sunscreen applied at: _____

 Slept: from: _____ till: _____

Had fun:
 Outside On a walk
 On the mat or floor During special activity

Remarks: _____

Parent review (initial): _____

Figure H-1. Sample Parental Notification for Infants and Pretoddlers

YOUR PRETODDLER'S/TODDLER'S DAY

PARENT SECTION

Date: _____

Name: _____ Age: _____



Today I brought (enter amount):

Diapers: _____ Pull-ups: _____ Wipes: _____

My pretoddler/toddler—

Needs applied today: diaper cream sun screen.

Special things I would like you to know for today:

CARE PROVIDER SECTION

Time	06	07	08	09	10	11	12	13	14	15	15	17	18
Diaper change (circle)	dry												
	wet												
	bm												
Diaper cream													
Initials													
Potty Training Time <small>G=Great! A=Almost</small>	G	G	G	G	G	G	G	G	G	G	G	G	G
	A	A	A	A	A	A	A	A	A	A	A	A	A

Your pretoddler/toddler—

Ate:	Well	Little	None	Needs:
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diaper cream <input type="checkbox"/> Clothes
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wipes <input type="checkbox"/> Outdoor clothes
Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diapers/Pull-ups
Had sunscreen applied at:	Slept/had quiet time:		Had fun:	
_____	from: _____	till: _____	<input type="checkbox"/> Outside	<input type="checkbox"/> On a walk
_____	_____	_____	<input type="checkbox"/> With gross motor play	<input type="checkbox"/> During special activity
Remarks:			<input type="checkbox"/> With soft fun toys	<input type="checkbox"/> With sound-making toys

Parent review (initial): _____

Figure H-2. Sample Parental Notification for Pretoddlers and Toddlers

**APPENDIX I
TOXIC PLANTS**

Table I-1 provides a list with toxic plants that are not allowed in Child, Youth, and School Services programs.

Table I-1 Toxic Plants			
Common Name	Botanical Name	Toxic Part	Symptoms
Aloe Vera	<i>Liliaceae</i>	Sap of leaves	Abdominal cramping, diarrhea, red urine
Anemone	<i>Anemone spp.</i>	All parts	Inflammation and blistering after contact with fresh sap; irritation of mouth, vomiting, and diarrhea following ingestion
Angel Trumpet Tree	<i>Brugmansia spp.</i>	Flowers, leaves, seeds	Hallucinations, dry mouth, muscle weakness, increased blood pressure and pulse, fever, dilated pupils, paralysis
Angel Wings	<i>Caladium</i>	All parts	Intense burning and irritation of mouth, tongue, lips
Apricot	<i>Prunus armeniaca</i>	Wilted leaves, twigs, seeds	Gasping, weakness, excitement, pupil dilation, spasms, convulsions, coma respiratory failure
Arrowhead vine	<i>Syngonium podophyllum</i>	All parts	Severe pain in the mouth if eaten
Autumn Crocus	<i>Colchicum autumnale</i>	All parts, especially bulbs	Burning pain in mouth, gastrointestinal irritation
Avocado leaves	<i>Persea americana</i>	Leaves	Diarrhea, vomiting, labored breathing
Azalea	<i>Rhododendron</i>	All parts	Fatal; nausea and vomiting, depression, difficult breathing, prostration, and coma
Betel Nut Palm	<i>Areca catechu</i>	All parts	Intoxication, convulsions, diarrhea, dizziness, vomiting
Bittersweet	<i>Celastrus scandens</i>	All parts, especially seeds	Vomiting, diarrhea, loss of consciousness
Black Locust	<i>Robinia pseudoacacia</i>	Bark, sprouts, foliage, seeds	Nausea, weakness, and depression after chewing the bark and seeds
Bleeding Heart	<i>Dicentra sp.</i>	All parts	Trembling, staggering, vomiting, diarrhea, convulsions, labored breathing; skin irritation after repeated contact with the cell sap
Buckeye (Bottlebrush, California)	<i>Aesculus sp.</i>	Seeds, tea made from leaves and root	Muscle weakness and paralysis, dilated pupils, vomiting, diarrhea, depression, paralysis, and stupor; may be fatal if eaten
Buttercup	<i>Ranunculus sp.</i>	All parts	Irritant juices may severely injure the digestive system
Caladium	<i>Caladium</i>	All parts	Intense burning and irritation of mouth, tongue, lips
Calla Lily	<i>Zantedeschia aethiopica</i>	All parts	Severe burning sensation and swelling of lips, tongue, and throat, stomach pain, and diarrhea; highly toxic, may be fatal if eaten
Castor bean	<i>Ricinis communis</i>	Seeds	Fatal; one or two seeds are near the lethal dose for adults
Cherry	<i>Prunus avium</i>	Twigs, foliage, pits	Fatal; contains a compound that releases cyanide when eaten; gasping, excitement, and prostration
Christmas Rose	<i>Helleborus niger</i>	All parts	Burning of mouth and throat, salivation, vomiting, abdominal cramping, diarrhea, nervous symptoms, depression; skin irritation after contact with cell sap
Chrysanthemum	<i>Tanacetum cinerariifolium</i>	Flowers	Headaches, gastroenteritis, dizziness, and psychotic changes
Crocus (Autumn)	<i>Colchicum autumnale</i>	All parts	Cramping, vomiting, diarrhea, increased blood pressure, respiratory failure
Croton	<i>Codiaeum variegatum</i>	Leaves and sap	Vomiting, diarrhea if ingested; dermatitis on contact
Daffodil	<i>Narcissus</i>	Bulbs	Digestive upset including nausea, vomiting, and diarrhea when eaten even in small amounts; may be fatal

