

DEPARTMENT OF THE ARMY
US INSTALLATION MANAGEMENT COMMAND
2405 GUN SHED ROAD
JOINT BASE SAN ANTONIO FORT SAM HOUSTON, TX 78234-1223
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IMCOM REGULATION 608-10-1

Personnel Affairs

**INSTALLATION MANAGEMENT COMMAND (IMCOM)
G9, FAMILY AND MORALE, WELFARE, AND RECREATION (FMWR)
CHILD AND YOUTH SERVICES (CYS)**

Applicability. This regulation applies to all Installation Management Command (IMCOM) Directorates (IDs) and all garrisons.

Proponent and exception authority. The Office of Primary Responsibility (OPR) of this regulation is IMCOM G9.

Supplementation. Supplementation of this regulation is prohibited without prior approval from the Commander, IMCOM (ATTN: IMWR), 2405 Gun Shed Road, Joint Base San Antonio (JBSA) Fort Sam Houston, Texas 78234-1223.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Commander, IMCOM (ATTN: IMWR), 2405 Gun Shed Road, JBSA Fort Sam Houston, Texas 78234-1223.

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CHAPTER 1

Structure and Policy

1-1. History.

This is the first edition of this publication.

1-2. Purpose.

This regulation prescribes policies, responsibilities, processes and procedures to mitigate, reduce or eliminate risk in IMCOM CYS programs in accordance with (IAW) regulatory and statutory requirements as required by 10 USC Sections 1791-1800 (Military Child Care Act), Department of Defense Instruction (DoDI) 6060.02 (Child Development Programs), DoDI 6060.4 (Youth Programs) and Army Regulation (AR) 608-10 (Child Development Services).

1-3. Applicability.

This regulation applies to all IMCOM Child and Youth Services (CYS) personnel (military, civilian, contractors, volunteers and Family Child Care Providers) and designated proponent agencies responsible for ensuring program compliance with statutory and regulatory requirements. Programs covered include Child Development Centers (CDC), School Age Care (SAC), Youth Programs (YP), Parent & Outreach Services (P&OS), Child and Youth Sports & Fitness (CYSFP), Family Child Care (FCC), School of Knowledge, Inspiration, Exploration and Skills (SKIES) and School Support Services (SSS).

1-4. References.

a. Required and related publications are at Appendix A.

b. All documents that are identified in the regulation as being available on the CYS SharePoint site can be accessed from the following link:

https://army.deps.mil/army/cmds/imcom_G9/G9/CYS/Policy_Guidance/Forms/AllItems.aspx

1-5. Abbreviations and Terms.

Abbreviations used in this regulation are explained in the glossary.

1-6. Records Management.

a. Records created as a result of processes prescribed by this policy will be identified, maintained, and disposed of according to Army Regulation 25-400-2, The

Army Records Information Management System (ARIMS), and Department of the Army Pamphlet 25-403, Guide to Recordkeeping in the Army.

b. Record titles and descriptions are available on the Army Records Information Management System website (<https://www.arims.army.mil>).

1-7. Updates to this Regulation.

IMCOM G9 CYS will distribute additional IMCOM policy or operational guidance to the field as it occurs, until such time as a new regulation is issued. Once per year, changes will be consolidated and analyzed to determine the need to issue a revised edition of this regulation.

1-8. Privacy Information.

The collection of medical information for CYS enrollments is not in violation of AR 40-66. The Health Insurance Portability and Accountability Act (HIPPA) is not applicable because the Child Development Center (CDC) is not a medical treatment facility. Department of Defense (DoD) 6025.18-R, DoD Health Information Privacy Regulation, paragraph C2.2.6 specifically states that this regulation does not apply to records maintained by Child Development Centers operated by the DoD. However, the Privacy Act would be applicable. The Department of Defense Instruction (DoDI) 1342.22 (Military Family Readiness) clearly mandates measures to provide security access control and protections of the DoD Privacy Act in DoD 5400.11 and DoDI 6025.18. Therefore, any collections or guidelines must provide the protections of the Privacy Act.

General

1-9. Roles and Responsibilities.

a. Commanding General, IMCOM. Execute Installation Management Child and Youth Services (CYS) Program ensuring that IMCOM G9 CYS delivers effective and efficient child and youth services for the Army.

b. Commanding General, IMCOM. Approve exceptions to policy to correct Army Higher Headquarters Inspection deficiencies.

c. Director, IMCOM G9 (FWMR) will provide oversight of IMCOM G9 CYS and ensure that CYS is held accountable for implementing all statutory and regulatory requirements.

d. IMCOM G9, CYS, Chief will be responsible to conduct annual oversight inspections and ensure programs operate in accordance with operating standards established by OSD and the Department of the Army.

e. IMCOM G9, CYS, Chief will provide operational guidance to IMCOM Directorates (ID) IAW DoD, Army, and IMCOM policies and advocate for sufficient funding and personnel to sustain the mission.

f. IMCOM Directorates Europe, Pacific, Readiness, Training and Sustainment will ensure all IMCOM Directorate CYS programs operate IAW Department of Defense, Army, and IMCOM policies to include acting as the liaison between Garrison CYS programs and IMCOM G9 CYS, and reporting Commanders Critical Incident Reports (CCIR) and Reports of Unusual Incidents (RUI) as required.

g. Garrison Commanders/Managers will ensure all Garrison CYS programs operate IAW DoD, Army, and IMCOM policies to include ensuring funding remains in CYS, and providing Command oversight of CYS programs by conducting required visits and ensuring all deficiencies determined by local and higher headquarters inspections are corrected or extensions/equivalencies are in place.

h. Director, Family Morale Welfare and Recreation (DFMWR) will ensure all Garrison CYS programs operate IAW DoD, Army, and IMCOM policies to include ensuring CYS funding remains in CYS, and providing oversight of CYS Programs by conducting required visits, observations, and ensuring all deficiencies determined by local and higher headquarters inspections are corrected or extensions/equivalencies are in place.

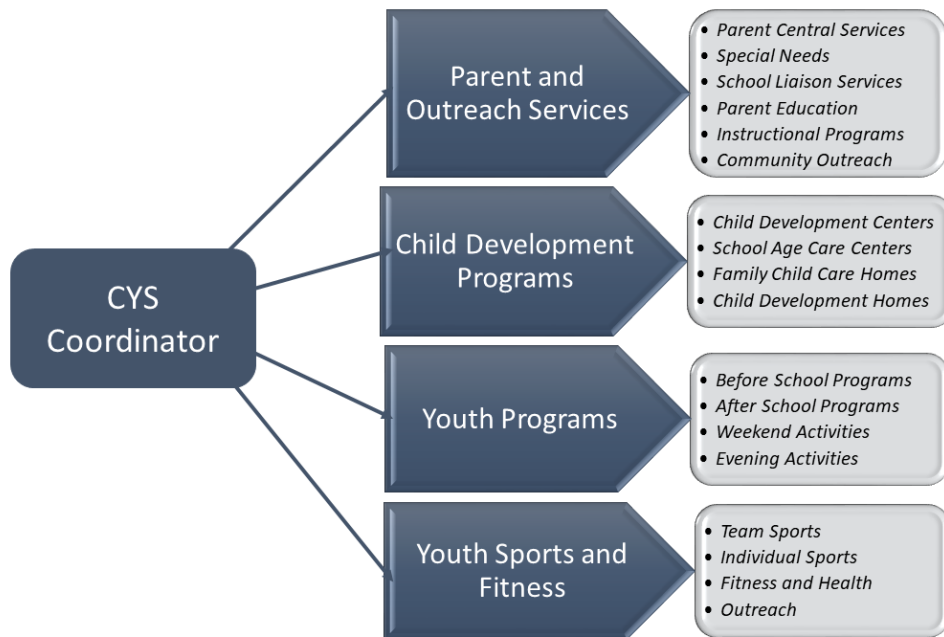
i. The Garrison CYS Coordinator will ensure all CYS programs operate IAW DoD, Army, and IMCOM policies to include execution of funding, reporting child abuse and neglect allegations, achieving and maintaining required DoD Certification and program accreditation, delivering funded spaces, staffing programs IAW the approved CYS Enterprise Manning Document (EMD) and correcting all inspection deficiencies.

j. CYS Facility and Program Directors will operate all assigned Garrison CYS programs IAW DoD, Army, and IMCOM policies to include execution of program funding, delivering funded spaces, creating and sustaining a positive and supporting work environment, correcting inspection deficiencies, delivering developmentally appropriate programs, responding to parent concerns, and compensating staff IAW the most current approved CYS Pay Lanes.

1-10. Structure of CYS.

The figure below represents the major elements and organizational structure of CYS.

Figure 1-1. CYS Organizational Structure.



1-11. IMCOM CYS Mission.

CYS' mission is to reduce the conflict between parental responsibilities and unit mission requirements. As a workforce support program, full day and before/after school child care are the primary core programs in CYS. Soldiers and civilians can focus on their jobs, knowing their children are well cared for by professional staff in a variety of program settings. Taking care of Army Families by providing consistent, effective and safe programs builds and enhances not only the Army's readiness and retention, but also Family resilience. The foundation of CYS rests on four cornerstones: Quality, Availability, Affordability and Accountability. These four cornerstones must be in balance for CYS programs to run effectively and efficiently.

a. Quality. All Army-operated CYS programs are DoD certified. Community-based programs are licensed by the state. Frequent inspections and monitoring for compliance with standards helps ensure the safety, health and well-being of children and youth. In addition, Child Development Center (CDC) and School Age Care (SAC) programs are required to be accredited by a nationally recognized accrediting body to

validate that quality standards are maintained. The Garrison CYS program is required to achieve DoD Certification IAW DoDI 6060.02 and 6060.04, as an equivalency to State licensing.

b. Availability. While CYS is a service and not an entitlement, the intent of the program is to provide child and youth spaces and support services to meet the assessed needs of each installation. This is accomplished by offering a variety of program options delivered on post by CYS, and off post by contracted partners. Child care is delivered on post in CDC, FCC, and SAC programs and off-post through local child care providers that meet eligibility requirements for the Army Subsidy program that buys down the cost of care for Families when care is not available on post or the Family is geographically separated from an installation. Youth programs may be offered on post by CYS or off post by Boys & Girls Clubs of America (BGCA) memberships paid for individual military youth by CYS. CYS programs aim to meet 80% of the child care demand and 35% of the youth demand.

c. Affordability. CYS operates on a “shared cost responsibility” philosophy that ensures fees are affordable for both the Family and the Army. Fees are based on a Family’s ability to pay (Total Family Income), and not by the age of the child, typical in civilian child care programs. By public law, there is a minimum of a 50/50 match between parent fees and Army provided funding. As an FMWR Category B Activity, typically 65% of the funding comes from appropriated funds (APF). CYS fees are determined by DoD and updated annually.

d. Accountability. CYS managers are well trained and competent in safeguarding the Army’s resources by providing efficient management oversight and good fiscal stewardship to reduce waste and protect assets. CYS programs are expected to break even in the aggregate, rather than at each program. For example, the high expense of operating a CDC is off-set by profits from other CYS Programs such as SAC.

1-12. CYS Core Programs and Services.

a. CYS consists of the following core programs and services. Detailed operational guidance for each is contained within subsequent chapters.

b. Parent and Outreach Services (P&OS) serves as the CYS “single point of entry” and provides a variety of support services such as registration, enrollment, records transfers, waitlist management, and referral services for Soldiers and Families, as well as provides opportunities for parent education classes and babysitter training. P&OS also facilitates the Multi-disciplinary Inclusion Action Team (MIAT) process which assists in placement of children with special needs in CYS programs. P&OS also coordinates the short term child care program and oversees the volunteer program/opportunities for CYS programs.

c. Child Development Centers (CDC), (Ages 6 weeks – kindergarten) offer on-post

full-day, part-day, hourly child care, and extended duty care, and may provide 24/7 care when additional standards and criteria are met. Child Development (CD) Homes, operated by CYS staff offer similar services in a set of family quarters and may operate up to 23 hours per day.

d. School Age Care (SAC) Centers, (Kindergarten-Grade 5) offer before and after school programs, full/part day care during school out/early release days, and camps during school vacations. May provide 24/7 care when additional standards are met.

e. Youth Programs (YP), (Grades 6-12) offer before and after school programs, weekend activities, evening activities, and school-break periods including camps during school vacations, 4H/BGCA as part of a comprehensive Youth Program (YP). Army Sponsored CYS Youth Programs (Ages 6-18 years) offer youth outreach services for geographically dispersed Soldiers and Families such as access to community Boys & Girls Clubs, and connects youth with resources and support systems where they reside.

f. Family Child Care (FCC) Homes, (Ages 4 weeks -12 years) offer full-day, part-day, hourly, evening/weekend, shift work, extended duty day and 24/7 care provided by trained, certified and monitored FCC Providers in their government owned or leased Residential Communities Initiative (RCI) housing.

g. School Support Services (SSS) offers multiple services to aid Families with school age children and youth. School Liaison Officers (SLOs) are responsible for managing, coordinating, and administering school transition, sponsorship, home/school linkages and provides information and assistance on education and program options and services to Soldiers, Families, schools, and garrison leadership.

h. Child and Youth Sports and Fitness Program (CYSFP) offers comprehensive Team Sports, Individual Sports, Fitness & Health, and Outreach options to children and youth ages 3-18.

i. CYS Community Based Programs. Community based programs provide referrals to affordable child care/before and after school programs off post when CYS programs are full or Families live outside a garrison catchment area.

j. Deployment Support Services (DSS) offer services to eligible Army Families to include: extended child care operating hours, deployment discounts, online tutoring and homework support.

1-13. Eligibility and Priority.

Patron Eligibility and priority is determined IAW DoDI 6060.02 and latest HQDA guidance.

1-14. Definition of Parent.

a. A parent is defined as the biological mother or father of a child; a person who by order of court of competent jurisdiction, has been declared the mother or father of a child by adoption; or the legal guardian of a child or a person in whose household a child resides at least 25% of the time in any month, provided that such person stands in loco parentis to that child and contributes at least one-half of the child's support.

b. In Loco Parentis is a person who, in the absence of the parent, takes on the role of a lawful parent by assuming the obligations and discharging the duties of a parent without formally becoming an adoptive parent or legal guardian. The child must reside with and be supported by the person. Legal documentation in the form of a special power of attorney to act in loco parentis is required to be on file.

1-15. Special Needs Inclusion.

a. CYS follows all applicable laws and the most current Higher Headquarters guidance pertaining to the admission of children and youth with special needs. Programs are inclusive of all eligible children/youth, including those with identified disabilities and special learning and developmental needs, for whom a reasonable accommodation can be provided.

b. P&OS (or designee) is responsible for coordinating with the Exceptional Family Member Program (EFMO) and Army Public Health Nurse to conduct the Multi-Disciplinary Inclusion Action Team (MIAT) process (formerly known as Special Needs Accommodation Process) which assists Families in determining, whenever possible, a reasonable accommodation for children and youth with special needs in CYS programs. The MIAT:

(1) Represents an installation-wide partnership that is working toward the inclusion/accommodation of all children/youth accessing CYS.

(2) Is responsible for exploring installation child care and youth supervision options for children and youth with medical diagnoses that reflect life threatening conditions, functional limitations and diagnosed behavioral/psychological conditions.

(3) Recommends child care and youth supervision placement and determines reasonable accommodations and availability of services to support a child/youth's special needs. When reasonable accommodations cannot be met, Installation CYS will notify HQ, IMCOM G9 by submitting a Report of Unusual Incident (RUI).

(4) For more information on MIAT, please see the Operational Guidance for Multi-disciplinary Inclusion Action Team on the CYS SharePoint site.

c. DoD resources provide training and support to staff for the inclusion/ accommodation of children with special needs in all CYS programs. Services include monthly webinars, inclusion support call in center, online training and scheduled site visits.

d. Additional information on accommodation of children with special needs is in chapter 10-5.

1-16. Customer Service.

a. IMCOM is committed to providing quality programs and services to our Soldiers, civilians and Families. It is the CYS expectation that the customer will receive the highest level of service.

b. Staff/providers will greet customers in a friendly, professional and courteous manner.

c. CYS management staff will ensure parents and visitors experience aesthetically-pleasing facilities; positive interactions; receive timely, accurate and helpful information; and always have an opportunity to provide feedback. CYS personnel will promote the use of the Interactive Customer Evaluation (ICE) system.

d. CYS Coordinators and CYS Directors will observe, coach and model appropriate communication and effective customer service techniques.

e. In-ratio staff will acknowledge parents, children, and youth at arrival and departure. Staff will be vigilant in ensuring the accountability for and safety of children is not compromised while communicating with parents.

f. Parents are welcomed in all CYS programs for the purpose of visiting their children/youth and/or staff members, or to observe programs.

1-17. Religion in CYS Programs.

CYS programs are prohibited from disseminating religious information or providing program activities/curriculum that teach or promote religion except in FCC homes.

a. In order for parents to make an informed decision about which child care arrangement to select for their child, FCC providers will inform parents, prior to enrollment, of the types of religious activities offered in the home.

b. All activities will adhere to CYS basic program philosophy, even in the event that the CYS definition of “developmentally appropriate practices” conflicts with the FCC provider’s religious beliefs, for example the use of corporal punishment.

Quality Assurance

1-18. National Accreditation.

The DoDI 6060.02 requires military child development and school age care meet the standards of a nationally recognized accrediting body. Although accreditation is voluntary for FCC providers, the FCC program will have a viable system in place to assist providers in achieving and maintaining accreditation.

a. CDCs are accredited by the National Association for the Education of Young Children (NAEYC). SAC facilities are accredited by the Council on Accreditation (COA). Very small programs where the CDC and SAC programs are co-located may be accredited by one or both accrediting bodies as long as both programs are nationally accredited.

(1) Programs that have been in operation for 24 months or more will be accredited unless ineligible.

(2) Ineligible programs are those approved by IMCOM G9 to be in a “pause” from the accreditation cycle due to circumstances beyond the control of the program, such as temporary or permanent building closure.

(3) Programs are not granted a pause due to failure to meet established accreditation guidelines.

(4) Any revocation or deferment of accreditation for a CDC or SAC requires a Commander Critical Incident Report (CCIR) within two hours of notification.

b. Family Child Care (FCC) Providers are encouraged to become nationally accredited by the National Association for Family Child Care (NAFCC). IAW with the current FCC Subsidy Program, some of the fees associated with accreditation may be covered.

1-19. Environmental Rating Scales.

CDC, FCC Homes, SAC, and YP are required to complete environmental rating scale assessments annually, using the most current version of the tool. Programs do not need to complete a rating scale evaluation during the year the program is going through accreditation.

a. Two annual rating scale assessments are completed on:

(1) Each CDC classroom, utilizing the Early Childhood Environment Rating Scale (ECERS) or Infant/Toddler Environment Rating Scale (ITERS).

(2) Each SAC activity space utilizing the School Age Care Environment Rating Scale (SACERS).

(3) Each Youth Program activity area, utilizing the Youth Program Environment Rating Scale (YPERS).

(4) The rating scales will be completed by the end of the calendar year. If a room/area has been closed for a significant amount of time during the previous year, the evaluation will be completed within a year of opening again.

b. The first assessment is completed by CYPA staff and Program Lead with assistance provided by the Trainer. This assessment:

(1) Provides an opportunity for all program staff directly involved in the room/activity area to communicate with each other and jointly determine the strengths and weaknesses of the program.

(2) Is an annual training requirement as outlined on the Individual Development Plan (IDP).

c. The second assessment is conducted by Directors, Assistant Directors and Supervisory Program Specialists (SPS) who complete an annual assessment of 100% of classrooms/areas using the appropriate rating scale. The Facility Director will conduct a minimum of 50% of these assessments, up to six rooms/areas. In facilities with more than 12 rooms/areas, the assessment of additional rooms/areas to meet the Director 50% completion requirement can be completed by an Assistant Director, CYS Administrator or Coordinator. The intent of this requirement is:

(1) To dedicate specific time for managers to be involved directly in the classrooms/activity areas to determine program quality as a “check and balance.”

(2) To provide an annual review of program quality by staff who have professional qualifications and training to make an objective determination of program strengths and areas needing improvement.

d. An Improvement Action Plan (IAP) with strategies for improvement and timelines for completion will be developed for items rated less than “5.” Training Specialists will work with managers, CYPAs and Leads on developing and completing their IAP.

e. A Family Child Care Environment Rating Scale (FCCERS) evaluation is completed on each FCC Home, using the most current version of the tool:

(1) Within the first 12 months of FCC Certification. The FCCERS is conducted by the provider following completion of training in how to conduct the assessment. The Training Specialist assists the provider in identifying and correcting areas for

improvement. Successful completion of the FCCERS is a training requirement on the provider's IDP. Providers are required to submit evidence of completed FCCERS to the FCC Director.

(2) Prior to Full Certification. The FCC Director will conduct a FCCERS on each FCC Provider before granting full certification. The provider is responsible for making necessary corrections, with assistance from the Training Specialist, prior to full certification being granted.

(3) Annually, by the FCC Provider with assistance from the Training Specialist. FCC Directors will validate the provider's FCCERS when conducting home visits. Evidence of annual FCCERS and FCC Director's validation of results will be maintained in the provider's file in the FCC office.

(4) A complete or sections of the FCCERS can be conducted by the FCC Director when the FCC Director determines the provider could improve their practice by identifying and correcting specific areas for improvement.

f. The most current version of the ECERS, ITERS, FCCERS, and SACERS are available for purchase through many online sources. The YPERS is available on the CYS SharePoint site.

1-20. The Child Abuse Risk Assessment Tool (CARAT).

The CARAT assessment is required in all FCC and CDC programs. The CARAT is not completed on SAC programs. However, the CARAT will be completed on any Strong Beginnings or Part Day Preschool programs or other CYS operated early childhood programs housed in SAC facilities. The CARAT is designed to identify elements of the classroom environment and/or interactions between/among FCC Providers, CYPAs, children and parents which, if uncorrected, may lead to a child neglect or abuse situation.

a. The FCC CARAT will be conducted on each FCC home prior to Full Certification and every three years thereafter. Any scores above low risk will result in an Improvement Plan to ensure all FCC homes are rated low risk for potential abuse/neglect allegations.

b. The FCC CARAT must be completed following a credible allegation of abuse/neglect. Since FCC Homes must be closed while an investigation is initiated, the FCC CARAT must be completed within three weeks of the home reopening.

c. The CDC CARAT will be conducted on each CDC room/module within the first year of opening and a minimum of once every three years thereafter. It is recommended that 1/3 of CDC classrooms be evaluated annually rather than completing the whole tool every three years. Any scores above low risk will result in

an Improvement Plan to ensure all CDCs are rated low risk for potential abuse/neglect allegations. CDC CARAT assessments will utilize the appropriate component(s):

- (1) Infant/Pre-toddler (0-18 months).
- (2) Pre-toddler/Toddler (18 months- 3 years).
- (3) Preschool (3-5 years).
- (4) Administrative.

d. In addition, the Classroom Observation of the CARAT must be conducted in the affected classroom following a credible allegation of abuse/neglect, regardless of whether the incident occurred in the classroom or while the classroom was on a field trip or on the playground. Credible refers to incidents in which something “out of the norm” happened (i.e., a violation of the touch policy). Credible does not refer to the final determination (founded/substantiated/ policy infraction etc.). The CARAT must begin no earlier than 2 weeks after the incident and completed no more than 3 weeks after the incident for all allegations that are currently under review/investigation, have been deemed a policy infraction, or were substantiated/founded. The CARAT will be conducted regardless if the original staff involved in the incident are still in ratio or have been removed.

e. The CYS Coordinator is responsible for ensuring that the CARAT has been successfully completed in every CDC and FCC home within their oversight as required IAW these instructions. Managers with direct oversight responsibility for the CDC and FCC Programs will conduct CARAT evaluations IAW CARAT instructions. Trainers or other professionally qualified staff such as CYS management staff who are 1701 qualified, Family Advocacy Program (FAP) Social Workers in the 185 series, and Army Community Services (ACS) personnel responsible for conducting the New Parent Support Program may assist in conducting the CARAT. The Coordinator and Administrator also supply assistance to the CDC/FCC Directors in accomplishing this task.

f. The Trainer will provide instruction to professionally qualified staff on the use of the tool and ensure the resulting CARAT “Assessors” can complete an objective assessment with inter-rater reliability. The Trainer is also responsible for providing direct in-ratio personnel/providers with an overview of the purpose of the CARAT and training to improve skills or practices as part of any corrective actions to ensure risk areas are maintained at a low level. It is not the Trainer’s responsibility to conduct all CARAT assessments. Trainers are not expected to ALWAYS be the second Assessor. It is a shared responsibility.

g. The Administrative Component is completed by interviewing the CDC Director using the Interview Questionnaire and reviewing documents. Any materials reviewed must be annotated on the Questionnaire.

h. Complete instructions and required forms may be found in the latest version of the CARAT tool located on the CYS SharePoint site.

1-21. Required Inspections.

a. CYS programs are required by 10 USC 1794(e), Department of Defense (DoD) and Department of the Army (DA) to receive four annual inspections per year. All inspections are unannounced and conducted IAW the DA Executive Order (EXORD) procedures updated annually.

(1) The garrison commander (GC) is responsible for conducting three of these inspections. These three are:

(a) One Comprehensive Health and Sanitation Inspection.

(b) One Comprehensive Fire and Safety Inspection.

(c) One Installation Multi-Disciplinary Team Inspection (MDTI).

(2) The fourth inspection - the Army Higher Headquarters Inspection (AHHI) is completed by IMCOM Headquarters IAW DoD and DA directives.

b. In addition to the annual inspections monthly/quarterly inspections are conducted by fire, health, sanitation, and safety proponents. Table 1-1. Child and Youth Inspection Frequency Chart on the below identifies the proponent and frequency of each required inspection.

c. Inspection standards and guidance is established by the Office of the Secretary of Defense (OSD) and is considered policy.

Table 1-1. Child and Youth Inspection Frequency Chart.

Type of Inspection		Frequency	Inspector	Program
Health Inspections Army Public Health Nurse (APHN)	Multi-Disciplinary Team	Annual (1 total)	APHN, Dietitian	CDC, SAC, FCC*, YP
	Comprehensive Health and Sanitation	Annual (1 total)	APHN, Dietitian	CDC, SAC, FCC*, YP
	Quarterly	Quarterly (2 total)	APHN	CDC, SAC, YP
	Monthly/Periodic	Monthly (8 total)	APHN	CDC
Type of Inspection		Frequency	Inspector	Program
Sanitation Inspections Environmental Health (EH)	Multi-Disciplinary Team	Annual (1 total)	EH	CDC, SAC, FCC*, YP
	Comprehensive Health and Sanitation	Annual (1 total)	EH	CDC, SAC, FCC*, YP
	Kitchen Inspections	Monthly (10 total)	EH	CDC, SAC, YP
	General Facility	Quarterly (2 total)	EH	SAC, YP
	General Facility	Monthly (10 total)	EH	CDC
Type of Inspection		Frequency	Inspector	Program
Safety Inspections	Multi-Disciplinary Team	Annual (1 total)	Safety Specialist	CDC, SAC, FCC*, YP
	Comprehensive Fire and Safety	Annual (1 total)	Safety Specialist	CDC, SAC, FCC*, YP
	Facility Safety Inspections	Quarterly (2 total)	Safety Specialist	CDC, SAC, YP
Type of Inspection		Frequency	Inspector	Program
Fire Inspections	Multi-Disciplinary Team	Annual (1 total)	Fire Protection/Prevention Specialist	CDC, SAC, FCC*, YP
	Comprehensive Fire and Safety	Annual (1 total)	Fire Protection/Prevention Specialist	CDC, SAC, FCC*, YP
	Facility Fire Inspections	Quarterly (2 total)	Fire Protection/Prevention Specialist	CDC, SAC, YP
		Monthly (12 total)	Building Managers	CDC, SAC, YP
	FCC Home Fire Inspections	Monthly (12 total)	FCC Provider	FCC

Table 1-1. Child and Youth Inspection Frequency Chart Continued.

Type of Inspection		Frequency	Inspector	Program
Fire Drills	Multi-Disciplinary Team	Annual (1 total)	Fire Protection/Prevention Specialist	CDC, SAC, FCC*, YP
	Comprehensive Fire and Safety	Annual (1 total)	Fire Protection/Prevention Specialist	CDC, SAC, FCC*, YP
	Facility Fire Drills	Monthly (10 total)	Fire Protection/Prevention Specialist	CDC, SAC, YP
	FCC Home Fire Drills	Monthly (12 total)	FCC Provider	FCC
Type of Inspection				
Other	Army Higher Headquarters			
Other	Multi-Disciplinary Team			

*FCC Home – 10% or minimum 3 and maximum 5 homes must be inspected

1-22. Garrison Command Team Walkthrough.

Garrison Command Team (GCT) walk-throughs of all CYS facilities, FCC Homes and activities are required IAW the inspection EXORD published annually. The GCT consists of GC, Deputy Garrison Commander (DCG) and Command Sergeants Major (CSM) or designee at larger installations.

a. Facility walk-throughs are intended to ensure compliance with DoD and DA standards. The GCT walk-through is not an additional inspection, but an opportunity for the GCT to have “eyes on” validation of corrective actions on findings and deficiencies. The GCT will validate successful resolution of all findings and deficiencies identified by the AHHI, MDTI, Comprehensive Fire/Safety and Comprehensive Health/Sanitation Inspections. No finding or deficiency will be reported as complete without the GC’s personal “Eyes On” validation.

b. The GCT walk-throughs facilitate discussion of CYS issues, assess support for CYS from the garrison and gauge the climate of CYS staff which contributes to decreasing the likelihood of institutional child abuse and neglect, and policy violations.

c. The GC will direct the DFMWR or designee at larger installations and CYS Coordinator to conduct walk-throughs IAW the Inspection EXORD of all CYS facilities and activities to monitor ongoing compliance with inspection standards. Program Operations Specialists (POS) or CYS Administrators may conduct half of the required

walk-throughs. During the walk-throughs, CYS Coordinators or designee will validate successful resolution of all findings and deficiencies identified by AHHI; MDTI; Comprehensive Fire/Safety; and Comprehensive Health/Sanitation Inspections. No finding or deficiency will be reported as complete without the CYS Coordinator's endorsement in conjunction with the GC personal 'Eyes On' validation.

d. The DFMWR, or designee, will participate with the FCC Director on walk-throughs IAW the Inspection EXORD. The DFMWR and CYS Coordinator will visit 100% of FCC homes every year. These requirements are a core performance standard for the DFMWR and CYS Coordinator.

e. The log of walkthroughs will be maintained by the CYS Coordinator and will be reviewed by AHHI Team.

f. The CYS Coordinator will review the CYS inspection standards with members of the GCT quarterly. The review will cover the five CYS focus areas:

- (1) Fire and Safety Inspections.
- (2) Health and Sanitation Inspections.
- (3) Preventive Maintenance.
- (4) Accountability of Children.
- (5) Background Check Issues.

g. The CYS Coordinator in conjunction with the installation proponents will develop corrective action plans and milestones for any documented deficiencies. Results of the review will be documented and reported to the GC.

h. GCT Walk-through Process. Although the intent of the walk-through is to validate corrections to inspection findings, the GCT may choose to spot-check compliance with one or more of the following items in all CYS Programs.

- (1) Sign in/out sheets to ensure positive access control.
- (2) Financial information to ensure timely payment of fees validated by reviewing pertinent CYMS reports to include the Global Household Trial Balance.
- (3) Registration information to ensure only eligible patrons are using the facility.
- (4) Training records to ensure required training is taking place.

(5) Installation MDTI, Comprehensive Health and Sanitation Inspection, Comprehensive Fire and Safety Inspection and AHHI results to ensure the corrections have been completed and are not repeated.

(6) Ratio sheets to ensure prescribed adult: child ratios are maintained.

(7) System for identifying Line-of-Sight Supervision (LOSS) cleared staff is functioning to ensure only those with completed background checks are left alone with children/youth.

(8) Accreditation status (as evidenced by Accreditation Certificate) to ensure program is providing high quality service as recognized by an outside national organization.

(9) The annual DoD Certificate to Operate to ensure program is currently “licensed to operate”.

(10) Current United States Department of Agriculture (USDA) Child and Adult Care Food Program confirmation (where enrolled) to ensure programs are providing nutritionally sound meals and snacks and are eligible to claim food program reimbursement.

(11) Work orders completed and still pending to ensure risk to children/youth is minimized. The GC will prioritize and respond to all CYS Demand Maintenance Orders (DMO) IAW instructions published annually in the inspection EXORD. Funding shortfalls, which may hinder services related to DMO/PWO execution, will be identified to the IMCOM Directorate (ID) and addressed to IMCOM Headquarters for immediate resolution.

(12) Adequacy of custodial services performed to ensure health and safety of children/youth.

1-23. Standard Operating Procedures

This regulation negates the requirement to develop local Standard Operating Procedures (SOPs) for the following topics as outlined in the AR 608-10:

Table 1-2. Required SOP Topics from AR 608-10 Covered in this Regulation

Topic
Accident Prevention
Administrative procedures to include-Financial management, fee structure review, recordkeeping, reporting, food service and janitorial service
Child Abuse-prevention, response to, and identification and reporting of child abuse, including allegations

Table 1-2. Required SOP Topics from AR 608-10 Covered in this Regulation Continued

Compliance with standards to include criteria for facilities, safety, fire, nutrition, health, and developmental programming
Custodial and Housekeeping Services
CYS Parent Advisory Board (formally called CDS Program Review Board)
Foster Grandparent Programs (follow same guidance as other volunteers)
Health
Kids On Site (formally STACC)
Operational requirements for SPS (STACC, VCCUS, etc.)
P&OS-Maintenance of Centralized Waiting List
P&OS-Resource management to include facility space, equipment, personnel, and training for SPS programs
Parent Education Services
Program guidance to include interpretation of policies, regulations, and efficient operation and management of each program service
Program operations to include-Developmental program, family style dining, maintaining staffing ratios and public/patron relations
Resource and Referral Service
Operational requirements for SPS (STACC, VCCUS, etc.)
P&OS-Maintenance of Centralized Waiting List
Resource management to include facilities, equipment, personnel and training for CDC programs.
Safety
Safety-CDC security procedures
Safety-Release of children
VCCUS
Volunteer Services to include program management and operation, personnel criteria, training and recordkeeping

1-24. Unauthorized Child Care in Government Quarters

a. Unauthorized child care is defined as anyone living in government owned, leased, or privatized housing providing child care for more than 10 child care hours per week on a regular basis. A child care hour is defined as 1 child for 1 hour of care. For example, the 10 hours could include 1 child in care for 10 hours or 2 children for 5 hours, etc.

b. When a determination is made by CYS management personnel that an individual is providing care in the home in excess of 10 child care hours per week on a regular basis, the GC will provide written notification to the individual within 2 days to cease and desist provision of care immediately.

c. Copies of the Unauthorized Child Care Investigation Report and the GC notification will be sent to the government and privatized housing offices, PMO, and the resident's unit leadership or supervisor. For locations with privatized housing, the Army Housing manager will notify the privatized housing partner.

d. Individuals providing unauthorized child care will be advised that their housing privileges may be terminated or they may be barred from post, if unauthorized child care continues.

CHAPTER 2

Program Operations

2-1. General.

This chapter outlines basic operational guidelines for CYS programs and services. Specification of duties, responsibilities, and authorities will be IAW existing statutory requirements, regulations, command directives, or other agreements. Additional information for the operation and programming of specific CYS programs and activities will be contained in specified chapters of this regulation.

2-2. Operating Hours.

a. Child Development Programs.

(1) The primary focus of child development programs is to meet the needs of Soldiers and their Families. Therefore, programs will be open to support mission requirements, physical training, deployments, and exercises as needed. Facilities providing care for more than 12.5 hours per day may request additional funding to support extended hours programming. Children who require care for more than 12 hours a day will need an exception to policy from their unit commander.

(2) Pre-kindergarten Strong Beginnings programs operate for 3 hours in the morning or 3 hours in the afternoon, five days per week. Strong Beginnings programs are typically part-day programs, but may be incorporated into full day classrooms when all enrolled children will be attending kindergarten the next school year. In this case, 3 hours per day of the full day program will be dedicated to the pre-k curriculum. Installations with fewer than 10 enrolled Strong Beginnings qualified children are not required to have a Strong Beginnings program.

(3) If a garrison receives funding from a state to operate Pre-K programs, both Army and State policies will be followed with the more stringent policies leading. Army policies regarding background checks, child/staff ratio and immunizations will always take precedence over State policies unless the State policies are more stringent.

(4) Garrisons may offer part day and part time programs IAW the Fee Policy when there is a need for less than full time but more than hourly care.

(5) Part day and part time enrichment programs are used to maximize spaces in the facility (i.e., AM and PM part day Preschool) but will not be offered where full day care waitlists exceed 10% of spaces available. Part day preschool programs may operate in Kindergarten rooms located in SAC facilities when Kindergarten children are in school full day.

(6) Hourly care may be offered in separate rooms or incorporated into a full day room. Hourly care spaces may not exceed 10% of total child care spaces when there is a waiting list for full day care.

(a) Spaces in full day rooms (except infant/pretoddler rooms) can be scheduled for hourly care in any size CYS facility by utilizing compensatory spaces. Compensatory spaces are determined by documenting child absences up to 10% of room capacity and filling with another child.

(b) A written customer friendly hourly reservations policy is publicized and implemented.

(c) Hourly spaces should not be filled by full/part time overflow on a regular basis. Walk-in care is allowed on a space-available basis.

(d) Spaces will be available for in-processing Service members/emergency care/volunteers based on garrison needs.

(e) Hourly care operating hours will balance customer need, space availability and cost effectiveness. When a full day waitlist exists, programs must obtain an IMCOM G9, CYS approved business case to set aside a classroom specifically for hourly care.

(7) In cases of extraordinary contingency situations, inclement weather conditions, or local curfew restrictions, business hours may be adjusted according to local installation SOPs.

b. School Age Care.

(1) Will be open to accommodate Soldier requirements for physical training, deployments, exercises and other mission-related requirements.

(2) Open for before school care (based on garrison need), after school care, and during the school year and as required on all other school out days.

(3) Facilities providing care for more than 12.5 hours per day during summer and school out days may request additional funding to support extended hours

programming. Children who require care for more than 12 hours a day will need an exception to policy from their unit commander.

(4) Programs that cannot normally adhere to the prescribed operating hours or do not have a demonstrated community need will submit an exception to policy (ETP) through their ID to IMCOM G9, CYS for approval. The ETP will be submitted on the Business Case/ETP Request Form and supported by documented surveys of patron needs and actual utilization data indicating there is no audience for this service. The Business Case/ETP Request Form can be found on the CYS SharePoint site.

(5) In cases of extraordinary contingency situations, inclement weather conditions, or local curfew restrictions, business hours may be adjusted according to local installation SOPs.

c. Youth Programs.

(1) Youth programs will operate Monday - Friday during afterschool hours until 1800. Extended hours, based on Garrison Commander/Manager approval, will be based on participation and program configuration. YCs supporting weekend operations may continue to do so if participation supports operating hours. Additional program configurations for weekend operations may include: alternating weekends, closing center to support trips/tours/dances/lock-ins and special events.

(2) Operating hours will not extend beyond local curfew hours.

(3) YC Directors will track participation trends to determine cost effective operating hours for weekends whether opening on a regular Saturday schedule or only for special events. There must be sufficient participation to warrant opening the facility.

(4) Youth Programs will offer accountable care options for middle school youth during before and after school and school break periods. A fee will be charged for accountable care provided prior to 1300 hours IAW the most current Fee Policy.

(5) Programs that cannot normally adhere to the prescribed operating hours will submit an exception to policy (ETP) through the ID and to G9 CYS for approval. The ETP will be on the Business Case/ETP Request Form and supported by documented surveys of patron needs and actual utilization data indicating there is no audience for this service. The Business Case/ETP Request Form can be found on the CYS SharePoint site.

(6) In cases of extraordinary contingency situations, inclement weather conditions, or local curfew restrictions, business hours may be adjusted according to local installation SOPs.

d. Parent Central Services (PCS) operates during normal duty hours Monday through Friday, including being open over lunch. The office operates one evening per week (one hour after duty hours) or one Saturday per month and is never closed for more than 4 consecutive days.

2-3. Admission and Release of Children/Youth.

Accountability for the whereabouts of all children and youth while in our programs is of paramount importance. This begins with daily procedures for arrival and departure. All staff will adhere to the following practices:

a. Arrivals. CYS Facility and FCC Directors will prepare written instructions for the admission of children/youth in all CYS programs in accordance with the following procedures:

(1) CDC. Parents/designee will swipe into the Child and Youth Management System (CYMS) at the front desk before going to their child's classroom. Upon entering the classroom, the parent/designee will sign the child in, utilizing the CYMS generated sign-in sheet. Parents of hourly care children will also provide a valid phone number where the parent can be reached during the duration of the child's attendance in the program. The Child and Youth Program Assistant (CYPA) present will ensure that all children are properly signed into the classroom before the parent/designee departs.

(2) SAC. Parents/designee will swipe their child into CYMS at the front desk (or the child may key in their PIN themselves while monitored by the parent) before proceeding to child activity area. Parents of hourly care children will provide a valid phone number where the parent can be reached during the duration of the child's attendance. Children who have permission to sign themselves in/out of the program will do so IAW parent's written instructions and garrison Home Alone policy. Alternative methods are developed at each garrison when children arrive en masse after school to ensure accountability in CYMS. School-age children do not have to sign in and out of each classroom. A centralized accountability system is required to ensure staff know whereabouts of the children at all times. The design of the Locator/Accountability Board may vary but the system is used to teach children responsibility for choices in activities while noting their location.

(3) Youth Program. Middle School/Teen (MST) age youth participate in an open recreation program and are allowed to enter and depart the facility without a parent/designee as long as they're not enrolled in an accountable care program. Youth will swipe in or enter their PIN to sign into CYMS before participating in the CYS program. Programs may also require youth to manually sign in for accountability purposes during emergencies. Alternative methods for check in are developed at each garrison when youth arrive en masse after school to ensure accountability in CYMS. YC staff will monitor the attendance of youth whose

parents have requested their attendance at the YC during specific hours before or after school.

(4) Family Child Care (FCC) Home. Parents/designee will sign their child into the FCC home upon arrival, annotating his/her name, date, time and parent signature. Parents of hourly care children will also provide a valid phone number where the parent can be reached. The provider will ensure that all children are properly signed in before the parent/designee departs the home. The provider may sign school age care children in and out from school or parents may provide written instructions and authorization for school age children to walk to/from the FCC home and school, or to leave the FCC home to walk home. For 24 hour care, the provider may sign children in daily to comply with United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) policy where required.

b. A process will be in place to contact parents when enrolled children or youth do not arrive from home or school in a CDC, SAC, YP program or FCC home in order to ensure children are safe. The garrison policy will include consideration for weather conditions, traffic, and distance from schools, and any other relevant factors. Parents will be contacted when there has been no prior notification of:

(1) The child's absence from a normally operating CDC, SAC, or FCC Home including hourly care when a scheduled appointment has been missed to check on the location of young children during hot weather to preclude them from inadvertently being left unattended in a vehicle.

(2) A designated youth's absence from a YP program during before and/or after school hours and camps when they are in an accountable care program.

(3) A CYS mass notification requesting information regarding their child's/designated youth's attendance, such as during severe weather conditions when CYS programs are still operating

c. Departures. CYS Facility, Program and Family Child Care Directors will prepare written instructions for the release of children/youth in all CYS programs in accordance with the following procedures:

(1) CDC Programs. Upon entering the classroom/activity area, the parent/designee will sign the child out before they are allowed to depart with the child. The CYPAs present will ensure that all children are properly signed out of the classroom or module before the parent/designee departs. The parent/designee will swipe the child out at the front desk.

(2) SAC programs. Children will be swiped out of CYMS according to the program practice (i.e., parents swiping child out; and after removing the child's name from the Choice Board or another method that designates the child has departed for the day). School Age children may walk independently and leave unaccompanied

with parent consent on DA Form 5222-R and when permitted by the Garrison Home Alone Policy to get to nearby sports or Instructional Program activities. Staff must verify, in advance, that the location of the sports venue or SKIES facility poses little risk to children walking from the facility to the activity.

(3) YP programs. Youth will enter their pin or swipe out to indicate they are departing the building. If youth have also manually signed in, they must also sign out.

(4) FCC Homes. Parents/designee will sign children out of the FCC home upon departure. School Age children, age 7 and above, may walk independently and leave unaccompanied with parent consent on DA Form 5222-R and IAW the Garrison Home Alone Policy to get to nearby sports or SKIES activities. FCC Director must verify, in advance, that the location of the sports venue or SKIES facility poses little risk to children walking from the home to the activity. For 24 hour care, the provider may sign children out daily to comply with USDA CACFP policy where required.

d. Release of child to other than parent/guardian.

(1) No child will be released to any person not authorized to pick up the child. Release designees will be 13 years old or older (verification of age is required).

(2) Specific guidance will be communicated to parents/guardians regarding release of their child to another individual as part of the parent orientation/registration process. The parent/guardian will be asked to provide at least two emergency release designees who are authorized to pick up the child/youth in the parent/guardian's absence. The parent/guardian should provide the program with written notice in advance of a situation when their designee will pick up the child. The written notice will be retained in the child's hard copy file or in CYMS. The authorized release designee is required to show photo identification matching the information contained in the parental request.

(3) In an emergency situation where the parent/guardian cannot provide advance written verification, the front desk staff/provider will verify that the individual requesting to pick up the child is authorized by the parent to do so, either telephonically or through a verifiable email. The release designee is required to show photo identification matching the information provided by the parent/guardian.

(4) The front desk staff and direct care staff present in the classroom are responsible for ensuring the proper release of children. If staff do not recognize an individual picking up a child from the classroom, they will check with the front desk to verify the identity and ensure the individual has authority to pick up the child. Staff may never leave a child alone with an unidentified individual.

(5) If, at any time, a staff member or FCC provider is uncomfortable releasing a child/youth to any adult, they should call for the manager on duty before allowing the child/youth to be removed. This includes when a parent or guardian is the individual picking up the child/youth. The FCC Program's procedures may include a call to the MPs or law enforcement if necessary.

2-4. Notification to Parents.

