



DEPARTMENT OF THE NAVY

NAVY PERSONNEL COMMAND
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From: Commander, Navy Personnel Command (PERS-65)

SUBJ: IMPLEMENTATION OF CHILD DEVELOPMENT GROUP HOMES
(CDGH)

Ref: (a) OPNAVINST 1700.9D, "Child Development Programs"
(b) CNPC ltr 1700 Ser 659/ of 23 Aug 96, "Off-base
Navy Certified Family Child Care (FCC) Homes"
(c) CNPC ltr 1700 PERS-659 of 4 Sep 96, "Appropriated
Fund (APF) Cash Assistance For Family Child Care"

Encl: (1) Benefits of Child Development Group Homes (CDGH)
(2) Sample Standard Operating Procedures
(3) Group Home Question and Answer Sheet

1. Reference (a) provides standards for operating Child Development Homes (CDH), formerly known as Family Child Care (FCC), on Naval installations. The Commander, Navy Personnel Command is exploring new alternatives to increase the availability of quality, affordable child care. References (b) and (c) are two successful expansion programs. A new initiative is to implement Child Development Group Homes (CDGH) in either on-base government owned or leased housing, or in off-base civilian housing.

2. While off-base CDH and subsidized parent fees have resulted in program growth, the 1999 Navy Family Child Care marketing research also revealed that parents perceive center-based care as safer because there is oversight by more than one adult. CDGH can provide parents' care in a home-based setting, with supervision by two or more adults. Group homes are a child care option widely used in the civilian sector. In general, civilian group child care homes consist of two adults caring for from seven to twelve children but, in some cases, serve larger numbers of children with additional adult(s) present. Development of this new option for Navy Child Development Programs benefits the military families and current Child Development Home (CDH) providers. Enclosure (1) provides details of the benefits of CDGH.

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3. Commanding Officers may implement CDGH within existing resources to expand availability of child care spaces and help reduce child care waiting lists. Enclosure (2) provides sample standard operating procedures. Additional information about CDGH is provided as enclosure (3).

4. We welcome your comments on this initiative and any other ideas for alternative sources of affordable child care. Our point of contact is Ms. Kathleen Jennings, PERS-659F, at (C) 901-874-6699 or DSN 882-6699.


TOM MCFADDEN
By Direction

Distribution:

Commanding Officers Administering Child Development Programs
Echelon II Commanders
Regional Commanders Administering Child Development Programs
MWR Directors Administering Child Development Programs

BENEFITS OF CHILD DEVELOPMENT GROUP HOMES (CDGH)

Benefits to the Navy

CDGH can be established with lower start up and overhead costs than a Child Development Center (CDC). Having an additional cost effective option available supports Navy efforts to increase child care spaces to meet the Department of Defense (DoD) child care goal.

CDGH can increase the amount of hourly care and infant care available, particularly during extended hours, such as evenings and weekends when the CDC is not open. Because of the larger size and consistency of providers, some military families may prefer this option to a CDH home for their hourly care or infant care needs.

Benefits to Military Families

CDGH combines the strengths of both a CDH and a CDC. CDG homes are small, home-like, and conveniently located like CDH. At the same time, they provide more adults to supervise children and more opportunities for child socialization in large groups similar to a CDC.

Benefits to Current CDH Providers

Many civilian CDGH providers were initially military CDH providers; they report operation of a CDGH is advantageous. As CDGH providers, they feel less isolated having a colleague to share caregiving responsibilities with. Generally program activities (e.g. field trips, messy art projects, science and cooking projects, etc.) can be conducted more easily because additional adults are present. There is continuity of care for children; even when one of CDGH provider is absent, the children are familiar with the other provider(s) and the regular back-up provider(s). In some cases, provider income increases because there is an economy of scale when serving a larger number of children.

The CDGH option will appeal to experienced Navy CDH providers seeking greater responsibility and the challenge of operating a larger program. In the past, many of these providers moved out of the Navy CDH System to achieve their professional goals in child development centers.

SAMPLE

NAVAL STATION, SMOOTH SAILING
STANDARD OPERATING PROCEDURES

Subj: CHILD DEVELOPMENT GROUP HOMES (CDGH)

Ref: (a) OPNAVINST 1700.9D
(b) NAVSTASMSAILINST 1710.11B, "MWR Programs"
(c) CNPC ltr 1700 Ser 659/ of 23 Aug 96, "Off-base
Navy Certified Family Child Care (FCC) Homes"
(d) CNPC ltr 1700 pers-659 of 4 Sep 96, "Appropriated
Fund (APF) Cash Assistance For Family Child Care"

1. Purpose. To provide policies and procedures for certification and operation of Child Development Group Homes (CDGH). The CDGH program is a function of the Child Development Program (CDP) and is subject to all requirements of references (a) through (d). CDGH is intended to expand the availability of quality, affordable child care spaces. Group homes benefit the Navy, military parents and children, and child development home (CDH) providers.

2. Scope.

a. Reference (a) provides minimum standards for the care and protection of children in CDH. Child Development Homes currently provide 51 percent of Navy sponsored child care spaces. CDH is a cost effective means of increasing child care spaces without large expenditures for child development center (CDC) construction and labor. It is also the most cost effective means of meeting the needs of families requiring unique child care services (e.g., extended hours care, infant/toddler, special needs, etc.).