Table I-1 Toxic Plants (Continued)			
Common Name	Botanical Name	Toxic Part	Symptoms
Daphne	<i>Daphne sp.</i>	Berries	Swelling of lips and tongue, thirst, difficulty swallowing, nausea, vomiting, internal bleeding with bloody diarrhea, weakness, and coma; skin irritation with blisters after contact with leaves
Deadly nightshade	<i>Atropa belladonna</i>	All parts, especially the unripe berry	Fatal; intense disturbance of digestive and nervous symptoms
Delphinium	<i>Delphinium spp.</i>	All parts	May be fatal, highly toxic; burning of lips and mouth, numbness of throat; intense vomiting and diarrhea, muscular weakness and spasms, weak pulse, paralysis of the respiratory system, convulsions
Devil's Ivy	<i>Epipremnum aureum</i>	All parts	Burning and swelling of lips, mouth, tongue, and throat, diarrhea; skin irritation from frequent contact
Dumb Cane	<i>Dieffenbachia</i>	All Parts	Intense burning and irritation of the mouth and tongue; swelling of the tongue may block the air passage of the throat
Dutchman's Breeches	<i>Dicentra spp.</i>	All parts	Trembling, staggering, vomiting, diarrhea, convulsions, labored breathing; skin irritation after repeated contact with the cell sap
Elderberry	<i>Sambucus sp.</i>	All parts, especially roots	Nausea and digestive upset
Elephant Ear	<i>Colocasia esculenta</i>	All parts	Intense burning and irritation of mouth, tongue, lips
Four O'Clock	<i>Mirabilis jalapa</i>	Roots and seeds	Stomach pain, nausea, vomiting, diarrhea
Foxglove	<i>Digitalis purpurea</i>	All parts, especially leaves, flowers, seeds	May be fatal; dangerously irregular heartbeat, digestive upset, confusion, convulsions
Golden Chain	<i>Laburnum anagyroides</i>	Seeds, pods, flowers	May be fatal; excitement, staggering, convulsions, and coma
Hemlock	<i>Conium maculatum</i>	All parts	Fatal through gradual weakening of muscles
Holly	<i>Ilex</i>	Berries	Digestive upset
Hyacinth	<i>Hyacinthus orientalis</i>	Bulbs, all parts	Stomach cramps, salivation, vomiting, and diarrhea
Hydrangea	<i>Hydrangea spp.</i>	Bark, leaves, flower buds	Nausea, stomach pain, vomiting, sweating
Iris	<i>Iris</i>	Underground stems, also developed leaves	Severe digestive upset from moderate amounts of cultivated or wild irises; acidity usually prevents large consumption
Ivy (Boston, English, others)	<i>Hedera helix</i>	All parts	Severe skin irritation with redness, itching, and blisters following contact with cell sap; burning sensation of throat after eating berries; delirium, stupor, convulsions, hallucinations, fever, and rash after ingestion
Jack-in-the-pulpit	<i>Arisaema triphyllum</i>	All parts, especially roots	Intense irritation and burning of the mouth and tongue
Jasmine	<i>Jasmine grandiflorum</i>	Berries	Fatal; digestive disturbance and nervous symptoms
Jequirity Bean	<i>Abrus precatorius</i>	Broken seeds	May be fatal; nausea, vomiting, severe abdominal pain and diarrhea, burning in throat; develops into ulcerative lesions of mouth and esophagus
Jerusalem cherry	<i>Solanum pseudocapsicum</i>	All parts, especially unripened fruit and leaves	Nausea, vomiting, salivation, drowsiness, abdominal pain, diarrhea, weakness, respiratory depression
Jessamine Pea	<i>Cestrum spp.</i>	Unripe berries	Headache, dizziness, hallucinations, nausea, vomiting, bloody diarrhea, muscular spasm and nervousness, high temperature, salivation, sweating, paralysis, and coma
Jimson weed	<i>Datura stramonium</i>	All parts	May be fatal; abnormal thirst, distorted sight, delirium, incoherence, and coma