The CYS Coordinator will ensure parents receive pertinent and immediate information relating to any incident or condition related to the care of their children or youth. CYS management personnel will utilize any official means available (e.g., government phone, SMS text message, flyers) based on the circumstances, to communicate with parents immediately and accurately. CYS management personnel will provide notification to parents of:

a. Medical emergency: Any injury or illness that requires, or appears to require, medical attention.

b. Communicable diseases: Whenever a communicable disease (e.g., chicken pox, conjunctivitis, etc.) has been introduced into the facility. Any single incident will be posted on the classroom door. When multiple classrooms are affected a posting will be made in the front lobby area visible to all parents IAW consultation with APHN/Health Consultant.

c. Unusual occurrence: Any unusual occurrence such as minor injury, biting, and significant behavior changes.

d. Field trips: To obtain parental permission for participation before any planned field trips (on or off the installation) or occasions when the children will be taken off the CYS premises for other than routine walks or infant buggy rides around the neighborhood.

e. Change in personnel: Major changes in personnel, particularly those involving the CDC child's primary caregiver (a two-week notice of pending departure of the child's caregiver/provider will be given, when possible).

f. Procedural changes: Families must be provided a notice 30 day prior to any major procedural change (e.g., fees, operating hours).

g. Non-arrival: To determine safety of a child enrolled in an accountable care program.

h. Lost accountability: Any incident resulting in lost accountability of an enrolled child.

i. Installation emergencies (e.g., lock downs).

2-5. Operation of Technology Labs.

a. Basic maintenance and troubleshooting (e.g. cleaning, replacing power supplies, reseating RAM, or replacing optical or hard drives etc.) will be done by the YTLPA. All issues will be reported to the Facility Director and the FTS. Any issues unable to be resolved by the Youth Technology Lab Program Associate (YTLPA) will be escalated to the FTS. The FTS will report through the Service Now portal or seek assistance from the Information Assurance Security Officer (IASO).

b. All other technology maintenance:

(1) CYMS hardware maintenance, troubleshooting and repair are the responsibility of the IASO.

(2) Connectivity, staff and management workstations, and peripherals are considered Baseline Services. These services are specifically designated as "Baseline" in the C4IM Services List. Installation Network Enterprise Center (NEC)/Directorate of Information Management (DOIM) will provide baseline IT services to Army activities on a non-reimbursable basis.

(3) Mini-Technology Lab Centers (MTLC) located in CDCs have a static image with no connectivity. All maintenance/troubleshooting/repair done by FTS with assistance through Serco. The Facility Director is responsible for the MTLC physical property and use by direct care staff as age appropriate.

(4) Basic Closed Circuit Television (CCTV) Management Functions and Responsibilities. For more information, see the CCTV Guidebook on the CYS SharePoint site.

Table 2-1. YTL Management Functions and Responsibilities.

Program Manager (PM)/Facility Director	Youth Technology Lab Program Associate (YTLPA)	Functional Technology Specialist (FTS)	Coordinator (CYSC)
Has direct oversight over and responsibility for YTLPA and physical property	Directly responsible for developing and delivering age and community appropriate programming in the YTL	Provides training, guidance and mentors YTLPA in conjunction with Training Specialist and Program Manager	Ensures PM, YTLPA and FTS work together to deliver robust technology programming
Ensures that staff have access to technology for training and planning purposes when no children/youth are in the program. Coordinates with the YTLPA to optimize use of resources. Ensures that technology is available for outside organizations and Youth Groups. Ensures that these groups abide by applicable rules and have time scheduled with FTS/YTLPA to avoid conflicts with CYS programs	Ensures that children and staff are authorized to use technology, have been properly trained, and have basic computer skills	Ensures that staff are trained in emergency procedures and facilitating in the lab. Ensures that YTLPA is in compliance with procedures, informs PM of irregularities.	
YTL Daily/Weekly Monthly Task list—in conjunction with the FTS, alternates to ensure that monthly tasks are complete	Completes the Task list-informs Program Manager and FTS of any irregularities	Alternates with the PM to ensure the tasks on the monthly checklist are complete. Responds to irregularities identified by YTLPA and solves or escalates to Infrastructure Maintenance Management System (IMMS) F&MWR Information Assurance Security Officer (IASO)	Ensures the Task list system is in place, used consistently and effectively

* YTL Daily/Weekly Monthly Task list is located in the YTL Operations Reference Book on the CYS SharePoint site.

2-6. School of Knowledge, Inspiration, Exploration and Skills (SKIES)

An Instructional Program Specialist (IPS), the CYSFP or the P&OS Director may provide oversight of SKIES. SKIES programs are intended to be revenue producing and will not be operated at a loss. Programs located OCONUS or in remote areas which cannot generate profit may submit a business case for funding to HQ IMCOM G9 CYS for approval.

a. The program offers a range of educational classes such as music, dance, martial arts, gymnastics, technology, life skills, SAT prep and athletic experiences.

b. All classes are provided by CYS employees or contract instructors and may be offered in a variety of settings.

c. All participants in Instructional classes will be registered for CYS in CYMS and fees are paid in advance.

d. There will be class offerings for each age group and opportunities for advancement from beginners to intermediate to advanced levels.

e. Parents remain on site during Instructional classes in accordance with the Installation home-alone policy.

f. There will be two adults in the building during instructional program classes. One adult is the instructor. The other can be an administrative clerk or other person on duty during the hours classes are held.

Operation of Field Trips and High Risk Activities

2-7. Field Trips and High-Risk Activities.

A field trip occurs when children or youth are taken away from the facility grounds either to an on-post or off-post location. Walks around the block or to a neighborhood park in the area where the program/facility resides are not considered field trips.

a. Trainers will suggest age-appropriate field trips and activities that are aligned with curriculum, conduct training and observations to ensure field trips and activities are age-appropriate and promote skill development, and assist the Director in completing risk assessments for all field trips and other activities (indoors and outdoors).

b. Programs may use only Installation-approved field-trip sites. Field-trip sites must be coordinated with the garrison safety office and the Provost Marshall office (if applicable) (paragraph 2-158).

c. FCC Program field trip requirements are at para 2-10.

d. The field trip POC will confirm that reasonable accommodations can be made in field-trip settings when children with special needs will participate.

2-8. Core Field Trip Requirements.

a. Risk assessments must be completed for every field trip off CYS grounds. The assessment will address the following, as applicable to specific venues such as amusement and water parks, museums, etc.:

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

(2) Safety and inspection record of the facility, especially as applies to rides and physical activity.

(3) Developmental and physical appropriateness of the activity for the children's age.

(4) Presence of any Force Protection issues in the area, especially OCONUS.

(5) Safety concerns regarding the travel route to access the venue.

b. Parent permission (CDC/SAC/YC).

(1) Permission slips, signed by a parent or legal guardian, are required for each field trip that meets the definition of a field trip. Permission slips will include pick-up and drop-off times, field trip location, type of transportation, trip-leader contact information, special dress requirement and activity or garrison specific information.

(2) Parents of YC participants must give consent authorizing personnel to assign their middle school/teen to an unaccompanied subgroup on the field trip prior to the start of the trip. (See supervision paragraph below).

(3) Permission slips will be retained on file at the program for 3 years with the following information: a cover sheet outlining destination, date, time leaving and time returning and the first and last names of participating children, staff, contractors, bus driver, and volunteers.

(4) The blanket permission form that all CDC and FCC parents sign as part of registration is sufficient for neighborhood walks in the vicinity of a CDC/Home.

c. Field Trip Safety (CDC/SAC/FCC/YC).

(1) At least one staff member per ratio group will be certified in CPR and First Aid.

(2) A designated staff member or provider will carry first-aid kits, emergency accessories (i.e. flashlights and reflective vests), previously tested communication devices (i.e. walkie-talkies, radios, and cell phones), emergency cash or HN currency when appropriate, during all field trips.

(3) Staff and providers must be knowledgeable of safety rules and regulations specific to the activities being conducted (e.g.; rules and regulations posted at the facility).

(4) A system must be in place to quickly account for all participants on the field trip (e.g. colored wrist bands, program T-shirts or other readily visible identification). The buddy system will be used to partner children at documented intervals (for example, water activities every 15 minutes).

(5) The emergency medical treatment facility that is the closest to the field trip location must be identified.

(6) A safety briefing to set behavioral expectations must be completed with participants before the field trip. This briefing must include group or partner information, where they will go, what they will do, what to do if a stranger approaches them or they become separated from the group. School-age children and youth with a rescue medication should review their Medical Action Plan (MAP) with a staff member.

(7) A plan will be developed to manage food as needed, potable water, basic care items and rescue medications required to meet the needs of the group.

d. Meals and Snacks (CDC/SAC/FCC/YC). Meals and snacks provided by CYS 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. Youth Programs may include the purchase of venue meal tickets and permit youth to purchase food at venues.

e. Transportation.

(1) CDC/SAC/YC will only transport participants in U.S. Government vehicles or contracted vehicles meeting all U.S. and HN laws and safety requirements for field-trip transportation.

(2) CDC Infants and toddlers will not be transported in vehicles. Walks on the installation using buggies are allowed.

(3) CDC/SAC/YC: The use of Government 15-passenger vans is not allowed to transport participants. Contractors providing transportation must comply with contractual requirements, US and HN laws.

(4) CDC: Car seats for preschool children and seatbelt usage must be coordinated and assessed as part of the risk assessment prior to the field trip.

(5) CDC/SAC/YC Participants and staff will enter and exit the vehicle from the curb side of the street. If curb side access is not available, a staff member will serve as a crossing guard to stop traffic. Additional staff will escort children to safety. Staff will visually inspect vehicle floors, seats, seat pockets, overhead racks and toilets for trash or hazardous materials before allowing participants to board.

(6) A complete sweep of the vehicle from rear to front will be completed to ensure no children have been left on the after unloading at the venue or upon return from the field trip.

(7) CDC/SAC/YC staff and volunteers will never transport children or youth in a privately owned vehicle (POV).

(8) FCC providers will follow all state and local safety requirement for transporting children of any age.

f. Supervision.

(1) CDC/SAC/YC on and off post field trips will be supervised by a qualified management designee (CYS director, assistant director, training specialist, or Supervisory Program Specialist). A POC who remains at the program site must be appointed in writing to assist in handling situations that may arise. At least two staff members are required for every field trip (on and off post).

(2) CDC/SAC/YC OCONUS: Determine if an interpreter will be needed.

(3) CDC/SAC/YC ratios are set IAW Table 4-3 with a minimum of two staff on every field trip. In addition to paid staff, volunteers will be used to lower the ratios per Table 2-2 below. Adult volunteers may lower the adult: child ratio, however they will not substitute for a staff member. If volunteers are not available, additional paid staff will accompany the trip to meet the ratios in Table 2-2.

(4) CDC/SAC/YC accountability will be maintained throughout the trip. A name-to-face check will be conducted at all transitions.

(5) Staff are responsible for the safety and security of all children participating in the field trip or activity. Staff will supervise participants by physically positioning themselves near activities, restrooms, exits, major pieces of equipment, and other places where high-risk exists. Staff will not congregate and will position themselves for the best line of sight.

(6) Staff members, other than motor vehicle operators, who are drivers on field trips will count in the adult: child ratio.

(7) Supervision of YC field trips does not require direct line-of-sight supervision of at all times. If the maturity level of the youth 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 independently. Staff members and volunteers are not required to accompany each subgroup, but will accompany subgroups as staffing permits.

(a) Individual groups must have at least three youth.

(b) A communication protocol must be established between staff members, volunteers and subgroups. Cell phones or walkie-talkie radios may be used. To protect youth and staff, Government phones are the recommended method of communication and may be issued to a group leader prior to departure.

(c) Regular accountability check-ins are mandatory at a pre-determined meeting location and time(s). Youth, staff, and volunteers must be accounted for at all check-in times.

(d) One staff member or adult volunteer will remain at the designated meeting location for the duration of the field trip in case of emergency or loss of accountability.

Table 2-2. Field Trip Ratios.

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	**Ratio 1:10	**Ratio 1:15
Overnight Trip	Not Permitted	*Not Permitted	**Ratio 1:10	**Ratio 1:12
Occasional Special Event	**Ratio 1:6	**Ratio 1:8	**Ratio 1:10	**Ratio 1:15
Swimming (lifeguards required)	Not Permitted	** Not Permitted	**Ratio 1:6	Ratio 1:12
Medium Risk	Not Permitted	*Not Permitted	**Ratio 1:8	Ratio 1:12

Table 2-2. Field Trip Ratios Continued.

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)
High Risk	Not Permitted	Not Permitted	*Not Permitted	Ratio based on risk mitigation and governing body standards i.e., American Camping Association
<i>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 your respective IMCOM Directorate. Items marked with two asterisks (**) require at least two staff for the first ratio group.</i>				

2-9. Field Trip Requirements by Risk Level.

a. Low Risk-mitigation is determined by the garrison risk assessment process.

(1) The following field trips may be assessed as low risk depending on the outcome of the garrison risk assessment: community parks, theaters, zoos, museums, roller-skating rinks, bowling alleys, and similar sites.

(2) All core requirements apply to low-risk field trips.

b. Medium Risk-mitigation is determined by the garrison risk assessment process.

(1) The following field trips may be assessed as medium risk depending on the outcome of the garrison risk assessment: swimming, diving, water parks, and similar activities.

(2) In addition to the core field-trip requirements, the following must be met for medium risk field trips:

(a) Lifeguards must be onsite for all swimming, diving, and water park field trips.

(b) Staff members must assign participants to the appropriate depth, equipment, facilities and activities based on parent input regarding their child/youth skill level. Staff will defer to the authority of the on-duty lifeguard related to swimming ability.

(c) All swimming areas must have lifesaving equipment, communications equipment, first-aid supplies and scheduled, hourly out-of-water break times.

c. High Risk-mitigation is determined by the garrison risk assessment process. High Risk field trips must be reviewed by the garrison safety office and approved by the Garrison Commander or designee.

(1) In addition to the core field-trip requirements, the following may apply to high-risk adventure and challenge activities including, but not limited to: climbing of all kinds, rappelling, ropes courses, horseback riding, cycling, hiking, camping, tobogganing, go-karting, skiing, snowboarding, etc.

(2) Adventure and challenge sites must provide qualified instructors and use equipment that is appropriately sized and in good condition. The establishment credentialing authority must be contacted prior to the field trip to verify compliance.

(3) The instructor for adventure and challenge activities must have certification or documented training and experience in those activities and have at least 6 weeks of supervising experience in the same or similar types of activities.

(4) The instructor for adventure and challenge activities must evaluate and classify the participants' skills and abilities to assign participation levels and equipment. Participants must be strictly monitored until competency with equipment is demonstrated.

2-10. Family Child Care Field Trips.

a. The FCC Program shall ensure that all field trips and other activities are assessed and monitored before and during the field trip. FCC Programs should establish a system for approving field trips to ensure the safety of all participants. The program may create a list of recommended locations that have had a risk assessment conducted for the providers to choose from. The risk assessments may be done on an annual basis and utilized by multiple providers throughout the year to avoid multiple assessments on the same location. Providers will conduct a safety assessment of the location upon arrival. Walking to the neighborhood park does not constitute a field trip, therefore the blanket permission form that all parents sign as part of registration is sufficient.

b. The FCC Program shall develop guidelines for age-appropriate field trips and activities that promote skill development. All FCC homes, regardless of the ages of the children, are authorized to take developmentally appropriate field trips.

c. A signed parental permission slip is required for each excursion when children are taken away from the home. Permission slips will include written pick-up and drop-off times, trip location, type of transportation, special dress requirement, needs for children to bring special items or money, and other pertinent information. 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 adults. The

cover sheet and the permission slips will be kept on file for 3 years with the provider and the FCC office.

d. FCC Providers are authorized to transport children in a POV and must comply with local, state, federal and HN regulations with regards to safety, occupancy, speed limits and cell phone use while the vehicle is in operation. Providers will visually inspect the POV for trash or hazardous materials before children are seated in the vehicle. Each child must be in a car seat or the appropriate restraining device.

e. FCC Providers will carry stocked first-aid kits, emergency accessories (i.e. flashlights and reflective vests), cell phones, and sunscreen (when appropriate) and emergency cash, or HN currency when appropriate, during all field trips.

f. A system should be in place to quickly account for all participants on the field trip (i.e. colored wrist bands and other readily visible identification). The buddy system will be used to pair up children at regular documented intervals.

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

h. FCC Providers will ensure that all field-trip participants dress appropriately and use all mandatory safety equipment necessary for the scheduled activity.

i. Meals and snacks provided during field trips must comply with USDA requirements. 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) must be maintained. Adequate water and snacks must be made available for participants during all field trips.

j. FCC Providers are not required to lower ratios on field trips.

k. FCC Providers will ensure that reasonable accommodations are available in field-trip settings when children with special needs will participate and that all rescue and required medications are within access at all times.

l. If an emergency occurs, the Provider shall notify the FCC Office, who in turn notifies the CYS Coordinator as soon as possible after emergency services have been provided. Parents will be notified telephonically and if they cannot be reached, the emergency contact will be notified. A Report of Unusual Incident (RUI) shall also be completed no later than 24 hours and provided to the Safety Officer via the FCC office, and to IMCOM G9 CYS through the ID.

Child Abuse Prevention, Guidance, Discipline and Accountability for Children/Youth

2-11. Child Abuse Reporting Procedures.

a. Reporting procedures are prominently posted in CYS programs.

(1) Current DoD Child Abuse and Safety Violation Hotline Posters are prominently displayed in the lobby of all CYS facilities and on the FCC Provider's Parent Bulletin Board. Posters are also placed in visible and high traffic areas throughout all CYS facilities and FCC homes should a parent/guardian need to report incidents of suspected abuse. The DoD hotline poster will be updated to include the contact information for the Installation RPOC, and local Child Protective Services. The current poster is located on the CYS SharePoint site.

(2) Hotline information will also be included in the parent handbook and employee handbook. NOTE: Electronic parent handbooks are acceptable.

(3) Distinct from the DoD Hotline, CYS personnel reporting procedures are also posted in staff lounge, management offices, and in a consistent place in classrooms so easily located by staff (i.e., near corridor exit doors, staff bulletin board, etc.). Reporting procedures and reporting phone numbers can also be printed on the back side of the staff nametag.

b. CYS personnel (employees, contractors, FCC providers, volunteers, MWR partners, interns and support/admin staff) will know child abuse reporting procedures and where written instructions are located.

c. CYS personnel will be knowledgeable of and follow procedures for reporting suspected cases of abuse/neglect which require:

(1) Immediate reporting to the Installation Reporting Point of Contact (RPOC),

(2) Immediate reporting to State Child Protective Services (CPS) if located within the United States.

(3) Reporting to the appropriate program director immediately after notification of the RPOC and State CPS.

d. The CYS Coordinator reports all allegations of abuse/neglect in a CYS Program through their Chain of Command using the Commander Critical Incident Report (CCIR) within 2 hours. The Coordinator also reports through their IMCOM Directorate to IMCOM G9 CYS using the Report of Unusual Incident (RUI) within one business day. Weekly follow-up reports are required to be submitted through the designated automated tool until the incident is closed out (i.e. final determination is made by CID, FAP-M, State CPS and any retraining/disciplinary action is completed).

Incidents of abuse/neglect by a CYS staff member of any child outside of a CYS program (to include allegations of abuse of their own children) is reportable using the RUI and the process identified above.

e. The Chief, SWS will make a written record of the dispensation of any child abuse allegation for forwarding to the CYS Coordinator, the Case Review Committee (CRC), and the FAPM. Dispensation could include determined substantiated, unsubstantiated, not credible, or a policy infraction. Unless the infraction constitutes child abuse, it will neither be referred to the full CRC for consideration nor reported to the Army Central Registry (ACR). The CYS Coordinator will take appropriate disciplinary action where necessary to resolve allegations that are considered policy violations. The CYS coordinator will submit a plan of corrective or disciplinary actions to the Chief, SWS.

f. Programs that are NAEYC or COA accredited (or in the process of becoming accredited) will follow the organization's current child abuse/neglect reporting requirements.

2-12. Established Procedures in the Event of an Allegation.

- a. Safeguard children/youth and staff at a time of program upheaval.
- b. Ensure the CYS perspective/pertinent operational information is provided in the course of the investigation
- c. Make a distinction between confidentially issues in familial child abuse versus institutional child abuse where critical CYS management information is needed to protect other children/youth participating in the program.
- d. Reassign staff members accused of abuse/neglect outside of CYS. In the event that an FCC Provider is accused of abuse/neglect, close the FCC home immediately upon notification of the allegation.
- e. A CARAT must be completed IAW 1-20 herein.
- f. Review IDPs to ensure child abuse training requirements are in accordance with AR 608-10.
- g. Inform parents of child abuse identification, prevention and reporting procedures and requirements and their opportunity to be trained in these topics (may be included in the Parent Handbook).
- h. Patron notification and public relations efforts will include the availability of the CYS Coordinator and Center Director to talk to parents in accordance with guidance provided by the Installation Public Affairs Officer and the GC.

i. Consider child abuse safety training for children ages 6-18 years in CYS settings.

j. Cases of suspected child abuse will be reported in accordance with AR 608-18 for all CYS programs:

(1) A single Installation Reporting Point of Contact (RPOC) is designated by the Commander and must be available 24-hours a day to receive reports of alleged child or spouse abuse.

(2) When a report of abuse/neglect is received, the RPOC will immediately notify the PMO (if not the RPOC), the Chief SWS/CRC, the FAPM, and the CYS Coordinator.

(a) The FAPM notifies the GC.

(b) The CRC assists with the investigation IAW AR 608-18.

(c) The CRC assessment and determination should proceed and not be suspended or delayed awaiting a CID determination of criminal action. The two systems are cooperative but separate in function.

(d) An Installation strategy team will be established to guide the Installation's response to the allegation, if warranted.

(e) Following an allegation of HQDA reportable child sexual abuse (of sufficient credibility to cause a military or civilian law enforcement investigation to be initiated according to AR 608-18) each child/youth activity room/module, or indoor/outdoor play space where children/youth are present must have a minimum of two staff persons at all times. Similarly, visual supervision of child/youth toilets will be provided by at least two staff members, so that children/youth are always in the presence of two adults until a disposition is received from all investigating agencies.

(f) All other allegations made will result in two staff members always present only in the activity room where the allegation occurred until a disposition is received from all investigating agencies.

(g) The CYS staff will provide access to administrative files, attendance sheets, work schedules, CCTV, and client lists (for example, parents, children, addresses, and phone numbers) to investigators and others with an official need to know.

(h) CYS management will remain available to talk with parents, maintain a chronological log of events, and keep the staff informed to the extent appropriate, of case development through staff meetings.

(i) Do not return employees or reopen FCC homes until a final determination of

the allegation is made by all investigating agencies.

(j) In the event of a credible allegation, management staff are required to increase monitoring of the staff involved through more frequent visits to the classroom and an additional hour of reviewing CCTV on a weekly basis for a period of six weeks. Additional monitoring must be documented.

2-13. Reporting Requirements for Unusual Incidents in CYS Programs.

a. IMCOM Regulation 190-45-1, Serious Incident Reports (SIRs) and Commander's Critical Information Reports (CCIRs), requires Garrisons to provide a written CCIR to the respective IMCOM Directorate and IMCOM Operations Center within two hours of discovery or notification for the following incidents in a CYS program or facility:

(1) Death of a child/youth sustained in a CYS program or facility; or injury that results in admission to a hospital or which prevents/precludes the child/youth from participating in CYS programs for more than three (3) days.

(2) Child neglect or physical or sexual abuse allegations by any person working or volunteering in any CYS program, even if the allegations did not involve a child enrolled in a CYS program, and any substantiated child neglect or abuse charge.

(3) Revocation or deferment of accreditation for any CDC or SAC.

(4) Potentially adverse public affairs issues related to a CYS program.

(5) Any major crisis resulting in disruption to operations.

b. In addition to the CCIR requirements specified in IMCOM Regulation 190-45-1, Garrisons must also provide a written Report of Unusual Incident (RUI), found on the CYS SharePoint site, through the IMCOM Directorate to IMCOM G9 CYS for the following additional incidents:

(1) Any Medical Emergency or Injury resulting in EMS/911 being called or requiring medical attention (i.e. ER visit, treatment by a doctor, visit to the dentist, EpiPen administered, etc.).

(2) A Loss of Accountability incident suspected to be a performance issue based on the Accountability Matrix.

(3) Outbreaks of vaccine preventable Communicable Disease.

(4) Requests to Deny Care due to persistent unsafe behavior.

(5) Errors in Medication Administration (i.e. giving the wrong dosage of a

medication, administering an expired medication, etc.).

(6) A child consuming the Incorrect Food or Beverage when there is a special diet statement, regardless if the child displays an allergic reaction.

(7) An Infant Feeding Error involving the child being offered or consuming the wrong human milk or formula or food not on their feeding plan.

(8) Closure of an FCC Home for any reason other than abuse or neglect (i.e. derogatory information returned on background checks, failure of a sanitation inspection, etc.).

(9) Notification of an unauthorized Child Care home.

(10) Any call for Military Police assistance.

c. Programs that are NAEYC or COA accredited (or in the process of becoming accredited) will comply with the organization's current reporting requirements. IMCOM G9 CYS will review the incident and notify the ID and the CYS Coordinator if an incident is reportable to NAEYC or COA.

d. Weekly follow-up reports are required to be submitted through the designated automated tool until the incident is closed out.

e. Additional instructions on reporting unusual incidents are found in the Guide for Reporting Unusual Incidents in CYS Programs located on the CYS SharePoint site.

2-14. Guidance and Discipline.

a. CYS personnel working with children (CYS staff, contractors, FCC providers, volunteers, MWR partners, interns, and other personnel working in CYS programs) will use appropriate guidance techniques based on the Vanderbilt University's Center for Social Emotional Foundation in Early Learning (CSEFEL) Pyramid Model and the Army Operational Guidance for Behavior Support found on the CYS SharePoint site.

(1) Help children/youth learn to develop self-control and express their feelings in acceptable ways (e.g., when appropriate, helping them solve their own problems and soliciting their input in rule making).

(2) Model appropriate behavior and conflict-resolution skills and use positive language.

(3) Demonstrate realistic, age-appropriate expectations of children's/youth's behavior and interact with children accordingly. CYS personnel teach/coach children/youth appropriately, according to the child's/youth's abilities.

b. CYS personnel will discipline in a consistent way, based on an understanding of individual needs and behaviors of children at various developmental levels. Simple, understandable rules will be established so that expectations and limitations are clearly defined. Discipline will be constructive in nature, including such methods as:

(1) Separation of the child from the situation by redirection.

(2) Praise of appropriate behaviors.

(3) Physical restraint will not be used unless it is absolutely necessary to prevent injury to the adult or child.

c. A child may not be punished by:

(1) Spanking, pinching, shaking, or other corporal punishment.

(2) Isolation for long periods.

(3) Confinement in closets, boxes, or similar places.

(4) Time away/timeout.

(5) Binding to restrict the movement of mouth or limbs.

(6) Humiliation, verbal abuse, psychological abuse or coercion.

(7) Deprivation of meals, snacks, outdoor play opportunities, or other program components. Restrictions of the use of specific play materials and equipment, or participation in a specific activity should be appropriate to the developmental age of the child. Restrictions are permissible to ensure the safety of others or as part of the strategy to help the child learn self-control.

2-15. Accountability of Children/Youth.

a. The Standards of Conduct and Accountability SOP is followed.

(1) Parents are reassured that their children/youth are accounted for while in CYS programs.

(2) In ratio staff/FCC providers maintain supervision of children/youth appropriate to the age/capability of the child/youth. Staff/providers supervise CDC age children by sight and sound at all times. Systems are established to adequately monitor and track the whereabouts of school-age children and youth as they freely move about the facility. Staff plan for different levels of supervision according to the age of child/youth and level of risk involved in an activity or program.

(3) Systems are established for staff/volunteers to know what children/youth are doing at all times.

(4) Accurate daily attendance records are maintained in all CYS programs.

(5) All on post or off post field trips involving walking or vehicular transportation have at least two adults supervising the children/youth at all times. Volunteers may be needed to augment ratios for high risk activities.

(6) Systems are established to account for CDC/SAC/FCC children/youth who fail to show up for the program and whose parent/guardian have not notified CYS in advance that they will be absent. This also applies to before and after school care and youth in accountable care. Documentation of staff's efforts to contact parents/guardians must be maintained for three years.

(7) Children are not left unattended in vehicles while signed into programs. CYS has a policy regarding children being left in a vehicle unattended by parents and it is included in the Parent Handbook.

(8) Face to name accountability checks will be conducted by direct care staff during every transition point during the day.

b. When there is an incident of lost accountability in a CDC or SAC, the CYS Decision Making Matrix Unattended Child is completed by the individual who witnessed the incident and Management staff to assist in determining if the incident is an administrative issue or abuse/neglect.

(1) Incidents resulting in lost accountability of a child/youth that a reasonable person would view as child neglect, such as a FCC Provider leaving children alone while going shopping or a CYPA closing a room and going home when a child is left in the room, will be immediately reported to the RPOC and State CPS (if located in the United States). These incidents are reported through the Chain of Command using the CCIR within 2 hours. Notification is also required through the IMCOM Directorate to IMCOM G9 CYS using a RUI within one business day. Weekly follow-up reports are required IAW 2-11*d* above.

(2) Incidents resulting in lost accountability of a child/youth that are determined to be a policy infraction are reported through the IMCOM Directorate to IMCOM G9 CYS using the RUI within one business day. Weekly follow-up reports are required.

2-16. Child Abuse Prevention Procedures/Standards of Conduct SOP and Statement of Understanding.

a. Systems are in place and followed to mitigate risk for child abuse to all children and youth.

b. Procedures are in place and followed to protect children/youth from unauthorized visitors/strangers by implementing a system to identify visitors and limit their movement in the facility.

c. Standards of Conduct and Accountability SOP and Statement of Understanding (which includes the Touch policy) are provided in writing and read by all CYS personnel annually and the signed copy is maintained in the personnel file. (The contracting office maintains this for contractors – Statement and Creed must be given to NAF Contracting Office Contracting Officer (KO) or Contracting Officer's Representative (COR)).

(1) The Standards of Conduct and Accountability SOP and SOU will be incorporated into the New Employee Orientation training and as part of the annual Family Advocacy Program (FAP) Child Abuse Awareness, Identification and Reporting Training. Completion will be recorded on the personnel's Individual Developmental Plan (IDP).

(2) The Standards of Conduct and Accountability SOP and SOU includes Social Media and Electronic Communication guidance.

(3) The Standards of Conduct and Accountability SOP and SOU is found on the CYS SharePoint site.

d. Standards of Conduct and Accountability SOP and Statement of Understanding (which includes the Touch policy) is available to parents (i.e., Parent Handbook, on website, etc.).

e. Strategies are implemented to reduce the potential for child abuse in CYS settings through physical design, placement of staff and monitoring of children/youth.

f. Open door policy is implemented to encourage parents to visit their child/youth. The CYS open door policy requires that parents have access to their children at all times.

g. Vision panels are not obstructed and rooms are not completely darkened with adequate lighting so that CCTV recordings are visible.

h. All CYS personnel are identifiable in accordance with paragraph 4-17 to patrons through the use of nametags with first and last names that are easily visible (at adult eye-level height).

i. All CDC staff properly sign in/out of the classroom where they are assigned and SAC/YP staff working in ratio properly sign in/out of the facility where they are assigned.

j. All CYS personnel are trained annually in child abuse identification, prevention and reporting procedures. Options for training include FAP face-to-face training and the College of Installation Management on-line courses such as: "Reducing the Risk of Child Abuse in Army CYS Settings" and "Accountability and Supervision of Children". Face-to-face FAP training is required for the initial training and every other year after. The online training can be taken on the opposite year.

k. Resources are available that support CYS personnel in stress management, prevention and treatment of depression and/or wellness.

l. Direct care staff are aware that they may request a short and immediate break when they are unable to perform their duties.

m. The Child Abuse Risk Assessment Tool (CARAT) is conducted on Child Development Centers and Family Child Care homes IAW with para. 1-20 of this regulation.

n. Children are released only to authorized personnel listed as emergency designees unless other written instructions for arrival and departure have been made.

o. CYS staff members will not transport children/youth in their own vehicles. In a case where a staff member is hired to care for CYS children after work and has been designated as the emergency release designee, the staff is acting as a friend of the parent, and not as an employee of CYS. FCC providers make their own arrangements with parents as to transportation of children in the course of operating an FCC home.

2-17. Closed Circuit Television (CCTV).

a. A functioning CCTV is required in each CDC, SAC and Youth Center as a mechanism to deter child abuse and neglect.

(1) A CCTV Guidebook is available to specify management, maintenance and documentation of the CCTV.

(2) The management team (the Director, Assistant Director(s), SPS and Trainer(s)) at each facility are each required to view and document one hour of CCTV footage each week. Rack access will be documented via the rack access log and maintained at the CCTV rack.

(3) Each member of the management team will review the log and observations prior to conducting their own observation and will select a different room/area of the facility than viewed by their team members. The team will view rooms/areas at different times of day through-out the week.

(4) Any review of any CCTV footage will be recorded on the CCTV Rack Access

Log and documented on the CCTV Review Log located in the CCTV Guidebook on the CYS SharePoint site.

(5) Observation documentation will include, at a minimum: the names of staff in the footage, number of children/youth and a description of ongoing activities.

b. If during the observation, the observer sees any significant health or safety risk, immediate intervention will occur to include appropriate disciplinary action.

c. Daily and Weekly Checklists, in the CCTV Guidebook, will be completed as listed above and maintained in the Program for a period of NLT 3 years.

d. Follow current policy memo on parental viewing of images on CCTV located on the CYS SharePoint site.

Table 2-3. CCTV Management Functions and Responsibilities.

Program Manager	Program Clerk	Functional Technology Specialist (FTS)	Serco
CCTV Daily Checklist will be completed by the CYS Program Manager or delegated to Program Clerk	CCTV Daily Checklist—all irregularities reported to Program Manager or FTS immediately	Troubleshoots and solves or reports to Serco within 24 hours	Serco will provide technical support via phone, ServiceNow portal, parts replacement, or on-site visits.
CCTV Weekly Checklist—alternates with FTS. All issues solved or reported to Serco within 24 hours		CCTV Weekly Checklist—alternates with Program Manager. All issues solved or reported to Serco within 24 hours	Serco will provide technical support via phone, ServiceNow portal, parts replacement, or on-site visits.
			Conduct a minimum of two Preventive Maintenance Visits (PMV) per CYS facility per year after modernization. Provide technical training on usage and operation of systems at the conclusion of PMVs
Identify Incidents, “pull” video and record		Identify Incidents, “pull” video and record	Provide training during Bi-Annual PMV

Parent and Outreach Services

2-18. Parent Central Services (PCS)

a. PCS provides a centralized system by which patrons can register, enroll, and pay for all CYS programs. Eligibility is verified at the time an offer is being made to the Family. It is the responsibility of PCS to verify eligibility using the DoD ID Card and to register patrons.

(1) Provides informational materials to patrons informing them of programs and services offered by CYS. Helps patrons determine the services they need and explains documents required for registration and enrollment.

(2) Assists with patron access to <https://MilitaryChildCare.com> and notifies patrons of offers to fill available spaces.

(3) Uses CYMS to facilitate and initiate patron registration, re-registration, enrollment, payments, etc.

(4) Follows the Priorities outlined in DoDI 6060.02 and Army Directive 2015-44.

(5) Verifies eligibility and maintains documentation to support patron priority status, proof of employment to include those Families opting out of providing proof of income. Re-verifies priority status at 90 days for sponsors with a spouse seeking employment or attending an accredited post-secondary educational institutes.

(6) Provides desk-side registration services and uses CYMS printouts to manage patron records. Ensures two emergency designees are provided for all Families.

(7) Accurately determines patron fees category IAW the latest fee policy (see para 3-4).

(8) Schedules new patrons for orientation at their programs. Orientations will be conducted by facility Directors at times convenient for parents. Orientations will include a tour of the facility, review of rules of conduct and procedures, introduction to staff/providers and key volunteers, and completion of program specific forms.

(9) Ensures that all homeschooled Families that use CYS facilities are registered.

(10) Maintains children's files according to Table 2-4. When PCS and CDC/SAC programs are co-located, one child file can serve as both PCS and the CDC/SAC file. In the below Child/Youth Files matrix, files that are marked "Electronic" could also be hard copy. Files that are marked "Hard Copy" will only be available in hard copy.

(11) Screens all children/youth for special needs during registration. Middle School/Teens are excluded unless there is an identified special need by the parent on

the modified teen registration form. When a special need is identified, supporting documents must be presented. Manages all MIAT paperwork IAW AR 608-75, para 1-25c and the most current HQDA policy to ensure files contain all the necessary medical/educational documentation prior to placement in CYS.

(12) Regularly conducts the Central Enrollment Registration Placement Team (CERPT) meetings designed to address issues related to enrollment process, e.g., placing children on the waitlist into CYS programs, customer service, CYMS, etc.

(13) Maintains an electronic copy of DA Form 5305, Family Care Plan (FCP), Cover Page, Guardianship, for dual/single military parents registered in full and part time programs. The FCP is required for youth enrolled in weekly before camp supervision programs operating before 1300. Other services' equivalent forms are acceptable from sponsors of other branches of the military (Navy, Marines, Air Force, and Coast Guard). If the service does not have a form they may utilize the Army form. The FCP is required for children under the age of 19 who cannot care for themselves in the absence of the service member. The program maintains the short-term release designee information.

(14) Offers all new patrons a viable Army CYS-operated child care/youth-supervision option within 30 days of date care is needed, if not available within 30 days, or patron lives outside of the installation catchment area, refers patron to the Army's Fee Assistance (AFA) Program. See para 2-20 for providing statements of non-availability for AFA.

b. Teen Registration Process. To streamline the teen registration process:

(1) The teen may pick up the IMCOM Form 34 (Child and Youth Services Youth Program Registration and Sponsor Consent Form) from PCS or YC. The teen provides the form to the parent to complete and sign and returns the completed form to PCS or YC.

(2) The staff will contact the parent to verify the information on IMCOM Form 34 within 5 days of receipt. During the 5 day period, youth are permitted to participate in facility-based programs. However, they may not participate in other activities such as field trips.

(a) If the form is complete and no special needs are identified, PCS will issue an annual pass.

(b) If special needs are identified, PCS will forward the Health Screening Tool to the parent for completion, along with any additional Medical Action Plan (MAP) forms. PCS will provide a timeline for the parent to complete and return the forms. The youth will be issued a pass, but the pass will not be valid until the documentation has been submitted for APHN/Health Consultant review.

(c) Staff will maintain youth files according to Table 2-4.

Table 2-4. Child Records.

Parent Central Services (PCS)	Hard Copy	Electronic
CYMS Liability Waiver signed by parent		X
Immunization Records (as applicable for CDC/FCC)		X
Health Screening Tools and Supporting Documents-Medical Action Plan (MAP), Special Diet Statement (SDS), etc.		X
Health Assessment/Sports Physical		X
DoD Fee Application/LES/Pay Stubs	X	
Family Care Plan DA Form 5305 or Service Equivalent		X
CDC/SAC	Hard Copy	Electronic
Immunization Records (as applicable)		X
Health Screening Tools and Supporting Documents-MAPs, SDS, etc.	X and/or	X
Health Assessment/Sports Physical		X
Infant Sleep Position Agreement	X	
Infant Feeding Plan (as applicable)		X
DA Form 5224-R, Child and Family Profile or equivalent (ages 0 – 5, program specific)		X
DA Form 5226-R, Sponsor/Program Agreement (program specific)		X
Family Care Plan DA Form 5305 or Service Equivalent		X
USDA CACFP Income Eligibility Form per state requirement	X and/or	X
USDA CACFP Enrollment Form per state requirement	X and/or	X
FCC	Hard Copy	Electronic
CYMS Liability Waiver signed by parent	X	
CYMS Profile Print	X	
Immunization Records (as applicable)	X	
Health Screening Tools and Supporting Documents-MAPs, SDS, etc.	X	
Health Assessment/Sports Physical	X	
SIDS Poster (as applicable)	X	
Infant Feeding Plan (as applicable)	X	
DA Form 5224-R, Child and Family Profile or equivalent (ages 0 – 5)	X	
DA Form 5226-R, Sponsor/Program Agreement	X	
RIMP Agreement	X	
Fee Calculation	X	
Family Care Plan DA Form 5305 or Service Equivalent	X	
USDA CACFP Income Eligibility Form per state requirement	X	
USDA CACFP Enrollment Form per state requirement	X	
YP	Hard Copy	Electronic
IMCOM Form 34 or CYMS Liability Waiver signed by parent		X
Health Screening Tools and Supporting Documents-MAPs, SDS, etc.	X	

2-19. Child Care Waitlists.

The intent of CY5 is to provide at least one viable space within the CY5 program capability. A viable space is defined as any opening within the CY5 delivery system to include CDC, SAC, FCC homes, and Community Based Programs. Regardless of

the availability of spaces, all patrons requesting child care will be referred to MilitaryChildCare.com (MCC) to create a household profile and request care.

a. Waitlists will be managed and maintained in MCC for eligible Families seeking child care in CYS.

b. Additional waitlists may be established in other programs when the need exists such as for sports teams or SKIES classes.

c. All vacant spaces in CDC, SAC, and FCC homes for full day, part day, before/after school, and summer camps will be filled following the established DoD priorities outlined in the most current version of DoDI 6060.02 and HQDA guidance. Space available patrons will only be placed when there are no higher priority children on the waitlist or when all higher priority children have declined the space.

d. Displacement of patrons is discouraged, however, may be necessary to meet the mission. The latest HQDA guidance will be followed.

e. Every 30 days parents will confirm their interest in remaining on the MCC waitlist.

f. Procedures for filling vacancies will follow the MCC Operational Guidance located on the CYS SharePoint site.

g. In locations where there is no PCS, the CYS Coordinator will designate personnel to maintain and manage the waitlist.

2-20. Providing Statements of Non-availability for Army Fee Assistance Referrals.

All Army Families may be referred to the Army's current resource and referral agency for help to locate civilian providers to meet their child care needs when installation space is not available. Those who are eligible may apply for Army Fee Assistance to help pay for the higher cost of civilian child care.

a. AFA pays the difference between what the Sponsor would pay for on-post child care and the community-based child care provider's rate up to an established provider rate cap.

b. Sponsors who reside within the currently defined catchment area from their assigned garrison (the installation catchment area) are not eligible for AFA when on-post child care is available within 30 days of date care needed.

c. If on-post child care is not available within 30 days of the need date, or the family lives outside of the catchment area, the Sponsor is eligible to apply for AFA.

d. P&OS refers eligible patrons to the AFA third party administrator's website to learn more about the program and to obtain the necessary forms to complete the AFA application. One of these forms is a Statement of Non-Availability which must be signed by the installation P&OS Director and submitted as part of their application. Families who are exempt from submitting, as part of their AFA application, a statement of non-availability include:

(1) Those who reside outside of the currently defined catchment area at their assigned garrison.

(2) Families with only school-age children.

(3) Geographically dispersed Army National Guard (ARNG) and Army Reserve (AR).

(4) Eligible Wounded Warriors.

(5) SOS Sponsors.

(6) Recruiters.

(7) Families with IMCOM approved exceptions to policy.

(8) Families assigned to an installation operated by a service other than the Army.

e. Families are required to submit an updated copy of the statement of non-availability if they make a permanent change of station to a new location. This is required in order to determine if space is available on the new installation.

2-21. Permanent Change of Station Relocation/Transition Assistance.

CYS provides Army-wide transition assistance through Global Data Transfer (GDT) of staff and child records.

a. CYMS GDT is designed to streamline the relocation process for military and civilian Families. Standard data elements (such as names, birthdates, child health records, etc.) will follow Families to their new duty assignments and make the local CYM registration procedure shorter and simpler.

b. CYMS GDT is the preferred method of adding household information to the local database.

c. The export process allows select household and family member information from the "losing" installation to be safely transferred to a secure centralized database maintained by IMCOM.

d. The import process allows the “receiving” installation to safely move individual household files from the IMCOM site to their local CYMS databases.

e. The import/export processes one household at a time. Data import/export for relocating Families is part of the regular CY5 in-and out-processing protocol. As soon as any CY5 program learns a family is relocating, the file should be automatically exported.

2-22. Parent and Outreach Services (POS) Responsibilities.

a. POS Staff:

(1) Assist with the recruitment of volunteer coaches, assistant coaches, team parents, Instructional Program instructors, volunteer/paid officials, and Family Child Care Providers.

(2) Document parent involvement in CYMS for all CY5 approved parent activities.

(3) May help coordinate the MDTI, and Comprehensive Fire/Safety and Health/Sanitation Inspections.

(4) Maintain CY5 program information, eNews publications/messages and contributes content for the CY5 websites/social media outlets.

(5) Provides tax liability information to civilian sponsors.

b. The Outreach Services Director or Designee is responsible for ensuring the development and/or operation of the following:

(1) Emergency Action Plan (formally the Mobilization and Contingency Plan). Each garrison is required to prepare a locally determined installation plan that identifies how child and youth needs will be met during emergencies. It identifies emergency situations that are most likely to occur and informs CY5 how to respond. EAP is approved by the Senior Commander and is considered an annex to the Installation Plan. The plan is reviewed annually by the Multi-Disciplinary Team Inspection and validated annually during the Army Higher Headquarters Inspection. Ensure the plan is reviewed annually by the Emergency Management Working Group (EMWG). The Core Team, at a minimum should include the following: CY5 Coordinator, Programs Operational Specialists, Parent and Outreach Services Directors and Installation Proponents. The EAP templates can be found on the CY5 SharePoint site.

(2) Installation CY5 Operations Plan (ICOP). Each garrison is required to develop an ICOP to target goals for short and longer term child care needs. The ICOP is a five year plan, updated annually, which outlines plans to meet Installation child care

needs. The ICOP will be evaluated during the Army Higher Headquarters Inspection process. The ICOP Team, at a minimum should include the following: CYS Coordinator, Programs Operations Specialists, Parent and Outreach Services Directors. The Army ICOP template and instructions can be found on the CYS SharePoint website.

(3) Kids on Site (KOS). Provides hourly child care in a variety of settings. CYS staff provide developmental and age appropriate activities using the same ratio requirements followed in other CYS programs. Typical on-post KOS programs consist of the following child care services for:

(a) Parents attending on-post meetings or functions in the same or adjacent building such as in a community club or unit setting.