3. Definition.

a. A CDGH is a child care arrangement within an on-base housing unit or an off-base housing unit in which two CDH providers care for between seven (7) and twelve (12) children. The children under age eight (8) of both providers count in the enrollment requirement.

4. Policies.

a. Age of Children Enrolled. A CDGH may enroll children age four (4) weeks to twelve (12) years. Each child will be assigned a Primary CDGH Provider. For each Primary CDGH Provider there can no more than six children and no more than two children under 2 years of age.

b. Hours of Operation. Child Development Group Homes may operate daytime (0500-1900) or evening (1900-2400) hours seven days a week.

c. Facility Compliance.

(1) Type of Facility. CDGH is authorized in Navy housing (government owned or leased) or in a civilian, Navy certified off-base Child Development Home. The housing must provide adequate space for play and routine care for the number of children enrolled. The local Fire Prevention Inspector will determine the maximum occupant load for the home. Determination can be based on actual square footage, arrangement of home furnishings, space available for meals, naps, and bathroom routines, as well as, space available for play (e.g., extra bedrooms, family room, a screened patio or porch, converted garage, etc.). The use of the on-base housing unit or off-base home as a Group CDH must be approved by the Fire Prevention Office and Housing Office (on-base only) before the application is given to the Quality Review Board.

(2) Recommend a fenced yard immediately adjacent to the CDGH when possible or a playground within reasonable walking distance.

(3) CDGH in high rise buildings are limited to the first three floors.

5. Fire Safety. CDG homes shall meet the New Day-Care Occupancies requirements for "Group Day Care Homes" as defined in the most current version of NFPA 101 Life Safety Code of the National Fire Protection Association.

6. Provider to Child Ratios.

a. There shall be a minimum of two providers for up to twelve children with no more than four children incapable of self preservation.

7. Facilities Management and Maintenance.

a. Costs for improvements to meet CDGH requirements, maintenance and repair, and utilities are the responsibility of the Navy housing resident whose unit is being used as a CDGH or the provider/homeowner off-base.

b. The following responsibilities will be addressed in an installation SOP jointly developed by the CDP and Family Housing:

(1) Maintenance of the outdoor area;

(a) Provision of parking for CDG providers and patrons;

(b) Cleaning and upkeep of the facility(s); and,

(c) Other concerns locally identified.

8. Provider Qualifications. A CDGH Lead Provider will be designated within each CDGH.

a. Qualifications for the CDGH Lead Provider are:

b. Minimum age of 21;

c. One year experience as a CDH provider or Child Development Center (CDC) caregiver; and,

d. It is preferred the Lead Provider have either a Military Home Accreditation (MHA), a Child Development Associate (CDA) Credential, or an Associate or Bachelor's Degree in Early Childhood or Elementary Education or related field.

e. Qualifications for the other CDGH providers are the same as for Navy CDH providers.

9. CDGH Lead Provider Training.

a. Prior to opening the CDGH and caring for children, the CDGH Lead Provider will receive locally developed training addressing:

(1) Supervision;

(2) Team building; and,

(3) Budgeting and financial management of a CDGH business.

10. Program Policies.

a. The CDGH providers shall develop common operating policies and a common contract for use with all enrolled families.

b. Two providers or a provider and a back-up provider must be present whenever seven or more enrolled children are present. When six or fewer children are present, only one CDH provider or back-up provider is required.

c. CDGH should maintain a family atmosphere. The CDGH should include adult furnishings (e.g., couch, table, chairs, etc.) as well as child furniture and equipment.

11. Program Oversight and Risk Management.

a. The CDH management staff shall conduct home visits at least two times a month and contact the CDGH telephonically on a weekly basis.

b. Each provider shall be insured in accordance with OPNAVINST 1700.9D. They must notify their insurance company that they are a group home provider. The back-up providers shall be listed on both providers' policies.

12. Child Development Homes Subsidies.

a. CDGHs are eligible for CDH subsidies and incentives.

b. CDGH provider's own children are not eligible for subsidy.

CHILD DEVELOPMENT GROUP HOME (CDGH)
QUESTION AND ANSWER (Q&A) SHEET

QUESTION: Why do we need to develop Child Development Group Homes?

ANSWER: In the civilian world, CDGH are an important part of the child care system. Because most military quarters are small and cannot accommodate 7 or more children, the Navy did not initially see a way to create a CDGH option. Now there are installations with providers living in officer housing units or four bedroom enlisted housing units which could accommodate more than the six child limit required for Child Development Homes (CDH) homes. In addition, the Navy needs to increase child care spaces to meet DOD goals. These facts, combined with a continued concern to address unmet needs for infant care, hourly care, and care during evenings, weekends, and early openings resulted in a decision to authorize the CDGH option.

QUESTION: Can we have an Off-base CDGH?

ANSWER: The ANSWER to this QUESTION is a qualified yes. The MOU between the command and the state licensing agency covers group homes. In fact we expect the majority to be Off-base because of the larger homes in civilian housing.