Table I-1 Toxic Plants (Continued)			
Common Name	Botanical Name	Toxic Part	Symptoms
Jonquil	<i>Narcissus spp.</i>	Bulbs	May be fatal; nausea, vomiting, diarrhea, salivation, trembling, convulsions; contact dermatitis following handling of bulbs, flowers, and stems
Lantana	<i>Lantana camara</i>	Green berries	Fatal; affects lungs, kidneys, heart, and nervous system
Larkspur	<i>Delphinium spp.</i>	Young plant, seeds	May be fatal; digestive upset, nervous excitement, depression
Laurel (English laurel, laurel-cherry)	<i>Prunus laurocerasus</i>	Wilted leaves, twigs (stems), seeds	Gasping, weakness, excitement, pupil dilation, spasms, convulsions, coma, respiratory failure
Lily-of-the-valley	<i>Convallaria majalis</i>	Leaves, flowers, fruit (red berries)	Irregular heartbeat, digestive upset, mental confusion
Lobelia	<i>Lobelia spp.</i>	All parts	Nausea, vomiting, diarrhea, salivation, exhaustion and weakness, dilation of pupils, convulsions, and coma
Marijuana	<i>Cannabis sativa</i>	All parts	Exhilaration, hallucinations, delusions, blurred vision, poor coordination, stupor, and coma
Mayapple (mandrake)	<i>Podophyllum peltatum</i>	Raw unripe fruit, foliage, roots	Gastroenteritis and vomiting; ripe fruit less toxic than unripe fruit
Milkweed	<i>Asclepias tuberosa</i>	Roots, plant sap from all parts	Vomiting, stupor, weakness, spasms
Mistletoe	<i>Viscum album</i>	All parts	May be fatal; blurred vision, diarrhea, vomiting, stomach pain, high blood pressure, drowsiness
Monkshood	<i>Aconitum napellus</i>	Roots, flowers, leaves	Restlessness, salivation, nausea, vomiting, vertigo
Moonseed	<i>Menispermum canadense</i>	Berries	may be fatal
Morning glory	<i>Ipomoea</i>	Seeds	Hallucinations, dilated pupils, nausea, vomiting, diarrhea, drowsiness, numbness of extremities, and muscle tightness
Mother-in-Law Plant	<i>Sansevieria trifasciata</i>	All parts	Excessive salivation, skin irritation
Mountain laurel	<i>Kalmia latifolia</i>	All parts	Salivation, watering of eyes and nose, slow pulse, nausea, vomiting, sweating, abdominal pain, headache, tingling of skin, lack of coordination, convulsions, paralysis
Mushroom	<i>Amanita muscaria</i>	Mushroom	Intoxication, hallucinations, drowsiness, vomiting, nausea, stomach pains, diarrhea, muscle spasms, hypotension, agitation; few minutes to several days after ingestion, potential for death in very young children
Narcissus	<i>Narcissus spp.</i>	Bulbs	May be fatal; nausea, vomiting, diarrhea, salivation, trembling, convulsions, contact dermatitis following handling of bulbs, flowers, and stems
Nightshade, Horse nettle	<i>Solanum spp.</i>	All parts, especially unripe berry	Digestive upset; stupefaction, and loss of sensation; death due to paralysis can occur; ripe berries are much less toxic than unripe berries
Oleander	<i>Nerium oleander</i>	Leaves, branches, nectar of flowers	Extremely poisonous; affects heart and digestive system; has caused death even from meat roasted on its branches; a few leaves can kill adults
Orchid (Ladyslipper)	<i>Cypripedium spp</i>	Glandular, irritating hairs on leaves	Contact dermatitis, skin irritation
Ornamental Pepper	<i>Capsicum annuum spp</i>	Leaves, fruit	Burning or stinging of lips, tongue and throat; nausea, vomiting, and diarrhea; burning sensation of the eyes and skin; blistering after prolonged exposure
Peace lily	<i>Spathiphyllum</i>	Leaves	Burning of lips, tongue, and throat
Pencil Tree; Milk Bush	<i>Euphorbia tirucalli</i>	Entire plant	Irritation to skin; irritation to mouth, throat, and stomach; diarrhea