(b) Wounded Warriors and their Families at the Soldier and Family Assistance Center (SFAC) or other suitable location.

(c) Family Readiness Groups (FRG) for official meetings for units that are in the deployed status. Child care for FRG meetings is funded to facilitate participation in official FRG meetings, for units that are in the deployed status in the Army's Sustainable Readiness Model. Only regularly scheduled official FRG meetings are eligible for deployment support child care. Activities not covered include fundraising, training, steering committee meetings or social events. Operational Guidance on FRG child care is found on the CYS SharePoint site.

(d) KOS and other special event child care in support of deployments may be provided in off-post locations contingent upon the garrison's ability to support.

(e) Facility Requirements. Potential on-post facilities/sites will be approved for use prior to provision of care-by the local fire, safety and health and environmental health proponents who will evaluate the site initially and annually thereafter. Child development center facility standards are not required for KOS sites. Information for both on and off-post KOS programs can be found on the CYS SharePoint site and in section 2-23 Volunteer Child Care in Unit Settings (VCCUS).

(4) The Outreach Services Director or Designee will:

(a) Develop and maintain local KOS guidance.

(b) Determine KOS on-post sites.

(c) Market KOS program to command, units and organizations.

(d) Collect and maintain records on KOS patron demographics and usage.

(e) Monitor KOS sessions to ensure established standards are followed, i.e.,

ratios, health and safety, guidance policies, etc.

(f) Coordinate with contracting KOS as needed; e.g., initiates contracts, serves as contract officer representative and validates contractor payments.

2-23. Volunteer Child Care in a Unit Setting (VCCUS)

a. VCCUS is an optional Outreach Services program designed as a “volunteer cooperative” to allow exchange of free, intermittent child care services. Soldiers or Family Members in one unit/organization provide on-site child care for Family Members in another organization in exchange for similar services in the future. For example, “Unit A” is sponsoring a holiday pot-luck supper and volunteers from “Unit B” are providing free of charge child care services in exchange for “Unit A” volunteers providing the same services to “Unit B” the following month.

b. The Outreach Services Director or Designee will:

- (1) Develop and maintain VCCUS local guidance.
- (2) Determine VCCUS Sites.
- (3) Market VCCUS program to command, units and organizations.
- (4) Aid VCCUS participants in registering with ACS as volunteers (required).
- (5) Collect and maintain records on VCCUS patron demographics and usage.
- (6) Provide technical assistance to units using VCCUS.
- (7) Coordinate VCCUS unit access to age appropriate toys and equipment from the CYS Lending Library.
- (8) Monitor VCCUS sessions to ensure established standards are followed, i.e., ratios, health and safety, guidance policies, etc.

c. VCCUS facilities/sites will be approved for use prior to provision of care-by the local fire, safety and health proponents who will evaluate the site initially and annually thereafter. Child Development Center facility standards are not required for VCCUS sites.

d. VCCUS Volunteers must:

- (1) Be 18 years of age or older.
- (2) Successfully complete installation records checks and FBI fingerprint checks.

(3) Attend a CYS-sponsored training class prior to providing care. The training class will be a minimum of four hours and will include developmental activities for children, positive discipline techniques, and basic health and safety practices. Suggested multi-age activity schedules will be provided. This is a one-time training requirement. Training is not transferable between installations due to unique local requirements.

(4) Register with the Installation Volunteer Program at Army Community Service (ACS).

e. A minimum of two VCCUS volunteers are required for each session. At least one volunteer will be CPR and First Aid certified. The number of volunteers onsite will be determined by group size and ratio requirements as outlined below:

Table 2-5. VCCUS Ratio Guidance.

Ratio Guidance (will be equal to or lower than prescribed ratios below) NOTE: Maximum Group Size per age group is twice the ratio, e.g., a group is not to exceed 8 infants with two VCCUS Volunteers
1:4 or less for infants (birth to 12 months)
1:5 or less for pre-toddlers (13-24 months)
1:7 or less for toddlers (25-36 months)
1:10 or less for pre-school (37 months – 5 years)
1:12 or less for kindergarten
1:15 or less for school-age 1 st grade to 12 years
1:12 or less for kindergarten and school-age mix

f. CYS Registration and Health Admission Requirements.

(1) Children/youth must be registered with CYS to attend a VCCUS session.

(2) Parents who plan for their child/youth to participate in a VCCUS session should sign-up in advance with the unit's VCCUS coordinator.

(3) PCS will verify that participants are registered with CYS prior to the event.

(4) VCCUS volunteers or PCS staff may also conduct onsite registration using the registration form at the VCCUS event.

(5) On site parents will sign-in/sign-out child/youth from program.

(6) Children will not be accepted with any obvious signs of illness IAW AR 608-10, paragraph 4-28.

(7) Children/youth with special needs will be addressed on a case-by-case basis through the MIAT process.

g. VCCUS Nutritional Requirements.

(1) Snacks and meals are provided by the parents, unit, or VCCUS volunteers. The snacks and meals will be appropriate to the age group (including infant food and/or formula) and for the length of each session IAW local guidance. Healthy snack suggestions will be provided based on CY5 Cycle Menus. Menus can be found at: https://army.deps.mil/army/cmds/imcom_G9/G9/CYS/Documents/Forms/Menus_and_Recipes.aspx

(2) Onsite refrigeration will be available for any session when infant food/formula or other perishable foods are served.

h. Guidance for VCCUS programs can be found in the Kid's On Site (KOS) Guidebook for Off-Post Special Event Child Care located on the CY5 SharePoint site and in section 2-24 Parent Programs and Services.

2-24. Parent Services.

a. Parent Education. Parent Liaison Services (PLS) develops the annual parent education plan. The plan includes offering quarterly parent education opportunities either through CY5 provided information or classes, or through partnerships with other organizations such as Army Community Services. At least one class will be offered annually on identifying, reporting, and reducing the likelihood of child abuse. Other classes may focus on health, child/youth development, behavioral management techniques, strategies for effective parenting, or other topics determined by the installation.

b. Parent Involvement. Parents will be invited to participate in programs to the extent they are willing and able. Parents can volunteer in classrooms share their culture, or make things for the rooms, attend field trips as chaperones, participate on the Parent Advisory Board (PAB), help with parent surveys, or serve on the MDTI as a parent representative, etc.

(1) Parent involvement opportunities will be offered for which parents may accrue points to earn a 10 % reduction on monthly child care fees IAW the annual fee policy. Reductions are limited to 10 % per child per month. Points may be saved for future use. School Age patrons may apply points to weekly camp fees.

(2) Parent Advisory Board. A Parent Advisory Board (PAB) will be established at each garrison CY5 program. The PAB:

(a) Provides two-way feedback about CY5 program operations between patrons and the command.

(b) Provides input for establishing and changing local procedures to enhance CYS operations – balancing patron suggestions and concerns with statutory and regulatory requirements.

(c) Solves CYS-related problems and issues with input from the “voice of the customer.”

(d) Identifies parent/community child care and youth program needs.

(e) Meets quarterly.

(f) Elects a parent chairperson and includes at least one CYS staff as a member of the board.

(g) Post minutes of the meeting in CYS facilities and sends electronically to patrons and staff. Minutes and issues are forwarded by the Board Chair through the program director to the Garrison Commander or designee for review.

(h) GC or command representative attends at least one PAB meeting each year. If installation has more than one PAB, GC attends at least one and is notified of concerns of other PABs.

(i) PAB participants will receive parent participation program points IAW current Fee policy, which count toward the 10% fee discount.

c. Patron Satisfaction Survey. P&OS conducts a survey annually. A comprehensive plan is developed and implemented to remedy identified problems. Survey, responses, and corrective actions will be documented. IMCOM G9 annual parent survey meets this requirement.

d. The CYS Parent Handbook. The handbook is distributed via hard copy or a web link and provided to all patrons upon registration. The CYS Parent Handbook contains all pertinent information necessary for parents to have a basic understanding of CYS programs and policies. See Parent Handbook template on CYS SharePoint site.

(1) The handbook will be reviewed and updated annually. If there is a major policy or procedural change, either locally or from a higher headquarters, during the year, the installation CYS program will determine a method to disseminate this information to parents in a timely manner until the handbook is updated.

(2) The Parent Handbook will include all topics listed in Table 2.6. below.

Table 2-6. Parent Handbook Topics.

Mission/Vision/Philosophy	Parent Rights and Responsibilities
Eligibility for Services/Admissions Requirements	Supervision/Ratios/Use of CCTV System
Waitlist Policies/Registration Procedures	Family Care Plans
Description of Program Services by Program/Facilities List/Operating Hours/Telephone Numbers	Daily Admission and Release/Arrival and Departure Procedures/Chain of Command/ Building security and access
Fee Policy/Vacation Credit/Late Fees/Delinquent Accounts/Refunds/Financial Hardships/Multiple Child Discounts/Notification of Withdrawal	Special Needs Policies/Multi-disciplinary Inclusion Action Team (MIAT) Medical Action Plans
Curriculum/Developmental Programming/Multi-Age Groupings	Accidents/Illness/Injuries/medical emergency procedures while attending CYS Programs
Health Policies/Storage and Administration of Medication/Exclusion for Illness/Readmission after illness/Immunizations/Allergies	Child Abuse/Neglect Reporting/DoD Hotline Poster/Definitions of Abuse and Neglect/Home Alone Policy
DoD Certification/National Accreditation Status	Alcohol and Tobacco Policy
Guidance and Discipline	Sports Physicals
Touch Policy	Birthday Celebrations
Nap and Rest Time	Transitioning Children
Staff Qualifications and Training	Lost and Found
Food and Nutrition Policies/Special Diet Statements	Developmental Characteristics of Children
Transportation/Field Trips	Outdoor Activities
Bringing personal Items from home	Parent Orientation
Diapering/Toileting/Dental/Biting	Confidentiality
Adverse weather conditions/closing of CYS Programs/Emergency Response System/Federal and Training Holidays	Parents as Partners/Parent Education/Volunteering/Parent Board/Parent Conferences/Parent Involvement Opportunities
Denial of Services	Code of Conduct
Open Door Policy	Dress Code for Children
Parent Feedback	Diversity/Non-Discrimination

e. Parent volunteers- P&OS partners with the Installation Volunteer Coordinator to record/maintain children/youth and parent volunteer hours and develops a system to recognize volunteers.

f. CYS partners with Army Community Service (ACS) Family Programs to provide:

- (1) Financial Workshops to assist with financial hardships.
- (2) Child abuse/neglect prevention.
- (3) Personal safety (e.g., dating violence and bullying).
- (4) Parenting classes.

g. P&OS partnerships:

(1) P&OS will partner, where applicable, with Head Start, Sure Start, Early Intervention Program and other appropriate agencies to promote school readiness growth and development.

(2) P&OS will coordinate with military units and organizations to support CYS programs, e.g., “adopt a CDC”, internal CYS logistics and special events.

(3) Partnerships will be established with other community-based organizations on- and off-post to support military children/youth, e.g., Foster Grandparents, Red Cross, Club Beyond, etc.

(4) P&OS partners with a variety of community programs (eligible private organizations, schools and CYS programs) to offer alternative child care and youth recreational opportunities, such as Kids on Site (KOS), VCCUS, playgroups, and community playgrounds

(5) Where provided, coordinates with the SFAC to provide short-term hourly child care services for Warriors in Transition, Army Warriors and their Families at the SFAC.

h. P&OS will coordinate the development and implementation of a comprehensive annual CYS marketing plan according to annual budget guidance.

i. P&OS provides support and guidance for patrons expressing an interest in establishing a parent co-op (See AR 608-10 para 7-28).

j. P&OS provides CYSitters babysitter training to military youth 12 years old and older (includes adult sitters). Twelve year olds may participate in training but will not be included on the certified babysitter listing. Trained/certified babysitter listing will include ages 13 through adults. Training will cover First Aid and CPR, program activities, business of babysitting. An official certificate of completion will be issued. A babysitter referral list will be available at PCS for parents.

k. P&OS Director will coordinate CYS Special Events, e.g., Month of Military Child (MOMC), National Kids Day, etc.

l. P&OS coordinates referrals to Army Youth Programs in Your Neighborhood (AYPN) where available, in cases where it is not, contracts for military youth spaces in off-post facilities/agencies as necessary.

m. Soldier and Family Assistance Center (SFAC). Child care options within the SFAC room(s) may be expanded under the following conditions:

(1) Low/non-utilizations of the SFAC classroom allows for non-SFAC hourly users

when required on a regular basis.

(2) The unmet surge for hourly care demands cannot be met in other hourly/full day programs.

(3) Utilization of the SFAC child care room for hourly care is in the best interest of the Army.

(4) Expansion of child care options in the SFAC is by IMCOM G9 approval. Submit an official Request for an exception signed by the garrison commander, route the request through the ID to IMCOM G9 Child and Youth Services for approval.

(5) Operational Guidance for SFAC child care can be found on the CYS SharePoint site.

2-25. School Support Services.

School Support Services (SSS) provides Commanders, parents, and CYS staff with strategies and resources to support academic success and wellness for Army children and youth. The School Liaison Officer (SLO) manages, coordinates and implements School Support Services baseline programming.

a. School Transition and Deployment Support:

(1) Provides information regarding education transition to Families, schools and installation leadership using a variety of media formats such as installation website, newsletters, flyers, articles, email, and parent/educator education.

(2) Ensures incoming personnel receive information during in-processing and/or newcomer's orientations regarding local school/installation policies, school registration options, graduation requirements, special needs requirements and resources, after school services/programs and home schooling.

(3) Provides information about transferring school records, provides contact information for the School Liaison Officer at the next duty station and connects Families to youth sponsorship programs at the next duty station.

(4) Assists Families with navigating the educational system and finding local education resources as requested.

(5) Educates parents about local school organization, registration process, communication, and interaction strategies.

(6) Facilitates and coordinates School Transition Support Team (STST) meetings annually, to ensure local districts and military community work together to develop an action plan to address the transition of military school-age children.

(7) Facilitates awareness of the Interstate Compact on Educational Opportunities for Military Children to Families, Command and schools, and assists with resolving educational related transition issues.

b. Partnerships in Education.

(1) Provides and/or coordinates installation and community programs and services that support the education and transitions of mobile military children/youth. These initiatives should be responsive to the community's needs and geared towards strengthening relationships between the school,

(2) Acts as the Point of Contact for all incoming and outgoing youth for youth sponsorship.

(3) Refers all requests for a youth sponsor to the CYS point of contact as appropriate.

(4) Informs district and school staff about the youth sponsorship program and encourages participation.

(5) Provides support to schools who adopt a youth sponsorship training through training faculty and students as requested.

(6) Acts as a liaison between school and CYS programs to encourage joint programming where appropriate and possible.

(7) Promotes and supports a school managed, student-led youth sponsorship program in school district(s) supporting the installation.

(8) Assists CYS homework/technology lab personnel in obtaining tutoring support (such as local tutors or Tutor.com), current textbooks, and post-secondary preparation materials.

c. Installation and School Communications.

(1) Establishes a written communication protocol that outlines the School Liaison Officer access to command, lines of authority, and levels of responsibility.

(2) Informs and provides information to the Commander on matters relating to schools, youth education issues, school support services and school board attendance through formal and informal methods.

(3) Provides detailed information regarding the functions of School Support Services to school personnel.

(4) Communicates the Army's resilience program as it pertains to youth to local education agencies through workshops and briefings in order to provide a common language around resilience.

(5) Ensures installation School Support Services website exists and is IAW the standardized Army MWR content.

(6) Where appropriate, facilitate and support school district efforts to receive Impact Aid by encouraging all military Families to complete and submit Impact Aid forms, assisting the school district(s) with validating forms, and providing a letter from the command in support of district efforts.

d. Homeschool Linkages. Gathers and shares information on homeschooling resources, local school policies and state laws to inform Military Families. Facilitates access to CYS facilities and program support, including access to computer labs and academic materials to support homeschooled students.

e. Post-Secondary Preparation Opportunities.

(1) Partners with Education Center and ACS Employment Readiness and other installation organizations to provide support to students.

(2) Provides information on test preparation software available to military youth and coordinates with local schools/colleges on testing dates and locations.

(3) Creates and disseminates updated list of scholarships available to military dependents.

(4) Maintains/publicizes database/information on available vocational programs, junior colleges and career building experiences in the community and school.

f. Additional Professional Responsibilities.

(1) Follows the CYS Management/Specialist IDP to record Installation required training.

(2) Registers and completes School Liaison Officer On-Line Course within first two months of hire date. The course is available through the College of Installation Management located at www.imcomacademy.com

(3) Ensures CYERT School Support Services report module is accurate and completed by the 10th business day of each month for the previous month.

(4) Develops and facilitates professional learning experiences for Families and school district staff.

(5) Supports liaison opportunities between local schools and CYS programs.

g. The role of the SLO in providing assistance for Families of children with special needs is solely to provide information regarding community resources and State and school district special education requirements and processes. The SLO may not:

(1) Diagnose exceptionalities.

(2) Make recommendations regarding intervention service.

(3) Attend IEP, 504 Plan meetings, or other special education meetings in an advocacy role.

(4) Directly or indirectly influence parental choices and decisions.

CHAPTER 3

CYS Resource Management

3-1. Business Practices.

a. Programs are funded and operated as a Category B, Morale, Welfare and Recreation (MWR) activity. Currently, the funding level for Category B activities is 65% Appropriated Funds (APF) support. The remaining funding is Non-appropriated Funds (NAF) support, primarily through income generated by patron fees. Although other small sources of income are sometimes available through partnerships, donations or grants, these sources of income are not considered part of the overall funding and cannot be relied upon on an annual basis. 10 USC Sec 1791 requires Child Development Programs to receive a minimum of 50% APF support paid through the Uniform Funding and Management (UFM) execution process which allows expenditure of APF through conversion to NAF.

b. Management Decision Execution Package (MDEP) funds are used only for CYS direct operating expenses. CYS funding cannot migrate to other directorates unless specifically authorized by policy or guidance.

c. Revenue generated by CYS programs stays within the CYS program arena.

(1) NAF income from parent fees is the primary source of direct in-ratio and kitchen staff salaries. Sixty-six percent to 75% of direct in-ratio staff and cooks in CDC and SAC programs will be paid by NAF income. The remainder of in-ratio and support staff and all management staff are paid by APF through the UFM process.

(2) All CYPA staff in youth programs are paid with APF funding through the UFM process because the program does not generate patron fees.

d. CYS is not operated to generate a profit within its own MDEP. Net Income Before Depreciation (NIBD) "Break Even" requirement is applied to CYS as a whole, i.e. a loss in CDC is balanced by a profit in SAC. Managers will use appropriate analysis of ratio sheets, Daily Activity Reports (DARs), Standard Management Information Reports for Finance (SMIRF), financial statements, labor scheduling tools, CYMS reports, etc. to maximize operational efficiencies.

e. CYS Facility and Program Directors are responsible for effectively managing and developing CYS business operations, to include:

- (1) Preparation and execution of the NAF budget.
- (2) Delivering negotiated spaces in all CYS programs.
- (3) Efficient staffing per the approved Enterprise Manning Document (EMD).
- (4) Efficiently scheduling staff to meet ratio requirements without over or under staffing programs.
- (5) Controlling costs and efficiently managing supply and food inventories.

f. CYS Facility and Program Directors will use daily, weekly and monthly data, financial and utilization data to manage resources and anticipate service trends.

3-2. CYS Cost per Space.

a. Costs per CYS spaces are within DoD and Army ranges as defined by funding by space amounts and associated allocation of spaces. Allocated spaces will reflect the local demand and capacity, and will be delivered spaces as negotiated between IMCOM Directorate (ID) and IMCOM HQ G9 staff. Funding will be determined based on the number of spaces allocated and the cost per space of each. Funding is aligned with quantifiable and objective measures of space delivery.

b. Cost per space includes labor costs and NAF revenue based on CYS standards and metrics, not actual costs which may vary due to application of the staffing template, staff: child ratios, core operating hours, CYPA FT/PT/Flex mix, benefits, salaries, and average CYS fees charged. Non-labor costs are based on actuals as reflected in the garrisons NAF income statements by General Ledger Accounting Codes (GLAC)-SMIRF.

c. Spaces meet the CYS metrics for age groups and program type (i.e. infant spaces = 15%, +/- 5%, preschool = 50% +/-5%, of CYS child care spaces, etc.) unless negotiated with ID and IMCOM HQ G9 based on local current demand and capacity conditions. This metric should allow program to break even.

(1) Deviation may result in financial hardship and not allow program to fill allocated spaces.

(2) Programs not in compliance with this standard must have a time line for when this will be corrected. For example, a temporary increase in infant spaces from 15% to 20% due to return from deployment should correct itself as the children age into toddlers and preschoolers. This is accomplished by only filling vacancies according to the current age of the children in care, i.e., an infant who is now a pre-toddler leaves. When the space is vacated, convert back to the original age group and fill.

d. Actual space delivery data is entered monthly into a designated CYS web-based reporting and management tool. The data on spaces filled is accurate based on CYMS reports and actual count of children/youth in each program.

e. CDC, FCC, SAC and YP programs maintain a daily participation rate of at least 90% of the facility/home/program funded spaces with enrolled children/youth.

f. To assist in minimizing the cost per space, the practice of “Compensatory Enrollment” will be implemented wherever possible in regularly scheduled programs (CDC Full-Day and Part-Day programs; SAC Before and After Schools programs and Summer Camps) to compensate for historical absenteeism that can reasonably be projected to continue at a comparable rate.

(1) CDC/SAC Programs may enroll up to 10% more children when documented evidence shows there are generally vacant spaces on a daily basis. Programs are to fully utilize spaces and not exceed existing staff/child ratios.

(2) Results will be rounded down to the lower whole number (e.g., 10% of 12 pre-toddler/toddlers = 1.2. Rounding down permits the program to enroll one, not two additional children).

(3) In the event that all children attend on the same day, an additional staff member must be brought in to meet the ratio. If the “over ratio” situation continues to occur, the module is over-enrolled and an additional staff member needs to be assigned until the number of children is reduced through attrition.

g. Ages will be mixed in each room (generally, 18 month age spans), to prevent multiple room and staff transitions for children. Programs will establish prescribed room modules utilizing an infant/pre-toddler ratio mix, pre-toddler/toddler ratio mix and preschool/pre-k ratio mix to allow children to transition when they are developmentally ready. Temporary exceptions may be made according to waitlist demands, safety, and developmental considerations (e.g., vacancy is for a pre-toddler, but only child on the list is a 12 month old infant).

3-3. Financial Management – Food Program.

a. All eligible programs participate in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Programs enrolled in the USDA CACFP are audited by a state or region USDA CACFP office or Army agency if approved by the state according to USDA requirements. Any findings identified during the audit will be corrected and corrective actions will be documented and maintained for review during inspections. All CACFP documentation is current, accurate and reviewed to ensure compliance with USDA regulations.

b. Standardized CYS menus will be implemented and where possible, bulk purchases and prime vendor contracts will be used to minimize food costs.

c. USDA expenses and reimbursement or OCONUS Food Program Dividend is accounted for in the program that incurred the reimbursement/expense.

d. Neither USDA nor OCONUS Supplemental Dividend Funds will be used for expenses already paid through UFM (USDA funds are appropriated funds and may not be used to “double dip”) or for positions/expenses not directly related to the food program. The USDA reimbursements can only be used towards a pure NAF expense related to the food program, such as cook’s salary or kitchen equipment/appliances. The cook position is “inherently NAF” and therefore, the labor cost for cooks cannot be coded under UFM except in the YC where there are no NAF parent fees to cover the cost.

e. Facilities with inadequate food storage/preparation areas may contract food service operations provided sanitary food service handling is ensured within the program.

3-4. Fee Policy.

a. The most current DoD and Army Fee Policies will be implemented. The annual Fee Review Reporting Tool and all other Fee Policy related Operational Guidance are posted for download from the CYS SharePoint site at https://army.deps.mil/army/cmds/imcom_G9/G9/CYS/Pages/Parent%20and%20Outreach.aspx

b. Patrons who choose to request a Financial Hardship Waiver will have their finances reviewed by an ACS Financial Counselor or a certified financial professional external to Family and MWR. Families whose child care fees are 25 percent or more of their TFI must be informed they are eligible to request a financial hardship waiver. Financial hardship waivers are validated at least every 6 months and may only be approved by the GC. CYS staff are not authorized to approve these waivers. Contractors and space available patrons are not eligible for hardship waivers, multiple child discounts or fee assistance and must pay unsubsidized child care fees. Fees

must be set as outlined in the current DoD fee policy. The number of hardship fee adjustments made are reported on the annual Fee Review Report.

c. DD Form 2652, Fee Application, will be used to calculate fees and will be maintained in the sponsors file at PCS. The CYS Coordinator or designee will verify all Total Family Income (TFI) calculations are correct and sign DD Form 2652. An annual audit of TFI calculations, eligibility and priority will be completed by an agency outside of Family and MWR.

d. Late payments for full or part day care will result in a notice of suspension of services when fees are not paid in full by the second billing date of the month. Services will be suspended by the last day of the month until fees are paid in full or a hardship waiver/payment plan has been approved by the GC. Services will be terminated when fees are not paid in full or a hardship waiver is not approved.

e. Operational hardships for staff fee reductions are only offered with an approved business case which must be submitted and reviewed annually. No additional funding is provided by IMCOM to offset this expense. Installations will re-apply with justification annually through the ID. All requests are approved/disapproved by IMCOM G9 CYS.

f. Additional fees for special events for youth programs will be locally determined.

g. Registration of children and youth for the CYSFP is conducted at Parent Central Services (PCS) or online via Webtrac. The Sports and Fitness fees will be paid at time of registration.

(1) Fees for Child and Youth Sports and Fitness are provided in the most current DoD and Army Fee Policies.

(2) A Multiple Child Reduction (MCR) is given to Families when more than one child is enrolled in any youth sport during the same sport season. Discounts for volunteer coaches are IAW the most current DoD and Army Fee Policy found at https://army.deps.mil/army/cmds/imcom_G9/G9/CYS/Documents/Forms/AllItems.aspx

(3) IMCOM will provide additional guidance on determining fees for team sports that are not listed in sports activity fee charts. A cost analysis of the activity is required.

h. An audit of the processes and procedures used to determine Total Family Income (TFI) and the assignment of child and youth fees must be conducted annually. For information on conducting the audit see the Army Child and Youth Annual Fee Audit Operational Guidance on the CYS SharePoint site.

i. Family Child Care (FCC) Subsidy Policies.

(1) All new FCC providers will participate in the FCC Subsidy and Support Incentive Program in order to receive subsidy. Existing FCC providers who are currently not receiving subsidies may continue to choose not to participate in the FCC provider Support Initiatives. Existing FCC providers who select not to participate in the Provider Support Initiatives will only receive RIMP and training support. Per the DoD Fee Policy, FCC Fees will be 15% below installation fees with the difference made up through the FCC Subsidy Program based on the availability of funds.

(2) All Families using FCC will enroll their children through the waiting list based on priority for care when one exists.

CHAPTER 4

Background Check Process

4-1. Prescreening and Assessment.

a. Personnel who regularly interact with children must be of good character, law abiding and fit to have responsibility for children. The Army must ensure the health, safety and well-being of children and reduce the risk for child abuse and neglect in all Army programs and activities.

b. Management, in coordination with the appropriate human resource office when applicable, is responsible for ensuring that an individual has the necessary skill sets for the position. Through review of the application/resume and related forms, personal interview, and professional reference checks, management will assess the individual's eligibility, qualifications, temperament and suitability for work with children. This screening process starts before the individual is selected/begins working with children.

(1) All decisions related to the selection of employees, contractors, specified volunteers and others will be supported by at least 2 references from previous employers.

(2) All decisions related to the selection of FCC providers will be supported by at least 2 references for each individual aged 12 and over residing in the home, as well as a reference from the Sponsor's Commander.

c. All potential personnel (excluding children residing in the FCC provider's home) are required to disclose previous arrests or charges and indicate if they have ever been convicted of any offense which would preclude their being hired or providing services in a DoD setting where they have regular contact with children. Basic Criminal History and Statement of Admission (DD Form 2981) must be completed by all individuals (excluding children residing in the FCC provider's home). Individuals must immediately self-report if they are charged with a crime referenced on the DD Form 2981 and complete an annual certification.

4-2. Background Check Requirements.

a. Individuals who regularly interact with children and youth in CYS programs are required to undergo specific initial background checks and periodic reverification. Background check requirements vary by type of position (employee, contractor, FCC provider and Household members, specified volunteers, others). See Table 4-1.

Table 4-1. Requirements for Initial Background Checks.

Personnel Category	IRC	FBI Fingerprint	Tier 1 with SCHR and/or INTERPOL*
Employees/Contractors	X	X	X
Specified Volunteers/All Other Categories of Individuals	X	X	
FCC Providers	X	X	X
FCC Household Members (ages 18 and older)	X	X	
FCC Household Members (ages 12-17)	X		

*If applicable

b. Preliminary Background Checks (PBCs) must be completed prior to working with children and include the following:

(1) Army Substance Abuse Program (ASAP). Checks the Drug and Alcohol Management Information System database to identify individuals who may have substance abuse issues. ASAP results should be returned within 5 days.

(2) Army Central Registry (ACR). Checks the central database for the Army-wide Family Advocacy Program to identify individuals who have been named as an offender in a case of Family maltreatment, to include spouse and child abuse cases. ACR results should be returned within 5 days.

(3) Army Law Enforcement (ALE). Checks the Army Law Enforcement Reporting and Tracking System (ALERTS) and the Army Crime Records Center (CRC) Defense Central Investigations Index (DCII) to identify individuals who are the subject of an offense. ALE results should be returned within 5 days.

(4) FBI Fingerprint check. FBI databases are searched to screen for arrests and dispositions of arrests and other information.

c. National Background Investigations Bureau Tier 1 (T1) Investigation, formerly National Agency Check and Inquiries (NACI). The T1 investigation includes a review

of the records of applicable federal agencies, written inquiries to current and past employers, schools, references, and local law enforcement agencies covering the past five years and if applicable, of the appropriate agency for any identified arrests. T1 investigations should be completed within 75 days.

(1) The T1 Investigation will include State Criminal History Repository (SCHR) checks. SCHR checks include the State child abuse and neglect repository and the State sex offender registry. SCHR checks will be conducted on every state where the individual has worked or lived within the past five years.

(2) INTERPOL checks will be included on the T1 Investigation when the individual has resided in a foreign country for any consecutive period of six months or more in the previous five years. The INTERPOL check searches international police records of participating member countries.

(3) Credit checks are required if the position has a fiduciary nexus. Credit checks verify the individual's financial status through a search of all three national credit bureaus covering the past seven years.

d. For Foreign National (FN) employees and contractors, refer to the most recent Army Directive.

e. Reverification of Background Checks. Background check requirements and reverification timeframes vary by type of position. See Table 4-2, Requirements for Reverification of Background Checks below.

Table 4-2. Requirements for Reverification of Background Checks.

Personnel Category	Timeframe	IRC	FBI Fingerprint	SCHR and/or INTERPOL*
Employees/Contractors	Every 5 years	X	X	X
Specified Volunteers/ All Other Categories of Individuals	Every 5 years	X	X	
FCC Providers	Annually	X	X	
FCC Family Members (ages 18 and older)	Every 5 years	X	X	
FCC Family Members (ages 12-17)	Every 5 years	X		

*if applicable

f. Unspecified volunteers are individuals who usually provide services that are shorter in duration than is required to perform a background check and not otherwise specified (for example, chaperoning a 1-day class trip or class party). These

individuals are not required to have background checks conducted and must always operate under Line of Sight Supervision.

g. As part of the background clearance check process, each CYS employee, DoD contractor, FCC Provider, adult family member of an FCC Provider, and specified volunteer must complete DD Form 2981, Basic Criminal History and Statement of Admission annually. Individuals must initially disclose requested information regarding criminal history and annually thereafter self-report changes to his or her criminal history. The form covers a period of five years at the end of which a new form must be initiated. This form will be initiated by Child and Youth Services and will be maintained in CYS program offices.

4-3. Identifying and Adjudicating Derogatory Information.

a. All background check results must be reviewed by the responsible office to identify derogatory information. Derogatory information is any information which may unfavorably impact suitability adjudication because of the nexus between the issue or conduct and the core duties of the position. IAW SECARMY guidance, all derogatory information must be reviewed, no matter how inconsequential or insignificant it may seem.

b. Final adjudication will be made at the required level IAW the most recent Army guidance.

4-4. Background Check Verification Checklist (BCVC) and Entrance on Duty.

The signed BCVC serves as documentation that all prescreening requirements and background checks are completed and favorably adjudicated. The BCVC must be on file before allowing an individual to work with children.

a. Specified Volunteers and others can begin working with children after favorable completion of prescreening and PBCs. Line of Sight Supervision (LOSS) is not required. A completed BCVC must be on file before the individual begins providing services.

b. Employees, contractors and FCC Providers can begin working with children after favorable completion of prescreening and PBCs. The individual is required to work under LOSS until favorable completion of the Tier 1 investigation with SCHR checks and/or INTERPOL. A preliminary BCVC must be on file indicating that the prescreening and PBCs have been favorably completed before the individual begins working under LOSS. A completed BCVC must be on file before the individual is cleared from LOSS.

c. In order to streamline the existing hiring process and expedite filling of vacancies, employees may be provisionally hired when their FBI Fingerprint check results and self-disclosure statements contain no derogatory information.

d. Provisionally hired employees will not work with children under any circumstances, even under Line of Sight Supervision, until:

(1) Personnel Security Investigation Center of Excellence (PSI-CoE) submits the completed SF85, SF85P, or SF86 questionnaire (including any required state specific fingerprints or releases to satisfy SCHR requirement). The requestor will receive the archival copy email of the SF 85, SF 85P, or SF 86 from PSI-CoE to review for completeness and accuracy.

(2) An interim child services suitability determination is rendered based on reviews of the FBI FP check results, self-disclosure statements and pre-employment documents, and IRC results.

(3) A favorable medical qualification determination is made and the results are returned to the Civilian Personnel Advisory Center (CPAC) for review and action.

4-5. Line-of-Sight Supervision (LOSS).

a. LOSS is a management tool used to monitor an individual for whom a substantial portion of the background check process has been completed and favorably adjudicated, which provisionally clears them to work with children and youth under the age of 18.

b. In programs other than Family Child Care, LOSS is operationally defined as providing oversight by means of the CCTV system, vision panels within interior walls and doors allowing for visual access of the occupied room, and/or utilizing a management level staff member to regularly monitor the individual while on duty. Individuals working under LOSS must be conspicuously identified by distinctive clothing, badges, wristbands or other apparent markings that are fully visible when viewed from all angles which will be covered by outerwear (e.g. coat on the playground, cardigan in the classroom, etc.)

c. In Family Child Care, LOSS is operationally defined as FCC Management Staff regularly monitoring the FCC home on a weekly basis. FCC Providers are not required to wear distinctive clothing, badges, or wristbands while awaiting the results of their Tier 1 investigation.

4-6. Tracking.

a. CYS managers are responsible for ensuring all required background checks have been documented on the BCVC before the individual begins working with children.

b. Managers must document ongoing follow-up with the appropriate agencies when background checks are overdue.

c. Child and Youth Management System (CYMS) is used to track background checks and ensure checks meet timeliness requirements. CYMS will be up to date and accurate.

Personnel Management

4-7. Recruitment.

a. CYS staffing will be managed IAW the established EMD approved for each garrison. The EMD is determined based on the number and type of program spaces delivered as outlined in Instructions for Staffing and Pay Setting in CYS, and the unique needs of the garrison. The Instructions for Staffing and Pay Setting in CYS can be found on the CYS SharePoint site.

b. If the CYS program is overstaffed, a plan will be developed to right-size staffing through attrition or reassignment to another position within the organization or FMWR. All vacancies will be reviewed to determine if a match exists between an excess staff member noted on the EMD for removal by attrition is eligible before recruiting the vacancy. To retain an excess employee the garrison must submit a business case with justification for retention showing how the cost of the employee will be absorbed without a detrimental effect on the program, or strategies for substituting another position in favor of keeping the current position.

c. When additional staff, FCC providers or volunteers are required, systems will be in place to recruit only the best qualified.

d. Recruitment actions are initiated and staff/providers are on board within a 60 day window. The 60 days begin when the hiring official submits a recruitment action to human resources.

e. Only authorized Position Descriptions will be used to recruit CYS employees. A list of authorized positions is in the CYS Guide to Staffing and Spaces. Authorized Position Descriptions can be found at the Fully Automated System for Classification (FASCLASS) website: https://acpol2.army.mil/fasclass/search/fs/search_naf.asp

f. When recruiting direct in-ratio staff, hours of operation and absenteeism must be considered. Therefore, recruiting sufficient numbers of direct in-ratio staff should ensure there are approximately one full time equivalent (FTE) Child and Youth Program Assistant (CYPA) for every 4.5 spaces in the Child Development Center; 1 FTE CYPA for every 7 spaces in a kindergarten/ school age combined facility; 1 FTE CYPA for every 9 spaces for a dedicated School-Age Care facility; and 1 FTE CYPA for every 15 spaces in a Youth Program.

g. All other staff are determined by the most current version of the IMCOM G9 Instructions for Staffing and Pay Setting in Army CYS or by approved variances as

authorized in the EMD. Salary will be set IAW the annual published Pay Lanes for CYS positions.

h. FCC providers are recruited when a documented need exists. Only the best qualified candidates willing to provide the services required should be recruited. For example, if the need is to increase infant spaces, recruiting providers only willing to care for preschoolers is not justified.

i. Programs will not operate unless sufficient management and direct in-ratio staff are present.

4-8. Retention.

a. Every effort will be made to retain trained, high performing staff. This is reflected by an annual turnover rate of less than 30% using the Annual Report Staff Report.

b. CYS managers may utilize available employee incentives as outlined in AR 215-3, Non-appropriated Funds Instrumentalities Personnel Policy, 16 Sep 2015.

c. To ensure that authorized recognition incentives are equitable across CYS, the CYS-specific Recognition Program will be used to reward CYS employees, providers and volunteers. The program includes both competitive and non-competitive awards. These standardized awards provide a method for recognizing individual accomplishments to be displayed publically. The requirements and procedures for obtaining the awards are available in the CYS Recognition Plan located on the CYS SharePoint site.

4-9. CYS Employee Assignment Tool (CEAT).

a. The NAF Personnel Policy and Programs Division has developed the CEAT IAW AR 215-3, para 2-4.b. (4). IMCOM Policy Memo 215-3-1, Implementation of Army Non-appropriated Fund (NAF) Child and Youth Services (CYS) Employee Assignment Tool (CEAT) enables current NAF employees in CYPA positions to voluntarily request a non-competitive transfer to another Army installation at the same grade and pay level when they are relocating. CEAT supports continued employment of CYPA by allowing transfer without a break in service or disruption to their career ladder.

b. The employee's training, certifications, current background checks, and medical screenings all transfer to the gaining installation to facilitate on-boarding without repetition of valid screenings. Employees can find information in on the tool, transfer information, and videos at <https://www.ako1.us.army.mil/suite/page/717005>. IMCOM Policy Memo 215-3-1, Implementation of Army NAF CYS CEAT can be found at https://army.deps.mil/Army/cmds/imcom_HQ4/G1/ASD/docs/Forms/AllItems.aspx

4-10. CYS Personnel Policies.

a. The employer's copy of staff personnel actions and FCC Director's copy of FCC provider records (DA Forms 5219-R, 5220-R, 5762-R and 5221-R) will be kept in the facility/program (records will be stored in a secure location with limited access).

b. Only standardized CYS PD will be used in conjunction with support pages on each position. PD and support pages are on file for each employee and outline specific job requirements and collateral duties. In instances where union or overseas work council agreements preclude the use of support pages, the standards will be included in the employees' performance standards. Support pages are located on the CYS SharePoint site at <https://army.deps.mil/army/cmds/imcomG9/G9/CYS/Pages/Workforce%20Development.aspx>

c. Hiring practices include reference checks, personal interviews and background checks for all categories of personnel. Staff compensation will be IAW the CYS Pay Lanes as contained in the latest version of the Instructions for Staffing and Pay Setting in CYS found on the CYS SharePoint site.

d. A paper copy of AR 215-3 will be made easily accessible to all staff to review, typically in the Staff Break Area.

e. Supervisors will meet at least twice a year with all employees to review job performance and document on DA Form 7222-1 or DA Form 3612. The ratings will be due on a specified date each year or on the anniversary date of the employee's service computation date, as determined by the servicing HRO.

(1) All employees will have written job performance standards.

(2) Satisfactory performance is determined based on management observations and employee compliance with expected performance standards.

(3) Staff and providers will be held accountable for successfully executing their duties as outlined in their performance plan. Failure to demonstrate on the job competence results in performance counseling and may lead to additional adverse actions IAW AR 215-3 (employees) at <https://www.abc.army.mil/NAF/AR215-3.pdf> and AR 608-10 (providers) at https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN3218_AR608-10_Web_FINAL.pdf.

(4) Staff at all levels will participate in their own evaluation and receive a written official annual performance appraisal within the prescribed period. Employees who demonstrate on the job competence receive awards, promotions, increased compensation, and commendations as appropriate.

(5) The CYSFP Director or designee provides periodic supervision during the season and written evaluation of coaches at the end of each sport they coach. National Alliance for Youth Sports (NAYS) has a website for coach's evaluation. Parents may evaluate coaches on the NAYS website:
<http://www.nays.org/rateyourcoach/>.

(6) Managers and Training Specialists will perform periodic spot checks on volunteers to ensure they are providing the services outlined in the volunteer agreement.

f. Upon termination of employment/provision of services, all CYS Staff and FCC Providers will complete an Exit Survey. Results of the survey will be reviewed by appropriate management staff to determine relevant information from the individual's perception that might be used by management to improve the program, increase employee/provider job satisfaction, improve working conditions, and/or reduce staff turnover. Standardized Exit Survey can be found on the CYS SharePoint site.

4-11. Child and Youth Personnel Pay Program (CYPPP).

a. The CYPPP, an Army update of Public Law (PL) 104-106, requires all direct in-ratio staff to receive compensation commensurate with the wages provided to other individuals working on Army installations in comparable positions.

b. CYPA pay increases and promotions are tied to successful completion of training and demonstrated competence within prescribed time frames. Evidence of completed training and demonstrated competence will be provided to NAF Human Resources Office (HRO) to justify non-competitive promotions. Additional factors for promotion include areas such as time and attendance, work ethic, and compliance with other non-training related employee performance standards.

(1) Entry level CYPA staff will receive promotions from CYPA-2 to CYPA-3 with a minimum of three months full time equivalency and a maximum of 6 months full time equivalency. Completion of training and competence also required.

(2) Skill level CYPA staff will receive promotions from CYPA-3 to CYPA-4 with a minimum of 12 months full time equivalency and a maximum of 18 months full time equivalency. Completion of training and competence also required.

(3) CYPAs will be promoted within two pay periods of meeting the requirements IAW NAF pay-band policies.

(4) Successful completion of training and demonstrated competence is a job requirement. If the employee fails in either of these areas, steps will be taken to separate or allow continued employment contingent upon completion of training and improved performance.

(5) New CYPAs will start at the highest rate of pay for which they qualify (CYPA-2, 3 or 4 depending on their qualifications, which includes education and experience).

(6) CYPAs transferring from other Installation CYS programs will be reinstated according to AR 215-3. Transferring employees on Leave without Pay (LWOP) will be reinstated at equivalent pay rates as previously held and at the same level (Entry, Skill, or Target). CYPAs formerly in a benefit status should be placed "with benefits". Staff records will be transferred via Global Data Transfer (GDT) in CYMS.

(7) Time in grade and successful completion of training are transferable between facility-based and FCC programs, i.e. a Fully Certified FCC provider with a CDA credential and appropriate experience is qualified to apply for a Program Lead position. A Skill Level CYPA may transfer to FCC as fully certified vs. provisionally certified, provided training requirements are met.

(8) Flex employees are eligible to become regular part time (RPT) and regular full time (RFT) employees without having to complete Foundation Training.

c. Seventy-five percent (75%) of the program's total labor hours are paid to direct program staff who are in benefit status. Flex employees will be used only for limited time periods to substitute for regularly scheduled staff.

4-12. Army Risk Management Program (RIMP) for Family Child Care Providers.

a. RIMP is a fund established to pay parental claims arising from the death of or injury to, a child in the care of a FCC provider based on a negligent act (something done), or an omission (something not done) by an FCC provider.

b. All on-post providers must enroll in the RIMP Program as a condition of certification annually. Currently, the cost of RIMP is borne by the Army and is a benefit to providers.

c. All provisionally and fully certified FCC providers, including approved substitute providers and authorized members of the household living in government-owned or leased quarters, are covered.

d. Once enrolled, providers are given a RIMP Certificate which must be posted in the home to inform parents the provider is currently covered under RIMP.

e. RIMP is not a substitute for private insurance. Therefore, all providers should be encouraged to seek their own private insurance.

4-13. CYS Program Oversight.

a. The following procedures apply to ensure sufficient staff are available to provide program oversight:

(1) A Facility Director/Program Manager or Assistant Director will be on duty at all times in a CDC/SAC/YP facility. A Supervisory Program Specialist (SPS) may be non-routinely left in charge. In an Instructional Program operating in its' own CYS facility, one CYS staff member must be in the facility during the time of the class. In a non-CYS operated facility there must be two adults, one of which may be a parent.

(2) When a Facility Director, Program Manager, Assistant Director or SPS is not available, a CYPA 5 LEAD or Education Technician, Pre-K Program Associate, Homework/Tech Lab Associate or other CYS Garrison Management staff may act as the manager, on a non-routine basis, when fewer than 15 children are present. A Training Specialist should only act in lieu of a management staff when no others are available. For "non- traditional" staff to act as a manager, it will be added as a "non-routine duty" on the support page.

(3) In programs open only Monday – Friday, the Director or Assistant Director will be scheduled to open or close the facility on a regular basis. The SPS is not used for opening or closing in lieu of the Director or Assistant Director, but may do so intermittently.