QUESTION: What does it mean when it says: "The CDGH options shall meet requirements for CDH homes in OPNAVINST 1700.9D Child Development Programs except as stated in this letter."

ANSWER: All OPNAVINST 1700.9D requirements apply to a CDGH. The only exceptions are specifically stated in the letter (e.g., group sizes, no overnight care, etc.).

QUESTION: Why did you decide to have a CDGH Lead Provider?

ANSWER: We looked at how CDG homes operate in the civilian world and concluded there needs to be one person who is accountable and with whom the CDPA communicates. Also we saw the need for additional training for that role.

QUESTION: How do two providers operate a Level 1 CDGH (or three/four providers operate a Level 2 CDGH)?

ANSWER: CDGH is similar to CDH except that from two to four providers share responsibility for policy and program and share in the income earned. Providers remain independent contractors. They have the ability to determine program, hours of operation, and fees. They determine how income earned from patron fees, CDH subsidies, and USDA CACFP food reimbursement is spent. These decisions should be made jointly by the providers operating a specific CDGH.

QUESTION: What are the early childhood programming challenges of operating a CDGH? What can the T&C Specialist do to help the CDGH providers?

ANSWER: The Navy's intent is to operate CDG homes as a larger version of a CDH home rather than a small CDC. The larger group of children in a CDGH may present additional challenges compared to the number of children in a CDH home. However this does not appear to be the case based on a review of the limited literature concerning CDGH in civilian settings. During the planning phase, the CDGH providers are required to develop common program operating policies. This requirement is intended to help providers recognize and resolve different approaches to scheduling, activity planning, etc. During the initial weeks of operation, the providers (and regular back-up providers) will need to adjust to each other's teaching styles, revise room arrangements based on actual use, and in general fine tune the program. T&C Specialists should be very involved during the planning phase and visit regularly during initial operating phase. In addition to all the direct advice and training they offer, T&C Specialists should document lessons learned to share with other CDG homes on their own installation and Navy-wide.

QUESTION: Why does the policy letter say the provider's own children up to age 12 are counted in the ratio? Isn't this inconsistent with the policy concerning Multi-age CDH homes which says that only the providers' own children under the age of 8 are counted in the ratio?

ANSWER: The letter only applies to settings where some providers are not in their own home. Therefore we felt, if the providers own school-age children were present, these children would need to be counted in the ratio. That is, the providers would more likely be supervising their own school-age children age 9 to 12 at the CDG home than if the same children were in their own home. At home the 9 to 12 year old children might be in their own room or out of the home visiting friends. At the CDGH, the same children are clearly involved in the group,

effect the space requirements, etc. If the resident provider's school-age children count in the ratio then it is only fair to have the other provider's school-age children count in the ratio.

QUESTION: I know we will work with the installation Fire Safety Office and use the most current version of NFPA 101 Life Safety Code for certification of a CDGH. What is the most current version?

ANSWER: Issue 1. At this time, the current version of NFPA 101 Life Safety Code (NFPA 101) is the 1997 version. NFPA 101 requirements for New Day-Care Occupancies includes a separate section for "Day-Care Homes" (Section 30-6 Day-Care Homes). This section further classifies Day-Care Homes as "(a) Family Day-Care Homes" and "(b) Group Day-Care Homes" (Section 30-61.4.2 Subclassification of Day-Care Homes). The CDS and Fire Safety Office staff should apply the Group Day-Care Homes requirements when certifying a CDG home.

QUESTION: What does "incapable of self-preservation" mean?

ANSWER: The term comes from NFPA 101. The term is not further defined in NFPA 101. We take it to mean a child who is walking and able to obey a fire alarm or directions from an adult to leave the building.

QUESTION: What measures are in place to prevent child abuse and neglect in CDGH settings?

ANSWER: CDG homes meet all child abuse prevention requirements of CDH. In addition, there are two providers present at all times when seven to twelve children are present and three to four providers when thirteen or more children are present. Based on civilian experience, having two or more adults present serves as an additional abuse prevention measure and is perceived by parents as a particularly valuable feature of CDGH. In addition, the policy calls for frequent visits by CDH staff.

QUESTION: Why do you recommend a fenced yard for CDGH when it is not required in CDH?

ANSWER: Although in most cases we concluded a CDGH should be no more restrictive than a CDH home, there appears to be some degree of additional risk when supervising more than six children.

QUESTION: Do you need child size sinks and toilets in CDGH?

ANSWER: No, but adjustments can be made just as in a CDH to help children reach (e.g., step stools, etc.) The toilets and sinks are intended for use by adults and children. Child size sinks or toilets should not be required. Our position is that CDHG and CDG should be more like a CDH than a CDC.

QUESTION: What is policy on back-up provider providers? What about consistency of back-up provider providers?

ANSWER: CDGHs follow requirements in OPNAVINST 1700.9D related to back-up providers. CDGHs are likely to have a back-up provider who comes on a regular basis because usually the same back-up provider is asked to serve all providers needing a back-up provider. Therefore, when appropriate, the CDGH Lead Provider will involve the back-up provider in planning and training activities.