Table I-1 Toxic Plants (cont)			
Common Name	Botanical Name	Toxic Part	Symptoms
Periwinkle	<i>Vinca minor</i>	All parts	Mild abdominal cramping to serious cardiac complications
Peyote	<i>Lophophora williamsii</i>	Fresh or dried pieces of all parts above ground	Illusions, hallucinations, headache, pupil dilation, blurred vision, muscular relaxation, dizziness, circulatory depression, severe stomach pain with vomiting and diarrhea
Philodendron	<i>Philodendron</i>	All parts	Intense burning and swelling of the lips, tongue, and throat, difficulty of speaking; nausea, vomiting, and diarrhea; frequent contact with cell sap may cause skin irritation
Poinsettia	<i>Euphorbia pulcherrima</i>	Leaves, flower	Irritations to mouth and stomach, vomiting and nausea, usually no ill effects; sap may produce eye irritation
Poison Hemlock	<i>Conium maculatum</i>	All parts	Salivation, vomiting, diarrhea, muscular weakness, paralysis, nervousness, trembling, dilation of pupils, weak pulse, convulsions, coma
Poison Ivy	<i>Toxicodendron radicans</i>	All parts	Severe skin redness, itching, swelling, and blisters following direct or indirect contact
Poison Oak	<i>Toxicodendron pubescens</i>	All parts	Severe skin redness, itching, swelling, and blisters following direct or indirect contact
Pokeweed, Pokeberry	<i>Phytolacca americana</i>	All parts	May be fatal; burning of mouth and throat, salivation, severe stomach irritation, vomiting, bloody diarrhea, spasms, convulsions
Primrose	<i>Primula obconica</i>	Glandular hairs on leaves and stems	Allergic skin irritation (redness, blisters, swelling), mainly on hands and face, following contact
Ranunculus	<i>Ranunculus spp</i>	All parts	Ingestion causes burning of the mouth, abdominal pain, vomiting, and bloody diarrhea; skin redness, burning sensation, and blisters following contact with cell sap
Rhododendrum	<i>Rhododendron</i>	All parts	Fatal; produces nausea and vomiting, depression, difficult breathing, prostration, and coma
Rhubarb	<i>Rheum rhaponticum</i>	Leaf blade	Fatal; large amounts of raw or cooked leaves can cause convulsions, coma, followed rapidly by death
Rosary Pea	<i>Abrus precatorius</i>	Broken seeds	May be fatal; days or hours after ingestion; nausea, vomiting, severe abdominal pain and diarrhea, burning in throat; develops into ulcerative lesions of mouth and esophagus
Star of Bethlehem	<i>Ornithogalum umbellatum, O. thrysoides</i>	All parts	Nausea, salivation, vomiting, diarrhea, shortness of breath. Pain, burning, and swelling of lips, tongue, and throat; skin irritation following prolonged contact
Sweet Pea	<i>Lathyrus spp.</i>	Seeds	Paralysis, slow and weak pulse, shallow breathing, convulsions
Tobacco	<i>Nicotiana tabacum, N. glauca</i>	All parts	May be fatal if eaten, highly toxic; vomiting, diarrhea, slow pulse, dizziness, collapse, and respiratory failure
Tomato (vines)	<i>Lycopersicon esculentum</i>	Leaves, stem	Headache, abdominal pain, dilated pupils, vomiting, diarrhea, circulatory and respiratory depression, loss of sensation
Tulip	<i>Tulipa spp</i>	Bulb, stem, flowers	Stomach pain, salivation, sweating, nausea, vomiting; skin irritation with tingling, redness, blisters, and cracks, either immediately or after a delay from contact, and may spread away from the point of contact; allergic reaction
Water Hemlock	<i>Cicuta virosa</i>	All parts	Fatal; violent and painful convulsions
Wisteria	<i>Wisteria sp.</i>	Seeds, pods	Mild to severe gastrointestinal disturbances requiring hospitalization
Yew	<i>Taxus</i>	Berries, foliage	Fatal; foliage is more toxic than berries; sudden death without warning symptoms

**APPENDIX J
TEMPERATURE CONTROL LOG**

This log will be used to record the temperature readings of individual storage units (dry, refrigerated, and frozen). This log must be posted on the door of all dry-storage areas and cold-storage equipment. Temperature readings will be recorded three times a day as indicated below. Any temperatures outside of the recommended ranges must be reported to the facility director. Once complete, this log will be filed in United States Department of Agriculture records for 4 years.