(4) CYSFP staff are on duty at all times when youth are participating in sports and fitness programs. "On duty" does not require a paid staff member at every field. CYSFP staff will conduct daily random checks of sports fields, courts, etc., and be available to coaches by cell phone.

b. Program Associates, Lead CYPA and Primary CYPAs will be part-time or full time employees. A Lead CYPA is authorized for every four (4) ratios of children in the CDC. On a case by case basis, when a program has a positive NIBD, additional Lead CYPA staff may be authorized on the EMD with permission of IMCOM G9 CYS.

c. To ensure sufficient staff are available to maintain adequate staff/child ratios, and that breaks, lunches, training time and planning time are considered when staffing, the following procedures apply:

(1) Direct-care employees working in the CDC will have one (1) hour for planning time per week and one (1) hour of training time per week. Training time includes only CYS training requirements. Installation training requirements (i.e. SHARP, TARP, Cyber-Awareness) will require additional time to complete.

(2) All Lead CYPAs/Program Associate Strong Beginnings teachers will have two (2) hours for planning time per week and one (1) hour of training time per week.

(3) Training time may be scheduled in 1, 2, 3, or 4 hour blocks each month and will focus on CYS training content. The training time is intended to allow the direct-care employee's undivided attention to be focused on the training.

(4) Staff who work more than four (4) hours will receive a 15 minute paid break. The break may not exceed 15 minutes during each 4 hours of continuous work and cannot be a continuation of lunch.

(5) Staff working more than 6 hours will receive a 30 minute non-paid lunch break, except during a field trip where no breaks are given. Instead, during the field trip, staff will be paid for a 20 minute on the job lunch period.

(6) Direct-care employee lunches are not scheduled during child lunch periods. Whenever possible, direct-care employee lunch breaks may take advantage of the “double the ratio during naps” provision in rooms where all children are over 24 months, as long as staff remain on the CYS premises.

(7) Whenever possible, SPS staff, required to be in classrooms 50% of the time, will be the primary source to maintain ratios when staff are on a break or at lunch. Trainers and Directors will be used in ratio only during short term emergencies (less than 2 hours per day on a temporary basis). When no CYPA staff are available, SPS staff are the first choice for emergency back-up care followed by Assistant Directors, Directors then Trainers.

(8) Work schedules and child ratios (using standard form) will be documented daily and analyzed monthly by Directors, Assistant Directors and SPS staff, and analyzed quarterly by the Facility/Program Director. Permanent changes to the schedule occur as trends develop with proper notification to the union or overseas work council.

4-14. Child:Adult Ratios.

a. Installation programs will utilize the CYMS Labor Scheduling Tool or any authorized equivalent updates to schedule staff, particularly in-ratio staff.

b. Staffing will be kept at ratio at all times.

c. Staff to child/youth ratios in Table 4-3 will be maintained at all times of the day, indoors and outdoors with exceptions as outlined in Table 4-4 on the next page. Standardized IMCOM ratio sheets will be used for each program.

Table 4-3. CYS Ratio Facility Requirements.

Age Group	Age	Staff: Child/Youth Ratio
Infants	6 weeks to 12 months	1:4
Pre-toddlers	12 months to 24 months	1:5
Toddlers	24 months to 36 months	1:7
Preschoolers	36 months – 5 years of age	1:10
Kindergarten	Kindergarten (ages 5 – 6)	1:12
SAC co-mingled with Kindergarten	Grades K – 5	1:12
SAC	Grades 1 – 5	1:15
Youth	Grades 6 - 12	1:15

Table 4-4. Other Ratio Requirements.

Compensatory Enrollment	Allows for the over-enrollment of up to 10% of children in a classroom or SAC facility when documented evidence suggests almost daily absenteeism. Occasionally all children will be present. When this happens, additional staff will be brought in to meet the prescribed ratios within one hour. Compensatory enrollment and daily vacancies may be used to provide hourly care. Not permitted in infant/pre-toddler classrooms.
Nap Time	Ratios for children over 24 months may be doubled during nap time as long as the other CYPA remains in the building to assist with emergencies. For pre-toddler/toddler rooms where there are children 23 months and younger, the ratios cannot be reduced during nap.
Instructional Classes	Follow professionally accepted practices with consideration given to ages and skill levels of participants and type of instruction being provided. At no time will the ratios listed in Table 4.3 be exceeded.
Sports	Follow the adult to child/youth ratios defined by the national governing body rules for each sport; volunteers may be used to meet the ratios.
Resident Camps	Follow the American Camping Association adult to youth ratios. Only adult employees/contractors are used to meet the ratios.
Field trips and Tours (including bus transportation)	Normal staff ratio for age group per Table 4.3 is supplemented by adult employees and volunteers to reduce overall group size, especially for off post trips. Additional volunteers to supplement the ratio are NOT required for routine trips to and from school or other CYS/MWR facilities.

d. Ratios in Table 4.3 cannot be decreased to accommodate children/youth with special needs unless required by law, or worked through an Exception to Policy with IMCOM. Volunteers or other non-CYS staff not paid with CYS funding may be used to supplement but not replace the ratio when required.

e. All rooms in a CDC will be multi-aged with a minimum age span of 18 months except children enrolled in Strong Beginnings Pre-Kindergarten programs who must all be eligible to attend kindergarten the following school year.

(1) Maximum group size is limited to two ratios of children/youth (e.g. two ratios of preschoolers = group size of 20; a ratio of infants and a ratio of pre-toddlers = a group size of 9). Ratios are not lowered when combining multi-aged children, as authorized in DoDI 6060.02.

(2) In standard design facilities constructed for 30 preschoolers the third ratio group of 10 children must have a clearly divided space and basic interest areas separate from the group of 20 children, as outlined in the CDC Space Census Course and materials.

(3) Group sizes will be met at all times except during playground periods and special activities. Sufficient staff will be on the playground to meet ratios at all times.

(4) Personnel in direct care of children/youth have primary responsibility and accountability for a specific group of children.

(5) In CDC when one staff member is alone in the room with a single ratio of children (or during naptime if ratios are doubled), they will be monitored through CCTV, visual access panels, or management level staff regularly monitoring the individual. The location of the CCTV will allow for easy monitoring by various people as the view rotates.

f. For SAC, the accountability/choice/locator board will be used to allow children to have a modified level of freedom. SAC is staffed according to the total number of youth attending the program and in the building, not by individual rooms. The maximum SAC group size is 30 children. Ratios apply to the entire facility, not to a single activity area. Staff should adjust as needed to provide adequate supervision of children as they flow through the program. CCTV one staff member is alone in the activity area, they will be monitored through CCTV, visual access panels, or management level staff regularly monitoring the individual. The location of the CCTV will allow for easy monitoring by various people as the view rotates.

g. YC are staffed according to the total number of youth attending the program and in the building, not by individual rooms. When one staff member is alone in the activity area, they will be monitored through CCTV, visual access panels, or management level staff regularly monitoring the individual. In YC settings, adult staff-to-youth ratios apply to the entire facility, not to a single activity area. Only those staff members who have direct supervisory responsibility for youth may be counted in adult staff-to-youth ratios. Youth are not required to be maintained in groups of 15, but may move freely within the facility. To protect the health and safety of youth, and to ensure developmental programming and positive youth/adult interaction, a sufficient number of CYS personnel will be present at all times.

Table 4-5. FCC Home Ratios and Group Size

Home Type/Setting	Age Group	Group Size	Adult/Child Ratio
*Multi-age	4 wks-12 yrs.	6	1:6
Infant/Toddler	4 wks-3 yrs.	3	1:3
School-age	5 yrs.- 12 yrs.	8	1:8

Notes: Provider's own children under the age of 8 yrs. count in all ratios except school-age homes where provider's own children under the age of 12 count.

* Age group may include only two children under 2 years of age.

h. For FCC, each provisionally and fully certified home will be authorized a maximum number of children who may be accepted at any one time for full-day, part-day or hourly care (Table 4–5). This total may be restricted locally, based on the size of the housing unit.

(1) For multi-age homes: In an FCC home in which one FCC provider cares for children of all ages (4 weeks through 12 years), the group size at any given time will not exceed 6. No more than 2 of these children may be under 2 years of age. The FCC provider's own children under age 8 will count toward the group size requirement.

(2) Infant/toddler homes: In an FCC home in which one FCC provider cares for children who are all under 2 years of age, the group size at any given time will not exceed 3. The FCC provider's own children under 8 years will count toward the group size requirement.

(3) School-age homes: In an FCC home in which one FCC provider cares for children who are all enrolled in kindergarten or elementary school classes, the group size at any given time will not exceed 8. The FCC provider's own children 12 years and younger will count toward the group size requirement.

i. Adult staff may not be counted in the adult staff-to-youth ratio unless they are physically present and provide direct service to youth. Staff will be 18 years of age or older in order to be counted in ratio.

j. In the CYSFP, appropriate youth/adult ratios are maintained 100% of the time during all sports and fitness programs' IAW the national governing body for each specific type of sport. The specified volunteer is the adult in the ratio.

k. While Homeschool children are using a CYS facility outside of normal CYS activities, parents or designated Homeschool Group Leader will stay on site.

4-15. Employee Relations.

a. The CYS Coordinator will create an Employee Handbook to familiarize employees with the components and basic policies of CYS Programs and to provide employees with guidelines for personal conduct. The handbook will be reviewed and approved for use by the HRO, Staff Judge Advocate (SJA), Employee Assistance Program (EAP), Equal Employment Opportunity (EEO), and the local union or overseas work council. Employees will be required to read the Employee Handbook carefully, referring to it as needed as a valuable resource for understanding the organization and the mission. Within their first week of employment, after reading the handbook, employees will sign an acknowledgement indicating that they have read and understood the Employee Handbook. Employee Handbook topics will address:

- (1) CYS Mission.
- (2) CYS Vision.
- (3) CYS Goals.
- (4) Chain of Command.
- (5) Customer Service – Customer Pledge from Operation Excellence (OPEX) training.
- (6) Time and Attendance (Schedules, Check In/Out, Punctuality, Mission Essential Personnel, Overtime/Compensatory Time, Sick Leave, Annual Leave, Call outs, and who to contact in event of illness or emergency).
- (7) Scheduled Breaks (Rest Periods, Lunch Periods).
- (8) Training Requirements (Training plan, Quarterly reviews, Observations and Promotion tied to successful completion of training with documented competency).
- (9) Positive Guidance and Appropriate Touch.
- (10) Professional Development (Position Description, Career Development, Performance Standards and Ratings).
- (11) Orientation Checklist.
- (12) Occupational Health requirements such as TB Tine, Medical clearance examinations, Influenza immunization.

(13) Attire/Personal Hygiene.

(14) Communication.

(15) Transportation of Children.

(16) For APF: Civilian Corps New Employee Handbook / For NAF: Non-Appropriated Fund Employee Handbook which can be found on the CYS SharePoint website.

(17) Employee wellness programs.

(18) Child abuse reporting, and rights when accused.

(19) Whistleblower protections.

b. Commanders and supervisors are reminded to fulfill all applicable labor relations obligations. Consult with the local HRO Labor Management Employee Relations (MER) Advisor.

c. Collective Bargaining (CB) is a process of good faith negotiations between employers and the exclusive representative of a group of employees aimed at reaching agreements that regulate working conditions. It is defined as, “the performance of the mutual obligation of the representative of an agency and the exclusive representative of employees in an appropriate unit in the agency to meet at reasonable times and to consult and bargain in a good-faith effort to reach agreement with respect to the conditions of employment affecting such employees and to execute, if requested by either party, a written document incorporating any collective bargaining reached, but the obligation referred to in this paragraph does not compel either party to agree to a proposal or to make a concession.” U.S.C. § 7103 a (12). Managers should review any collective bargaining agreements affecting their employees when they begin working at a CYS activity. In the case of Army CYS, the interests of the employees are commonly represented by a union or overseas work council to which the employees belong. The interests of CYS are usually represented by a management team including an MER Specialist from the local Civilian Personnel Advisory Center (CPAC) and supervisors or managers from the relevant CYS activity.

(1) The Collective Bargaining Unit addresses members’ “conditions of employment.” “Conditions of employment” are “personnel policies, practices, and matters, whether established by rule, regulation, or otherwise, affecting working conditions, except that such term shall not include policies, practices, and matters relating to political activities, relating to classification of any position, or specifically provided for by Federal statute.” (See Antilles Consolidation Education Association 22 FLRA 235 (1986)). Examples of conditions of employment which may be subject to substantive or implementation bargaining includes:

- (a) Working hours/changes in schedule.
- (b) Training.
- (c) Overtime.
- (d) Grievance mechanisms.

(2) A collective bargaining agreement (CBA) is usually in force for a fixed term of years. When that term is up, it is typically renegotiated. Sometimes there are disputes over whether one side or the other is complying with the CBA. If these cannot be resolved, arbitration typically ensues. Arbitration may be similar to an informal court hearing. An arbitrator then rules on whether the agreement has been breached and orders a remedy if breach has occurred.

(3) It is of utmost importance that CYS works in earnest with the union or overseas work council, where a duty to bargain exists, to ensure program success and to ensure management does not commit unfair labor practices. Sometimes the “Art of Compromise” will be used to ensure a “win-win” situation and ensure fair and equitable management-employee relations. The CBA should not be contrary to law and should not impact management rights.

(4) Areas that typically require careful bargaining include:

(a) Staff scheduling. CYS programs set work hours and may temporarily or permanently change employee work schedules or duty station to meet the mission. Notifications of impending changes are required. There should be a clause indicating that during emergency situations, an employee may have to work additional hours or in a different work setting.

(b) CYS standards require a 15 minute paid break after four hours of work, and a non-paid lunch break after six (6) hours of work (typically 30 minutes, although 60 minutes is allowed). Most CBAs include this provision.

(c) In programs where there are many Flex employees, the CBA may have a clause requiring all flex employees to receive approximately the same number of hours per week.

4-16. CYS-Branded Apparel.

a. The CYS Coordinator will maintain a professionally-attired, readily-identified workforce that promotes staff continuity and workforce pride. CYS Program Directors will make reasonable provisions for turn-in and re-issue of CYS-branded apparel due to normal wear and tear at no cost to the employee. CYS-branded apparel replacement due to staff member negligence shall be at the staff member’s expense.

b. The appropriate CYS logo for branded apparel can be found on the MWR Brand Central <https://www.mwrbrandcentral.com/print-web-materials/category/cys>.

(1) Individuals working under LOSS will be conspicuously identified by means of distinctive clothing (identifiable colors) that is completely visible when viewed from all angles.

(2) The Installation CYS program will have the option of using a local vendor of their choice to purchase uniforms.

(3) All CYS direct in-ratio staff will have an appropriate colored uniform. Installation CYS will choose what uniform the programs will wear. Suggestions for uniforms are aprons, scrub top, smocks, polo shirts (short or long sleeve), jackets, or caps. Installations will make an installation-wide decision on the uniform types for consistency across the programs.

(4) CYS Management staff will adhere to an appropriate business casual dress code (slacks/skirts; jackets/sweaters/shirts/blouses. No tie required) four days per week, Monday – Thursday. Management staff may wear CYS-branded apparel on dress down day which is usually authorized on Fridays. When appropriate, there may be days when more casual clothing may be worn to facilitate participation in special occasions or activities.

(a) Management staff will wear a distinctive Family and Morale, Welfare and Recreation Brand* name plate or equivalent on their clothing.

(b) In the event CYS management staff are used in ratio at their facilities/ programs, the staff member will wear the appropriate color uniform if they are cleared (GREEN) or under LOSS (RED).

(5) The CYS Nurse may wear medical scrubs in the appropriate color for cleared (GREEN) or under LOSS (RED).

(6) Unspecified volunteers working under LOSS will be conspicuously identified by means of distinctive clothing (identifiable colors), colored armbands or other apparent markings that are completely visible when viewed from all angles.

Table 4-6. CYS Uniform Guide.

Staff Position	Cleared	Under LOSS
CDC/SAC/YP CYPAs	GREEN	RED
CDC/SAC/YP LEAD CYPAs (If Garrison so chooses)	BLUE	RED

Table 4-6. CYS Uniform Guide Continued.

Staff Position	Cleared	Under LOSS
Homework/Lab techs/Contractors/Instructors. CYSFP staff	GREEN	RED
Management Staff (Coordinator, Program Operations Specialist, CYS Administrator, FCC Director, Community Based Program Manager, Parent & Outreach Services Director, Facility Directors, AD, SPS, Site Directors, CYS Specialist, FTS, SLO, Nurse, Training Specialists, MFLC, etc.)	GREEN Dot on Name badge or GREEN lanyard	RED Dot on Name badge or RED lanyard
Cooks	GREEN Armband over Chef Coat sleeve	RED Armband over Chef Coat sleeve
Support Staff (Admin, Clerks, Janitorial, Maintenance Worker)	GREEN Dot on Name badge or GREEN lanyard	RED Dot on Name badge or RED lanyard
Specified Volunteers	GREEN	

c. Requirements for Wearing of Apparel. The number of uniforms issued to staff will be determined by the installation. Staff will wear uniforms only to/from work and while on duty. CYS-branded apparel will look clean, crisp and professional and be without holes, bleach stains or rips. Issued apparel may not be altered in any way (e.g., paint, marker, or Installation information/logos). Apparel may be laundered at the CYS facilities that have washers/dryers or be taken home to be laundered.

(1) CYS-branded apparel may be worn on field trips for CYS CONUS staff. Due to OCONUS Force Protection guidelines, uniforms and identifying name tags will not be worn on off post field trips for OCONUS CYS staff.

(2) When managers/CYPAs are serving as temporary or substitute kitchen staff, they will wear the **RED** bib apron/smock if under LOSS and **GREEN** bib apron/smock if cleared.

(3) In-ratio staff conducting outside activities in weather that may require a protective covering (coat, raincoat, jacket, hat, etc.), should wear the appropriate color (cleared - **GREEN** or under LOSS – **RED**) armband over the sleeve of their protective covering while outside.

(4) Sports and Fitness staff, coaches, instructors and volunteers, regardless of the environment, will be identifiable (name, position, and LOSS status). Identification will be obvious, using appropriate color armband or other means to designate and identify name, position and LOSS status. Coaches and volunteers will not be identified as such until all background check requirements have been met.

(5) The garrison may choose to allow Lead CYPA who are LOSS cleared to wear **BLUE** identifying apparel.

d. **Personal Appearance.** Each staff member/volunteer/contractor will contribute to the overall positive image of the CYS, especially during working hours. Appropriate attire, properly worn enhances the staff member's image and that of the CYS Program. Clothing worn is to be non-offensive to others, neat, clean and free of defects. Attire will be suitable and approved for the environment. A professionally-attired and readily-identifiable CYS workforce positively affects customer service. Staff members who are issued CYS-branded apparel or ID armbands (for outerwear) will wear the designated attire during work hours.

e. Nametags with first and last name that are easily visible (at adult eye-level height) and worn on the right side of the CYS-branded apparel or attire. Name badges/ plates are worn correctly on the right side of the chest so the person shaking hands or greeting has easy eye contact with both the person and the badge as a way to help remember the name.

f. Footwear will allow staff to be active with children/ youth (including running), participate in activities inside and outside, and supervise children/youth for their safety and well-being. Covered toes, enclosed heel or with a strap, non-slip comfortable shoes will be worn. Due to safety issues, flip-flops and open-toe shoes are not to be worn by CYS staff in order to prevent accidents on the job. High heels are not appropriate for the activity rooms, playground, or field trips. An employee who is unable to wear covered shoes because of a medical reason will have a doctor's note on file. Sports and Fitness staff should wear applicable footwear based on activity or event staff is supporting. For example, tennis shoes for indoor events, sandals for pool and beach events, boots for lining of fields, etc.

4-17. Use of Electronic Devices.

a. CYS personnel responsible for overseeing the safety and well-being of children/youth will not use any government or personally owned electronic device for personal use while in an "in ratio" or "on call" status (to include, but not limited to: cell phones, IPODs, tablets, laptops, smart phones, land-line phones, smart watches, etc.). "On Call" status refers to employees who may need to respond to a child/youth in an emergency situation such as the nurse. These items may be brought to work but they will be turned off and remain in storage until on break or during lunch. No hands-free device (Bluetooth) will be used. Cell phone messages, emails and Social Network posts may only be accessed and returned during breaks.

b. Cell phones may be used on field trips for emergency situations.

c. Messages will be taken at the reception desk for employees receiving personal phone calls. If an employee receives an emergency call, they will be notified immediately.

d. Only CYS owned devices (tablets, digital cameras) are to be used for taking photos in CYS programs. At no time will personal devices be used for work purposes.

e. Photos of CYS children will not be posted on personal social media accounts.

Training

4-18. Training: Direct Care Employees and FCC Providers

a. All CYS direct-care employees and FCC providers will complete the Army approved/standardized training program applicable to their position. The intent of the training program is to ensure direct-care employees and FCC providers demonstrate competency in the provision of child/youth care and education

b. All direct-care employees and FCC providers will complete the following training IAW the most current standardized Individual Development Plan (IDP) requirements. Training will be documented on the IDP and in CYMS by the Training Specialist or administrative assistant. (Training requirements will not require repeating when transitioning to a new position or duty station).

(1) Orientation Training: All newly hired direct-care employees will, at a minimum, complete an Overview of all Orientation Training topics (8 hours) and 16 hours of Supervised Work Experience prior to working in ratio with children/youth. (FCC providers do **not** have the option to complete only an overview prior to working with children).

(a) All newly hired direct-care employees will complete the full Orientation IDP training requirements within 90 days of employment.

(b) All FCC providers will complete the full Orientation IDP training requirements prior to accepting children into care.

Table 4-7 Orientation Training Mandatory Topics (Per local requirements or standardized CYS training materials).

1. Working with children of different ages including developmentally appropriate activities and environmental observations.
2. Age appropriate guidance and discipline techniques.
3. Applicable regulations, policies, and procedures.
4. Child safety and fire prevention.
5. Child abuse prevention, identification, and reporting.
6. Parent and family relations.

Table 4-7 Orientation Training Mandatory Topics (Per local requirements or standardized CYS training materials Continued.

7. Health and sanitation procedures, including Bloodborne pathogens, occupational health hazards for direct care personnel, basic principles of food safety, and recognizing symptoms of illness.
8. All staff working with children will maintain a current CPR and First Aid certification. Pediatric CPR (with rescue breaths) and First Aid is required for staff working with children up to 8 years.
9. Safe infant sleep practices and the prevention of SIDS.
10. Nutrition, obesity prevention, and meal service.
11. Working with children with special needs.
12. Accountability and child supervision training.
13. For FCC providers only, infant and child (pediatric) CPR (with rescue breaths) and First Aid will be completed before accepting children for care. Training will be updated as necessary to maintain current certifications.
14. For FCC providers only, training in business operations.

(2) Foundation Training: All direct-care employees will complete Army Foundation Training utilizing standardized training materials based on the 13 Functional Areas as defined by the Council on Professional Recognition. The Functional Areas define skills each direct-care employee or FCC provider must understand and demonstrate in order to be considered competent in working with children/youth.

(a) Entry Level Training will be completed within the first six months of employment.

(b) Skill Level Training will be completed within the first 18 months of employment.

(c) Foundation Training is considered complete when the direct-care employee or FCC provider has completed all training requirements as indicated on the Foundation Training IDP and demonstrated competency in all required baseline skills.

(d) Provisional FCC providers are promoted to Fully-Certified providers between 6-12 months of provision of care or removed from the program. Completion of Skill Level training is NOT a requirement for FCC Full Certification.

(3) Annual Training: Direct-care employees and FCC providers will complete 24 hours of annual training, to include:

(a) Food Service Sanitation.

(b) Positive Guidance and Appropriate Touch.

(c) Child Abuse Prevention, Identification & Reporting.

- (d) Accountability and Supervision of Children and Youth.
 - (e) Promotion of Health: Bloodborne Pathogens.
 - (f) Recognizing Symptoms of Illness: Communicable Diseases.
 - (g) Administering Medication.
 - (h) Rescue Medication.
 - (i) Safe Infant Sleep Practices, Sudden Infant Death Syndrome Prevention & Tummy Time (Required for CDC & FCC only).
 - (j) Working with Children with Special Needs.
 - (k) Emergency Preparedness/Procedures: Fire Prevention (includes extinguisher training).
 - (l) Adult and Pediatric CPR (with rescue breaths) (every 2 years).
 - (m) First Aid (every 2 years).
 - (n) A minimum of two additional professional development trainings are required to satisfy the 24 hour annual training requirement.
- (4) Credentialing: The Training Specialist is responsible for ensuring there is a viable system in place for direct-care employees and FCC providers to obtain and maintain credentialing.
- (5) Leader Excellence and Development (LEAD) Training: Lead CYPAs will complete the LEAD Training within 12 months of filling the Lead position. The LEAD Training includes the following courses:
- (a) Your Role as a Lead CYPA.
 - (b) Building Resiliency.
 - (c) Improving Communication.
 - (d) Serving Customers.
 - (e) Promoting Diversity.

- (f) Assessing Program Quality.
- (g) Identifying the Lead CYPA Critical Duties.
- (h) Teaching with Intention.
- (i) Navigating your Career.

4-19. Training: Managers and Specialists.

Managers and Specialists will complete training IAW the most current CYS Manager/Specialist IDP. Supervisory Program Specialists must complete the direct-care orientation and foundation training prior to completing the Manager/Specialist IDP. Training Requirements for Managers and Specialists include:

- a. Food Service Sanitation.
- b. Positive Guidance and Appropriate Touch.
- c. Child Abuse Prevention, Identification and Reporting (includes Standards of Conduct).
- d. Accountability and Supervision of Children and Youth.
- e. Promotion of Health: Bloodborne Pathogens.
- f. Recognizing Symptoms of Illness: Communicable Disease Training.
- g. Rescue Medications.
- h. Developmentally Appropriate Practices/Youth Development and Programming.
- i. Safe Infant Sleep Practices, Sudden Infant Death Syndrome (SIDS) & Tummy Time.
- j. Working with Children with Special Needs.
- k. Emergency Preparedness/Procedures: Fire Prevention (includes extinguisher training).
- l. Adult and Pediatric CPR (with rescue breaths) (every 2 years).
- m. First Aid (every 2 years).

- n.* Program Administration and Financial Management (Supervisors only).
- o.* Staff Development and Personnel Management (Supervisors only).
- p.* Principles of Adult Learning (Training Specialists only).
- q.* Parent Involvement and Family Relations (Youth Managers/Trainers only).

r. In addition to the required annual training identified above, Managers and Specialists must complete a minimum of 2 professional development trainings annually in order to satisfy the 24 hour minimum required.

4-20. Training: Support Staff.

A written training plan (IDP) is in place to ensure support staff (administrative assistants/clerks, cooks, maintenance workers, etc.) receive the required training as designated for their position. All support staff must complete the following training within 90 days of employment and annually thereafter:

- a.* Positive Guidance and Appropriate Touch.
- b.* Child Abuse Prevention, Identification, and Reporting (includes CYS Standards of Conduct).
- c.* Promotion of Health: Bloodborne Pathogens.
- d.* Recognizing Symptoms of Illness: Communicable Diseases (every 3 years).
- e.* Fire Prevention (includes extinguisher training).
- f.* Food Safety (Cooks only).
- g.* Food Protection Manager Certificate (Cooks only) (every 4 years): While there are additional authorized certification agencies, the most commonly used in the Army is ServSafe. A Registered Proctor administers the ServSafe Food Safety Manager Certification Exam in both online and print formats.
- h.* Working with Children with Special Needs: Allergies (Cooks only).
- i.* In addition to the required annual training listed above, each support staff must complete a minimum of one job related training specific to their position.

4-21. Training: Volunteers and Contractors.

All Volunteers and Contractors must complete training requirements as designated on the CYS Volunteer and Contractor IDP. Instructional Programs personnel who enter CYS as a contractor or volunteer will complete the Contractor/Volunteer IDP. (Instructional Programs personnel who enter CYS as a NF-3 will complete the direct-care training plan). Volunteers and contractors will complete the following trainings prior to beginning contract or volunteer services and annually thereafter:

a. Child Abuse Prevention, Identification, and Reporting with Standards of Conduct.

b. Review of Applicable Regulations.

c. The Role of the Contractor/Volunteer.

d. Positive Guidance and Appropriate Touch.

e. Child/Youth Safety and Health: Bloodborne Pathogens.

f. Adverse Weather Conditions (heat/cold/severe weather).

g. Fire Prevention and Evacuation Procedures.

h. Age Appropriate Guidance and Learning Activities.

i. Safe Infant Sleep Practices and the Prevention of Sudden Infant Death Syndrome (SIDS) (for volunteers/contractors working in the CDC).

j. Concussion Training (Sports Volunteer only) and provide certification of completion to the CYS Fitness Program Director.

k. Citizen CPR (compression only) and First Aid (Sports Volunteer only).

l. NAYS Coaching Training to include coaching youth sports, sport specific training, and code of ethics (Volunteer Coaches and Assistant Coaches only).

Table 4-8. Health Training Frequencies.

	Initial	Annual	Year 3
Administering Medication (Taught by CYS Nurse or APHN)	Direct Care employees, FCC Providers, and “medication designees” Managers and Training Specialists	Employees serving as “medication designees” and FCC Providers Managers and Training Specialists	Direct Care employees not serving as a medication designee
Rescue Medication (Taught by CYS Nurse or APHN)	Direct Care employees and FCC Providers Managers and Training Specialists	Direct Care employees and FCC Providers Managers and Training Specialists	
Promotion of Health: Bloodborne Pathogens (Taught by CYS Nurse, APHN, or Training Specialist)	Direct Care employees and FCC Providers Managers and Specialists Support Staff Volunteers/Contractors	Direct Care employees and FCC Providers Managers and Specialists Support Staff Volunteers/Contractors	
Recognizing Symptoms of Illness: Communicable Diseases (Taught by CYS Nurse or APHN)	Direct Care employees and FCC Providers Managers and Specialists Support Staff	Managers and Training Specialists	Direct Care employees and FCC Providers Specialists Support Staff
Diabetes Training (Taught by CYS Nurse or APHN)	Direct Care employees and FCC Providers providing care for a child with diabetes Managers and Training Specialists assigned to a facility with a child with diabetes		
Diabetes Test/Competency Check (Taught by CYS Nurse or APHN)		Direct Care employees and FCC Providers providing care for a child with diabetes Management	

4-22. MG Robert M. Joyce School for Family and MWR (SFMWR).

a. The SFMWR requires specific training to be completed by all FMWR employees commensurate with their job responsibilities. These courses are listed in the CYS training and development plan guidance and enrollment information may be obtained by visiting the SFMWR website.

b. This curriculum documents a structured, progressive, and sequential approach to employee development within FMWR. The curriculum identifies training and development needed to sustain and improve the FMWR workforce and provides a path by which employees may develop competencies through education, training, and personal career planning. Further information on accessing SFMWR can be found in the Online Quick Step Navigation Guide at https://www.imcomacademy.com/ima?page_id=378

4-23. CYS staff (1701 Series).

All CYS staff in the 1701 series (Coordinator, Directors, Training Specialists, Assistant Directors, and SPS) will meet the positive education requirements as outlined on the CYS standardized position descriptions specific to the job.

a. Minimum requirements include completion of a course of study which is equivalent to a four year college degree in an area related to the position or a combination of education and experience may be used, but requires a minimum of 24 semester hours in the related field.

b. Documentation of education/experience requirements for employees is maintained and minimum requirements are met (transcripts or HR verification is on file at the program; a high school diploma or GED for direct care).

4-24. Training Specialists.

a. Oversee the implementation of developmental programs and monitor quality assurance.

b. Meet with direct-care employee within 30 days of employment and FCC providers during orientation and within 30 days of certification to review training requirements and set up the IDP. Training Specialists are not responsible for training management staff or support staff. Managers and support staff training requirements are overseen and maintained by the supervisor.

c. Maintain all direct-care employee IDPs. CYMS is the standard method to record and maintain training. The paper copy of the IDP will be available for direct-care employees and FCC providers. Trainers maintain CYS training requirements. Directors maintain all installation mandatory trainings for employees.

d. Conduct quarterly reviews of training completion and demonstrated competence using the prescribed quarterly review format. As part of the “train, coach, mentor” philosophy, the quarterly review format is designed to be used to document the conversation between Trainers and CYPA, and will include professional development “next steps”.

e. Document direct care staff and FCC Provider observations at least quarterly and utilize results to identify professional development needs. Trainer and staff/Provider must both sign the observations.

f. Develop written training plans to promote CYS staff and provider’s abilities to:

- (1) Develop their own individualized lesson or program plans.
- (2) Conduct and record classroom program/ home and child/youth observations.
- (3) Assess program effectiveness.

(4) Implement learning experiences, and communicate with children/youth and parents.

g. Spend and document 60-70% of time in classrooms/ programs/ homes.

- (1) Providing direct instruction; group training; and one-on-one support/ mentoring.
- (2) Conducting quarterly reviews (to include competency evaluations); and modeling appropriate techniques.

(3) Observing children/youth and staff interactions.

(4) Evaluating programs/environment effectiveness; and provide strategies to managers, program assistants and providers for working with children/ youth with difficult behaviors or special needs based on observations and documented evidence.

(5) Documenting time spent in programs using either the optional Trainer Accountability Tool or signing in/ out to the classrooms/ homes/ activity areas that are to be observed.

h. Maintain a resource library of all required training materials provided or directed by IMCOM G9 and partner agencies and ensure staff have access to all training materials. No fees are charged for training materials or training.

i. Authorizations for Trainers are based on both age group and funded spaces as outlined in the CYS Guide to Staffing and Spaces. CDC are typically allocated more trainers as the number of CYPAs are greater for the same number of children/youth. For example, there is one CYPA for 15 youth while there are 4 CYPAs for 16 infants.

A training and curriculum specialist is assigned to implement and oversee the training program for each CDC/SAC/YP/FCC program. Another staff member must be designated on a temporary basis when there is no trainer.

CHAPTER 5

Child Development Center (CDC) and Family Child Care (FCC)

5-1. Structure.

CDC and FCC homes provide child care and part day preschool programs for children ages birth - 5 years old. Kindergarten children may also be cared for in CDC and FCC homes. FCC homes may also care for school age children. Children with special needs are integrated in all programs. All criteria in this chapter applies to both CDC and FCC homes unless otherwise noted. Evening and weekend care will be offered in child activity rooms nearest the front of the facility to the greatest extent possible.

5-2. Approved Army Curriculum.

- a. Utilize the approved Army curriculum for CDCs and FCC for children 0–5.
- b. The approved Army curriculum is based on the observed strengths, needs and interests of children. The curriculum provides a flexible framework designed to promote young children’s optimal learning and development.

5-3. Activities.

All activities will be developmental in nature and recognize children’s individual differences by providing an environment that encourages self-confidence, development of self-help and life skills, curiosity, creativity, and self-discipline as outlined in the Teaching Strategies Gold. Concrete experiential learning activities encompass the following nine areas:

- a. Social- Emotional.
- b. Physical.
- c. Language.
- d. Cognitive.
- e. Literacy.
- f. Mathematics.
- g. Science and Technology.

h. Social Studies.

i. The Arts.

5-4. Use of Media.

a. Media viewing and computer use is not permitted for children younger than two years old.

b. All movies, videos, television, video games, tablets, and computer time are considered to be “media.” All media will be previewed by management or providers before showing to children to ensure it is age appropriate.

c. Engaging alternatives are offered to all children when screen media is offered.

d. Media viewing does not exceed a total of 30 minutes per day in a full day setting. An individual child should not spend more than 15 minutes at a computer/tablet per free choice time.

5-5. Lesson Plans.

a. Lesson plans will be developed utilizing an Army approved curriculum. The Army Strong Beginnings curriculum will be implemented as outlined in the Army Strong Beginnings Operational Guidance.

b. FCC Providers and direct-care employees who have completed Army Foundation Training are qualified to develop Lesson Plans. Lesson plans are based on the observed strengths, needs and interests of children and involves meeting young children where they are in their development across all domains. A Trainer (or FCC Director when no trainer is assigned) will review and initial the approved lesson plan. Directors, Assistant Directors or SPS will initial the lesson plan to ensure it is completed on time and properly posted.

c. Weekly lesson plans are dated, current and posted on the classroom bulletin board and available for parents to see in the FCC home. The plans provide sufficient detail for staff to understand what materials need to be prepared and what specific activities will take place during the day (e.g., names of books to be read, art activities available, etc.). Lesson Plans reflect a balance of indoor/outdoor; large/small group; quiet/active; guided/free play.

d. Indoor and outdoor play (outdoor play space extends indoor learning such as art, nature, community and, science). All children, to include infants, will go outside daily for a minimum of 60 minutes, weather permitting. Weather permitting is defined as every day, unless there is active precipitation, extremely hot or cold conditions, or public service announcements that advise people to stay indoors due to weather or

environmental conditions that could be hazardous. Weekly lesson plans will include purposeful activities for outdoor time.

e. Children need more time for “play,” especially in outdoor environments with exposure to natural elements. Trainers will make recommendations to directors regarding the supplies needed to support the following areas:

(1) Calm, quiet, active, and physical activities.

(2) Large group, small group and individual child activities (children under 18 months typically do not function as a group).

(3) Walks in the areas surrounding the facility or FCC home. Note that staff who work with infants are required to take training in the safe use of buggies to reduce the incidents of child injuries occurring while exiting/entering doorways.

f. Lesson plans are followed (allows for variation when extraordinary event occurs such as playing in the first snow of the season when finger painting was planned).

g. The daily schedule:

(1) Provides time and support for transition.

(2) Predicts the sequences of events.

(3) Establishes consistency and routines.

(4) Provides children learning opportunities and experiences.

(5) Typical child routines such as meals, clean-up, rest time and diapering and toileting are integral parts of the curriculum. It is expected, that before transitioning from free play time to another activity, all children have participated in cleaning up the room – puzzles completed, dolls dressed, blocks sorted and placed on shelves in original order, etc.

(6) Lesson plans will support the development of social-emotional learning.

5-6. Child Portfolios.

a. Child assessment procedures will follow the approved CYS child assessment guidance. The purposes of child assessment include to inform lesson plans, individualized planning and identifying developmental strengths and needs. Assessment of young children must take place in the child’s natural environment during normal activity time.

b. Child portfolios are created and maintained for all regularly attending children in centers and homes. Portfolios include: required assessments of the child's developmental level, child and family questionnaires, child observations, child profiles, documentation of individualized activities, work samples and parent/teacher conferences. Requirements for Parent Conferences are outlined in para 5-7p below.

c. Child Portfolios will be reviewed monthly by Trainers, Leads, SPS and/or Assistant Directors.

d. Child Portfolios can be paper format or electronic. Kindergarteners, hourly care, and before and after school children in the CDC or SAC are exempt from the child portfolio requirement.

5-7. Direct In-Ratio Staff and FCC Providers.

Direct In-Ratio staff and FCC Providers will:

a. Incorporate a social emotional framework to relationships, routines and instruction.

b. Demonstrate age-appropriate expectations of children's behavior, use knowledge and understanding of developmental stages of children, and follow the CYS Operational Guidance for Behavior Support.

c. Ensure children's routines are handled in a relaxed and individualized manner that promotes respect and provides opportunities to develop positive self-esteem, self-discipline, and learning.

d. Conduct smooth and unregimented transitions between activities and are flexible in changing planned or routine activities, as appropriate.

e. Address children by name in a friendly, positive, and courteous manner; respectful of gender, race, religion, Family background, special needs, and culture. Provide male and female children with equal and frequent encouragement and praise.

f. Engage, nurture and interact directly with children often, expressing respect, comfort, affection, and acceptance for children regardless of behavior.

g. Model positive communication and social interaction skills. Staff say, "Please, thank you, excuse me, etc." when interacting with children.

h. Stimulate children's intellectual capabilities by providing opportunities to solve problems and practice "thinking skills" as well as scaffold social interactions between children by role modeling.

i. Organize space and select materials in all content and developmental areas to stimulate exploration, experimentation, discovery and conceptual learning.

j. Modify equipment, supplies and the environment to meet the needs of children with special needs, as appropriate.

k. Work effectively as a team ensuring that classroom/ FCC home communication is established and communication is positive, cooperative and supports all staff, providers, and parents.

l. Present a CYS Professional image at all times.

m. Ensure that parents are partners by recognizing they are the primary educators of their children and by providing them with meaningful ways to participate.

n. Inform parents of their child's daily experience and activities while in the program by completing a Parental Notification form on infants, pre-toddlers and toddlers on a daily basis and give to parent at the end of each day (form can be found on CYS SharePoint site). This includes working collaboratively with parents to make toileting, feeding, and the development of self-regulation skills a positive experience for children and Families. Incident Reports will be based on facts absent of judgment or bias.

o. Encourage parents to share their Family's culture and traditions with the program.

p. At the Target Level and Above: Meet Army regulatory requirement by completing two parent conferences per year for children enrolled in the program at least six months. Ensure the primary staff/provider conducts the parent conferences. Maintain evidence of completed, dated and signed parent conference forms. Maintain documentation of notification of conference and sign-in sheets. Maintain documentation if a parent declines to participate. Ensure a signature is obtained to validate that the parent received a copy.

q. CDC only - Implement the practice of Primary Caregiving. Each Target level full/part time direct care staff will be assigned the primary responsibility of closely monitoring specific children. This includes completing the assigned children's portfolios, and providing frequent feedback to parents. The names of the children assigned to each primary caregiver will be posted in the classroom.

r. Army regulation requires completion of two family conferences per year for children that have been enrolled in the program at least six months. Primary caregivers are responsible for completing family conferences. Family conferences do not apply to kindergarteners, children in hourly care, or before and after school programs located in the CDC or SAC. Maintain evidence of completed, dated and

signed parent conference forms. Maintain documentation if a parent declines to participate. Ensure a signature is obtained to validate that the parent received a copy.

5-8. Provisioning of CDC Classroom Environments.

Classrooms in all CDCs will be provisioned to allow children to:

- a. Use their senses to learn about objects in the environment, discover that they can make things happen, and solve simple problems.
- b. Explore and manipulate age appropriate art-materials.
- c. Incorporate natural materials such as grass, water, leaves, etc. through supervised experiences.
- d. Use language, gestures, and materials to convey mathematical concepts such as more and less, short and tall; see and touch different shapes, sizes, colors and patterns; build number awareness; using objects in the environment, and books that include numbers and shapes.
- e. Experience songs, rhymes, routine games and books through individualized play that includes finger plays, songs, and interactive games; daily opportunities for each child to hear and respond to various types of books including picture and wordless books, and durable books that enable independent exploration.
- f. Engage in pretend or imaginative play.
- g. Move freely and achieve mastery of their bodies through self-initiated movement to practice emerging skills in coordination, movement and balance, and perceptual-motor.
- h. Develop fine motor skills by acting on their environments using their hands and fingers in a variety of age-appropriate activities.

5-9. Infant/ Pre-Toddler

a. Programming will consist of the following practices (per the Army directed curriculum, NAEYC or NAFCC as relevant):

(1) Infants adhere to individualized schedules (i.e., they form their own eating/sleeping patterns).

(2) Infants do not remain in cribs, swings, Exer-saucers, or bouncy seats for more than 15 minutes while awake. Children that fall asleep will be immediately moved to a crib.

(3) Infants/pre-toddlers do not remain in highchairs/feeding chairs for more than 15 minutes when not eating.

(4) Infants who can sit up independently and hold their own bottles may feed themselves while within arm's reach of a caregiver. Bottles will not be propped.

(5) High chairs or boosters will have a wide base or be securely attached to a table or chair. T-shaped harness will be fastened every time they are used.

(6) Infants under 6 months will have separated space from older children in protected infant crawl spaces.

(7) The use of teething necklaces is prohibited due to the choking and strangulation hazards they pose.

b. In infant/pre-toddler environments and FCC homes, there will be an appropriate amount of space within the classroom/home to:

(1) Log child attendance, receive children's personal items, and store child records.

(2) Store individual diaper bags, towels, baby products, extra clothing.

(3) Provide a protected area for nursing mothers other than a bathroom (does not require a separate self-contained area).

(4) Allow babies to explore freely, to crawl, and to stand. Sturdy, low furniture is available for those who are learning to walk.

(5) CDC only: Locate cribs in the general activity area (separate crib rooms are not permitted, nor is putting all cribs in an 18 capacity infant/pre-toddler module on one side of the module).

(6) CDC only: Provide a protected, stain resistant soft surface crawl area with unbreakable mirrors wall mounted at various levels to create a developmentally appropriate environment for infants by allowing them to look at themselves.

c. Infants/Pre-toddlers are able to:

(1) Use their senses to learn about objects in the environment, discover that they can make things happen, and solve simple problems.

(2) Explore and manipulate age appropriate materials.

(3) Incorporate natural materials such as grass, water, leaves, stones, etc. through supervised experiences.

(4) See and touch different shapes, sizes, textures, colors and patterns.

(5) Practice using language, gestures, and materials to convey messages; individually interact with Program Assistants to talk and sing to encourage speech and language development.

(6) Engage in pretend or imaginative play as appropriate.

(7) Move freely and achieve mastery of their bodies through self-initiated movement to practice emerging skills in coordination, movement and balance, and perceptual-motor.

(8) Develop fine motor skills by acting on their environments using their hands and fingers in a variety of age-appropriate activities. Infants and pre-toddlers may participate in simple art activities. However, the use of finger-paint is not permitted for children under 18 months of age.

5-10. Tummy Time.

Tummy Time is defined as the time an infant spends on their stomach (tummy) throughout the day. (Caring for our Children and American Academy of Pediatrics).

a. Tummy Time:

(1) Promotes healthy physical and cognitive development.

(2) Decreases risk of head flattening

(3) Helps develop muscles and new skills

(4) Encourages bonding and play between supervising adult and babies

(5) Prepares babies for the time when they will be able to slide on their bellies and crawl.

b. Tummy Time is for babies who are awake, alert and being watched. If an unattended infant rolls onto their stomach and is not able to roll to their back, there must be a person within arm's reach of the infant or the infant must be placed in a secured infant seat. Infants under 12 months of age that are able to roll over in each direction, scoot, walk, or crawl are not in tummy time activities when playing on their tummy. Tummy time is an intentional activity between the teacher and infant to assist the infant in strengthening their neck and upper body muscles.

c. Infants are provided "tummy time" on the floor 2-3 times each day for 3-5 minutes under careful supervision (American Academy of Pediatrics). Best practice is to place the infant on a thin mat that can be cleaned and sanitized after use (e.g. 4'X4')

vinyl crawly mats). Infants will not be placed on blankets or any material that may gather and pose a suffocation risk during tummy time. Pillows will not be used at any time due to the risk of suffocation. Supervising staff are required to constantly observe infants to ensure that the length and frequency of tummy time is developmentally appropriate and that infants are within arm's reach at all times. As babies grow older and stronger they will need more time on their tummies to build their own strength.

d. Tummy time promotes the development of both fine and gross motor development:

(1) Once on their tummies, infants tend to kick and flail, working their large motor muscles.

(2) Rolling onto their backs from Tummy Time will help infants strengthen neck and leg muscles.

(3) Grasping at objects encourages fine motor development.

e. Infant will never be left alone during tummy time. All staff must be trained on appropriate practices and activities BEFORE leaving them with an infant.

f. All staff are accountable for infants in tummy time. If there is an unattended infant on the floor on their tummy, immediately tend to them. DO SOMETHING and SAY SOMETHING!

5-11. Toddler/Pre-School/Kindergarten.

a. CDC only-Classroom functional support areas include child/Family reception areas, CYPAs administrative area, child cubbies, and child toilets.

b. Toddler, pre-school, kindergarten classrooms and FCC homes contain defined interest areas for each of the following (does not require a separate area for each activity in an FCC home):

(1) Reading/Listening.

(2) Imaginative Play.

(3) Science/Math.

(4) Blocks.

(5) Quiet.

(6) Music/Gross Motor.

(7) Art/Sensory.

(8) Manipulatives.

(9) Literacy/Writing/Technology (Mini TLCs) (pre-school and kindergarten only).

(10) FCC only - Older children have a place to use materials without interference from younger children. For example: Preschoolers can play with small manipulatives out of reach of toddlers.

5-12. Army Strong Beginnings Pre-kindergarten (Pre-K).

Army Strong Beginnings Pre-K classroom environments will contain the following areas:

a. Classroom functional support areas include child/Family reception areas, CYPA administrative area, child cubbies, and child toilets.

b. Army Strong Beginnings Pre-K classrooms learning stations:

(1) Art.

(2) Creative Expression.

(3) Language/Literacy.

(4) Music/Movement.

(5) Science/Discovery.

(6) Writing.

(7) Fine Motor.

(8) Math.

(9) Sand and Water.

(10) Technology.

5-13. Child – Related Display.

a. Samples of children's current (within the last 6-8 weeks) individualized work is displayed and includes child's name and date. Photos of children in the group, their Families, pets, or other familiar faces are displayed on child's eye level.

b. Classroom materials reflect various types of diversity (race, culture, age, ability, and non-traditional gender roles). There is also evidence of the military and the regional culture reflected in the classroom materials.

c. FCC homes-Children's work can be displayed on closet doors, in photo albums, scrapbooks, includes child made games, books and painted items.

5-14. FCC Space and Furnishings in Homes.

FCC homes environments and activities will include:

a. Sufficient quantities of appropriate toys and materials in good condition and in working order are available to children.

b. Child activity areas are planned and set up to specifically promote age group/individual needs and abilities of children.

c. The home environment is clean and orderly.

d. FCC homes have temporary multi-functional and mobile activity areas.

e. Space clearly communicates expectations for children (such as not having large and open spaces where you do not expect children to run).

5-15. CDC Space and Furnishings in Classrooms.

Furnishings in CDC classrooms will be of institutional quality and are scaled to the age, size and activities of children served. Sufficient quantities of appropriate toys and materials will be in good condition and in working order. Child activity areas will be planned and set up to specifically promote age group/individual needs and abilities of children. Space will be orderly, arranged into recognizable activity areas and learning centers supportive of the curriculum, and arranged to prevent disruption by adjacent activity areas. In addition:

a. Space clearly communicates expectations for children (such as not having large, open spaces where you do not expect children to run).

b. Reading/listening areas will have space for tables, chairs, pillows, book display, puppets and flannel board.

c. Creative expression/dramatic play areas will contain child sized equipment, tables and chairs and storage for props.

d. Science area will have tables and chairs and space for physical/natural materials, and located near a water source.

e. Block area will be located away from major traffic paths and include open shelving and assorted blocks and props.

f. The quiet area will contain soft, comfortable child-scaled surfaces and pillows (but accessible to adults) located away from major traffic paths and noisy areas.

g. Music/Large motor activity area will be able to accommodate group and individual activities, buffered from circulation and equipped with electrical outlets and closed storage areas.

h. Art/sensory area will be located near a water source, has both open shelving and closed storage, and has sufficient open space to accommodate easels and display/drying racks and tables and chairs.

i. Manipulative table toys area will have child-accessible open storage, tables and chairs.

j. Cooking areas will be included as space allows.

k. Toys/materials and equipment will be stored on low labeled shelves to allow children to choose activities and locate/replace toys/materials with minimal adult aid.

l. All centers will have materials to practice literacy and numeracy appropriate for the center. Materials such as books, puzzles, dolls, mirrors, etc. will reflect feelings to support emotional literacy and self-regulation appropriate for the age group.

CHAPTER 6

School Age Care (SAC)

6-1. Structure.

The SAC program is part of Child Development Services and provides before/after school programs, summer camps, special events, and occasional user services to children ages 6-10 generally in grades 1-5, based on local school configurations. Kindergarten children may also receive care in the SAC program in either self-contained rooms or included in the general population.

6-2. Curriculum and Programming.

The SAC Program Framework consists of Five Service areas: Educational Support and Career Exploration; Character and Leadership Development; Sports, Fitness and Recreation; Health, Wellness, and Life Skills; and The Arts. Each Service area is designed to ensure that the social/ emotional, cognitive, and physical needs of developing children are met. The framework is aimed to help children gain assets needed to support healthy development, increase resiliency and well-being, and facilitate a successful transition through childhood, adolescence, and into adulthood.

Curriculum and programming activities are developed around the Five Service Areas and recognize differences in children as well as encourage self-confidence, curiosity, creativity, self-discipline, and resiliency.

6-3. Program Activities.

Program activities are offered daily in the 5 Service Areas. Children/ will have input into activity choices to ensure their needs and interests are met. Technology will be woven throughout the SAC program. Program choices will help children develop skills and competencies that support Social and Emotional Learning (SEL) competencies, and expand learning beyond the school day. SEL competencies are defined as the cognitive, affective and behavioral competencies necessary for a young person to be successful in school, work and life. Opportunities to develop SEL skills such as self-awareness, self-management, and social-awareness, responsible decision making and relationship/interpersonal skills, will be woven throughout the daily program.

a. Educational Support and Career Exploration provides homework support and experiential learning opportunities that promote communication skills, self-confidence, and resiliency skills, as well as a desire to learn.

(1) The Technology Lab provides opportunities to explore interests, enhance technology skills and research information. The Technology Lab is a critical component in the introduction of Science, Technology, Engineering, and Math (STEM) and/or Science, Technology, Engineering, Arts, and Math (STEAM). Coding, game design, robotics and a variety of activities and experiences that are essential to development of technology skills needed for the 21st Century. The Lab will always be open and available, appropriately staffed, support project based learning, and enhance collaborative learning experiences.

(2) Opportunities in Science and the Environment will be provided to explore scientific and environmental issues that impact the global world. Activities will promote skill building, problem solving, critical thinking, and communication. Staff will assist children with developing skills in multi-media, research, and basic analysis.

(3) Homework Assistance/Homework Lab. Homework areas will be well equipped with all of the supplies and equipment needed to complete homework. Staff who are knowledgeable in core content areas such as math and reading are always available. Children should be encouraged, but not forced to work on homework. Some environmental factors such as comfortable seating and or background music may be utilized to make the homework space more inviting. Homework Lab staff should work with SLOs to assist Families in locating tutoring and obtaining current textbooks.

(4) STEM topics and activities will be integrated into SAC programs to assist in the development of critical thinking, creativity, engineering design process, and problem solving skills.

(5) Construction, Architecture, Engineering and Design. Construction based “play” can range from building with Legos, Bristles, K’NEX, Magformers, Mindware, Gears and may include supplies for making cardboard cities. The scale of structures and landscapes depends on what SAC children envision, design and create. Opportunities for long range projects, exhibitions and competitions are plentiful and encouraged. If children wish to continue the work they started, at the end of the day they should be encouraged to create signs that indicate unfinished work. “Unfinished”, “Work in Progress” “under construction” signs will be placed near the unfinished project.

(6) Table and Floor Games. Quiet board games as well as active games will be placed together respectively. Floor cushions and/or low tables and chairs should augment FF&E type furniture. Layout should encourage a relaxed environment where small groups can gather and play. Board games promote communication, cooperation and problem solving. Large table games such as foosball and pool should be available to help children learn how to develop a strategy, teach timing, speed and introduce them to higher level concepts of geometry and physics. Game centers will be replenished frequently so that complete parts are available and the equipment is in good condition.

(7) Literacy, as part of both the Educational Support and the Arts components is the foundation of reading and therefore learning. This includes poetry, novels, short stories, creative writing, along with a rich language arts program. There are opportunities for independent reading and skill development, such as reading comprehension, main character development, presenting information, and storytelling.

b. Character and Leadership Development opportunities will be provided to learn about community service and developing leadership skills. Children will develop leadership skills and learn to value volunteerism in order to become productive, caring and contributing members of society. Character principals such as responsibility, respect, trustworthiness, fairness, caring and citizenship will serve as the cornerstones of the program. An emphasis will be placed on understanding the importance of acknowledging child achievements using intrinsic motivation rather than extrinsic rewards. A variety of clubs and committees will be available to expand interpersonal skills and public speaking. Leadership experiences are available to support children to take on responsibilities and influence the world around them.

c. Sports, Fitness and Recreation Programming will support and encourage children to participate in at least 60 minutes of daily physical fitness options aimed at engagement in fun and recreation, as well as developing a life-long appreciation of sports and fitness through skill development. Outdoor play is an essential component of a quality school age program. It facilitates cognitive and social-emotional development as well as physical development and often sets the foundation for a healthy lifestyle. Activities should be of high quality and will include a mix of sports and fitness activities and most importantly promote “free play”. Indoor or outdoor equipment and activities should be based on the ages and abilities of children, include

the rules, promote positive sportsmanship and maximize play or activity time for all children, regardless of ability.

d. Health, Wellness and Life Skills Program will provide opportunities to develop life-long skills that encourage good nutrition, resiliency, wellness and healthy habits. Prevention Education activities such as conflict resolution, resisting peer pressure, avoiding risky behaviors, combating bullying as well as cyber bullying will be offered. Social Emotional learning activities will encourage an understanding of how others feel and how to show compassion and empathy for others.

e. A variety of performing arts, visual arts and literary arts will be offered to generate enthusiasm and promote a lifelong appreciation of the arts. The Arts allow children to explore imaginative, creative opportunities for communication and artistic expression. Children are allowed and encouraged to listen, sing, dance, record and play musical instruments. All genres of music should be available. A reasonably high quality sound system is preferred. Adding carpet or sound absorbing materials or cork can enhance the sound.

Table 6-1. Core Curriculum in SAC.

Service Area	Examples of what this could look like	Focus Areas
Character and Leadership Development	SAC Youth Council, service learning projects, Junior Master Gardeners, sponsorship	Provide opportunities to help SAC children organize, lead and participate in meetings and projects. Assume responsibility for decision making. Cultivate healthy values, positive self-esteem and a willingness to help others.
Education Support and Career Development	Homework help, Power Hour, STEM projects, math and money games, library of current SAC age books (hard cover and e-books), environmental projects, technology integrated into all projects.	Provide homework support and experiential learning opportunities that promote communication skills, self-confidence, readiness skills, and a desire to learn.
Health, Wellness and Life Skills	Cooking club, My Plate, gardening projects, wellness and mindfulness activities, Healthy Habits	Promote lifelong habits through healthy choices.
Sports and Fitness	Functional fitness, sports skill development and pick up sports	Offer developmentally appropriate activities that encourages fitness and promotes physical activities that are fun and inclusive regardless of athletic ability in a safe environment.
Recreation	Outdoor adventure, trips and tours and game room activities (ex. table games)	Offer recreational programming to introduce skill building, inclusiveness, diversity and multi-cultural programming via recreational trips, competitions, camps, and social events.

Table 6-1. Core Curriculum in SAC Continued.

Service Area	Examples of what this could look like	Focus Areas
The Arts	Fine arts including drawing, painting and sculpting, crafts, drama, dance, theater arts, photography, poetry, music, knitting and sewing	Discover, transform and adapt language to create avid readers, cultivate appreciation for literature and introduce and expand digital literacy. Incorporate Science, Technology, Engineering and Math experiences to innovate and create beyond the imagination. The Arts is the foundation of learning.

6-4. Use of Media.

a. School age staff will adhere to the CYS-approved developmental and age-appropriate practices when selecting or allowing program materials and activities inclusive of reading materials, computer games, video games, music and movies to ensure positive child development outcomes. The rating of any form of multimedia utilized in SAC activities will comply with approved parental guidelines, advisory standards and age restrictions imposed by U.S. industry standards or host-nation requirements. No exceptions to this policy are granted. All media will be previewed by management before showing to school age children to ensure it is age appropriate.

b. Media and Technology/Tech Lab Usage are part of school age children’s everyday lives and media literacy is an essential skill set. Access to media devices and the Tech Lab are intentionally woven into every aspect of the SAC program. Technology will be available, offered daily and made an integral part of the activities provided. Technology activities may be constructed around homework support, games, working on and completing school projects, writing poems, creating newsletters, and writing plays. Child personal tracking devices are NOT permitted.

6-5. Daily Activity Plans.

Daily Activity Plans will be developed, dated, current and available in the activity room and on the parent board. The plan will provide sufficient detail for staff to understand the details of the skill being developed, the objective of the activity, the materials required, and the importance of how to prepare as well as how to be prepared to provide children with a meaningful experience. Activity plans will incorporate all of the five service areas daily as outlined in Table 6-1. Activity plans must incorporate documented input from children to ensure activities are of interest. A monthly activity calendar describing highlighted programming planned for the current month will be prominently displayed on the parent board.

- a. Children will be encouraged to participate in all activities.
- b. Program options will be made available which appeal to both genders.

- c. Programming will reflect diversity.
- d. Staff will encourage children to establish and work toward personal goals and develop competencies through participation in program activities such as introducing hobbies or developing interests (e.g. knitting, scrapbooking, guitar playing, etc.).
- e. There will be adequate program resources (space, time, staff, equipment etc.) to support programming for all ages. Supplies will be in good condition.
- f. Special events/trips will be planned to support and broaden child choices and interests.
- g. Orientation activities will be planned and conducted for new participants which includes a tour of the facility, orientation to program options, review of center rules, conduct and procedures, and introduction to staff.
- h. There will be an ongoing system to recognize child achievement in a variety of program areas (e.g. art and photo displays).

6-6. SAC Staff Responsibilities

The SAC staff will:

- a. Model professional behavior and use conflict resolution skills.
- b. Identify and use opportunities to praise children for good deeds and positive behavior.
- c. Greet each youth when he or she enters the facility or shortly thereafter.
- d. Address children by name when communicating and speak to children in a friendly, positive manner respectful of gender, race, religion, Family background, special needs and culture.
- e. Create opportunities for children to build and expand competencies such as opportunities to learn how to play an instrument, become socially competent, etc.
- f. Provide male and female children with equal and frequent encouragement and praise.
- g. Hold children accountable for their actions, ensuring male and female children are held to the same standards.
- h. Help children make informed choices and decisions.

- i.* Encourage involvement in activities by all children. Encourage children to participate and help them to integrate based on their skill levels.
- j.* Share skills and resources to help children gain information, make decisions and solve problems.
- k.* Encourage children to establish and work toward personal goals and develop competencies through participation in program activities such as introducing hobbies or developing interests (e.g. knitting, scrapbooking, guitar playing, etc.).
- l.* Interact with children, listening to what they say, and encouraging them to think, explore, and respond appropriately to others.
- m.* Assist children without taking control.
- n.* Continually interact with children to provide motivation, encouragement, and recognition.
- o.* Understand and use the Search Institute's community assets and protective factors which help children realize their full potential. Search Institute is located at <https://www.search-institute.org/>.
- p.* Ensure all children are familiar with the rules of the program by reinforcing rules during conversations and having positively-stated rules (such as "treat others with respect" instead of "no hitting").
- q.* Conduct smooth transitions between activities and remain flexible in changing planned or routine activities as necessary.
- r.* Communicate effectively to conduct and supervise children's activities and develop positive child/parent relationships.

6-7. Displays.

Child art work is respectfully displayed. Displays should be current, reflect the work being done by children in the program, and can be used to recognize their accomplishments. Photos of children's accomplishments in the program, school and the community are displayed. There is evidence of both Military and region/local culture and children's input in displays.

6-8. Space and Furnishings.

a. There is sufficient space allocated to accommodate core program requirements to include:

- (1) Games and leisure activities area.

- (2) Creative/performing arts area.
- (3) Physical fitness activities area.
- (4) Technology lab.
- (5) Homework center/area.
- (6) Multi-purpose space for club meetings, classes and group activities.
- (7) Snack/kitchen areas and eating space.
- (8) Outdoor recreation area/playing fields.
- (9) Building, architecture, design, and construction area.
- (10) In shared facilities, dedicated space for each age group (i.e., kindergarten/part day preschool rooms).

(11) Area for posted rules.

b. Furnishings are the appropriate size for children in the program, are in good condition, and facilitate easy access to program materials.

c. Materials and equipment are sufficient to accommodate the number of children in the program, support program requirements, and are in good condition. Program materials and supplies:

- (1) Reflect cultures and interests of children in the program.
- (2) Reflect varying ethnic and racial backgrounds, are nonsexist, and culturally sensitive.
- (3) Include a variety of art, leisure and life skill materials which support a broad range of program options.
- (4) Include project supplies, game equipment (pool cues, basketballs) and other supplies.
- (5) Include both indoor and outdoor fitness supplies and equipment.
- (6) Equipment and materials for children with special needs that are modified as needed.

6-9. Social Emotional Learning (SEL).

While young children need to learn about emotions and how different emotions make them feel, school age children are learning about being aware of their thoughts and feelings and how they can influence their actions. When children understand how to develop positive social behaviors and relationships with peers and adults they can begin to build the assets needed to be successful.

a. SEL builds on CSEFEL skills and helps SAC children become more successful in school and daily life as they learn to know and manage themselves, understand the perspectives of others and relate effectively with them, and make sound personal and social decisions. See section 2-14 and the Army CYS Operational Guidance for Behavior Support on CYS SharePoint site for more information on CSEFEL.

b. Research shows SEL not only improves achievement by an average of 11 percentile points, but it also increases prosocial behaviors (such as kindness, sharing, and empathy), improves student attitudes toward school, and reduces depression and stress among students (Durlak et al., 2011).

c. Other benefits include:

(1) More positive attitudes toward oneself, others, and tasks including enhanced self-efficacy, confidence, persistence, empathy, connection and commitment to school, and a sense of purpose.

(2) More positive social behaviors and relationships with peers and adults.

(3) Reduced conduct problems and risk-taking behavior.

(4) Decreased emotional distress.

(5) Improved test scores, grades, and attendance, research has identified the out-of-school environment as key in the SEL process.

6-10. Youth Technology Lab and Youth Technology Lab Program Associate (YTLPA)

A YTLPA, or trained staff, will always be available to assist children, support a variety of technology projects, and will collaborate with SAC program and homework center staff. Program content should help children increase their understanding and use of digital learning while also building skills. The YTLPA will work to embed the use of technology throughout the SAC program appropriately matching technology based activities with program goals. Children will learn how to use screen time appropriately and safely.

a. The Technology Lab will be open and functioning daily.

b. The YTLPA supports STEM and responsible for coordinating or providing training on the use of technology.

c. The Technology Lab Opening and Closing Checklist will be completed daily and reviewed monthly by the YTLPA. All deficiencies are discussed with the SAC Director.

d. It is a requirement for parents to acknowledge Technology Lab usage by completing and signing the CYS Youth Technology Lab (YTL) Parent Acknowledgement / Agreement Card for Internet Use, a copy is maintained in the child's file. The YTL Parent Acknowledgement is found in the Youth Technology Lab Operations Guide located on the CYS SharePoint site.

6-11. Homework Center Program Associate (HCPA).

An HCPA or trained staff will be knowledgeable in a variety of subjects and is always available to assist children. Homework Center staff will collaborate with SAC CYPAs, YTLPA, and school personnel and work closely with the SLO to design and offer programs which support success in schools. Staff will discuss the importance of school as part of their daily interactions and encourage all children to succeed in school. Activities will be offered to help children develop writing, communication and study skills.

6-12. Supervision and Accountability.

SAC programs will design accountability system procedures for tracking the exact location for each child at all times.

a. An accountability system will be developed for the SAC program whether it's located in a dedicated facility or in a shared facility with multiple age groups. The purpose of the accountability system is to teach children to be responsible for themselves while also helping them make decisions or choices in the activities and programs they want to participate in and locations they want to move to throughout the SAC facility. It is essential that staff monitor the accountability system to ensure its accuracy.

b. The accountability system may vary in design, approach and implementation and should take into consideration the following:

(1) Determine what activity areas will be available.

(2) Each activity area should be appropriately identified. Use of creative names to "cue" the children about the activity is encouraged.

(3) Communicate to the children using a mixture of pictures and words to demonstrate the directions of how to use the accountability board and what to do at the end of the day.

(4) Each activity area will have a designated number of spaces. This is the maximum group size for a particular area and will be strictly adhered to. The same number is not required for each activity area but there will ultimately be enough spaces so that each child attending the program has a choice. A system should be in place to notify children when that area is unavailable or limited.

(a) A system, such as a “waitlist” or sign-up system should be included so that children may be notified when a space becomes available in an area they desired.

(b) Walkie-Talkies may be used in conjunction with the accountability system to notify activity areas that a child is arriving or leaving.

(c) If consequences are incorporated into the accountability process, ensure that the consequence does not publically humiliate, belittle, or berate the child for doing that which SAC age children do best, forget! Recommend implementing a reminder system throughout the facility. It takes time to work effectively.

(5) The accountability system will tell parents exactly where to find their child in the program area.

(6) Children and staff are responsible for ensuring that their names are in a location in the accountability system. If a staff moves, so will their nametag.

(7) Color coding by grade or groups enables Families, staff and children to easily find whom they are seeking.

c. Staff need to flow through the program as appropriate to ensure sufficient supervision of children and position themselves so that children can be appropriately supervised.

6-13. Guidance and Discipline.

Appropriate programming will be available to reduce the incidence of discipline and guidance issues. Guidance and discipline will be provided consistently and IAW the Standards of Conduct and Accountability SOP located on the CYS SharePoint site.

a. Expectations for behavior will be posted in clear, positive and concise language. Children will be involved in the development of the policies, procedures, and expectations for behavior.

b. Positive guidance techniques will be used to minimize problem behavior.

c. Staff and children should demonstrate caring, trust and respect for each other.

d. Children will not be publicly or privately humiliated. Name calling, labeling, or stigmatizing will NOT be tolerated.

CHAPTER 7

Youth Programs

7-1. Structure.

a. The Youth Program (YP) provides middle and high school students (generally in grades 6th-12th based on local school configuration) with positive youth development content related to the eight essential features and opportunities of a high quality youth program: physical and psychological safety; supportive relationships; opportunities to belong; positive social norms; appropriate structure; support for efficacy and mattering; opportunities for skill building; and integration of family, school and community efforts.

b. A high quality YP can protect young people from risk and promote their resilience and thriving, in a climate that encourages youth to participate and help plan their own program activities.

c. YPs develop procedures to support youth engagement and strategies to encourage development of positive internal and external supports and strengths (assets) that young people need to succeed. Assets include relationships and opportunities youth need in their Families, schools, and communities (external assets) and social emotional strengths, values, and commitments that are nurtured within young people (internal assets).

d. An annual evaluation of YP outcomes will be conducted to measure the degree to which youth experience the eight essential features and opportunities that define a high quality youth program and Army youth level of supports and strengths (assets).

7-2. Curriculum and Programming.

a. YPs establish and maintain a program climate that encourages youth to participate, to include opportunities to plan, develop, implement, and evaluate program activities. Programs and activities are offered on a continuous basis to help youth adjust to the unique challenges of military life to include deployments and duty-related separations. The Youth Program Framework is comprised of five Core Program Areas, with each area containing core program requirements. The five Core Program Areas are in Table 7-1 below.

b. Each Youth Program will offer both directed (facilitated) and self-directed (non-facilitated) programming in these areas. A minimum of one service area will be directed (facilitated) daily and all five service areas will be available (non-facilitated)

daily. All five service areas will be represented formally a minimum of once per week on a Youth Activity Plan (YAP) as a directed (facilitated) program. The five service areas and required core program components are described below.

Table 7-1. Youth Program Core Program Areas.

Core Program Area	Required Curriculum/Programming	Focus Areas
Education and Science, Technology, Engineering and Math (STEM) Programs	A year round education and STEM program is required, (i.e., Power Hour and Summer Brain Gain). Army Library Program online resources are available for eligible users. Complement and reinforce what youth learn during the school day while creating experiences that drive interest and build a capacity for success in these disciplines. Year round workforce preparation and financial literacy programs, (e.g., Career Launch and Money Matters) are required.	Programs are provided to enhance and promote STEM, tutoring, homework assistance, mentoring, goal setting, library resources and research skills. Provide youth with support in developing a plan for the future by complementing academic success, preparation for a post-secondary education, and career development. Entrepreneurial programs, financial literacy, workforce preparation, trade and certification opportunities, civic experiences, college fairs, preparation workshops, campus visits, mentoring, and goal setting are offered.
Leadership and Service	A year round service and leadership program is required. Teen Chain of Communication (TCC), Garrison Youth Council (GYC), Teen Panel and Youth Leadership Forum (YLF) are all required programs. Youth recognition programs (e.g., Youth of the Year and Month) are required programs.	Youth leadership development, character education, Army Values, youth councils, community service, and service learning programs facilitate on-going opportunities for peer-to-peer mentorship. Monthly recognition programs with clear criteria maximize the amount of eligible youth recognized.
Health and Wellness Programs	Year round resiliency, health, life skill and wellness programs are required, (e.g., strength based communication strategies, peer to peer communications, elements of positive relationships, resilience, and home alone skills). Youth Sponsorship Programs are required by law and must be integrated into monthly programming.	Options for youth include targeted educational and recreational programs that foster fitness, nutrition, resiliency, wellness, healthy relationships and habits. Initiatives include pre-arrival, arrival, pre-departure and transition services that foster social interaction, good decisions regarding nutrition and the importance of regular exercise.
The Arts	The Arts (Digital, Fine, Applied, and Performing) Programs encourage imagination and self-expression and help youth develop knowledge and understanding of specific arts forms. Year round photography and fine arts programming, (e.g., participation in annual exhibits and competitions) are required.	Art, music and photography programming includes educational and cultural tours, individual and group lessons, specialty camps, workshops, exhibits and clinics.

Table 7-1. Youth Program Core Program Areas Continued.

Core Program Area	Required Curriculum/Programming	Focus Areas
Sports and Recreation Programs	Provide opportunities for youth to enhance relationships with themselves and others, regulate emotions, and solve problems by developing social-emotional skills. Year round sports, leisure, fitness, and recreation programs are required, i.e., Triple Play. Cultural and recreational trips, adventure experiences, camps competitions, and social events are offered.	Through individual and group sports, fitness and recreation programming introduces teams, lessons, skill building, inclusive sports and fitness programming. Diversity and multi-cultural programming are introduced via recreational trips, competitions, camps, and social events. Programs help youth develop physical fitness, reduce stress, and experience healthy physical development.

Note: A minimum of one core program area will be facilitated daily. All core program areas will be available (non-facilitated) daily. All five core program areas will be facilitated a minimum of once per week. Acceptable evidence of facilitated programs is a completed Youth Activity Plan (YAP) and a Youth Program Plan (YPP).

(1) Leadership and Service.

(a) Leadership and Service Opportunities include opportunities for youth to participate in service learning programs, develop leadership skills, experience the democratic process, and acquire skills needed to become productive, caring, and contributing members of society. An example of this is giving youth leaders the opportunity to become youth sponsors in facilitating the Youth Sponsorship program.

(b) Each installation will foster the Army Teen Chain of Communication (TCC). TCC is an Army-wide program that provides leadership development to youth and addresses the concerns of installation youth. There are three “links” in the Teen Chain of Communication (TCC) to facilitate youth empowerment and the development of issues and potential solutions:

Link #1. Garrison Youth Council (GYC): The GYC is managed locally and communicates successes and challenges to the Directorate Teen Panel (DTP). Members of the GYC are selected to participate on the DTP. The GYC identifies local issues affecting teens and seeks to solve them within the garrison/local community. When it is determined that an issue cannot be solved locally or that the garrison wants to raise the issue to a higher level, it is submitted to their DTP.

Link #2. Directorate Teen Panel (DTP): The DTP is overseen by the ID, with assistance from IMCOM G9 CYS. DTP members are nominated by the garrison and selected by the ID and IMCOM G9 CYS. The DTP reviews all ID issues submitted by the GYC and arrives at a consensus on the top issues. The DTP may supply additional suggestions or solutions back to the Garrison and seek input from other installations on the issues. ID issues in priority order are provided to the ATP.

Link #3. Army Teen Panel (ATP): Army Teen Panel (ATP) members are selected by IMCOM from the DTP's. The ATP reviews all issues submitted by the DTP. The ATP selects the top 15 issues affecting all Army teens and leads a process at the World Wide Youth Leadership Forum (WWYLF) to come to consensus on the top three issues for Army Teens. The ATP briefs the top three issues to the highest level of Army leadership.

(c) The TCC will be used to inform Army leaders about issues affecting youth on the installation and the output of the TCC will be considered in the program planning process. The TCC will be linked to an annual needs assessment to help determine the needs and interests of installation youth. Youth who do not use the program should be included in the assessment process. The needs assessment results will be used when planning for the installation Youth Program. Garrison Youth Leadership Forums (YLF) shall be conducted annually at the installation. ID or enterprise-wide YLF will be conducted with the support of the ATP. The GYC will appoint youth delegates to present issues affecting youth at the Garrison Army Family Action Plan.

(2) Education and Science, Technology, Engineering and Math (STEM) Programs:

(a) Services and assistance in the areas of school readiness, homework help, tutoring, study, STEM projects, and use of the Army Library Program resources and research skills.

(b) Opportunities for youth to prepare for a career, i.e., internships, develop leadership skills, acquire skills needed to become productive, caring, and contributing members of society. Programs facilitate on-going workforce preparation, entrepreneurship experiences, and post-secondary opportunities.

(c) Financial Readiness. Financial readiness will equip youth with the skills necessary to make sound financial decisions. Youth should have the opportunity to practice competence in entrepreneurial programming, money management, become a smart consumer, live within a budget, learn to use credit, and gain awareness of sound investment options.

(3) Health and Wellness Programs

(a) Options for youth include targeted mentoring and intervention opportunities that foster health, wellness, sleep, nutrition, exercise, relaxation, resiliency, life skills and healthy habits necessary for a balanced lifestyle. Opportunities to learn conflict resolution, peer to peer communication, elements of positive relationships, and peer mediation are also offered. How to manage stress and anxiety is included in resiliency education.

(b) An operational Army Youth Sponsorship Program will be established to support each Garrison. The program will focus on youth in transition and operates IAW with PL 104–106, Section 568 (Military Child Care Act); PL 106–65, Section 584.

Establishing and sustaining the Army Youth Sponsorship Program is a team-effort between the Youth Program and Community Partners on and off post partners. Staff and youth will be trained on sponsorship activities to include offering web-based installation information, support and activities to peers and other youth in transition pre-arrival, arrival, pre-departure and transition services, to include orientations, tours, and peer to peer communication opportunities

(4) The Arts. Programs and activities are offered in the area of fine arts, to include performing arts, visual arts, literary arts and other mediums. The Youth Program should support daily self-directed or directed Fine Arts activities. A Fine Arts Program includes:

(a) Performing Arts that entail a wide variety of opportunities for youth to engage in music (instrumental and singing), drama, oration, dance, etc.

(b) Visual Arts options for youth include painting, drawing, photography, arts and crafts, sculpture, woodworking, weaving, ceramics, digital arts, origami, etc.

(c) Literary Arts include activities such as creative writing, poetry, journaling, newsletters, blogging, etc.

(5) Sports and Recreation.

(a) Sports Options. Options for youth to engage in fun sports programs, to develop interest and skill in life-long sports, and to acquire the life skills needed to participate and enjoy sports. Options introduce youth to a variety of traditional and non-traditional sports where youth learn rules, techniques, skills, sportsmanship, team-building, goal-setting, and self-discipline in a positive setting. The following are two components of sports options:

Component 1 - Pick-Up Sports/Games include a wide variety of activities that may be spontaneous or planned. Some examples of pick-up sports/games are jump-rope, dodgeball, cageball, lacrosse, team handball, badminton, table-tennis, and three-on-three basketball.

Component 2 - Intramural Sports include structured sports activities that provide opportunities for youth to engage in organized, recreational team competition. Some examples of intramural sports are soccer, flag-football, volleyball, handball and softball.

(b) Fitness. Options for youth include targeted educational, recreational, and functional fitness activities that foster healthy habits for life long fitness. Fitness is a core area of the YC program that emphasizes the goal of providing daily moderate to high level physical activity. Fostering social interaction with the importance of regular exercise, and the pursuit of a balanced lifestyle are inclusive in the YP fitness programming. Delivery methods include, but are not limited to, clinics, information

sessions, camps, posting of nutritional and stress reduction factoids, youth cooking clubs, and discussions on personal hygiene.

(c) Games and Leisure pursuits are opportunities for youth to learn by playing and participating in social activities such as lock-ins, trips, tours and dances for youth to experience group interaction. Activities include fun games, team building, adventure and cultural trips.

c. Methodologies. The Youth Program Methodologies are principles, procedures, and practices that should be applied when programming for and with youth. The Youth Program Methodologies are comprised of the following components:

(1) Experiential Learning – is a learning model consisting of five sequential steps:

(a) Participants experience an activity by performing or doing it.

(b) Participants share the experience by describing what happened.

(c) Participants process the experience by recognizing common themes.

(d) Participants generalize from the experience and relate it to their daily lives.

(e) Participants apply what they learned to a new situation.

(2) High-Yield Learning Experience – is an educational methodology in which the YP offers programs and activities that, while fun for youth, also introduce new skills and /or sharpen existing ones.

(3) Intentional Programming – refers to program-planning that has an intention, is meaningful and purposeful.

(4) Service-Learning opportunities for youth.

(5) Technology Integration into every facet of the YP Framework, maximizing Youth Technology Lab utilization.

(6) Youth/Adult Partnerships – YP staff must program with youth, not for youth. Youth should be treated as important resources and active partners in planning, implementing, and evaluating programs and services.

d. The Youth Program will utilize a program planning process that intentionally designs opportunities and experiences that support youth developmental characteristics. The Youth Program planning process will include annual, monthly, and daily plans. The Youth Program Plan assembles activities into programs. Youth programming will incorporate input from feedback channels and the Teen Chain of Communication.

e. Service learning projects are necessary to provide opportunities for youth to develop assets for resiliency and thriving. Participation in Service Learning Projects in support of others to include children, Families and elderly citizens in need provide these opportunities and life lessons. Volunteer hours should be tracked. Service Learning projects may require a legal review.

f. Fundraising in CYS programs is authorized under the following conditions:

- (1) A legal review is conducted and the proper level of approval is granted
- (2) CYS participants raise funds for the benefit of CYS participants

CHAPTER 8

Child and Youth Sports and Fitness Program (CYSFP)

8-1. Structure.

The CYSFP offers fitness and health programming in the four service areas of team sports, individual sports, fitness and health, and outreach. Sports options are tailored based on the size of the garrison and local resources. In locations where there are insufficient children and youth to offer team sports on-post, garrison staff will facilitate registration in off post leagues through local partnerships.

8-2. CYS Sports and Fitness Programs.

The programs shall be designed to facilitate positive emotional, physical, social and educational well-being of children and youth in a developmentally appropriate setting. The program shall focus on teaching positive nutrition habits, fitness activities, sport skills, and attaining positive competencies in sports and fitness for lifelong enjoyment.

a. Where possible, CYSFP programs will offer, at a minimum:

- (1) Three baseline team sports: soccer, baseball/t-ball, and basketball.
- (2) Two locally selected team sports such as softball, hockey, dodgeball, double-dutch, flag football, tackle football, cheerleading, volleyball, water polo, team handball, or other appropriate sports as outlined in AR 215-1, Military Morale, Welfare, and Recreation Programs and Non-appropriated Fund Instrumentalities, 20 Sep 2010, Table 8-5, U.S. National Sports Governing Bodies.
- (3) Three locally selected individual sports, such as golf, tennis, wrestling, swimming, bowling, and skiing/snowboarding, archery, etc.
- (4) Three locally selected fitness and health, nutrition education/counseling and health promotion activity/events, such as nutrition education, sports conditioning, aerobics, weight-lifting, fitness trails, challenge courses, walking, jogging, hiking, etc.

(5) Fitness and health opportunities shall be offered throughout the year. Staff implementing fitness and nutrition classes will maintain a valid certification and structure lesson plans appropriate to the developmental stages of children and youth. The safety and appropriate development of children and youth will be the priority when implementing any fitness programs.

(6) Outreach programming may include intramural sports, fitness activities and skill building clinics for SAC and YC participants, motor skill activities and physical fitness activities for CDC and FCC programs. Activities developed for CDC, SAC, and YC programs shall include daily fitness and nutrition components. These activities should be coordinated by the CYSFP staff who will facilitate and train the staff in these programs to perpetuate sports and fitness programming. Community functions and MWR Partnerships (e.g., golf or bowling) shall be supported. At least one additional activity, such as pick up sports with Youth Programs, Special Olympics, or outdoor adventure experiences shall be offered.

b. CYSFP staff are responsible for training and mentoring of various program staff. This includes ensuring age appropriate equipment is used for all activities. CYSFP staff will train program staff on expected program outcomes and delivery techniques while ensuring outreach programs are delivered within each CDC, SAC and YC program. CYSFP staff will develop an annual calendar with expected focus areas and work with various outreach programs to develop a schedule to best meet the needs of the program.

c. CYS will provide Sports and Fitness programs that are recreational, maximize participation, and concentrate on practice and skill development in a recreational environment. All children/youth are permitted to participate regardless of skill level or experience. All Sports and Fitness programs are to develop programs based on a Sanctioned Sport's Governing Body for that specific sport. IMCOM G9, CYS language, additions, rule modifications, and exceptions supersede governing body rules and requirements.

8-3. Program Participation Requirements.

a. A valid sports physical is required to participate in all team and individual sport opportunities. This sports physical is valid for 12 months. A 30 day extension may be granted if an appointment has been scheduled within that 30 days to renew the physical.

b. Family members who arrive after the current sport season enrollment period will provide a copy of the Sponsor's Permanent Change of Station (PCS) orders to authorize enrollment on a space available basis. These children and youth will be placed on team rosters and allowed to play the remainder of the season if space is available.

c. The Sports and Fitness Director has the authority to move a player into the next age group with written permission from the parent/guardian. Assessment of developmental characteristics is required for age waivers on a case by case basis. Players are not permitted to play down an age group or weight class without a special needs requirement (MIAT) certified by a physician that can be reasonably accommodated.

d. Programs are prohibited from offering sports or activities that are designed to intentionally injure children/youth e.g. mixed martial arts or activities which could strangle or damage the windpipe.

e. CYSFP will inform team coaches of players with age waivers, special needs, or with adaptive requirements. Staff, volunteers, and coaches will be trained on ages and stages development techniques and special needs inclusion techniques during orientation training.

8-4. Sports Program Assignments.

a. Age divisions are based on the National Alliance for Youth Sports (NAYS) 2017 Organizational Standards. Ages are determined by using an age cut off/age determination date for each season. Age determination is validated every season to determine developmentally appropriate programs. Age groups are 3 – 4 years, 5 – 6 years, 7 – 8 years, 9 – 10 years, 11 – 12 years, 13 – 15 years and 16 – 18 years.

b. Teams are determined based on registration demographics for programs that do not have adequate players in mandated age ranges. For example, when there are few children in age divisions 5-6 and 7-8, it may be necessary to create age divisions 3-5, 4-6 or 6-8. When developing alternate age divisions outside of specified age groups listed above, evaluations are conducted to determine player ability, appropriate strategy to form teams and ensure safety/appropriate development of participants. This means ensuring that a young less experienced team does not encounter an older highly skilled team whose expertise might inadvertently pose a safety risk to the younger team.

c. Programs can operate in a clinic format when low registration numbers prevent creation of a league. Fees are determined as per the most current Army Fee Policy, located on the CYS SharePoint site.

d. The 3 – 4 year old children's division is a developmental program to promote motor skill tasks associated with sports that build confidence in a fun and safe environment. Parent participation is encouraged in all activities.

e. Designated CYS Sports and Fitness staff shall assign players to a team, program or competition. Coaches and volunteers are not authorized to assign players to a team, program or competition. Coaches who intentionally place ineligible players in CYS contests will be removed. All children, youth, and parents requesting to

participate in a Sports and Fitness Program will be referred to Parent Central Services for registration and enrollment information.

f. In order to create balanced teams, player skill assessments will be conducted when youth are ages 9 and older and sufficient players are enrolled to create two or more teams.

g. Tryouts, cutting of players and creation of an “All Star” team are not allowed in CYSFP programs/teams. Placement is determined by registration requirements. Exceptions can be made based on physical requirements of the sport and the safety of the participants. All participants will be able to adequately perform the basic physical requirements to safely participate in a sport (e.g., fully capable swimming ability to participate on a swim team).

8-5. Games and Practices.

a. The local CYSFP Director is responsible for the scheduling of equitable practices and games. The Director will produce smart books, season binders, or file boxes for each sports program. Copies of these documents will be maintained by the staff responsible for monitoring sports programs. At a minimum, these documents will contain league rules, team rosters, emergency contact information, and practice/game schedules.

b. Coaches and volunteers are not allowed to schedule games or contests without the approval of the Director. All contests, bouts, games, scrimmages, and practices will be approved in advance by the Director.

c. For on post events, a designated CYS employee/staff member will remain on duty during all designated CYSFP activities (games, practices, clinics, etc.). A designated manager on duty will be accessible on-site or telephonically (official government office or cell phone) during all CYSFP activities.

d. For off post events, a designated CYS representative (e.g., coach or staff member) will be on-site for all off-post contests (community league game, etc.). A designated manager on duty will be accessible on-site or telephonically (official government office or cell phone) during all off-post contests (community league game, etc.).

e. Coaches will provide proper warm up routines prior to each practice or game. An introduction to proper warm up routines will be included in the initial coaches' certification/training.

f. In accordance with the Home Along policy, Coaches will ensure that all youth are accounted for and supervised and will remain onsite, when necessary, until all youth are picked up.

8-6. Player Participation.

a. Coaches are responsible for ensuring all players participate in at least 50% of each game and/or equal playing time among all participants. Programs will develop a playing time strategy that ensures all children/youth participate as equitably as possible while ensuring the overall health and safety of each child/youth is maintained.

b. Exceptions to the 50% player participation rules occurs when specific participation requirements, e.g., a player who is physically or emotionally unable to play the required amount of time designated by the sport, or a player who has been removed from a game (e.g. ejected from the game.) It is the responsibility of the coach to report exceptions to the player participation requirements immediately to the opposing coach and the Sports and Fitness Director or Sports Official.

c. When a concussion or serious injury is suspected, the player may not reenter the game or practice until he/she is cleared by a medical physician. In this instance, minimum participation requirements will not apply.

d. Programs offering tackle football shall develop minimum playing time (plays from scrimmage) requirements based on the local program/league and should take into consideration the safety of each participant. Programs will develop a playing time strategy that ensures all youth participate as equitably as possible while ensuring the overall health and safety of each youth is maintained.

8-7. Scores and League Standings.

a. Scores shall not be kept or posted in the 3-4, 5-6 and 7-8 year old age divisions. Scores in the 9-10, 11-12 and 13-15 year old divisions will be kept by game officials.

b. League Standings will not be kept for ages 8 and under. It is recommended standings not be kept at any age level.

8-8. Conduct.

The Director is responsible for ensuring the CYSFP adheres to the CYS Code of Conduct (for coaches and parents), and Army Values for all (i.e., staff, coaches, participants, parents, officials and spectators). Staff, volunteers, officials and players will emphasize good character and sportsmanship to all. Profanity and unsportsmanlike conduct will not be tolerated. Coaches and parents must sign the National Alliance for Youth Sports Code of Ethics at <https://www.nays.org/coaches/training/code-of-ethics/>.

8-9. Violations.

a. Consequences of violations of the CYS Code of Conduct (coaches and parents) and Army Values are:

(1) First Violation: Verbal warning and documented as an incident/occurrence report

(2) Second Violation: The Director will determine if incident warrants immediate removal from the facilities, fields, and/or function (out of sight and sound) and documented. If immediate removal is warranted, coaches will be removed from their position and NAYS notified of the incident.

b. The use of tobacco products (to include electric and smokeless products), alcoholic beverages, or illegal drugs by coaches, participants, volunteers, CYS staff, officials, or spectators at any CYS facility or function, to include parking lots, is prohibited at all practices, games and CYS sponsored events. Failure to adhere to this policy will result in removal from CYSFP facilities and/or fields. Military Police may be called to help control the situation as needed.

c. Animals or pets are not permitted on the playing fields. Only properly labeled working dogs and approved service animals are allowed on playing fields.

d. Zero Tolerance Violation: Any physical or mental harm (berate/belittle) or threat to harm a child/youth, volunteer, sports officials, spectator, coach or staff will result in immediate removal from the facilities, field, and/or function (out of sight and sound), and appropriate authorities notified. Suspicion of child abuse or neglect will be reported immediately per the reporting protocol.

e. The Director will present violations to the CYS Coordinator, DFMWR and GC to determine appropriate action. Actions involving more than one garrison shall be reported to IMCOM CYS on an RUI.

8-10. Mercy Rule (For the safety and welfare of the players).

The mercy rule is a provision in the rules for stopping a game if one team or opponent has taken a substantial lead, considered to be insurmountable, after an allotted amount of time. The specifications of this rule will be determined locally. Coaches and staff will be notified of the mercy rule prior to the season starting. The CYSFP Director or designee shall invoke the mercy rule based on their judgment and local policy. Invoking of the mercy rule cannot be protested. Health, safety, and welfare are considerations when making the decision to invoke the mercy rule.