**Recommended Temperature Ranges:
Dry Storage (50-70 °F)
Refrigerated Storage (36-40 °F)
Freezer Storage (0 °F or Below)**

MONTH/YEAR:		FACILITY:		STORAGE UNIT:	
Date	Opening Time/Temperature/Initials	Midday Time/Temperature/Initials	Midday Time/Temperature/Initials	Closing Time/Temperature/Initials	Closing Time/Temperature/Initials
1.	/ /	/ /	/ /	/ /	/ /
2.	/ /	/ /	/ /	/ /	/ /
3.	/ /	/ /	/ /	/ /	/ /
4.	/ /	/ /	/ /	/ /	/ /
5.	/ /	/ /	/ /	/ /	/ /
6.	/ /	/ /	/ /	/ /	/ /
7.	/ /	/ /	/ /	/ /	/ /
8.	/ /	/ /	/ /	/ /	/ /
9.	/ /	/ /	/ /	/ /	/ /
10.	/ /	/ /	/ /	/ /	/ /
11.	/ /	/ /	/ /	/ /	/ /
12.	/ /	/ /	/ /	/ /	/ /
13.	/ /	/ /	/ /	/ /	/ /
14.	/ /	/ /	/ /	/ /	/ /
15.	/ /	/ /	/ /	/ /	/ /
16.	/ /	/ /	/ /	/ /	/ /
17.	/ /	/ /	/ /	/ /	/ /
18.	/ /	/ /	/ /	/ /	/ /
19.	/ /	/ /	/ /	/ /	/ /
20.	/ /	/ /	/ /	/ /	/ /
21.	/ /	/ /	/ /	/ /	/ /
22.	/ /	/ /	/ /	/ /	/ /
23.	/ /	/ /	/ /	/ /	/ /
24.	/ /	/ /	/ /	/ /	/ /
25.	/ /	/ /	/ /	/ /	/ /
26.	/ /	/ /	/ /	/ /	/ /
27.	/ /	/ /	/ /	/ /	/ /
28.	/ /	/ /	/ /	/ /	/ /
29.	/ /	/ /	/ /	/ /	/ /
30.	/ /	/ /	/ /	/ /	/ /
31.	/ /	/ /	/ /	/ /	/ /

GLOSSARY

°C	degrees centigrade
°F	degrees Fahrenheit
AAFES	Army and Air Force Exchange Service
APF	appropriated fund
AR	Army regulation
CACFP	Child and Adult Care Food Program
CARAT	child abuse risk assessment tool
CDC	child development center
CID	criminal investigation division
CNACI	Childcare National Agency Check with Inquiries
CPAC	civilian personnel advisory center
CPR	cardiopulmonary resuscitation
CRC	Case Review Committee
CYMS	Child/Youth Management System
CYPA	child/youth program assistant
CYS	child, youth, and school
DA	Department of the Army
DECA	Defense Commissary Agency
DOD	Department of Defense
EFMP	Exceptional Family Member Program
ERMC	United States Army Europe Regional Medical Command
FAPM	Family advocacy program manager
FCC	Family childcare
HCP	healthcare provider
HIV	human immunodeficiency virus
HN	host nation
HRO	human resources office
IDP	individual development plan
IMCOM	United States Army Installation Management Command
IMCOM-Europe	United States Army Installation Management Command, Europe Region
IRC	installation records check
LN	local national
MAP	medical action plan
MDI	metered dose inhaler
mg	milligram
MTF	medical treatment facility
NAF	nonappropriated fund
NRA	National Restaurant Association
OHN	occupational health nurse
OPM	Office of Personnel Management
OS	outreach services
OTC	over-the-counter
PFD	personal flotation device
PHF	potentially hazardous food
PHN	public health nurse
PM	provost marshal
PMO	provost marshal office

POC	point of contact
POS	program operations specialist
PRB	Program Review Board
RPOC	reporting point of contact
SAC	school-age center
SKIES	Schools of Knowledge, Inspiration, Exploration, and Skills
SNAP	special needs accommodation process
SOP	standing operating procedure
TACS	training and curriculum specialist
TAPS	training and program specialist
TB	tuberculosis
Td	tetanus, diphtheria
Tdap	tetanus, diphtheria, pertussis (combined vaccination)
TSFC	Tri-Service Food Code (TB Med 530)
U.S.	United States
USAG	United States Army garrison
USDA	United States Department of Agriculture
YP	youth program