CHAPTER 9 Facility/Fire/Safety

Facility

9-1. General Facility.

Existing CYS facilities for all age groups will continue to age through their life cycle and require renovation to ensure facilities are safe, support the needs of the occupants and create an environment that is conducive to accreditation and DoD certification.

a. This chapter provides basic guidelines for maintaining existing facilities; provides guidance for renovations and new construction standards. Existing buildings are defined as those built prior to March 2008 (CDC); prior to October 2004 (SAC); prior to January 2008 (YC), that comply with the standards in effect at the time of construction. Buildings constructed before these dates do not have to comply with the current standard design until renovated.

b. All new construction, repairs, alterations, conversions and additions, as discussed in the Handbook – Requirements for Army CYS Facility Projects, require IMCOM G9 CYS oversight from conception, review and approval of the Statement/Scope of Work (SOW), the Request For Proposal (RFP), and construction plans/drawings of all CYS facilities and Outdoor Activity Areas/Playgrounds prior to the start of construction IAW AR 608-10, paragraph 5-53. IMCOM should consult with a public health representative IAW AR 40-5, paragraph 2-17a., and TB MED 531, paragraph 8-2, for facility design review.

c. A pre-occupancy inspection of new construction, repairs, alterations, and additions is required prior to acceptance by the garrison at the end of construction. A copy of pre-occupancy inspections (and other inspections following renovations) must be maintained in the program fire inspection file.

d. Army Standard designs are maintained and available for all users at the Huntsville Center of Standardization (COS) website link: <https://mrsi.erdcdren.mil/cos/hnc>. Add "/cdc" at the end of the link for CDC, "/sac" at the end for School Age, and "/YC" at the end for Youth Centers.

9-2. Construction, Alteration and Closure.

The current CYS Standard Designs will be used to: reflect DoD and Army construction standards; allow flexible programming to meet changing child demographics and accommodate assessed local needs for child age groups; support cost effective business management practices; minimize maintenance costs; and reduce the risk of institutional child abuse. Repairs, alterations, and remodeling shall comply with standard designs to the fullest extent possible.

a. Current standard designs will be used for all CDC construction, alteration, and addition projects.

b. Current standard modules will be used for all joint-use construction, alteration, and addition projects.

c. Information on facilities will be accurately documented in CYMS by the garrison, 30 days prior opening the facility.

d. Requests for any waivers to the standard designs will be forwarded through the IMCOM Directorate to IMCOM G9 CY5 to forward to the Office of the Assistant Chief of Staff for Installation Management (OACSIM).

e. CY5 facilities will not open prior to CCTV equipment installation. During a renovation or alteration, removal and reinstall of the Closed Circuit Television (CCTV) is a garrison borne cost and must be coordinated with the ID and IMCOM G9 through a Change Request.

f. All requests for facility closure will be accompanied by a Business Case analysis and signed memorandum routed through the DFMWR, GC, and ID Director to the IMCOM Chief, CY5. The Chief, CY5 will review and concur/non-concur and forward the CY5 recommendation to the Director, IMCOM G9 for decision.

Table 9-1. Facility Alteration Decision Matrix.

Requires G9 Review and Inspection	Check with IMCOM Directorate (may not require review/inspection)
Change in Occupancy or age group	Repaint walls
Reconfigure facility, activity room or entry	Replace flooring
Alter playgrounds	Change ceiling finishes
Change room usage or age groups (ex. training to activity room or pre-school to infant room)	Replace furnishing (i.e. sofas, chairs, kitchen equipment and diaper changing stations)
Add or delete mechanical, electrical, plumbing fixtures	Restore/replace cabinets or other built-ins
Add kitchen or fire alarm or detection system	Replace carpeting in the YC
Move or replace walls, doors, windows	Upgrade existing or repair HVAC or electrical system

9-3. Devices Used for Heating.

Heating appliances, open fire places, portable space heaters and electric heaters are prohibited heating sources in CY5. Follow local Fire Department guidelines.

9-4. Noise Levels.

Current peak noise level standards for CYS facilities can be found at the Huntsville Center of Standardization (COS) website link: <https://mrsi.erdc.dren.mil/cos/hnc/> (Add "/cdc" at the end of the link for CDC, "/sac" at the end for School Age, and "/YC" at the end for Youth Centers). If there are concerns about the noise levels in a CYS facility, a Noise Survey may be requested from the Installation Public Health Support Activity.

9-5. Lighting Fixtures.

Light fixtures will meet the following criteria:

- a. Are in good repair and replaced as needed.
- b. Due to child protection measures, automatic motion light switches are allowed only in the Mechanical, Electrical, and Communication Rooms (rooms that are not accessible to users and staff).
- c. Light fixture operations will not conflict with child abuse-prevention measures. Facilities with lights switches in rooms and closets with existing automatic motion sensors are required to be in override mode during hours of operation when children/youth are in the facility.
- d. Rooms will not be darkened to the extent activity is not visible on the CCTV system. If unused rooms cannot be locked, lights will be left on. If a closet with an existing automatic motion sensor (without override mode) is altered, the closet must meet the current Army standard design criteria.
- e. Lighting will be in accordance with current room by room standard design requirements. Link to standards is at para 9-1d.
- f. In CDC facilities with less than 135 capacity where the small multipurpose room/gym is used for classroom space, foot candles need to be evaluated and lighting levels adjusted prior to use as a classroom space.
- g. Facilities will have a mixture of natural and artificial light which can be adjusted to changing outside light levels by the staff. Lighting fixtures do not oscillate visibly at low intensities. Ceiling baffles, roof overhangs and shades/window treatments control the natural light-brightness ratios and lateral differences in illumination. Sufficient controls exist over natural and artificial light to allow for lighting flexibility. To meet this requirement, multi-ballast switches, dimmer switches, track lighting, movable lights, etc., will be used. Overhead lights are required in child/youth activity areas.

9-6. Heating, Ventilation, and Cooling System.

a. Temperatures in child activity rooms/modules and youth activity rooms will be maintained by tamper-proof temperature and air-quality measurement/monitoring devices at no less than 68 degrees Fahrenheit in winter and not higher than 78 degrees Fahrenheit in summer. Measure at 12" above finished floor (AFF) with a hand held thermometer or set it on a piece of furniture at that height. Then adjust the wall thermostat until the temperature on the thermometer reads in the desired range. Coordinate with environmental health when temperatures are not within standard to determine when rooms/modules should be closed.

b. Relative humidity between 35-50% will be maintained in the facility, especially in child activity rooms, to prevent the growth of mold, mildew or other biological agents that cause eye, nose and throat irritation and may trigger asthma episodes. CYS can request that Environmental Health evaluate the humidity levels in a facility if there is a reason to believe that levels are not being maintained within the standard. Humidifying and dehumidifying equipment (if present) will be monitored by health proponent to prevent microbial contamination.

c. Areas will be free of urea formaldehyde insulation unless area has been tested and found free of gassing area urea formaldehyde. Urea formaldehyde insulation (blown in) is associated with Radon. In suspected incidents, an Indoor Air Quality test may be requested through Installation Public Health (Environmental Health) representative. The heating, ventilation, and cooling system will be safe and responsive to operational needs.

9-7. Plumbing Requirements.

a. Water supply will be from an approved source and monitored per DA Pam 40-11 and TB MED 531. Hot water temperatures in child-accessible sinks will not exceed 110 degrees Fahrenheit. Water temperature controls are evaluated when a facility is first constructed or renovated and periodically by EH while conducting inspections of CYS facilities.

b. There will be an appropriate number and type of plumbing fixtures to support the building occupants' needs.

(1) At least one flush toilet and lavatory with hot and cold water per maximum of eight children 18 months–3 years.

(2) At least one flush toilet and lavatory with hot and cold water per maximum of 15 children 3–5 years.

(3) At least one flush toilet and lavatory with hot and cold water per maximum of 18 children 6–12 years.

(4) At least one flush toilet and lavatory with hot and cold water per maximum of 18 staff.

c. Separate adult and youth restrooms are required in the facility. Facilities constructed prior to 2004 (SAC)/2008 (YC) may have shared toilets if a system is in place to ensure adults and children/youth do not use restrooms at the same time.

d. Floor drains are present in all toilets, laundry rooms, janitor closets, arts & crafts rooms, and kitchens in new facilities. Floor drains are not required in existing facilities as defined in para 9-1a. If a sink is added in a location where one is not currently installed, a drain must also be added.

e. Plumbing requirements support special needs of children/youth. This includes sinks at the correct height, water temperatures between 100-110 degrees, water fountains at correct height, and pediatric height toilets in CDC rooms.

f. In FCC homes the water temperature at handwashing sinks utilized by the children will be between 100-110 degrees. This may necessitate adjusting the water heater in the home to ensure that water temperatures are appropriately maintained.

9-8. Drinking Fountains.

Drinking fountains and electric water coolers, if provided, will be at child height with guarded stream drinking head. The maximum allowable temperature of the drinking water will be room temperature. If a drinking fountain is not available or inoperative, a cleaned and sanitized water container filled from a designated food preparation sink and disposable cups will be provided during indoor and outdoor play. Use ice to maintain water at room temperature as needed outside. Water fountain pressure is sufficient to prevent cross contamination by persons touching their mouths to the spigot. *Note: see the Army standard design criteria- room by room descriptions for more detailed requirements.*

9-9. Floor Coverings.

Area rugs will comply with sanitation requirements. Area rugs will be bound (binding can be underneath), slip-resistant, fire retardant (see 9-20 for details), clean and free of stains with no deterioration, and commercial grade in order to withstand frequent cleaning. In CDCs, the floors of child care rooms will be of sheet vinyl with welded seams. Replacement of non-standard floor type coverings at the end of their life cycle will be made with standard flooring.

9-10. Maintenance.

Maintenance will be provided on a continuing basis to ensure facilities, installed equipment, grounds and playground equipment are maintained in a safe, operational and orderly manner.

a. Facility penetrations, openings and cracks, and torn window screens will be sealed to prevent insect and rodent infestation. Sealants used in CDC's shall be National Sanitation Foundation (NSF) or US Department of Agriculture (USDA) approved.

b. Plantings will be free from thorns or sharp branches and will be non-toxic.

c. Pest-control is conducted IAW the Installation pest-management plan, Armed Forces Pest Management Board (AFPMB) Technical Guide No.2, and TB Med 531 8-4b(9). Treatment will be performed when children are not in the facility. Only herbicides and pesticides approved by the AFPMB for use in CYS facilities will be utilized and applied in the prescribed manner.

d. All sandboxes and portable sand containers must be covered at the end of the day. Maintain sandboxes and portable sand containers and replace the sand every six months at a minimum, or when there are signs of contamination.

9-11. DPW Custodial Contract.

Cleanliness of CYS facilities will be ensured through a DPW custodial contract. Custodial housekeeping services will be provided as specified to ensure a safe and sanitary facility. The hiring of Non-appropriated Fund (NAF) custodial employees with CYS funds does not meet the INTENT of this requirement unless DPW reimburses CYS for the cost of these custodians. The Custodial Services Frequency Chart and Performance Work Standards are defined on OPOD 18-011 IMCOM Enterprise Base Operations (BASOPS) Performance Work Statement (PWS) Templates. The TB MED 531, paragraph 8-14 provides additional insights regarding these requirements.

Fire

9-12. Facility Fire Inspection Requirements.

Facility fire inspections will be conducted in accordance with regulatory guidance and in coordination with the Director of Emergency Services (DES). See para 1-21 for details. Quarterly CDC/SAC/YP indoor and outdoor inspections will be conducted by fire protection professionals to include a walk through to identify fire hazards. DES will ensure all fire inspection deficiencies are corrected within the prescribed timeframes. Building Managers shall ensure that monthly indoor and outdoor inspections are conducted (CDC/SAC/YP) as trained by fire protection personnel or subject matter expert, unless the inspection has already been conducted by the fire protection professionals. FCC Homes must be inspected prior to initial certification and annually thereafter.

9-13. Facility Fire Occupancy.

a. CYS facility fire occupancy will be determined by DES in accordance with NFPA 101, Life Safety Code (LSC), except when Army guidance has more stringent fire protection requirements to offset suggested National Fire Protection Association (NFPA) 101 child/youth/adult ratios. The allowable occupant load is based on the capacity of the exit components, not on floor area (square footage). The LSC establishes minimum exit capacity, based on an assumed maximum probable number of occupants. The determining factor for occupant load, with respect to safety, is the clear width of the exits and exit access. Based on the vast difference between the program capacity and the exit width calculation for the room, the number of children and staff should never exceed the classroom exit capacities. If the occupancy load determination reduces the program spaces, coordination with Higher Headquarters is required.

b. Fire capacity for the entire facility will be posted in the lobby area, not in individual rooms.

c. Facilities that house more than one age group will meet the most stringent fire protection requirements throughout or shall meet the specific requirements of each age group in areas that are separated by minimum two hour rated fire construction.

(1) CDC's are classified as Day Care Occupancies IAW NFPA 101, Para 6-6.1.4.

(2) School-Age and Youth facilities will be classified as Educational and Assembly Occupancies with the Multi-Purpose Room being the Assembly Occupancy portion of the building and being separated by one hour fire rated construction in accordance with Unified Facility Criteria (UFC) 4-740-06. Occupant load posting will be IAW NFPA 101 Chapter 13.

9-14. Facility-Based Sprinkler System.

a. Director of Public Works shall ensure that all installed fire alarm and fire suppression systems receive the highest priority for inspection, maintenance and repair complying with UFC 3-601-02.

b. Sprinkler heads will not be obstructed or painted over. Storage will not be within 18 inches of the bottom of the sprinkler head.

c. Items cannot be hung from sprinkler heads and cannot block the trajectory of sprinklers.

d. Unobstructed fire department connections for hose outlets are provided to support fully-sprinkled facilities.

e. Impairments affecting the performance of installed fire protection features shall be corrected immediately when identified using the highest priority in the appropriate work identification and management system.

f. The UFC 3-601-02 provides requirements for inspection, testing, and maintenance (ITM) of engineered fire protection features in DOD facilities and cannot be deviated from without prior approval of the U.S. Army: Headquarters U.S. Army Corps of Engineers (HQ USACE/CECW-CE).

g. Senior and tenant activity commanders shall be briefed not less than twice a year, of system impairments, compensatory measures in place, projected correction completions, and corrections completed since the last report.

9-15. Facility Doors.

a. Doors in hazardous areas (kitchen, storage rooms, janitor closets, mechanical rooms, etc.) will be smoke-resistant and self-closing. EXCEPTION: Janitor closets protected in accordance with NFPA 101, 16.3.2.1(1) (d), shall be permitted to have doors fitted with ventilating louvers where the space is protected by automatic sprinklers.

b. In existing buildings (see para 9-1a) that have exterior doors leading to the outside from all child activity rooms or the building is fully protected with an automatic sprinkler system, the doors leading into the corridor shall be smoke resistant and self-closing. Doors leading down into a basement from the corridor shall be a 45 minute fire rated door IAW NFPA 80. If the requirements stated above cannot be met, doors opening to the interior of the building (i.e. corridor or basement) must have a 45 minute fire resistant rating and be equipped with a self-closing device.

c. All fire rated doors are operational, have not been altered and have fire rating tags on the doors and frame that have not been painted over or removed.

d. Nothing will be hung from self-closing devices. All doors opening into a corridor or atrium will have self-closing devices and will not be propped open. Exception: Specific SAC and YC Activity Room doors may have approved electromagnetic hold open devices that are tied into the facility fire alarm system per the Army Standard Design Criteria Room by Room Descriptions. This information is available at the Huntsville COS website link: <https://mrsi.erdc.dren.mil/cos/hnc>

e. Laundry rooms, regardless of when built, will have a one hour fire-rated enclosure with a 45-minute fire rated door IAW NFPA 101 Chapter 17.

f. Kitchen doors located in buildings protected throughout with an automatic sprinkler system do not have to be fire rated, nor do the walls of the kitchen separating it from the rest of the building. If the building is not protected with a sprinkler system,

then kitchen must be separated by one-hour fire protection with a 45 minute (3/4 hour) fire-rated door.

g. Finger guards shall be roll-type only. All doors shall be provided with finger guards at the hinges, on the activity room side, up to a minimum height of 48". On exterior doors, finger guards shall not conflict with weather stripping. During installation, finger guards shall not interfere with the integrity of a fire rated door. Refer to NFPA 80 for further guidance on modifications to a fire rated door.

9-16. Means of Egress.

a. All infant, toddler and hourly care rooms in facilities built prior to 1997 (per AR 608-10) and all child activity rooms (not including gross-motor rooms) in new or renovated facilities will have at least one exit that leads directly to the outside. Exits for infant areas will be wide enough to accommodate a crib (minimum clear width of 34 inches). The minimum width may be reduced to 32 inches (813 mm) if evacuation cribs are no wider than 29 inches (737 mm) including all projections.

b. Activity Rooms in CDC's dating 1998 (per TI 800-01) to present will have at least two (2) exits (exterior and corridor), neither of which requires travel through any other room. All child activity rooms (infant/pre-toddler/toddler, pre-school/Pre-k/ kindergarten, Transitional Care, and in certain situations Active Play Rooms) must exit directly to the fenced playground area.

c. Emergency exit requirements for SAC and YC: SAC facilities built after 2004 and YP facilities built after 2008 require both a direct exit to the outside from each activity room and one into a corridor or atrium. Large multipurpose room exit requirements are based on the occupancy of the area IAW NFPA 101, Chapter 12, Assembly Occupancies.

d. Every room in an FCC home used for sleeping, living, recreation, education, or dining purposes shall have a primary and secondary egress. The primary egress needs to be a door, stairway, or ramp that provides unobstructed travel to the outside of the facility at street or ground level.

e. Emergency exit requirements for instructional classes are the same as the occupancy of the building they are located in. Standalone SKIES facilities follow the rules found in *c.* above

f. Corridors used as fire evacuation paths will be at a minimum of 6 feet in clear width. Adjacent rooms are not used for egress from dead-end corridors. Corridors will not be obstructed by furniture, lockers, cubbies, food carts, etc. Exterior and interior evacuation paths will be checked daily to ensure that they remain clear of all obstructions (including snow). All facilities that do not meet the 6 foot corridor requirement are required to obtain G9 CYS approval to continue operations.

- g.* Dead-end corridors may not exceed 20 feet in length.
- h.* If the building is not fully sprinkled, travel distances to exits will not exceed 150 feet from any point in the building and 100 feet from any corridor/atrium room door.
- i.* In a fully-sprinkled building, travel distances to exits will not exceed 200 feet from any point in the building and 150 feet from any corridor/atrium room door.
- j.* Rescue Windows, if required, will meet standards in NFPA 101, Chapter 16, Section 16.2.11, with clear opening NLT 5.7 SF, width NLT 20", height NLT 24", bottom of opening not more than 44" above the floor.
- k.* Fire evacuation plans will be posted by all doors and oriented in the direction of exit travel. See 9-21 for more detail.
- l.* All facilities constructed in 2008 or later will have exterior fire exit doors with flush-type panic hardware (older existing facilities may have bar-type panic hardware).
- m.* Flush-type panic hardware with a recessed strike will be used in exterior exit doors in infant areas.
- n.* Doors from activity rooms and outside exit doors will swing in direction of exit travel.
- o.* If interior child gates are used, they also will swing in the direction of exit travel and provide easy access for cribs to pass through without having to lift crib.
- p.* All exterior exit doors will be equipped with operable interior illuminated exit signs in accordance with NFPA 101. Exit signs over interior activity room corridor doors are not required.
- q.* All occupied areas and corridors will have operable exit and emergency lighting in accordance with NFPA 101.
- r.* All doors have required door hardware. Aftermarket intruder barrier devices are not permitted.

9-17. Facility Kitchen Hoods.

- a.* Commercial-grade kitchen hoods equipped with fire-suppression systems (wet chemical) will be installed in accordance with NFPA 96 and NFPA 17A.
- b.* Kitchen hoods will be maintained IAW UFC 3-601-02, which covers inspection and maintenance requirements. Kitchen hoods will be inspected and maintenance performed every six months with inspection documentation affixed to the hood. Required documentation is a card with inspection dates that the contractor attaches to

the system cabinet that contains the wet chemical bottles or is attached to the manual pull station (for commercial hood systems only) for the suppression system.

c. A residential hood and fire-suppression system will be provided in facilities with domestic cook tops for the demonstration kitchen/snack bar. The fire-suppression system is inspected every 6 months in accordance with UFC 3-601-02.

d. Kitchen staff will ensure no grease build up on kitchen hood exhaust screens.

9-18. Fire Alarm / Mass Warning and Notification System (MWNS), Fire Annunciator Panels and Pull Stations.

New and renovated facilities will comply with UFC 3-600-01. Provide complete automatic sprinkler system, fire alarm/mass-notification system, and carbon monoxide detection in accordance with UFC 3-600-01 and UFC 4-021-01. Provide smoke detection in all areas including closets over 20 sq. ft. except the kitchen and spaces not climate controlled such as the attic, walk-in coolers, and the mechanical equipment room. Maintain smoke detectors at least 3 ft. from all HVAC diffusers. Heat detectors are not required in any area because the facility is fully protected with a sprinkler system.

a. The MWNS will be operational as required by UFC 4-021-01.

b. If the fire alarm and MWNS system are a combined system using voice activation, the MWNS system will override the fire alarm system during a MWNS announcement and will reactivate the fire alarm system once the message is over in accordance with UFC 4-021-01.

c. The FADS will be tested and inspected annually IAW UFC 3-601-02 to ensure that the systems are operational at all times. Facility Directors will maintain documentation of the annual inspection/test at the facility.

d. FADS will have the capability to operate both manually and automatically in accordance with NFPA 72. FADS will be used during all facility fire drills and will automatically transmit a signal to the Fire Alarm Control Center or a 24-hour operated dispatch center. Communication to the dispatch center will be verified during fire evacuation drills.

e. Strobes will be synchronized when more than two can be seen at a time. The fire alarm will be audible (at least 15db over ambient noise level) where children/youth are located. Note: Host country may vary.

f. Fire alarm notification devices, enunciator panel, and fire alarm manual pull stations will be installed in accordance with NFPA 72 and located in the lobby or vestibule area.

g. The distance from an exit door to a manual fire alarm pull station must not exceed 5 feet IAW NFPA 72. Staff will ensure fire alarm pulls are not blocked from view or access by wall hangings or furniture.

h. Smoke detectors will be operational in all facilities where required

i. Provide Carbon Monoxide (CO) detection in facilities with combustible fuel burning equipment (e.g. air handling units, heaters, stoves, fireplaces), IAW UFC-3-600-01, 9-19. Where a voice evacuation system is not provided, follow UFC-3-600-01, 9-19.3.2.

j. Facilities will have a method to shut down the HVAC system when contaminants are detected (for complicated building situations, refer to the UFC).

9-19. Fire Extinguishers.

a. Portable Class-ABC fire extinguishers will be located facilities and FCC Homes in accordance with NFPA 10. If the fire extinguisher cabinet is required to be recessed in a fire rated wall, the cabinet must meet the same fire resistive rating as the wall IAW NFPA 10.

b. In new facilities built after 2006, where present, portable Class-ABC fire extinguishers will be located in recessed cabinets. In older facilities the extinguishers may be wall mounted or in a cabinet.

c. Class-K fire extinguishers are required in all kitchens, except for demonstration kitchens and FCC Homes.

d. Due to the size and location of the “K” type portable fire extinguishers they are allowed to be hung on hangers and not in a cabinet.

e. Fire extinguishers will be operational and inspected annually by certified technician in accordance with NFPA 10. CYS is responsible for the cost associated with the maintenance and replacement of fire extinguishers.

f. Fire extinguishers will be inspected monthly by building manager or FCC provider and documented on the tag. Fire extinguisher tags are only kept for one year to show monthly inspections and replaced annually. There is no requirement to maintain the old tags.

g. The DPW staff are the only ones that will have a key to the facility mechanical rooms. The Facility Director should have a key or master key to the fire extinguisher cabinets.

9-20. Facility Interior Finishes Insulation, Corridor Construction Materials, Carpets, Area Rugs and Curtains.

a. Interior finishing materials in new construction/major renovation projects will conform to the Army Standard Design Criteria Finish Schedule.

b. Carpets used in a vertical position are considered an interior finishing material and must comply with standards applicable to those materials.

c. Carpeting and area rugs will meet the minimum flame-spread and smoke ratings specified in UFC 3-600-01, Chapter 2, Section 2-6.2, and NFPA 101, Chapter 10, Section 10.2.7. Documentation that carpets and area rugs meet this requirement will be kept on file at the facility. If required fire-resistant rating documentation for all floor wall-to-wall carpeting or area rugs is not available due to age, the deficiency should be identified in the Comprehensive/MDTI Corrective Action Report (CAR) and sent through the ID to IMCOM G9 for review and recommendations.

d. Curtain/valance materials will be commercially manufactured and meet fire-resistance requirements of NFPA 101, Chapter 10 and Section 10.3.1. Documentation must be kept on file.

e. Any wood material such as wainscoting or paneling shall meet the appropriate fire-resistant rating; however, wooden furniture and frames for items on the wall are not included in this requirement.

f. Percentage of wall covered by paper, artwork, posters, etc., will not exceed 20% of total wall space for facilities not fully covered by a sprinkler system or 50% of fully-sprinkled facilities. Wall space is determined by calculating the total square footage of the wall and reducing it by the square footage of any doors in the wall. Windows in the walls (vision panels) are included in the total square footage. Once the total wall square footage is determined, then calculate what percentage (20% or 50%) of that wall can be used to hang artwork or teaching materials depending on whether the building has a sprinkler system or not.

9-21. Fire Drills and Evacuation Procedures.

The evacuation routes, with orientation to the direction of exit travel, are posted within 3-5 feet of the primary and secondary evacuation doors and clearly visible in each room/module, activity area, office, home, corridor, lobby, assembly areas, etc.

a. Fire evacuation plans shall be posted at the primary and secondary exit doors. The evacuation plan shall show a diagram of the entire facility/home. Written fire evacuation procedures shall be posted with all fire evacuation plans. The fire evacuation plan shall include the most direct route (primary) to the outside, as well as the (secondary) route to the outside. The assembly point shall be located a minimum 50 feet away from a CDC and 75 feet away from a SAC, YP and FCC homes.. Infants

and pre-toddlers can be carried out during a fire drill or emergency as long as the person carrying them is not pushing a crib or movable cart.

b. Evacuation plans will be consistent throughout CYS (i.e. different colors are used for primary and secondary route and the use of those colors is consistent throughout all rooms in all facilities). Fire Evacuation Plan Template can be found on the CYS SharePoint site.

c. Program materials and furniture will not be arranged or stored to impede egress (i.e. arrangement of cots, etc.) or block exits.

d. Evacuation contingency plans should be posted in every room/module, activity area, office, home, corridor, lobby, assembly area, etc., in a space clearly marked near one of the means of egress. Evacuation plans must include procedures for evacuating persons with mobility issues or special needs. Evacuation contingency plans should include a long term evacuation site to be used when the facility cannot be re-entered. Plans will include parent notifications.

e. For partially-sprinkled facilities, the distance between the primary and secondary evacuation exits will be no more than $\frac{1}{2}$ the distance of the diagonal of the room in accordance with NFPA 101. For sprinkled facilities, the distance between the primary and secondary evacuation exits are no more than $\frac{1}{3}$ the distance of the diagonal of the room in accordance with NFPA 101.

f. Fire drills involving all children/youth and adults will be conducted monthly at all facilities by fire protection professionals or the building managers trained by the Subject Matter Expert (SME). Building managers must conduct and document drills each month when DES/fire inspection professionals do not conduct a drill. All staff/providers will demonstrate competence in fire-evacuation procedures during a fire drill.

g. Fire drills involving all children/youth and adults will be conducted annually at each FCC home by fire protection professionals. FCC staff must observe a monthly drill unless one has already been conducted by the fire protection professionals. FCC Providers must also conduct a drill within one week of a new child starting care in the home. All providers will demonstrate competence in fire-evacuation procedures during a fire drill. FCC Director must observe a fire drill quarterly in each FCC Home to monitor performance IAW Department of Defense Family Child Care Fire Safety and Prevention Safety Inspection Guide.

h. Fire drills will be conducted during varying hours of operation, to include mealtimes, naptimes and early morning/evening hours when children/youth are present regardless of weather conditions. A minimum of one drill per year will be conducted at mealtime and naptime.

i. Drills may be deferred due to inclement weather, but no more than two consecutive months. Make-up drills are conducted for deferred drills as the purpose of drills is for staff and children to practice evacuation procedures. New FCC homes and facilities must have at least five practice drills prior to a deferral (NFPA).

j. Documentation of fire drill results to include, number of children and adults (includes staff, parents, workers, etc.) present, time of day, total time to evacuate, and corrective actions required will be on file at each facility and home.

k. Staff/providers will conduct a name to face check to account for all children/youth during and after fire drills. Name to face will be conducted by CYMS printout or sign in sheet.

l. Two minutes is the bench mark to fully evacuate a building and one minute is the bench mark to evacuate an FCC home. . Evacuation of the building will be less than two (2) minutes for last individual out of the door. If the time is not being met during a fire drill, the fire inspector will determine the cause and provide guidance to improve the evacuation time. FCC homes should be safely evacuated within one minute.

m. All cribs used for evacuation purposes will meet American Society for Testing and Materials (ASTM) standards. Sturdy evacuation cribs with oversized wheels (4" in diameter or greater and which easily roll over different indoor/outdoor surfaces) will be provided. Designated evacuation cribs cannot be used for storage, either in or under the cribs, and are labeled in writing for this purpose. Evacuation cribs can be used for an infant to sleep in. Blankets/coverings and other supplies needed during evacuations will be readily available. Evacuation cribs will be checked on a monthly basis to ensure they are safe (i.e. screws are tight, easily opened and closed).

n. Senior staff members monitor performance during evacuation drills to ensure procedures are followed, children are evacuated safely, rescue medications are taken with children, evacuation paths were clear, evacuation cribs are used, all children and adults are accounted for, upon re-entry to the building evacuation crib sheets are changed, crib is cleaned and disinfected and children/staff wash hands and any issues are documented. A system will be in place to ensure no one is left in the building. Staff members are assigned during each shift to check classrooms, adult toilets and staff offices prior to evacuating the building. Child activity room staff members check toilets and other areas of the room for children prior to evacuation of the facility. Documentation of management staff performing this task can be indicated on the fire drill paperwork for that drill.

9-22. Facility Smoking Guidance.

Smoking is not permitted within 50 feet of the egress or ingress of the building. The designated smoking area will not be within view of children/youth. A safe disposal area/receptacle will be provided in the designated smoking area and will be policed

regularly. Staff will remove their smocks/aprons and leave them in the facility prior to taking a smoke break. FCC Providers must not smoke when children are present. FCC Homes should be identified as a “home with smokers” that parents are made aware of in case children have allergies.

9-23. Storage.

a. CYS facilities will not store flammable, combustible, explosive or highly caustic materials IAW NFPA 30 in the facility or in adjacent outdoor areas. Although bleach, dish and laundry detergents must be inaccessible to children/youth, they are not considered highly caustic materials.

b. Closed activity rooms will not be used as storage areas.

c. All outdoor sheds (and other storage areas) should be locked when not in use.

9-24. Fire Requirements for Child Development (CD) Homes.

a. CD Homes operated by FCC Providers or staff must meet NFPA 101, Chapter 16 requirements for Group Homes.

b. A group home is one in which not less than seven (7), but not more than 12, children receive care, and supervision by other than their relative(s), or legal guardian(s) for less than 24 hours per day, generally within a dwelling unit.

c. Occupant Load:

(1) The minimum staff-to-child ratio is two staff for up to 12 children.

(2) There shall be not more than three children incapable of self-preservation (able to get themselves out of the building).

(3) The number of children incapable of self-preservation may increase by one or two (maximum of five), provided that one additional staff person is added and the maximum of 12 children is not exceeded.

(4) Adequate adult staff shall be on duty, alert, awake, and in the home at all times where children are present.

Table 9-2. CD Homes.

Staff-to-Child Ratio	Age
1:3	0-24 months
1:4	2 - 2.9 years
1:7	3 - 5 years
1:10	5.1 - 7.9 years
1:12	>8 years
1:3	Child incapable of self-preservation

- d. Exits must discharge directly to the outside.
- e. Domestic stoves shall be provided with a residential fire suppression system in the domestic hood in accordance with UFC 3-600-01.
- f. Where there are flame producing appliances and/or attached garages, carbon monoxide detectors shall be required in the facility.
- g. There is no fire alarm or MNS requirement in Group Homes, only smoke detector systems to include carbon monoxide detectors if required.

9-25. Fire Requirements for Army 24/7 CDCs Providing Care for 24 Hours or More.

- a. Army 24/7 CDCs operating 24 hours will meet the requirements of NFPA 101, New Residential Board and Care Occupancies, Chapter 32, Section 32.3 Large Facilities to include:
 - (1) Fully sprinkled facility (residential sprinkler system).
 - (2) Fire Alarms/MNS and Detection Systems (FADS).
 - (3) Emergency lights.
 - (4) Exit signs.
- b. A domestic stove shall be provided with a residential fire suppression system in the domestic hood in accordance with UFC 3-600-01.
- c. In addition to the above Army 24/7 CDCs operating 24 hours will meet the requirements of paragraph 2-24.c, f, g.

9-26. Facility Size.

CYS facility size is determined by the garrison demand for child care during the construction design process. The standard designs have built in flexibility should demand change.

9-27. Roof.

The roof will be inspected by Department of Public Works (DPW) in accordance with AR 420-1, 5-28, Section IV (Roofing System Management). Based on the type of roof, the latest roof inspection will be on file in the facility and will include the date the roof must be re-inspected. Refer to TM 5-617 and the roof installer to determine who is qualified to inspect and depending on the type, how often roof inspection is required. The previous requirement for yearly inspections for all roofs has been superseded by this operational guidance. Roof inspection is driven by type of material, composition and style of the roof.

9-28. Building Entrance.

- a. The main entrance to the facility will be identified per the Installation Design Guide (IDG).
- b. The building entrance will be designed to provide a controlled access point for patrons.
- c. Front desk personnel will monitor the entrance at all times.
- d. A system will be in place to ensure child safety and still allow parents' access to their children. Facilities used after normal daytime operating hours and weekends will have a system of communication (i.e. doorbell buzzer, intercom system, walkie-talkie) for use when the door is locked.
- e. Exit notification system with keyed manual override is required at all exterior doors that do not exit directly into a fenced area, except the front entrance and kitchen. These alarms must provide immediate notification; they cannot have a delay.

9-29. Mechanical Room.

- a. The mechanical room is off limits to all CYS staff. Only DPW staff will have key access.
- b. Mechanical rooms will open directly to the exterior of the building with no access to the interior space or direct access to the outdoor activity area.

c. If no exterior equipment is present and mechanical rooms are 20 square feet or less, then fencing is required around the entrance of the mechanical room if it opens out into a playground or activity space for children.

d. The mechanical room outdoor air supply and exhaust openings will be adequately screened to prevent access by birds and animals and will be out of the reach of children/youth.

e. Sensors and controllers to monitor climate control and operation of mechanical equipment will be connected to the base master control room equipment, if applicable.

f. A system or procedure will be in place so that CYS staff can operate the thermostat when there is a need to operate a facility for extended hours.

g. In existing buildings (para 9-1a), doors opening to the interior of the building, (i.e. corridor or basement) will have a 45 minute fire-resistant rating and be equipped with a self-locking latch and automatic door closer.

h. In existing buildings (para 9-1a), doors opening to the playground must have a 45 minute fire resistant rating, be equipped with a self-locking latch and automatic door closer.

i. Mechanical rooms will not be used for storage.

9-30. Asbestos.

a. In older buildings, asbestos may be present in the hot water/steam supply and return lines to the radiators in the rooms. It may also be present on the interior and exterior of air handling ducts.

b. Asbestos may also be present in plaster and was used as an acoustical treatment in larger rooms.

c. Just like lead based paint, current management practices do not require that it be removed, just managed to reduce risk of exposure.

d. If asbestos is present, CYS facilities will be included in the Installation Asbestos Management Program.

9-31. Electrical Wiring and Fixtures.

Electrical distribution (main power) panels will be properly located and secured (circuit breaker panels need only be secured with a key lock).

a. Appropriate power needs will be provided for lobby/reception, computer lab, staff and kitchen areas to support work equipment (i.e. appliances, office machines,

computer, fire notification panel, intercom, telephones and camera systems). There will be adequate receptacles for office, staff, and general support space. NOTE: If extension cords are in use, other than surge protectors for computers, additional outlets are needed.

b. 120V convenience outlets or equivalent OCONUS voltage, as required, will be installed in the perimeter walls in each child/youth activity space. 120V and 240V electrical outlets will be in the kitchen and laundry areas. All receptacles will be the grounding type. Ground Fault Circuit Interrupters (GFCI) will be provided for all receptacles located in areas near water where required by the National Electric Code (NEC).

c. Outlets in child activity rooms/modules and other areas accessible to children will be child-proof. Child-proof outlets will be (1) those with internal switching or barriers to prevent the flow of current to items other than electrical plugs or outlets with permanently-fixed devices (rotary gates, etc.) to resist the insertion of foreign objects, (2) GFCI or (3) positioned in such a manner as to be inaccessible to children. Outlets in CDC will be 54 inches above finished floor and measurement may be done from top of face plate. Press-in outlet caps do not meet the intent of this requirement. NOTE: Press-in outlet caps should never be used when the outlet has internal switching or barriers as the caps damage the outlets.

d. No operational outlets will be installed along walls where cribs are located. Existing outlets will be permanently blanked.

e. Multiple outlet electrical extension cords will not be permitted. NOTE: Additional outlets should be installed if needed rather than using extension cords.

f. Electrical wiring will be installed and maintained as required by the National Electrical Code (NEC) to support functional, operational, and programming requirements and ensure safety of children, patrons, and staff.

g. Surge protectors will be used only to protect computer equipment and will not be accessible to children. Surge Protectors should be used in Mini-TLCs. They will be hung above child height, concealed, and attached to the furniture so that they are inaccessible to children.

h. A functioning internal communication system which allows for communication (i.e. intercoms, telephones, walkie-talkies) between reception area and individual rooms/areas is installed at adult height (exterior intercom stations are not required).

9-32. Windows.

a. Windows will be child/youth safe and will provide natural lighting and ventilation.

b. Exterior window sills in 0-10 facilities will be low enough to allow children/youth to see out.

c. CDCs for 0-5 years designed/constructed after March 2008 are required to have view windows so the children can see out.

d. New construction and/or alterations (designed/constructed after 2008 for CDC 0-5 years; 2004 for SAC and 2008 for YC facilities) are required to have Anti-Terrorism/Force Protection (AT/FP) windows in accordance with UFC 4-010-01, Appendix B-1.1; Change 1, 1 Oct 2013.

e. In new construction and/or alterations (designed/constructed after 2008 for CDC 0-5 years and 2004 for SAC), single-hung top-operable sash windows or double-hung windows will have fixed bottom sash to prevent finger, arm and head injuries.

f. In new construction and/or alterations, all windows will be operable, screened and counter-balanced.

9-33. Vision Panels in Classrooms, Closets and Doors.

a. Vision panels are defined as windows that allow view into a space. This may be on the front door itself, off to the side of the door, on the wall between the hallway and the classroom, and between classrooms.

b. Unobstructed vision panels will be present in all doors and/or adjacent walls leading to child classroom or SAC/YC activity spaces except adult/SAC/YC toilets, mechanical and electrical rooms (accessed from the exterior of the facility only) and the isolation room toilet. Nothing will obstruct or be posted on vision panels. There must be a clear view into the classroom/activity areas.

c. Outside storage buildings on playgrounds installed after 1 April 2015 will have vision panels. Outdoor storage installed before 1 April 2015 with no vision panels will be kept locked. A key control system will be in place for accessibility to playground storage buildings.

d. Closed Circuit Television (CCTV) rooms will have vision panels, be kept locked and strict key control.

e. Electrical and communication rooms with access to interior of CYS facilities are required to have vision panels. Legacy facilities with mechanical rooms that have interior doors are also required to have vision panels.

f. Closets, store rooms, laundry and janitor closets are not completely darkened, are kept locked during the hours of operation and will have vision panels.

9-34. Hardware and Fixtures.

a. Cabinet hardware in child activity rooms (to include gates) and non-child activity room doors will be operable from either side, free from dangerous protrusions, and non-locking except for adult-controlled access storage. NOTE: This is in the standard design and only applies to new construction or fully renovated facilities. Pertains to children not being locked in storage units from the inside. The storage room doors in activity rooms must open from the inside out when locked from the outside. This is commonly found in new construction after 2008.

b. Hardware on cabinet doors, gates and non-child activity room doors must remain locked when not in use and need to be key controlled.

c. For 0-5 CDC facilities only: Finger guards will be present on the child accessible side of all doors, to include gates in child-activity rooms. NOTE: When installing finger guards, the integrity of the fire rated door cannot be compromised.

d. Unbreakable safety mirrors will be provided and are at child/youth height at child/youth sinks in all CYS facilities.

e. Sliding glass doors, low windows, and glass walls will be plainly marked at child and adult-eye levels.

f. Child bathroom stall doors/partitions:

(1) In infant/pre-toddler/toddler rooms, bathroom stall doors are not allowed and the top of toilet partitions shall be no higher than 42" tall with 12" clear opening at bottom.

(2) In preschool/pre-kindergarten/kindergarten rooms, bathroom stall doors are required and the top of toilet partitions shall be no higher than 48" tall with 12" clear opening at bottom.

(3) Toilet partition doors shall include latching hardware, but no coat hooks.

(4) In the ABA toilet stalls in the pre-school/pre-k/kindergarten rooms and outreach/transitional activity room, toilet partitions shall have headrail (overhead braced) or shall be otherwise mounted to assure rigidity of all posts and panels. These ABA stalls shall be provided with one in-swinging regular width door (+/- 24" wide), and one out-swinging ABA compliant (min. 32" clear opening width) door. Floor mounted partitions are required. Partitions shall be color-through Phenolic or solid plastic (HDPE). Exposed boots and hardware shall be non-corrosive material. (If an element of an existing building has not yet been brought into compliance with ABA for DoD facilities (previously ADA), then the needed ABA work is required to be included in any alteration project. When alterations are planned, the work included in that

alteration must comply with the current requirements the same as for new construction.)

g. Faucet and toilet paper dispensers will be easily operated by children/youth and meet American with Disabilities Act (ADA)/Architectural Barriers Act (ABA) where applicable. Paper towel dispensers in child/youth bathrooms will be located at child/youth height.

h. Facilities include an adult restroom, a space for staff to take a break, a place for staff belongings and an area for planning and training. In small facilities, the space used for breaks and training/planning can be in the same room.

i. Child/youth sinks will be equipped with faucets that automatically shut off. Sensor operated faucets and toilets are not authorized for child fixtures. Existing sensor operated faucets and toilets, as well as faucets which do not automatically shut-off should be replaced with an appropriate mechanical shut-off fixture when replaced for any maintenance reason.

j. In SAC and YC there are separate male and female bathrooms for children/youth.

k. In SAC and YC there are separate single-unit restrooms for staff and visitors but where there are multi-unit restrooms there must be a system to ensure that adults do not use the bathrooms at the same time as children/youth.

l. Individual space is provided for each child's/youth's belongings. Lockers are recommended for SAC and YC facilities to allow for a sense of security for youth belongings.

9-35. Wall Treatments, Interior Walls, Window Treatments and Floor Coverings.

a. Floors and walls will be free of protrusions, holes and splinters.

b. Walls will be soil resistant and easily cleaned.

c. Vinyl wall coverings and other impervious wall coverings are not allowed. Wall surfaces: will be easy to clean, repairable, easy to maintain, and durable. Wall surface shall be able to withstand tape peeling.

d. Where drinking fountains and/or lavatories are provided within the activity room space, a minimum 48" tall wainscot that is impervious to water and able to withstand daily sanitizing is required. This material shall extend to the floor and at least 18" horizontally in both directions from the centerline of the equipment. Walls finishes are epoxy painted gypsum board.

e. Installed carpeting will not be allowed except for computer labs and office areas.

f. Existing facilities will replace outdated or prohibited surface materials during renovation.

g. Any wood material must meet the appropriate fire-resistant rating.

h. Chipped, cracked, or loosened lead based paint will be managed through the Installation policy on lead based paint. Testing of sample is either by direct reach, instrumentation or by chemical analysis. Congress banned the use of lead-based paint in 1971 and the Consumer Product Safety Commission followed with implementing regulations, effective in 1978.

i. Special attention will be given to vulnerable areas including accessible chewable lead based paint surfaces, e.g., wood trim, window sills, baseboards, and wall surfaces which children can pick off during idle moments, e.g. rest time.

j. Current standards for room finishes can be found at Huntsville Center of Standardization (COS) website link: <https://mrsi.erdcdren.mil/cos/hnc>. Add "/cdc" at the end of the link for CDC, "/sac" at the end for School Age, and "/YC" at the end for Youth Centers.

9-36. Outdoor Porches, Patios and Decks.

The minimum dimensions of a deck will be six feet clear width. Flooring will be easily drained and will have a quick-drying surface. Decks and porches higher than 30 inches above the adjacent grade will be protected by child-safe railings or barriers.

9-37. General Requirements for CDC 0-5 Years Outdoor Play Areas.

Facilities designed or built under the Army Standard designs will have outdoor activity areas as prescribed by those documents. New construction and alteration projects (funded after 2008 for CDC) will provide direct exterior access from interior activity room/module to appropriate age group outdoor activity area. Older existing facilities may have access to outdoor activity areas through minimal corridor travel. Due to current Installation demographics a temporary deviation from the standard outdoor activity area may exist where playground immediately outside a classroom door does not match the age group. An ACSIM exception is in place for Army CDCs that do not meet the requirement to have direct access from the classroom to age appropriate outdoor activity areas. See attached ACSIM Equivalency memo located on the CYS SharePoint site.

a. Hose bibs, 18" above finished grade, are required in each age group play space and must be frost/freeze protective type with removable cut off handles with integral vacuum breakers.

b. Drinking water is available from a functioning water fountain or a jug of water and cups are made available so that children always have access to drinking water.

c. Outdoor shade will be provided on each outdoor activity area and as close to the standard design specifications as possible. Shade structure coverings may be removed where there are long periods of inclement weather.

d. Outdoor, weather tight, vandal proof storage will be accessible to each outdoor activity area. Storage area will be configured to allow easy access to contents and visibility by adults. Outdoor shed placement must not reduce the visibility of children in outdoor activity areas.

e. All playground equipment and use zones comply with Consumer Product Safety Commission (CPSC) Handbook for Public Playground Safety and all applicable American Society for Testing and Materials (ASTM) standards.

f. The outdoor activity area will have a minimum of 100 square feet per child and is capable of supporting all of the children in centers of 100 or less or the area is capable of supporting a minimum of 50% of the children at any given period in centers with a capacity of 100 or more children.

g. All outdoor activity areas will meet the Architectural Barriers Act (ABA), Americans with Disabilities Act (ADA) requirements for access and use. ABA standards are found in the ABA Accessibility Standard for Department of Defense Facilities adopted October 31, 2008. Renovation projects must be built to ABA/ADA standards.

h. The exterior grounds will be used for designed purpose (i.e. no storage of broken toys, equipment in playground corner) and will be free from graffiti.

i. New construction and alteration projects (funded after 2008 for CDC 0-5 years) will provide direct exterior access from interior activity room/module to appropriate age group outdoor activity area. Older existing facilities may have access to outdoor activity areas through minimal corridor travel. Due to current Installation demographics a temporary deviation from the standard outdoor activity area may exist where playground immediately outside a classroom door does not match the age group. An ACSIM exception is in place for Army CDCs that do not meet the requirement to have direct access from the classroom to age appropriate outdoor activity areas. The ACSIM Extension Memo is located on the CYS SharePoint site.

j. In ground sandboxes are not allowed for facilities built after 2008.

9-38. Outdoor Activity Area for Children 6 Weeks to 3 years Required Standards.

- a. Contain a variety of play surfaces to include; soft, multi-textured crawling surfaces, and play spaces scaled for infants and young toddlers.
- b. Include open grassy areas for running and crawling; hard-surfaced areas for use of strollers, wagons and wheeled toys; and surfaces suitable for skill-oriented equipment (e.g., swings, climbing structures).
- c. Possess easy access for strollers between indoor activity room and infant/toddler playground. Strolling path and hard-surface area for strollers and wheeled toys will be of a different material than the use zone (under swings and climbing structures).
- d. Include hard surface that dual functions for fire evacuations. Poured in place playground surface areas will not be used for fire evacuation. Shoveling snow from these surfaces to maintain an evacuation route for cribs damages the rubber surface.
- e. Include Infant areas with level doorways or inclined ramps which lead directly outside. Infant room exits will lead directly to hard-level surface which will extend a minimum of 50 feet from building (per TI 800-01 (4)). The earth (dirt, grass) does not qualify as a hard surface, as its texture and density may vary due to climate conditions.

9-39. Outdoor Activity Area for Children ages 3-5 Years.

Outdoor Play Areas will comply with the Army Standard Design Criteria Room by Room Descriptions available at Huntsville COS website link:
<https://mrsi.erdcdren.mil/cos/hnc>.

- a. Contain a variety of play surfaces to include; open grassy areas for running and games, hard-surface riding area for wheeled toys and tricycles, and areas to extend the indoor environment outdoors, e.g. table activities, easels, and outdoor block-building, swings and climbing structures.
- b. Hard-surface areas for wheeled toys will be constructed of a different material than the use zone (under swings and climbing structures). The hard-surface will extend a minimum of 50 feet from building. The earth (dirt, grass) does not qualify as a hard surface, as its texture and density may vary due to climate conditions.

9-40. General Requirements for SAC Outdoor Activity Areas.

Permanent playground equipment must be suitable for the ages, sizes, and abilities of SAC children.

- a. A potable water source will be available in each play area. A water container with cups is acceptable. Water containers are sanitized daily.
- b. Outdoor shade will be provided as close to the standard design specifications as possible.
- c. All playground equipment and use zones comply with Consumer Product Safety Commission (CPSC) Handbook for Public Playground Safety and all applicable American Society for Testing and Materials (ASTM) standards.
- d. All outdoor activity areas will meet the ABA/ADA requirements for access and use. ABA standards are found in the ABA Accessibility Standard for Department of Defense Facilities adopted October 31, 2008. Renovation projects must be built to ABA/ADA standards.
- e. The exterior grounds will be used for designed purpose (i.e. no storage of broken toys, equipment in playground corner) and will be free from graffiti.
- f. New construction and alteration projects (funded after 2004 for SAC facility) will provide direct exterior access from interior activity room/module to appropriate age group outdoor activity area. Older existing facilities may have access to outdoor activity areas through minimal corridor travel. In any case, the outdoor play area must be visible from a classroom in the facility.
- g. Open areas for playing ball, gardening and nature activities, as well as a hard surface area for seating and group activities will be available.
- h. Hose bibs and outdoor electrical outlets are required.
- i. Outdoor Activity Areas will comply with the Army Standard Design Criteria Room by Room Descriptions available at Huntsville COS website link: <https://mrsi.erdcdren.mil/cos/hnc>.

9-41. General Requirements for FCC Outdoor Activity Areas.

- a. Children enrolled in FCC homes will have access to hazard-free outdoor play space. Where such play space is not available on the premises, parks, or playgrounds, other easily accessible outdoor spaces may be used with approval of the FCC director.
- b. Children under 5 years will not be permitted outdoors unless accompanied by the FCC provider. Children 5 years and over are permitted outdoors alone if visible through a window, in a fenced in area and quickly accessible, unless the Garrison Home Alone Policy is more restrictive.

c. Portable/removable fencing to enclose small play areas for young children may be provided as part of the FCC toy/resource lending library.

d. Children enrolled in an FCC home should spend part of each day, weather permitting, outside.

e. A potable water source will be available. A container of water and cups meets this requirement.

f. Outside play areas should be protected from the following bodies of water: Unfenced swimming and wading pools, ditches, quarries, canals, excavations, fish ponds, water retention or detention basins and other bodies of water.

9-42. Playground Fencing.

a. At CDC and SAC facilities the outdoor activity area will be enclosed with a minimum of four foot-high vinyl-coated chain-link fencing (unless there is a hazard requiring higher fencing protection) which provides some visual access by children.

b. Existing fencing should be replaced with vinyl-coated chain-link when it wears out or outdoor activity area is renovated.

c. In instances where adjacent hazards (e.g. pool, heavy traffic areas) pose a threat to children, height of perimeter fence is adjusted upward to ensure adequate protection.

d. Exit gate(s) is/are provided with adult controlled securing device (gate latch) to allow access for maintenance, emergency vehicles/equipment and permits staff/child egress from building area to safe open area. An adult controlled device does not imply a padlock, but a device that would open from either side. Padlocks may be used to lock gates at end of day closure of the facility.

9-43. General Requirements for Youth Center Outdoor Activity Areas.

Outdoor space will include equipment appropriate to the ages, size, and abilities of youth using the outdoor area and will include at a minimum:

a. Hard surface patio area with optional shade structure.

b. Hard stand area for half-court basketball, volleyball, etc.

c. Open field for soccer, football, etc.

d. Playground area (to include play equipment and swings) is optional, but encouraged.

e. Hose bibs and outdoor electrical outlets are required.

f. Outdoor Activity Areas will comply with the Army Standard Design Criteria Room by Room Descriptions available at Huntsville COS website link: <https://mrsi.erdcdren.mil/cos/hnc>.

9-44. Exterior Walkways, Parking and Roadways.

a. Exterior walkways, parking, and roadways will be provided and meet ABA/ADA requirements.

b. Walkway and parking lighting will be provided at 1/2 foot-candles. General lighting is not provided for the playgrounds, but exterior lighting must include 1/2 foot-candles to support the camera systems.

c. Driveways and walkways will preserve and utilize the natural landscape.

d. Directorate of Public Works will provide all maintenance including grounds keeping and snow removal around walks, entrances, and parking lots as part of base operations. CYS maintenance staff may assist in timely removal of snow to facilitate safe access to facilities.

e. Parking lots will be designed to minimize foot traffic in vehicle pathways. Safe walkways will be provided for patron facility access and will be separate from automobile circulation. Parking and drop-off areas must be available so that children and parents can enter and leave the building without crossing a thoroughfare or walking through large parking lots. Parking for CDCs 0-5 years is not shared with any other facility (exception is when a CDC itself is physically shared with another facility). CYS parking lots do not allow through traffic access nor are they used as access ways to other facilities.

f. Parking will be separate from the play area. Vehicular access close to the facility entrance is provided for patrons and traffic approaches will be properly signed and have appropriate speed limits.

g. Parking spaces will be provided using the formula of one (1) space for every four (4) patrons and one (1) space for every Full Time Equivalent (FTE) staff.

h. Parents will be reminded that idling of vehicles is not allowed in CYS parking lots. Vehicle exhaust is damaging both to the environment and to children's health.

9-45. Service Access.

Access will be provided to outdoor play areas for emergency and service vehicles, however vehicles will not drive on the playgrounds. Access gates allow for closer entry for emergency and maintenance personnel. Due to playground equipment and other

dividing fences emergency vehicles would not be able to get the apparatus in most of the activity areas. However; the fire department does have access to these areas by way of the gates which will be used to carry needed equipment and hose lines into the back of the building without having to climb the fence. Wide gates were mainly installed so DPW personnel can get in and cut grass and could be used for smaller vehicles like an ambulance if needed.

9-46. Stairways and Ramps.

Stairways and ramps will have anti-slip surfaces, handrails at both adult and child height and protective barriers as required. All room exits with ramps will meet slope and width requirements per ABA/ADA. Ramps and stairways will be constructed of substantial material.

9-47. Facility Maintenance-Including Installed Equipment, Grounds and Playground Equipment.

a. Facility maintenance is a Department of Public Works (DPW) responsibility and will be funded in accordance with AR 420-1 and AR 608-10. Facility maintenance will be provided on a continuing basis to ensure installed equipment, grounds, and playground equipment are maintained in a safe, operational and orderly manner.

b. Initially, outdoor activity areas will be inspected by a Certified Playground Safety Inspector (CPSI) with a valid current certification for compliance in accordance with Consumer Product Safety Commission (CPSC) #325, Handbook for Public Playground Safety and appropriate ASTM standards. Documentation will be kept on site.

c. As part of the annual Comprehensive Safety Inspection, a maintenance inspection will be conducted on installed playground equipment to see if it is in safe working condition in accordance with CPSC #325 and appropriate ASTM standard. CPSC #325 or the National Program for Playground Safety checklist will be completed. Proof must be available that the individual who conducted the inspection is currently certified to use either tool.

d. Upkeep of playground surfaces to include replacement of loose material surfaces under equipment is maintained to meet CPSC #325 guidelines and appropriate ASTM standard.

e. DPW will provide required routine mowing of grassy areas, weed removal, and regular trimming/pruning of hedges and trees. NOTE: Grass should be mowed when over 3" and include trimming inside and outside the fenced area at least 10 feet.

f. Garbage service includes provisions of CPSC #325 approved receptacles and frequent trash removal. Trash is removed with sufficient frequency to avoid spillage, odors, or harbor pests.

g. Pest control operations will be implemented according to Installation Pest Management Plan. Treatment is not applied when children are in the facility.

Safety

9-48. Facility Safety Requirements.

On-site inspections will be conducted by safety professionals in accordance with AR 385-10, 6-12 and Safety Comprehensive Inspection checklist, to include a walk through to ensure standards are met. Inspections will include:

- a.* Identification of safety hazards.
- b.* Review the general safety procedures.
- c.* Spot check of related administrative procedures.
- d.* Review of maintenance agreements/contracts.
- e.* Review of daily safety checks.
- f.* Spot check of staff knowledge of emergency procedures
- g.* Inspection of facility/site.
- h.* Review of accident-prevention responsibilities including vehicle accidents.
- i.* CYS vehicle safety/routine maintenance documentation as required by the Installation.
- j.* A quarterly review of incidents/accidents is conducted to determine trends.

9-49. Daily Safety Inspection.

A daily safety inspection will be conducted by trained CYS personnel (i.e. facility-safety designee for overall building as well as a CYPAs for individual room safety) and documentation maintained. CDCs will utilize the standard IMCOM opening and closing checklist available on CYS SharePoint site. Daily safety inspection will include inspection of all facility grounds, child-use areas, and equipment.

a. Indoor and outdoor program equipment, toys, and materials are safe, durable and in working order. A safety check of playground equipment will be performed daily before children go outside. Children will be observed while playing on the playground to ensure safe practices are followed such as how to use climbers, slides, and water play.

b. Staples and push pins will not be used in child activity rooms in CDCs to secure paper or photos to the wall.

c. When using buggies to transport infants and pre-toddlers, staff will ensure that children's arms and legs are not extended outside of the buggy. Buggies will not be moved through single/standard doorways. The buggy will be parked outside of the classroom door (corridor or playground), children are placed in the seat and the harness is immediately fastened. When returning to the classroom, the buggy is placed outside the door, harnesses are removed and children are immediately moved into the classroom. When leaving the building, staff will exit through the main door or a playground gate. An additional staff, acting as a ground guide, is required when passing through the doorway. Prior to transporting children in a buggy, staff are required to complete the most current version of the Transport Buggy Safety training is located on the CYS SharePoint site.

d. Children are protected from potential heating and electrical hazards.

e. Potential head entrapments and prohibited toys as listed by the CPSC are not present.

f. Toys and materials used for children under age three (3) do not present a choking/strangulation hazard. The use of teething necklaces and bracelets is prohibited in CYS programs due to the choking and strangulation hazard they pose. NOTE: Cords, ribbons, wires and strings will not be longer than 12". Toys and materials will not be smaller than 1-5/8" in diameter.

g. Children/youth will be protected from hazardous substances and equipment. NOTE: This excludes substances such as shaving cream and bleach solution which may be present and used in classrooms when under adult supervision. If the substance is not in the original container, the container must have a temporary label that contains the product identifier and words, pictures, symbols, or a combination thereof which provide at least general information regarding the hazards of the chemicals, and which, in conjunction with other information immediately available to employees, will provide employees with the specific information regarding the physical and health hazards of the product.

h. Current instructions are posted at each telephone to facilitate calling for ambulance, fire and military police services.

i. Large freestanding storage units will be anchored to prevent them from falling on children and are loaded with the heaviest supplies in the middle of a shelving unit to reduce the chance of back injury to the employee. Permanently placed cabinets (without wheels) greater than four (4) feet in height will be anchored to the wall.

j. Child-height furnishings will have rounded edges. NOTE: Corner protectors can be used in lieu of rounded edges.

k. Primary and secondary exits, corridors and emergency pull stations are free of obstructions and easily accessible. Key secured electrical boxes are not obstructed.

9-50. Playground and Equipment Temperature Check.

a. Local Safety Office, Installation Public Health or another environmental proponent is responsible for monitoring outdoor considerations (i.e. Wet Bulb Globe Thermometer) that may impact the amount of time children spend outdoors.

b. Staff will check the temperature of playground equipment and surfaces (to include doors) prior to use, using the back of their hand to ensure the equipment and surfaces are not hot to the touch. If equipment surfaces are too hot to the touch, management will be notified. Surfaces absorb sunlight and retain heat. Shoes must be worn and infant crawling surfaces need to be monitored closely.

c. Programs staff will use the Healthy Child Care Iowa Weather Watch chart and follow weather advisory.

9-51. Bus Transportation.

a. All drivers of CYS vehicles used to transport children/youth will be in possession of a valid driver's license appropriate to the type of vehicle used. A CYPAs cannot be a regular bus driver (such as driving children to and/or from school on a daily basis) unless authorized on their official CYS position description in FASCLASS. CYPAs may be required to operate a 15 passenger bus on a non-routine basis when properly licensed.

b. A second adult will monitor all CYS busses to ensure safety and minimize distraction to the driver. Ratios do not apply until children arrive at the CYS program.

c. Garrisons may submit a business case to IMCOM G9 CYS to obtain funding for transportation of youth in SAC or YC programs to and from school. Business case approval is always subject to availability of funding. Transportation provided by CYS is intended to facilitate access to SAC and YC programs where schools are too far for children/youth to walk or off post programs do not meet the parents need for operating hours or access to care. Transportation funding is not intended for overnight travel or field trips.

d. Staff ensure that all children transported during the program day are accounted for before, during, and after transport. A complete sweep is made of the bus to ensure no children are left behind.

e. When FCC, CDC and SAC children that arrive from school via bus are not present after school, the parents will be notified immediately. CYS will also honor parent requests to be notified when youth do not arrive at the YP program as scheduled.

f. In CYSFP transportation is the responsibility of parents/guardians. Directors may arrange transportation for teams traveling for contests. Drivers will be appropriately licensed. Coaches will only transport their own children, and those for whom they have been identified as emergency release designees, in their own personal vehicle.

g. CYS busses are covered under the Army's Risk Management Program (RIMP).

CHAPTER 10 Health, Sanitation and Nutrition

Health

10-1. CYS Staff/FCC Providers Health Requirements Procedures.

a. Per AR 40-562,3-5(a), as a condition of employment, schoolteachers, child care center workers, youth program workers, and volunteers are administered appropriate vaccines against communicable diseases in accordance with Center for Disease Control (CDC)/Advisory Committee on Immunization Practices (ACIP) adult immunization schedule recommendations, unless already immune, based on serio-immunity, physician diagnosed illness, or documented proof of immunization. This includes the requirement to get an influenza immunization on a yearly basis between 1 Sep and 31 Dec of each calendar year. All CYS staff will submit proof of influenza immunization to their supervisors and it will be documented in CYMS. This requirement applies to all CYS employees, contractors, FCC providers, and specified volunteers as defined in DoDI 1402.05.

b. CYS programs must have a written and clearly defined operational plan for how pre-employment medical clearance examinations are accomplished for CYS staff and FCC Providers in coordination with their local Installation Public Health Occupational Health and/or MTF.

c. CYS employees and FCC providers must be in good physical health as evidenced by the pre-employment medical clearance examination. Each individual must have a satisfactory medical clearance examination which will be filed with the local CPAC. FCC providers must maintain a copy of their pre-employment medical clearance examination.

d. The physical requirements for staff are the following:

(1) Be able to walk, bend, stoop and stand on a routine basis as identified in position descriptions.

(2) Will be able to work both indoors and outdoors.

(3) Must be free of communicable diseases and all immunizations must be up to date per AR 40-562, to include the influenza immunization on annual basis.

(4) Staff/providers working with children from birth to 5 years of age must possess and maintain the ability to lift and carry up to 40 pounds.

e. These health requirements must be assessed per AR 608-10, 4-25 (c), before employment or certification. After initial hiring, employee’s health screenings will be completed annually, and/or on-going as deemed necessary by Occupational Health personnel or a licensed independent practitioner (LIP). Evidence of the initial/annual health assessment screening, in the form of a letter or memo must be kept in the CYS employee/FCC provider’s personnel file at their primary duty location.

f. CYS personnel are not considered at high risk for TB; therefore, routine TB skin testing, and/or a chest x-ray are not recommended. Targeted TB testing will only be performed for those CYS personnel known to have been exposed to the disease as identified during the pre-employment evaluation. The pre-employment evaluation for those applicants with a known TB exposure will include a tuberculin skin test or chest x-ray, and/or other tests the occupational health service deems appropriate.

g. Civilian employees are required to have up to date immunizations. Immunization requirements for employees include the MMR and Varicella series, TDaP and a booster every 10 years, and annual influenza vaccine. HEP B immunization is recommended, not required, for all staff and the HEP A immunization is recommended, not required, for cooks.

Table 10-1. Staff and Provider Immunizations.

Mandatory Immunizations	Requirement
Measles, Mumps and Rubella (MMR)	Completed two-dose series. Immunity to measles and rubella as indicated by positive titer is an acceptable alternative
Tetanus, diphtheria, pertussis (TDaP)	Documentation of current booster. Boost with TDaP no matter when last TD was received. TD booster every 10 years thereafter.
Varicella (Chicken pox)	Evidence of immunity to varicella in adults includes any of the following: <ol style="list-style-type: none"> 1. Documentation of two doses of varicella at least 4 weeks apart. 2. U.S. Born prior to 1980. 3. History of varicella based on diagnosis or verification of varicella by LIP. 4. History of herpes zoster based on LIP diagnosis or verification of diagnosis by a LIP. 5. Laboratory evidence of immunity or laboratory confirmation of disease.
Influenza	Annual verification

Table 10-1. Staff and Provider Immunizations Continued.

Recommended Immunizations*	Requirement
Hepatitis A	Completed two-dose series strongly recommended
Hepatitis B	Completed three-dose series strongly recommended

*Based on AR 40-562 and recommendations of the Advisory Committee on Immunizations Practices, Center for Disease Control <https://www.cdc.gov/vaccines/acip/index.html>

(1) The CYS Coordinator is the approval authority for all medical and religious exemption requests. Per AR 40-562, 2-6b(3)(b), civilian employees and/or FCC Providers are to submit requests for immunization exemption for religious reasons to their CYS Coordinator. Employee/Provider requests for waivers must be in writing. A request for a medical waiver must be accompanied by a signed and dated statement from a credentialed medical provider. Civilian requests are processed in accordance with Part 1605, Title 29, Code of Federal Regulations and component policies.

(2) The CYS Coordinator may seek advisement from the supporting Army Public Health Nurse (APHN)/Health Consultant, local Occupational Health services, or their Staff Judge Advocate Office on any particular waiver requests.

h. The APHN/Health Consultant will be apprised of all approved waivers. In the event of a declared outbreak and/or a vaccine-preventable disease case for which CYS staff members are not immunized and/or do not possess evidence of immunity, the CYS Services Coordinator will take appropriate action to exclude these staff members from CYS Services programs for their protection and safety until the contagious period is over. In order to quickly identify staff requiring exclusion, the CYS Coordinator must have a system in place for tracking all approved staff immunization waivers to apprise the APHN/Health Consultant. The Installation Public Health team, and APHN/Health Consultant must be consulted when assessing re-admission to CYS Services programs' Staff will be required to take sick leave, annual leave or leave without pay. (LWOP).

i. Staff/FCC providers must remain in good physical health based on current health standards in order to continue working in CYS. Coordinate with HR in the event a staff member has a serious illness or injury.

j. Staff/FCC providers who are ill with fever, rashes, sore throat, vomiting, diarrhea, colds or other communicable diseases, or who are on medication that may impair their ability to function in a safe manner, will not be permitted to work. If an employee has been absent more than three (3) days due to illness the supervisor can request a signed statement from a medical provider confirming the necessity for the absence and/or to determine when it is safe for the employee to return to work.

k. Managers will coordinate with Installation Public Health to clear food service workers for return to duty when they have been out due to reportable illness, per Section 2-2 (pg 15-20) of the TB Med 530/Tri-Service Food Code.

l. When there is an employee with a communicable disease that is being considered for termination, a communicable disease risk assessment (a risk analysis of communicability) will be conducted by Preventive Medicine when considering personnel action. The risk assessment will consider how the disease is transmitted, the duration of the risk, the severity of the risk and the probability of the transmission of the disease causing harm. Consideration must be given to providing reasonable accommodation for this condition if possible. Consultation with HR, Legal officers and Preventive Medicine may be prudent before a decision to terminate is finalized.

m. Temporary inability to meet these standards must be medically documented. Permanent inability to meet these standards with direct care staff and cooks will be coordinated through CPAC to follow process for official reassignment/dismissal/medical retirement.

10-2. Child Health Registration Requirements.

The CYS Registration Forms will be completed and signed by a parent or guardian. The form includes consent for CYS representatives to act on behalf of the parent(s) in a medical or dental emergency. Health assessments and immunization information will be required per paragraphs 10-3 and 10-4, and Table 10-2 below. Children/youth will be screened for special needs at initial registration and annually thereafter by use of the current Army CYS Programs Health/Developmental Screening Tool.

10-3. Child Immunizations.

a. Children enrolling in or currently enrolled in child development programming (CDPs) must provide written documentation of immunizations appropriate for the child's age per AR 40-562. See Table 10-2 for specific immunizations required.

(1) School age children who are homeschooled, or who are not enrolled in a local public school system are required to show proof of immunizations which are age appropriate and that comply with local/state school requirements.

(2) In the event of a declared outbreak, all school age children and youth will have to show proof of receipt of applicable immunization in order to participate in the SAC program.

(3) NATO patrons follow their host nation requirements.

b. Routine age-appropriate immunizations are the best practice proactive health measures to protect children against vaccine-preventable communicable diseases and infections, especially while in a group child care setting. Preschool-aged children

are at the highest risk for complications related to vaccine-preventable diseases/infections. To provide maximum protection, immunizations should be given at the CDC/ACIP recommended minimum age interval. However, immunizations are not considered overdue until the first day past the CDC/ACIP recommended maximum age range. Per AR 40-562 immunizations recommended by the CDC/ACIP are required (DoDI 6060.02, Table 1, C. Health and Sanitation, 5 Aug 14).

c. The only allowable exceptions to this requirement are for healthcare provider-documented medical reasons or for religious objections. Philosophical exemptions are not permitted.

(1) A request for a waiver based on a religious objection must be accompanied by a signed statement by the parent specifying the religious objection. A request for a waiver based on a medical condition must be accompanied by a signed, preferably stamped, and dated statement from a credentialed medical provider documenting why the child is exempt.

(2) The CYS Coordinator is the approval authority for all medical and religious exemption requests, essentially ensuring that immunization waiver requests meet specified criteria, apprising the APHN/Health Consultant of all waivers, and coordinating exclusion from care during a declared outbreak, and/or a vaccine-preventable case.

(3) Parents should be advised that children with approved immunization waivers will be excluded from CYS programs during a declared outbreak or in the event of an identified vaccine-preventable disease case, for which children are not immunized, and/or do not possess evidence of immunity for their protection and safety, until the contagious period is over.

(4) The CYS Coordinator may seek advisement from the supporting APHN/Health Consultant or their Staff Judge Advocate Office on any particular waiver requests. The APHN/Health Consultant will be informed by the CYS Coordinator of all approved waivers.

d. CYS manager will consult with the APHN/Health Consultant on vaccine-preventable and communicable disease cases to determine risk mitigation actions. Outbreaks are defined based on the number of cases or diseases present within a specific place and/or group over a given period of time and are determined and declared by the local Installation Medical Authority who consults with the Installation Public Health team and/or APHN/Health Consultant.

(1) In the event of confirmed or suspected foodborne and waterborne diseases (e.g. salmonella and giardia), and any vaccine-preventable diseases (VPDs), the CYS Nurse (if applicable), the APHN/Health Consultant, and the CYS Coordinator must be notified immediately. Vaccine-preventable diseases (VPDs) are communicable (infectious) diseases where a vaccine exists for immunization, as a preventative

measure (e.g. measles, pertussis, chickenpox, etc.). The CYS Coordinator must track all children approved for immunization waivers to quickly identify children for exclusion in the event of a declared outbreak and/or a vaccine-preventable disease case.

(2) The CYS Nurse, the APHN/Health Consultant, and CYS Coordinator will be notified when two or more children show symptoms of communicable disease (e.g. diarrhea, conjunctivitis, head lice, etc.) in the same classroom, CYS facility, or FCC home which are not considered foodborne, waterborne, or VPDs. The intent is to ensure CYS channels have visibility and that APHN/Installation Public Health is notified immediately to assist with disease risk management and to stop the spread of disease throughout the CYS center as well as complete Federal, State and local reporting requirements.

e. CYS personnel are to review and annotate dates of immunizations for each child in CDC, FCC, and School age children that are not enrolled in the local public schools system for tracking purposes, as designated in the Child and Youth Management System (CYMS). The most current version of the immunization record must be scanned and maintained in CYMS and returned to parent. Prior to returning immunization record, the scanned copy must be viewed to ensure that it is legible.

f. CYMS is set up to provide a 7-day advance notice that immunizations are due. In addition, designated CYS personnel will run an Immunization Report, on a monthly or more frequent basis, to identify those children that have immunizations coming due in the next 60 days. CYMS will be programmed to send automated e-mail notifications to parents 60 days and 30 days prior to immunization due dates. Parents should be notified in writing which immunization is due and by what date. Immunizations are not considered overdue until the first day past the CDC/ACIP recommended maximum age range.

Table 10-32. CYS Health Assessment and Immunization Requirements.

CYS Health Assessment and Immunization Requirements				
CYS 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 and with each update
Kindergarten, SAC, and summer camps	5 thru 10 years	Within 30 days	NA	At registration and with each update if required and if outbreak declared

Table 10-32. CYS Health Assessment and Immunization Requirements Continued.

CYS Health Assessment and Immunization Requirements				
CYS Program	Age	Health Assessment	Sports Physical Examination	Proof of Immunization
Kids on Site child care for more than 5 hours per week	4 weeks thru 10 years	Within 30 days	NA	At registration and with each update
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 MIAT)	NA	If outbreak declared
Instructional Programs	4 weeks thru 18 years	No (unless requested by MIAT or deemed necessary by instructor personnel)	NA (unless requested by MIAT or deemed necessary by instructor personnel)	No
Sports (individual or team)	3 thru 18 years	NA	Before the first practice or team event	No *Note: not required for Sports registration only

(*School age children who are not enrolled in a local public school system will show proof of age appropriate immunizations IAW local/state requirements (i.e. homeschooled/enrolled in a private school). Immunization records only required for school age children who are enrolled in a private school, who are homeschooled or during an outbreak of a VCD. These children will show proof of age appropriate immunizations in accordance with the local/state requirements.)

10-4. Health Assessments/Sports Physical (HASP).

a. A current Health Assessment, within one (1) year of registration, is required for children 4 weeks of age through school age. If a current health assessment is not available at initial registration it is to be completed and submitted within 30 days of registration.

b. Children of all ages enrolled in CYS sports and fitness team and individual sports programs must have a Sports Physical completed by the parent and licensed independent practitioner. The HASP (Part B and C) must be completed for sports. The licensed independent practitioner will check “All Sports -yes” or sports applicable under Part B, Participation Recommendation. The HASP will be considered valid for 12 months from the date and signature of the LIP. If a sports physical expires during the season, a grace period of one month will be granted for continued participation if parents show proof of a Sports Physical appointment. If there is no current HASP, the child/youth may be allowed to register, receive uniforms and observe practices/games, however, a current HASP will be provided prior to the first practice or the child/youth will not participate in practice or games until it is provided.

c. Health Assessments are good for three (3) years, as long as the child has not had a health status change. This will be verified by reviewing the updated annual health screening tool or current MIAT form(s). Parents are to sign and date the health assessment annually, confirming that the child has not had a health status change in the past year. Parents can re-sign the health assessment up to 30 days prior to the annual re-registration date. A new health assessment is required at the fourth year (i.e. required year 1 and 4) and whenever the child's health status changes. A change in health status is defined as any new condition or diagnosis that may affect the child's health and well-being, and that may require accommodation to fully participate in their current program placement.

d. A school, state well baby or other health assessment/sports physical forms that possess similar medical information identified on the Army's HASP are acceptable in place of the Army's HASP form and will be attached to the Army's HASP. In cases where other health assessments forms sources, if found significantly incomplete or missing critical information pertaining to child's health status, additional information or a new physical maybe requested from the parent by the CYS Nurse, the APHN/Health Consultant, and/or the MIAT in lieu of the LIP filling out section B, PCS may line through section B and the Healthcare Professional signature block and write "see attached". Regardless of which form is used for section B, the parent must complete Part A and Part C with their signature and date.

e. A Health Assessment Report will be run once a month to identify those children that have a health assessment due in the next 30 days. Parents will be notified in writing of the required health assessment documentation needed (i.e. LIP or parent update) and the suspense date.

f. Upon receipt of a Health Assessment, input the required information in CYMS (see CYMS Training Guides on CYS SharePoint website). By using this system, CYMS will automatically generate a tickler notification for Health Assessment updates.

10-5. Special Needs.

a. Parents will complete the Army CYS Services Program Health/Developmental Screening Tool (HST) at initial registration, annually and/or as requested by CYS. Civilian screening forms that include the same information as the Army form will be accepted in place of the Army form. Annual screening for Middle School/Teens is not required unless there is an identified special need.

b. Upon identification of a special need the following documentation will be required:

(1) Food Allergy – requires a Special Diet Statement (SDS) and Allergy Medical Action Plan (MAP) (if rescue medications are required) both signed by a LIP outlining the specific food allergy and nutrient equivalent substitution.

(2) Food Intolerance requires a SDS signed by a licensed independent practitioner.

(3) SDS for religious beliefs is based on written documentation from the parent who specifies prohibited food. Parent will provide food substitutions on a daily basis if CYS cannot reasonably accommodate.

(4) "Intolerance" of foods does not include food preferences such as vegan meals or organic food. CYS programs do not have capability to provide or prepare food based on preference.

(5) Respiratory Diagnosis (Asthma or Reactive Airway Disease) – requires Respiratory Medical Action Plan signed by licensed independent practitioner.

(6) Seizure Disorder (Epilepsy, Seizures or Febrile Seizure) – requires Seizure Medical Action Plan signed by licensed independent practitioner.

(7) Diabetes – requires Diabetes Medical Action Plan completed and signed by licensed independent practitioner.

(8) All other conditions requiring accommodation – require relevant documentation of the medical condition and a detailed description of the required accommodations. Short term accommodations may be made on a case by case basis with consultation from the local MIAT until full accommodation can be supported.

c. Medical Action Plans (MAPs) are valid for one year (based on the date signed by licensed independent practitioner) or less if there is a health status change.

d. All CYS personnel must receive all pertinent special needs documentation and health forms and be trained IAW the MIAT recommendations prior to the child entering the program.

e. When placing children with special needs on sports teams, placement will be based on the recommendation of the MIAT. The CYSFP Director and, if possible, the coach will, be part of the MIAT.

f. IAW AR 608-75, the APHN/Health Consultant has ten (10) working days to review all appropriate medical documents, complete the Health/Developmental Screening Tool, and communicate information to established points of contacts (i.e. EFMP Manager, Parent Central Services, CYS Nurse, etc.). The APHN/Health Consultant review determines if the medical condition warrants a MIAT review prior to placement in a CYS setting.

g. Removal of an identified special need requires documentation from the child/youth's Licensed Independent Practitioner.

h. Parents are responsible for providing all medications and supplies needed to ensure the health and safety of a child with special needs.

i. Children requiring rescue medication may not participate in program without the required medication and a current Medical Action Plan being on site.

10-6. Determining Accommodation of Children and Youth with Special Needs and/or Behavioral Issues.

a. It is the intent of Child and Youth Services (CYS) to include children with special needs in all programs and services to the extent possible within resources available, and based on each individual child's condition and safety considerations.

(1) *CYS will NOT, solely based on a diagnosis of special needs or medical condition, exclude children/youth from participation in, deny children/youth the benefits of, or subject children/youth to discrimination in any *CYS* program or activity.*

(2) *The Assistant Chief of Staff for Installation Management (ACSIM) is the approval authority for accommodation or denial of care for children/youth with diabetes or other medical special needs.*

(3) *The IMCOM G9 *CYS* Chief is the approval authority for denial of care for children/youth with persistent unsafe behavior (defined in b(5) below).*

(4) *The processes outlined in this document will be communicated to parents through individual conferences and information provided at registration when special needs are identified by parents.*

(5) *In the event it is necessary to deny care, *CYS* will attempt to locate and refer parents to alternative care or services to the extent available.*

b. Definition of terms/phrases.

(1) *Reasonable accommodation: A determination of appropriate caregiving practices or medical procedures that can be accomplished in a program to support participation of children/youth with a special need in that program. Reasonable accommodation does not:*

(a) Impose an undue hardship on the installation/Army.

(b) Fundamentally alter the program where the accommodation would take place.

(c) Pose a direct threat to staff or other participants in the program.

(2) *Interim Accommodation Plan: When the *CYS* Coordinator determines that s/he may only approve some of the requested accommodations at the installation level,*

parent(s)/legal guardian(s) must be provided the option of enrolling the child/youth while the remaining accommodations are under review. Any child/youth already participating in a CYS program when diagnosed should remain enrolled under an Interim Accommodation Plan.

(3) Denial of care: Unable to register/enroll a child/youth based on a full MIAT review and determination that the program is unable to accommodate the special needs of a child/youth. The MIAT review must document that there are no appropriate caregiving practices or medical procedures that can be performed by the staff to provide a safe, healthy, secure environment for the child /youth within the parameters of b(1) (a-c), above.

(4) Restricted participation: A temporary restriction on participation which may occur if a parent fails to provide rescue medication and/or up-to-date medical documentation, until medication or documentation has been provided. Restricted participation can also include a requirement for parents to remain on site during instructional classes, field trips and outings, or sports practices and games per MIAT recommendations.

(5) Persistent unsafe behavior: This is behavior that cannot be mitigated by documented intervention strategies by CYS staff, or poses a direct threat to self, staff or other participants in the program (i.e. injuring other children/youth, escaping, etc.).

(6) High risk medical condition: Conditions that require medical procedures beyond the capability or resources of the program to provide.

c. Determining Accommodation of Children and Youth with Diabetes:

(1) Garrisons will notify their IMCOM Directorate (ID) and the IMCOM HQ G9 CYS Nurse as soon as a child/youth with diabetes who requires assistance with insulin dosage calculation and administration, seeks enrollment in a CYS program.

(2) The IMCOM HQ G9 CYS Nurse will contact the garrison to obtain additional information to include completion of a Scope of Services request with hours and type of service (i.e. full-day, part-day, before/after school care, instructional program or sports participation) needed, and to begin the Request for Accommodation packet for ACSIM approval. The information will be reviewed and forwarded to IMCOM HQ G9 NAF contracting to start the nurse recruitment process.

(3) The Garrison PCS office provides materials to parents/legal guardian explaining the process for requesting diabetes related accommodations and copies of the Diabetes MAPs, Health Screening Tool and Health Assessment to be completed by the child's health care provider.

(4) Once parents return all materials to PCS. A MIAT meeting is scheduled as soon as possible but NLT 30 calendar days after the receipt of all requested medical documentation. Parents are required to participate in the MIAT meeting.

(5) The CYS Coordinator informs the parent in writing of the approval of all requested accommodations or of the need for further review, NLT 4 working days after the MIAT meeting.

(a) If all requested accommodations can be met, and standardized diabetes staff training is completed for the staff working directly with the child, CYS should immediately begin to accommodate the child/youth. The standardized diabetes training for the remainder of the facility staff will be completed as soon as possible.

(b) If all requested accommodations cannot be met, the CYS Coordinator approves the requested accommodations within their authority. The child/youth can then be enrolled with an interim accommodation plan to include completion of mandatory training of all staff, while the remaining accommodations are worked. Any child/youth already enrolled in CYS when diagnosed with diabetes should remain enrolled under an interim accommodation plan.

(6) The CYS Coordinator prepares the request for accommodation for diabetes management packet which includes:

(a) Health Assessment and Health Screening Tool.

(b) Diabetes MAPs.

(c) MIAT Minutes.

(d) Exceptional Family Member Program (EFMP) Coordinator's Recommendation Memo based on the MIAT meeting.

(e) Legal Review.

(f) GC Request for Accommodation Memo through IMCOM to ACSIM.

(g) Additional documentation provided by parents.

(h) Diabetes Management Training Roster conducted by Army Public Health Nurse (APHN).

(7) The garrison submits the request for accommodation packet through the ID to the IMCOM HQ G9 CYS Nurse for review/processing.

(8) The IMCOM HQ G9 CYS Nurse submits the request for accommodation packet to ACSIM for review/approval.

d. Determining Accommodation of Children and Youth with Other High Risk Medical Conditions:

(1) Garrisons will conduct MIAT to discuss the required accommodations and to determine how the program can accommodate the child/youth with a high risk medical condition. If concerns about the ability of the program to accommodate the child/youth are identified, garrisons will notify IMCOM through their ID. The IMCOM HQ G9 CYS Nurse will make contact with the garrison to obtain additional information (i.e., copies of medical documentation, MIAT docs, type of care required, etc.) and discuss the concerns regarding accommodation or denial of care.

(2) Within four working days after the MIAT the CYS Coordinator informs the parent in writing of the approval of all requested accommodations or of the need for further review.

(a) If all accommodations can be met, and required staff training is completed, CYS should immediately begin efforts to accommodate child/youth.

(b) If all requested accommodations cannot be met within the available resources the CYS Coordinator approves the requested accommodations within their authority. The child/youth should then be enrolled with an interim accommodation plan, while the remaining accommodations are worked. Any child/youth already enrolled in CYS when diagnosed with a high risk medical condition should remain enrolled under an interim accommodation plan.

(3) The CYS Coordinator will prepare the request for accommodation or denial of care packet which includes:

(a) Health Assessment and Health Screening Tool.

(b) MAPs.

(c) MIAT Minutes.

(d) EFMP Coordinator's Recommendation Memo based on the MIAT meeting.

(e) Legal Review.

(f) GC Request for Accommodation or Denial of Care Memo through IMCOM to ACSIM.

(g) Additional documentation provided by parents.

(4) The garrison will submit the request for accommodation or denial of care through the ID to IMCOM HQ G9 CYS Nurse for review/processing.

(5) The IMCOM HQ G9 CYS Nurse will submit the request for accommodation packet to ACSIM for review/approval within 5 days of receipt from the garrison. ACSIM will conduct review of request and return response through IMCOM Commander to requesting garrison within 15 days.

e. Determining Denial of Care for Persistent Unsafe Behavior:

(1) The Garrison CYS staff works with the child/youth and parents to identify behaviors that may require referrals to medical or behavioral specialists for diagnosis or may require extra attention from staff. A MIAT should be conducted to review completed observations, as well as the results of Kids Included Together (KIT) consultations and implemented behavior modification plans. Arriving at a decision to deny care is normally a lengthy process with volumes of documentation, notes, minutes, incident reports done, etc. A legal review should be completed when a denial of care decision is made.

(2) Once all mitigating efforts and behavioral techniques have been implemented, if the behavior does not show sufficient improvement within a reasonable timeline to protect the safety of all participating children/youth, the garrison can make the determination to deny care. The CYS Coordinator will complete a Report of Unusual Incident (RUI) and submit it to the ID (or to the IMCOM G9 CYS Chief per the ID protocol). This process applies to a short-term denial or a pause in care while parents obtain further assistance from their medical provider, behavioral specialist or counselors to assess child's condition, staff are trained, etc., or permanent removal. A summary of information on the process used to deny care should be documented on the RUI (i.e. calls to Kids Included Together (KIT), observations, MIAT minutes, etc.), and submitted to the ID along with the following:

(a) Health Assessment and Health Screening Tool.

(b) MAPs.

(c) MIAT Minutes and recommendation (if a MIAT was held).

(d) Legal Review.

(e) GC Request for Accommodation or Denial of Care Memo through the ID to IMCOM CYS.

(f) KIT Form 7-1: Plan for support form.

(g) KIT Form 7-2: Trainer Behavior Support Observation.

(h) KIT Form 7-8: Behavior Support Plan Review.

(i) KIT Form 8-2: Trainer Behavior Support Observation Checklist.

(j) KIT form 8-3: Observation Matrix.

(k) KIT forms are in the Army CYS Operational Guidance for Behavior Support located on the CYS SharePoint site.

(3) The ID reviews the RUI, asks any relevant questions/requests any supporting documents deemed necessary to ensure the recommendation to deny care is in the best interest of the child/youth. After review, the RUI is forwarded to IMCOM CYS at: jbsa.imcom-hq.mesg.cys-rui@mail.mil.

(4) The IMCOM CYS Special Needs Program Manager reviews and provides feedback. The feedback may include advisory recommendations, procedural inquiries and requests for supporting documents deemed necessary to ensure the recommendation to deny care is in the best interest of the child. Upon final review, the RUI and supporting documentation is forwarded to the IMCOM CYS Chief for a legal review and final decision.

(5) IMCOM forwards approved denial of care RUI to ACSIM for situational awareness.

10-7. Child Illness Screening and Evaluation.

a. CYS personnel and FCC providers will screen each child daily, to identify potential health concerns. Screening will be done at time of transfer of care from the parent to CYS, (immediately upon child's arrival), and prior to parent's departure. The health screening should occur in a relaxed and comfortable manner that is respectful of the family's culture, and the child's body and feelings.

b. Exclusionary Criteria. Children who show visible signs of illness are excluded based on the following symptoms:

(1) Temperature greater than 100.5° F axillary (armpit) for children under three months and greater than 101° F axillary for children over three months of age. Exclusion criteria for children/youth and adults who become ill during the influenza season (1 October – 31 May) include: having a fever (100° F axillary and at least one (1) respiratory symptom such as runny nose, cough, congestion, sore throat, intestinal upset, and diarrhea, NOTE: Individuals may be infected with the influenza and have respiratory symptoms without a fever. Do not add any degrees to temperature reading- document temperature as read.

(2) Inability to participate comfortably in daily activities. This can include, but is not limited to: change in behavior such as lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.

(3) Vomiting: Two or more episodes of vomiting during the previous 24 hours or one occurrence in the child care program accompanied by other indicators such as low grade fever or inability to participate in the program.

(4) Diarrhea – defined by watery stools or decreased form of stool that is not associated with changes of diet or medication. 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 (2) or more stools above normal for that child while in attendance in the program; or loose or watery stools associated with fever; or if the child’s ability to participate in program activities is affected. NOTE: Breast-fed infants may have loose stools that may not always be contained in the diaper; they 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; they should not be excluded unless they meet the criteria above.

(5) Symptoms as outlined per the Communicable Disease chart (see Appendix B).

c. If any of the above symptoms are noted or reported, and the care provider determines that the child needs to be temporarily denied service, parents will be advised to:

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

(2) Consult their primary source of medical care for further instructions.

d. When a child has been absent, CYS personnel will inquire whether the child has had:

(1) Nausea, vomiting or severe diarrhea (three (3) or more episodes within previous 24 hours).

(2) Consultation with their primary healthcare provider regarding child health concerns.

(3) Fever-axillary temperature greater than 100.5° F for infants three (3) months and younger or greater than 101° F axillary in all other children.

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

f. Emergency numbers for ambulance, poison control, military police and fire department will be posted by every phone in the CYS programs or FCC home.

g. In cases of sudden, serious illness or injury – staff will immediately call emergency services and parent. If the parents cannot be reached immediately, the child will be taken to the designated Medical Treatment Facility (MTF) by ambulance. A representative from CYS will accompany the child to the MTF and continue to make efforts to contact the parents or emergency contacts on file. Conditions that require immediate medical care include, but are not limited to the following:

- (1) Convulsions.
- (2) Marked difficulty breathing.
- (3) Unconsciousness.
- (4) Laceration (either significant in size or amount of bleeding).
- (5) Injury to an extremity with obvious deformity.
- (6) Head trauma associated with vomiting or altered consciousness.
- (7) Medication errors such as giving medications to the wrong child or giving the wrong dosage.

h. CYS personnel/FCC providers are authorized to administer first aid ONLY as prescribed in the First Aid training course. A first aid kit will be kept in each CYS program/FCC home and out of reach of children. Only those supplies identified in First Aid Kit Supply List will be kept in the First Aid Kit Supply List (see Appendix D). All items in the first aid kit that have expiration dates must be replaced prior to the expiration date. First aid kits containing all required supplies will be kept at the front desk of each facility and are available for field trips, at sports fields and at SKIES. A smaller first aid kit containing Band-Aids, disposable gloves and hand sanitizer will be kept in each classroom.

i. Emergency contact information for parents and the Poison Control Center must be readily available to staff.

j. Exposure notices will be posted in a prominent location to inform parents when communicable (infectious) diseases are present in a child's room, the CYS facility, or the FCC home. The CYS Facility Director, FCC Director, or Director's designee will contact the CYS Nurse (if applicable), APHN/Health Consultant, and the CYS Coordinator for communicable disease concerns as described below:

- (1) Communicable Disease Chart will be available in each CYS program, to include each CDC room and FCC home.
- (2) CYS Director/designee will contact APHN/Health Consultant for additional resources/written information that is not available on provided example exposure

notices and as needed. The CYS nurse may draft exposure notices in consultation with the APHN/Health Consultant to confirm exposure notices communicate intended message and preventative measures. Standardized Exposure Notices are located on the CYS SharePoint site.

k. The APHN/Health Consultant will be notified within 24-48 hours of suspected or confirmed case of communicable disease or a vaccine-preventable disease.

10-8. Readmission after Illness.

After treatment of symptoms of a communicable disease, the parent/guardian must provide CYS with a signed, preferably stamped note that states the child is cleared to return to care. A note is especially necessary if there is any question that the child is still contagious or is not well enough to return for care. In addition, any specific recommendations for limited activity or observations should be specified on the medical clearance note. In addition, CYS staff must ensure that the following criteria are met:

a. The child is well enough to participate in normal activities for their developmental and cognitive ability.

b. The child's presence will not endanger the health of other children.

c. Fever has been absent for 24 hours without the use of a fever-reducing agent or the parent provides a note from the child's healthcare provider clearing them to return to CYS care the next day.

d. If an antibiotic was prescribed, the appropriate number of doses has been given over a 24 hour period.

e. Certification from a provider that the child may return to the program is required when the following diseases are diagnosed (list is not all inclusive):

- (1) Giardia Lamblia.
- (2) Shigella.
- (3) Salmonella.
- (4) Hepatitis A.
- (5) Haemophilus Influenza B (HIB).
- (6) Tuberculosis.
- (7) Pertussis (whooping cough).

- (8) Polio.
- (9) Diphtheria.
- (10) Rashes (unknown origin).
- (11) Conjunctivitis.
- (12) Impetigo.
- (13) Scabies.
- (14) Scarlet Fever.
- (15) Strep Throat.
- (16) Ringworm.
- (17) Measles.
- (18) Rubella.
- (19) Methicillin-resistant Staphylococcus Aureus (MRSA).

f. Children wearing casts, slings, have concussions/head injuries, or that have stitches must have a written statement from a healthcare provider with the level of participation allowed upon return to care.

10-9. Reportable Communicable Diseases.

Reportable communicable disease requirements may differ slightly between the Army and individual states. All Army, State, and local requirements must be followed. The Army uses the Armed Forces Reportable Medical Events Guidelines and Case Definitions to track reportable communicable diseases, in which the Installation Public Health designee enters the event into the Disease Reporting System Internet (DRSi) and reports, per regulatory guidance, to the local, state, and federal public health authorities. Reportable communicable diseases include, but are not limited to: viral hepatitis A; giardiasis; shigella; salmonella; chickenpox; mumps; measles; pertussis (whooping cough) and meningitis. (Refer to the Communicable Disease Chart in Appendix B). Garrisons will report a declared outbreak, vaccine-preventable disease cases, and communicable diseases, as outlined above through their ID POCs to G9 CYS using the Report of Unusual Incident (RUI).

10-10. Medication Administration.

The administration of medication incurs a significant potential for liability and is resource intensive. Medication administration will be confined to situations where no other reasonable alternative exists (e.g. meds given three or more times a day or with specific hourly increments, such as every 8 hours).

a. Ensure the 6 Rights of medication administration are followed: the right child; the right dose; the right route (how the medication is given, i.e. oral, topical); the right medication; the right time; the right documentation. In addition, medication should only be given for the right reasons (ex. Epi-Pen when child has reaction as identified on their MAP).

b. Routine/Short term Medication.

(1) All prescribed medications are “authorized” except for Opioids and/or Narcotics. Other physician prescribed medications may be administered after consultation with the APHN/Health Consultant to ensure any training needs on administration procedures, medical equipment, side effects and contraindications are understood by CYS staff that will be administering the medication(s) [see Appendix C - Medication Administration Guide]. The Medication Administration Guide provides familiarity with some of the most commonly seen prescribed pediatric medications seen in the CYS Programs child care settings, however it is not all inclusive for all medications or categories of medications that may be prescribed to children enrolled in CYS Programs.

(2) All request for exceptions to policy (ETPs) for Opioids and/or Narcotics, or medications and medical equipment that require extensive medical knowledge or pose a high medical risk if improperly performed must be approved by the ACSIM prior to implementation. The CYS Coordinator will submit a memorandum of "Request for Accommodation" or "Request for Unable to Accommodate/Denial" of Care packet that includes all supporting medical and MIAT documentation to the IMCOM G9 Special Needs Program Manager for routing to ACSIM.

(3) For diabetic children requiring insulin follow the most current policy memorandums: 1) Subject: Accommodation of Children and Youth with Diabetes in Army Child, Youth and School Services Programs, dated 12 June 2017' and 2) Subject: Diabetes-Related Accommodations in Child and Youth Services Programs, dated 01 June 2017.

(4) When considering denying care due to medication administration concerns the CYS Coordinator will need to contact the IMCOM G9 Special Needs Program Manager for assistance. If the decision is made to deny care, a RUI will be submitted through the ID to G9 CYS with the details of the situation.

(5) When a medication is to be administered once per day, the parents should administer the one dose at home unless the medication schedule cannot be altered and it must be administered while the child is in care.

(6) Medications and caregiving health practices will be administered only within full day, part time care, and school age care. Medications and caregiving health practices required by children with special needs attending hourly programs and part day pre-school will be determined on a case-by-case basis.

(7) All medication will be:

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

(b) Labeled in English with child's name, name of medication, dosage strength, and route of administration, healthcare provider's name, and instructions for use, and date.

(c) Stored at the appropriate temperature and secured out of the reach of children.

(d) Available as prescribed to include dispensing device.

(8) The healthcare provider or parent will administer the first dose of any medication. Children will be on oral medication at least 24-hours before dosage is given by CYS personnel.

(9) Expiration dates on long term routine medications will be checked weekly by designated CYS staff. All prescriptions must be updated annually and will expire one year from the prescription date. The prescription date is used to determine the expiration date, which is 1 year past the date ordered/prescribed by the health care provider/LIP. The exception is when the manufacturer's expiration date precedes the prescription date, at which time a new prescription and medication must be obtained. The APHN/Health Consultant, the CYS Coordinator and other installation stakeholders (i.e. pharmacy, health provider, Installation Medical Authority) may collaborate to develop prescription labeling and dispensing processes to address locally based circumstances in order to satisfy the standard without compromising the safety of the child. These individualized processes should be documented as a local Standing Operating Procedure (SOP) to satisfy the Army Child and Youth Health and Sanitation Inspection requirements.

(10) Over-the-counter medications will not be given by CYS personnel/FCC provider unless they are ordered by a Healthcare provider and meet all criteria as previously specified.

(11) Parental consent/signature is documented on a Medical Dispensation Record (DA5225-R) prior to administering medication, including annotation of the name of medication, start and stop dates, dose and time to be administered. If the medication

name, start and stop dates, dose and time are annotated in the appropriate spaces, IAW the prescription label, it is acceptable for “per prescription label” to be written under “instructions” if there are further details. In FCC homes, the provider may sign as the program director on the Medication Dispensation Record and the FCC Director (or designee) will check them during their monthly inspection. All medication administered will be properly recorded on the Medication Dispensation Record, by the person dispensing the medication. Names of the staff authorized to administer routine medication are annotated on the Medical Dispensation Record.

(12) All Medication Dispensation Records must be retained in the child’s file after completion for a period of three years or 5 years if an error was made in administering the medication.

(13) Errors in medication administration require documentation on a Report of Unusual Incident (RUI) that is forwarded through the ID CYS POC to G9 CYS. Medication errors include, but are not limited to, giving the wrong medication, giving medication to a child that it is not prescribed for, not administering medication when appropriate to do so, wrong dose of correct medication or given in a manner that conflicts with the MAP.

c. Rescue Medication.

(1) Rescue medications are given to prevent or lessen potential life threatening reactions of a medical condition. They will be administered only within full day, part time care, and school age programs. Medications required by children with special needs attending hourly programs and part day pre-school will be determined on a case-by-case basis.

(2) Rescue medications will be secured out of the reach of children, but not pad locked. Medication should be stored in a secure cabinet or backpack with a reusable child-proof lock or device, easily accessible in the event of an emergency.

(3) Rescue medications in the CDC, SAC and Youth programs may be stored at the front desk for central management. Rescue medications stored at the front desk must be able to be retrieved and administered within a two-minute time limit. If centrally located, documentation of monthly rescue medication drills must be on file.

(4) CYS staff must take emergency medications on outings, on the playground or just inside door to playground, etc. so medication is easily accessible when needed. Rescue medications hanging inside, close to the outside door to the playground meets the intent.

(5) Children/youth that require rescue medication are not allowed to participate in the CDC, FCC or SAC program without their rescue medication and MAP being on site. In the event that a child/youth already participating in a CYS program is diagnosed with a condition that requires a rescue medication, the family should be

given a locally determined grace period to get the required MAP. The child/youth can remain in their current program while the MAP is obtained as long as the rescue medication, with a valid prescription, is on site and staff have been trained on administration of the medication. CYS will consult with the APHN/Health Consultant to ensure the safety of the child until a MAP can be obtained.

(6) All rescue medication will be:

(a) In the original container with a prescription label, child-proof cap, and available as prescribed to include dispensing device.

(b) Dated with the healthcare provider's name and clear instructions for use.

(c) Labeled with child's name, name of medication, and route of administration.

(d) Medication will be stored in a secure cabinet or backpack, out of the reach of children but easily accessible in the event of an emergency.

(e) MAPs will be stored with each rescue medication. Medical Action Plans (MAPs) are written treatment plans that provide detail guidance on managing a special need/condition, and outlines actions to take for emergencies. MAP and prescription label guidance should be complimentary and not in conflict with each other. The health care provider may change the prescription label to indicate any specific verbiage as necessary. If the MAP and prescription label instructions do not match, CYS staff should consult with their CYS Nurse (if applicable) and/or CYS Director first, who will inform the APHN/Health Consultant for consultation or assistance, if needed, prior to requiring parents to make any changes to MAPs or prescription label instructions.

(7) Medication ranges (dose and frequency) are "acceptable" when written as such by licensed health care providers. CYS caregivers are to be trained by the APHN/CYS Nurse (if applicable) to give the lower amount or lesser of any range to alleviate CYPAs from having to conduct the nursing assessment needed in determining when it would be appropriate to use a higher dose or more frequent administration (For example: "Albuterol 1-2 puffs every 4-6 hours as needed for shortness of breath").

(8) Expiration dates on rescue medications will be checked weekly by designated CYS staff. All prescriptions must be updated annually and will expire one year from the prescription date. The prescription date is used to determine the expiration date, which is 1 year past the date ordered/prescribed by the health care provider/LIP. The exception is when the manufacturer's expiration date precedes the prescription date, at which time a new prescription and medication must be obtained. The APHN, the CYS Coordinator and other installation stakeholders (i.e. pharmacy, health provider, Installation Medical Authority) may collaborate to develop prescription labeling and dispensing processes to address locally based circumstances in order to satisfy the

standard without compromising the safety of the child. These individualized processes should be documented as a local SOP to satisfy the inspection process.

(9) Rescue medications will only be administered as per prescription label and as directed by the Medical Action Plan.

(10) YP facilities must have an established written process to monitor and track youth who self-carry/administer. If a youth who self-carries arrives at the program without their rescue medication, the parents are contacted for guidance. Parents are asked if they can bring their youth's rescue medication or if they want us to send the youth home to get the medication. If parents direct CYS staff to send the youth home to get their medication, then documentation must be maintained in the youth's file as to the parent's request.

(11) Older children and/YP youth may carry and administer their own rescue medicines (inhalers and auto-injectors) with permission from their licensed independent practitioner and parent. Documentation that they accept the responsibilities as per the MAP will be kept on file. Medication will only be taken in the presence of CYS staff if at all possible. If staff is not in the immediate area when a youth needs to self-administer a rescue medication, youth should notify staff immediately after self-administering. CYS staff will document the self-administration on a Medication Dispensation Card.

(12) All rescue medication administered will be properly recorded on the Child, and Youth Services Medication Dispensation Record (DA Form 5225-R, by the person dispensing/observing the medication. Only chart rescue medications if given. There is no a requirement to document each day the medicine is not given.

d. All Medication Dispensation Records must be retained in the child's file after completion for a period of three years or five years if an error was made in administering the medication.

e. Medication Disposal.

(1) Medication will be returned to the parent when no longer needed, if expired or upon termination of the child's attendance in the CYS program/FCC home.

(2) If programs cannot send these medications home with parents, the CYS Program Director will follow Installation/Medical treatment Facility "take back" procedures to properly dispose of medications.

(3) Documentation of return or disposal of the medicine should be written on the Medication Dispensation Record.

f. Basic Care Items.

(1) Acceptable basic care items are limited to topical items used for the prevention of sunburn, diaper rash, teething irritation, lip balm, insect repellents and lotions. OCONUS garrisons may develop an SOP that includes acceptable Host Nation basic care items. Aerosol spray basic care items are not acceptable for use in CYS.

(2) In accordance with Food and Drug Administration guidance, use of products with benzocaine and/or belladonna (primarily found in teething gel) products should be avoided and will not be used in CYS programs. Due to health concerns about the safety of talc (baby powder), it will not be used in CYS programs.

(3) Only EPA approved and registered insect repellents (non-aerosol) will be used in CYS programs. Information regarding the identification of EPA registered insect repellents can be found on APHC Fact Sheet on Using Insect Repellents on Children located on the CYS SharePoint site or at https://phc.amedd.army.mil/PHC%20Resource%20Library/UsingInsectRepellentsonChildren_FS_18-044-0618.pdf.

(4) The child's parents/guardian will provide the "basic care item" with a written, dated, and signed IMCOM Form 33 (Basic Care Item Consent to Administer) stating reason for use; frequency, amount, expiration date of item and location of application. The IMCOM Form 33 will be reviewed/updated by parent/guardian annually or when a basic care item is added or discontinued.

(5) Basic care items will be in their original container and stored out of reach of children. Each item will be labeled with the child's first and last name legibly written.

(6) Only the approved Basic Care items noted on the IMCOM Form 33 can be used on a routine basis, others require a case-by-case review by the APHN/Health Consultant who should collaborate with the appropriate MTF healthcare provider. Basic Care Items (BCIs) may have an attached prescription label, when provided from the MTF. The APHN/Health Consultant may be consulted to clarify and ensure prescribed BCI medications are used appropriately. Parental permission is provided via a signed IMCOM Form 33 and is completed and updated IAW current guidance.

(7) Expiration dates on basic care items must be monitored on a monthly basis.

(8) If the child transitions to another classroom or leaves the program, ensure the BCI with forms is transferred or removed from the classroom.

10-11. Tooth Brushing.

Tooth brushing is an optional service. If offered:

a. CYS will purchase toothbrushes and toothpaste. Children under 2 years of age will not use tooth paste with fluoride.

b. Toothbrushes will be labeled with the child’s first and last name and be stored in a sanitary manner so as not to cross-contaminate.

c. Toothpaste will only be used once per day. A pea size amount of tooth paste will be placed on a paper towel for children over 3 years of age to scoop up with their toothbrushes. For children under 3 years of age, a “smear or grain of rice size” amount of toothpaste will be placed on a paper towel for children to scoop up with their toothbrushes.

d. Toothbrushes will be replaced every three months (ex. 1 Jan, 1 Apr, 1 Aug, 1 Oct). See DENTAC Recommended Toothbrush List, located on the CYS SharePoint site, for toothbrushes that can be purchased online in bulk).

Sanitation

10-12. Handwashing

a. Adult handwashing facilities will be located in infant and toddler care areas within center-based programs. Disposable towels or forced air hand dryers with protective screens (in adult area only) must be provided in all CYS settings for staff and child use.

b. Both adults and children are required to use the following practices to prevent the spread of disease:

(1) Hands will be washed with soap and water when children or staff enter the room, before and after eating, after going to the toilet, before/after participating in water play or cooking activities, after outdoor play, when they come in contact with bodily fluids (sneezing or coughing on their hands), and after diaper changes.

Table 10-3. Handwashing Chart.

Activity	Wash Hands Before		Wash Hands After	
	Staff	Children/ Youth	Staff	Children/ Youth
Signing in classroom			X	X
Wiping child's nose			X	X
Diaper changing	X		X	X
Eating Meals/Snacks	X	X	X	X
Preparing or handling food or feeding a child	X		X	
Toileting or assisting a child with toileting	X	X	X	X

Table 10-3. Handwashing Chart Continued.

Activity	Wash Hands Before		Wash Hands After	
	Staff	Children/ Youth	Staff	Children/ Youth
Giving medication or applying ointment or cream	X		X	
Water play	X	X	X	X
Cooking projects	X	X	X	X
Outdoor play/sand play			X	X
Exposure to blood or other bodily fluids			X	X
Handling of animals or cleaning up after animals			X	X
When cleaning, sanitizing or disinfecting			X	X

(2) SAC/Youth will not be held to a different standard. Staff should encourage them to hand wash when they arrive at the SAC/YC, before/after meals, toileting, and when in contact with bodily fluids (sneezing, etc.).

(3) After diapering, if an infant or child is too young to wash his/her own hands, a caregiver will either assist the infant/child in washing their hands or wash the infant/child's hands for them.

(4) All handwashing will be in accordance with the "Stop Disease Method of Handwashing" poster. Handwashing procedures will be maintained for a minimum of 20 seconds by all staff and children in the CYS programs. The "Stop Disease Method of Handwashing" sign will be posted next to all adult handwashing sinks. An age appropriate handwashing sign, with the required steps, is posted at child's eye level at each handwashing sink. In the event of adjacent handwashing sinks, it is not necessary to post a sign at each sink. One sign may be posted between adjacent sinks. Locally developed signs with photos of the children in care can be used. Handwashing posters for all CYS programs can be found on the CYS SharePoint site.

(5) When accidentally exposed to blood or blood-contaminated fluids, hands must be washed thoroughly using the procedures noted above.

(6) The following procedures must be used when handling blood and other bodily fluids:

(a) Wear protective gloves when handling blood or blood-contaminated fluids, and when hands have open lesions or cuts. This will prevent the contamination from bodily fluids.

(b) Wash the contaminated surface with soap and water and disinfect the area with appropriate bleach solution.

(c) Wash hands in accordance with above guidelines. Protective gloves should be disposed of appropriately and removed carefully to reduce exposure of hands coming in direct contact with the contaminated surface or item.

(d) Bloodborne Pathogens Training includes how to clean up blood spills and return blood stained clothing to parents. Standardized training may be found on the CYS SharePoint site.

(7) Waterless hand sanitizers with an alcohol base may be used in short term situations when there is no water available for handwashing (e.g. outside first aid, field trips). They may not be used in CYS programs or homes as a substitute for handwashing with running water (e.g. in lieu of getting the plumbing repaired and NEVER in food preparation areas).

10-13. Bloodborne Pathogen Exposure Incidents.

Bloodborne pathogen (BBP) exposure incident is considered when an individual had come in contact with blood or other potentially infectious materials with the individual's eyes, mouth, mucous membranes, or non-intact skin resulting from the performance of the employee's duties.

a. BBP exposure must be reported immediately to employer or CYS Director in order to arrange for immediate medical evaluation and follow-up.

b. Contact Installation Public Health/Occupational Health and/or APHN/Health Consultant for further guidance.

c. If the individual has not received the Hepatitis B vaccine series, they should be evaluated for immunization immediately after exposure.

d. CYS Programs should have a written and well developed local BBP exposure control plan in consultation with local Installation Public Health and Occupational Health Services.

e. A BBP Exposure Control Plan should address at minimum: spill clean-up procedures, contaminated laundry, handwashing, hygiene, maintenance and housekeeping, Hepatitis B immunization and post-exposure follow-up and treatment protocols.

10-14. Diapering and Toileting.

Diapering and toileting hygiene procedures will be posted in each module/classroom/home with children who require diapering. NOTE: Updated CYS diapering posters are located on the CYS SharePoint site.

a. Direct care staff and providers will maintain direct bodily contact with the child during diapering at all times to ensure safety of child.

b. Only disposable diapers with absorbent material (e.g., polymers) and disposable diaper wipes may be used unless the child has a documented medical reason that does not permit the use of disposable diapers or disposable wipes (such as allergic reactions).

c. If cloth diapers are used (due to a documented medical condition), the diaper should have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. There will be no rinsing or dumping of the contents performed at the child care facility. Soiled cloth diapers and/or wipes will be placed in a secured plastic bag, stored separately from clean clothing, and out of reach of children until returned to parent. The containers or sealed diaper bags of soiled cloth diapers should not be accessible to any child.

d. Diapering surface is used only for diapering. Children may not be changed in cribs. If a diaper changing table is present, children may not be changed on the floor. For safety reasons children who are older, too heavy for the changing table or who have special needs may be changed on a portable changing pad placed on the floor. FCC Providers may change a child on a portable changing pad placed on the floor.

e. Hot and cold running water is immediately adjacent to the diapering area.

f. Diapering area is not adjacent to food preparation and serving areas.

g. Sanitizing and disinfecting solutions are stored out of reach of children.

h. Diaper changing tables will be covered with a waterproof non-porous changing pad.

i. Diaper changing surfaces will be disinfected and rinsed after each use with appropriate bleach solution (Table 10-6 or 10-7 depending on bleach concentration used). Clear water rinse can be accomplished using a wet paper towel.

j. Soiled diapers will be stored in a foot operated, covered container with plastic liners. Containers will be emptied, cleaned, and disinfected daily using appropriate bleach solution. Empty diaper pails more frequently, as needed, to prevent odors.

k. Children’s diapers are checked at least every two hours. Soiled diapers and clothing will be changed promptly. It is recommended that soiled diapers are placed in a plastic bag prior to placing in the trash. Soiled clothing will be placed in a secured plastic bag, stored separately from clean clothing, and out of reach of children until returned to parent.

l. Vinyl disposable gloves with a smooth surface, with no rough seams on the outside will be available for any staff/provider who wishes to use them. Direct care staff have the choice to use gloves for diaper changing as required by the Occupational Safety and Health Administration (OSHA). If staff choose to use gloves, both hands must be gloved, gloves must be discarded immediately upon conclusion of the task and proper handwashing procedures will be followed.

10-15. Cleaning, Sanitizing, and Disinfecting Surfaces.

The terms, “clean,” “sanitize,” and “disinfect” have different meanings and applications. It is important to use the right solution for the right purpose and apply it in the right way.

Table 10-4. Cleaning, Sanitizing, and Disinfecting Surfaces.

Clean	Sanitize ¹	Disinfect ²
<ul style="list-style-type: none"> • Uses a solution made of soap and water. • Physically removes dirt or debris from surfaces. • Required before a surface can be sanitized or disinfected. 	<ul style="list-style-type: none"> • Uses a mild solution made of bleach and water. • Reduces the amount of germs on a surface to a safe level. • Exclusive application for food-contact surfaces and items that children may place in their mouth. 	<ul style="list-style-type: none"> • Uses a solution made of bleach and water at a concentration that is stronger than the sanitizing solution. • Destroys most germs on surfaces. • General application for all non-porous surfaces.
<p>1-For the purpose of this document, a chlorine sanitizing concentration (bleach solution) is specified as 100 parts per million (ppm) and must not exceed 200 ppm. 2-For the purpose of this document, chlorine disinfecting concentration is specified as 500 ppm and must not exceed 700 ppm. Use chlorine disinfecting concentration of 5000 ppm when cleaning up blood, vomit and diarrhea. Consult with Installation Public Health for disinfection procedures when a child is diagnosed with Norovirus.</p>		

a. Bleach is a corrosive chemical that can cause skin or respiratory irritation from direct contact with the liquid or inhalation of concentrated vapors and will not be sprayed when children are in the area. When properly mixed and applied, the recommended bleach-to-water mixing ratios, specified in Tables 10-6 and 10-7, ensure that prepared solutions are effective while limiting potential harmful effects to

children and direct care staff/providers. Always prepare and use bleach solutions in well ventilated areas using room temperature or cold water. Use of personal protective equipment such as gloves is recommended.

b. Sodium Hypochlorite is the active ingredient in I bleach. Knowing the percentage of sodium hypochlorite contained in the original (undiluted) bleach product is important as this controls the amount of bleach that must be mixed with water to achieve the desired sanitizing or disinfecting concentration.

c. Bleach will not be mixed with other cleaning products. Scented and splashless bleach will not be used.

d. The concentration of a prepared solution is measured in units of parts per million (PPM). The residual PPM of the prepared product directly affects how much wet contact time is needed to achieve the proper level of sanitization or disinfection. The amount of “soil” on the surface also impacts the efficacy of the sanitizer or disinfectant; therefore, proper cleaning is important.

e. Chlorine test strips will be used to ensure the proper concentration of bleach in sanitizing and disinfecting solutions. Bleach solution is tested daily when being prepared and documentation is maintained that solution is at the proper strength.

f. Managing Bleach Solution.

(1) Maintain prepared bleach solutions in opaque plastic spray containers of 16 ounces or smaller for sanitizing and disinfecting surfaces.

(2) Ensure each bleach solution container is labeled “Bleach Sanitizer” or “Bleach Disinfectant”, and includes concentration and preparation date.

(3) Do not place disinfecting and sanitizing solutions in an area of direct sun-light. The disinfecting and sanitizing solutions and disposable paper towels shall be stored at a readily accessible location to the caregiver to ensure use, but placed on a high shelf to ensure no child access.

(4) The disinfecting and sanitation solutions shall be disposed of at the end of the day.

(5) Prepare sanitizing and general disinfection bleach solutions fresh each day. Note: Solutions for blood and body fluid disinfection should only be prepared when needed. Identify the appropriate mixing formula in the table below for the bleach product you are using. Look at the product label to determine the sodium hypochlorite strength: 8.25% or between 5.25% and 6.00% (refer to the figures below.) Add the bleach to cool water and do not mix with any other cleaning products. Note: Only use unscented, liquid-type bleach and verify the concentration of the prepared solution using a chlorine test strip.

g. Managing Soft or Porous Surfaces. Remove pooled blood or body fluids (diarrhea, vomit) from soft or porous surfaces using disposable material to blot or wipe the contamination. Place soiled disposable items in a plastic bag and discard as regular trash. Steam cleaning is the appropriate method used for contaminated carpets, area rugs and upholstered furniture. Effective steam cleaning is achieved when a temperature of 158°F is applied for at least five minutes, or a temperature of 212°F is applied for one minute.

Table 10-5. Bleach Solution Mixing Concentrations.

Sodium Hypochlorite.....5.25-6.00% Other Ingredients:.....94.75-94.00% Total:.....100.00%	Sodium Hypochlorite.....8.25% Other Ingredients:.....91.75% Total:.....100.00%
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Table 10-6. Formula Using 8.25% Sodium Hypochlorite (Bleach Concentration).

Sanitize 100-200 PPM	Disinfect 500-700 PPM	Blood and Body Fluid Disinfectant 5000 PPM
1/8 teaspoon of bleach to a pint of water	3/4 teaspoon bleach to a pint of water	2 Tablespoons of bleach to a pint of water
1/4 teaspoon of bleach to a quart of water	1 1/2 teaspoon of bleach to a quart of water	4 Tablespoons of bleach to a quart of water
1 teaspoon of bleach to a gallon of water	2 Tablespoons of bleach to a gallon of water	1 cup of bleach to a gallon of water

Table 10-7. Mixing Formula Using 5.25-6.00% Sodium Hypochlorite (Bleach Concentration).

Sanitize 100-200 PPM	Disinfect 500-700 PPM	Blood and Body Fluid Disinfectant 5000 PPM
1/4 teaspoon of bleach to a pint of water	1 teaspoon of bleach to a pint of water	1/4 cup of bleach to a pint of water
1/2 teaspoon of bleach to a quart of water	2 1/4 teaspoon of bleach to a quart of water	1/3 cup and 1 Tablespoon of bleach to a quart of water
1/2 Tablespoon of bleach to a gallon of water	3 Tablespoons of bleach to a gallon of water	1 1/2 cup of bleach to a gallon of water

References: 1. Caring For Our Children National Health and Safety Performance Standards Guidelines for Early Care and Education Programs 3rd Edition; 2. US Environmental Protection Agency; 3. US Food and Drug Administration; 4. Centers for Disease Control and Prevention; 5. USAPHC Tip Sheet Preparing and Measuring High Chlorine Concentration Solutions for Disinfection

h. Managing Non-porous (Hard) Surfaces. The following steps are applied to non-porous surfaces such as tables, plastic pads/mats, non-cloth toys, non-carpeted flooring, etc. Note: Refer to TB Med 531 for complete listing of sanitizing and disinfecting requirements.

(1) Using a spray application, wet the entire surface with a sufficient volume of the bleach solution to allow for a minimum wet contact time of at least 60 seconds.

(2) Disinfectants at concentrations above 200 PPM must be followed by a clear water rinse (wipe) after the 60 second contact time is achieved.

(3) Food-contact surfaces must be air dried; nonfood-contact surfaces may be wiped dry using a disposable paper towel after the 60 second contact is achieved.

(4) Table tops and highchair trays must be cleaned and sanitized before and after meals. Clean the surface with soap and water. Remove any visible debris, dirt, residues, and other contamination before using the appropriate bleach solution.

(5) Cribs/Cots/Mats. Crib mattresses and sleeping mats will have a non-porous, easy-to-wipe surface that is free from tears. Individual cribs, cots, mats and mattresses are cleaned, disinfected and rinsed each week as specified in this section.

(6) Fire evacuation cribs are cleaned and sheets are changed after each fire drill.

i. Crib sheets, individual bedding, and sleep sacks will be laundered weekly, immediately when soiled, or after use by a single child when shared.

(1) Individual bedding shall be provided for use with cots or mats. Each child's bedding is stored separately, either on the cot/mat or in individually labeled cubbies. All bedding must be removed from cots/mats if stacked during storage. Retention of bedding on cots is permitted if the cot has a frame that is designed for stacking and provides an air gap between the sleeping surface/bedding and the bottom of the cot stacked above it. The legs of stacked cots must fit into or on top of the cot frame and not rest directly on the sleeping surface or bedding.

(2) Linens are mechanically washed using a minimum wash and rinse temperature of 140°F, followed by heated mechanical drying. The dryer is set to the highest possible setting and all items are completely dried before reusing. The combination of the hot-water wash and high temperature drying will effectively destroy harmful microorganisms from the fabrics.

(3) Application of bleach in the wash cycle is recommended when hot water temperature cannot be sustained.

(4) Severely contaminated cloth toys or linens should be discarded in a plastic bag. Installation Public Health should be consulted for instances of porous surface

blood and body fluid contamination to ensure appropriate disinfecting procedures are conducted.

j. Clothing utilized for costumes/dress-up will be laundered at least weekly or more often if obviously soiled. Hats and safety helmets used for play will be cleaned and sanitized daily at the end of the day or after every use if head lice are present. Eyewear (including goggles used in construction activities) will be sanitized after every use.

k. Toys are cleaned and sanitized when it does not present an exposure risk to children and items can be allowed to air dry. Clean and sanitize toys as follows:

- (1) Daily-for toys used by children younger than three (3) years.
- (2) Weekly-for toys used by children three (3) years and older.
- (3) After use-all toys must be sanitized after a child has placed the toy in his/her mouth. Bin reserved for dirty toys must be out of reach of children.
- (4) All toys must be free of obvious dirt or debris and in good repair.
- (5) Contaminated cloth toys should be washed following the process in para i. (2). above.
- (6) Small non-porous toys will be placed in a mesh bag and washed in the dishwasher. A complete dishwasher cycle must be used with detergent, hot water and heated drying (Wash, rinse and dry). Do NOT use an "economy cycle". Toys must be washed separately from dishes. Ensure toys are compatible with the heat drying cycle. If toys are not compatible with the heat drying cycle, they need to be removed from the dishwashing rack and spread out to air dry. This will prevent a build-up of mold and mildew.
- (7) Toys not able to be washed in the dishwasher will be hand washed in mild detergent and hot water, rinse toys with clean water and immerse in sanitizing bleach solution for at least (2) minutes. Small toys are completely submersed in the sanitizing bleach solution for a two-minute contact time and then air dried. Prepare the batch sanitizing solution immediately prior to cleaning and sanitizing small toys. NOTE: A clear water rinse is not required after sanitizing if the proper concentration (i.e., below 200 PPM) is applied. All the toys will air dry on a clean surface.
- (8) Teething rings can be washed in the dishwasher and should be stored in a sealed plastic container to reduce exposure to surface contamination within the refrigerator. They do not need to be stored individually as they must be cleaned and sanitized prior to placing into a storage container (not a plastic bag). The plastic container and lid should be cleaned and sanitized at the end of each day when the teething rings are cleaned and sanitized.

(9) Pacifiers are provided by parents and are labeled with the child's first and last name. Pacifiers are stored in such a way to ensure that there is no cross-contamination. Pacifiers are cleaned with soap and water as needed throughout the day (when dropped) and whenever there is a break in pacifier use. Pacifiers should be cleaned and sanitized if they become heavily soiled (e.g. stepped on; contact with urine/feces) or inadvertently used by another child. Pacifiers that remain at the CDC at the end of the day must be cleaned and sanitized (by immersion) and allowed to air dry at the end of each day's use. Cleaned/sanitized pacifiers should be stored in a clean/sanitized container until next use.

(10) Wooden toys should be cleaned and sanitized using a wiping method rather than submersion in liquid. Use of disposable wipes that contain cleaning and antimicrobial properties can be used. If disposable wipes are used, they must be registered by the Environmental Protection Agency (EPA) for its antimicrobial properties and the product must be designed as safe for use in food operations or child care setting. Wooden toys sealed with paint or other protective coatings should prevent the absorption of liquids. Wooden toys with worn or damaged surfaces (e.g., deep scratches, chipping, gouges) will absorb liquids and cannot be properly cleaned and sanitized. Toys that swell as a result of a cleaning/sanitizing treatment are no longer "sealed" and must be disposed of. Examples of approved antimicrobial wipes that also clean and are safe for use in child care settings can be found at SharePoint.

(11) Water play tables and associated accessories are managed similar to non-porous toys: drain, clean, and sanitize activity tables or basins and associated play accessories after designated play time (each day).

(12) Pools and spray pads. The use of inflatable or plastic child wading pools is prohibited. Spray pads (e.g. slip-and-slide) may be authorized and must be cleaned and air dried at the end of each day to prevent mold growth. Harmful effects from exposure to unsanitary water occurs when children swallow the water during play or mucous membranes or unhealed skin abrasions are exposed to the water. The spread of disease-causing microorganisms during water play is controlled through the following hygienic controls/actions: ensure diapered children wear swim-style diapers, restrict participation of children who are ill and provide guidance and supervision to ensure children do not splash water in their mouth or eyes or attempt to drink the water.

l. In the CDC children will be limited to the use of cleaning solutions (soap) applied using a spray applicator on tables before and after meals.

m. Children and youth in the SAC and YC programs should be included in the cleaning and sanitizing process as appropriate for their age. Children and youth should be empowered to take an active role and assist staff in cleaning items they use on a regular basis. Sanitizing solutions must be used by children/youth under staff supervision and never sprayed in the vicinity of other children/youth. The cleaning program should consist of four parts.

(1) Part One- Orientation process during which children and youth are educated about the “who, what, when, where and why” of the cleaning program.

(2) Part Two- Children and youth should be encouraged to use gloves while assisting with cleaning and sanitizing and to wash hands when task is complete.

(3) Part Three- Monitor youth to ensure they clean and sanitize identified equipment prior to returning those items to their storage location.

(4) Part Four- Acknowledge children/youth for their assistance in maintaining a clean and healthy SAC/YC facility.

(5) This program will not replace the daily, weekly, and monthly facility cleaning requirements. The cleaning program will supplement these tasks and teach children/youth the importance of maintaining facility equipment in order to minimize the spread of germs and illness. Program equipment that needs to be cleaned/sanitized includes, but is not limited to: video gaming controllers, sports equipment, fitness equipment, iPads, pool (billiard) cues, ping pong/air hockey equipment, and computer equipment/accessories. For any other sports/fitness equipment not listed, follow manufacturer’s recommendation on method and frequency for cleaning and sanitizing/disinfecting.

n. Electronic, sports, fitness, and gaming equipment should be cleaned and disinfected using disposable wipes that contain cleaning and antimicrobial properties. Disposable wipes must be registered by the Environmental Protection Agency (EPA) for its antimicrobial properties and the product must be designated as safe for use in food operations or child care settings. Wipes that are used for cleaning/disinfecting electronic equipment should be static free and minimize the potential for lint to be left behind after cleaning. Alternate disinfecting wipes should be utilized for non-electronic items. Children/youth should be reminded to wash hands after cleaning/disinfecting program equipment. Examples of approved antimicrobial wipes that also clean and are safe for use in child care settings can be found on the CYS SharePoint site.

o. Adult “booties” will NOT be used in infant rooms. NOTE: Observations in Army infant programs have determined that the use of "booties" has led to non-hygienic floor conditions and accidents/injuries. When documented evidence exists of hazardous materials in soils at munitions plants, chemical plants, depots and arsenals, then single-use, disposable "booties" may be used.

p. Toilet rooms and fixtures.

(1) Toilet rooms and fixtures will be sanitary and odor free. Custodians are responsible for cleaning and disinfecting toilet rooms daily and restocking handwashing supplies as needed. Caregiver responsibilities include:

(a) Ensuring availability of hand soap and paper towels at all times.

- (b) Ensuring proper disposal of used paper towels in the trash.
- (c) Reporting odors and ventilation issues.
- (d) Immediately reporting clogged toilets and drains and leaking plumbing.
- (e) Cleaning accidental bodily discharges from floors.

(2) Toilets will be caulked to floor. Missing, damaged or eroded caulking must be reported to management and maintenance personnel.

(3) Sinks will be located in infant, toddler and preschool child activity rooms/modules. Handwashing sinks shall be supplied with soap and disposable paper towels at all times.

10-16. Sleep and Rest Periods.

a. Infants: There will be cribs available for all infants 12 months and younger:

(1) Each infant in care more than four (4) hours per day on a regular basis has a dedicated crib.

(2) Cribs are placed at least three (3) feet apart. Cribs with solid headboards can be placed end to end until child is nine (9) months old or able to stand.

(3) Use of a portable crib is acceptable in FCC homes and KOS programs. If portable cribs and those that are not full-size are substituted for regular full-sized cribs, they must be maintained in the condition that meets the ASTM F406-10b Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards. Portable cribs are designed so they may be folded or collapsed, with or without disassembly.

(4) Cribs must be arranged so that infants are placed to sleep head to toe.

(5) Cribs surfaces must be smooth, free from splinters, sturdy and easily cleaned.

(6) Sides of infants' cribs must be in the locked position when cribs are occupied.

(7) No more than one mattress per crib may be used.

(8) The surface of the crib mattress must be at least 20 inches from the top of the crib rail.

(9) Crib mattresses must be firm, tight-fitting and covered by a tight-fitting sheet with elastic corners. Mattresses must have a waterproof cover.

(10) Pillows, soft or loose bedding or other items which could interfere with breathing are not placed in cribs. No other items should be in a crib occupied by an infant except for a pacifier. If the infant falls asleep and the pacifier falls out of the infant's mouth, it should be removed from the crib and does not need to be reinserted. Sleep Sacks will be used for sleeping infants. Nothing is to hang on the inside of the cribs to include blankets and bibs.

(11) Mobiles hanging on or above the crib are not allowed.

b. Sleep Position.

(1) All infants 12 months and younger will be placed on their backs for sleeping. Children will transition to a mat on their first birthday. Children who pull up and try to climb out of their crib prior to their first birthday will be placed on mats for safety. Infants placed on mats for sleeping will not use sleep sacks.

(2) Infants who roll over unassisted may assume their own sleep position after first being placed on their backs to sleep. CYS "Back to Sleep" crib placards with the child's name, picture, and indication if infant cannot (red placard) or can (green placard) roll over are prominently displayed above or outside each regularly scheduled infant's crib in a clear sleeve. The sleeve will also contain the signed copy of the "Infant Sleep Position Agreement". Placard must be positioned to cover the "Infant Sleep Position Agreement" so it is not visible to the public. NOTE: Pictures are optional for hourly care and Kids on Site (KOS) children but "Infant Sleep Position Agreement" and placards are still required. Sleep Placards and Infant Sleep Position Agreement can be found on the CYS SharePoint site.

(3) If an alternative sleep position is required, it must be supported by a written statement by a licensed independent practitioner indicating the nature of the medical condition and specific sleeping instructions (side, stomach or elevated back sleeping position, and what if any sleep devices are authorized to support the alternate sleep position such as wedges, rolled towels, pillows, etc.). "Alternate Sleep Position – See written statement" must be written on the placard for these infants. Statement must be obtained prior to provision of child care services, and must be maintained in child file. Medical conditions that require an alternative sleep position may warrant a MIAT review as appropriate.

(4) If an infant arrives at a CYS program asleep in a car safety seat, infant carrier, or infant sling, the parent/guardian or CYS staff/FCC provider must remove the infant and place them on their back in the infant's assigned crib.

(5) When an infant falls asleep in a place that is not a sleeping environment, CYS staff/FCC provider will immediately place the infant in their assigned crib. The following are not considered sleeping environments: a car safety seat, Boppy pillows, Bumbo chairs, bouncy seats, infant seats, swings, Exersaucers, jumping chairs, highchairs, or the floor.

(6) Other than at meals or snack time, children should not sit in a high chair or other equipment that constrains his/her movement indoors or outdoors for longer than fifteen minutes.

(7) Infants will not remain in cribs when awake except for short periods of quiet play not to exceed 15 minutes.

(8) Staff in a CDC will position themselves so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

(9) FCC providers must be within sight or sound of children at all times. FCC providers living in two story housing units should nap infants on the ground floor and remain on the same floor while infants are sleeping. FCC providers must observe all children on a regular basis throughout nap/rest periods.

(10) Lighting in the room must be maintained to allow the staff to see each infant's face, view the color of the infant's skin and to check the infant's breathing. Rooms are not completely darkened while infants are present to ensure room is visible on CCTV monitor.

10-17. Pets.

a. Animals brought into CYS facilities are considered pets. They provide many benefits to children, but the risks they potentially pose must be mitigated appropriately. For health and safety reasons, the following types of animals are not permitted in programs per Caring For Our Children (CFOC) 3.4.2.2:

(1) Wolf-dog hybrids.

(2) Reptiles and amphibians. Tadpoles can be present in programs for science related observations but once they become mature frogs, must not remain in program. All frogs and toads must be appropriately released.

(3) Psittacine birds inclusive of parrots, parakeets, budgies, and cockatiels.

(4) Ferrets.

(5) Bats.

(6) Hermit crabs.

(7) Poisonous and venomous animals inclusive of spiders, insects, and snakes.

(8) Stray cats and dogs.

(9) Ducks and chickens.

(10) Animals in estrus - Female dogs and cats should be determined not to be in estrus (heat) when at the child care facility.

(11) Animals less than 4 months (16 weeks) of age are not permitted in programs. Any animal that is over 4 months (16 weeks) must have completed all required immunization series (including rabies) and be receiving monthly internal parasite control.

(12) Aggressive animals - Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated such aggressive behavior in the past as determined by installation Veterinary Services.

b. Immunizations - New animals in a CYS facility must be processed through the installation veterinarian, or licensed civilian veterinarian if installation Veterinary Services are not available, for initial screening to ensure required immunizations, appropriate internal and external parasite preventative measures have been administered and the animal is free from infectious disease. Veterinary health certificates (DD Form 2209) must be maintained on file for each animal.

c. Center-based settings that maintain pets on the premises (excluding fish) will be inspected monthly by a designee from installation Veterinary Services, and at a minimum annually by a Veterinary Corps Officer. Veterinary inspections of FCC homes with pets will be done upon request when directed by the FCC Director. Animal Facility Inspection reports (DD form 2342) will be provided and must be maintained on file.

d. All pets, excluding fish, in Center-based settings or FCC homes will obtain a Veterinary Health Certificate from the installation veterinarian, (or licensed civilian veterinarian if installation Veterinary Services are not available,) no less than annually (fish are excluded). Annual visits must include a physical examination, fecal testing, appropriate immunizations (rabies immunization IAW local and state laws – DD Form 2208), and internal and external parasite control (as per most current Companion Animal Parasite Council recommendations, www.capcvet.org). Costs for appropriate documents and medical treatment are the responsibility of the Center or individual FCC provider.

e. Installation Veterinarian determines appropriateness and acceptable temperament of pets in home care environments. Temperament assessments will be IAW guidance in TB MED 4, Appendix D.

f. Parents will be notified at orientation if animals are in the facility/home or any time a new animal is added to the facility/home.

g. Sanitary conditions of the pets will be monitored by Veterinary Services as part of the monthly inspection for CDC and quarterly inspection for SAC/YP.

h. Pets will be contained in appropriate cages/enclosures/areas in center-based programs when not included in an activity, with adequate quantities of food and water. All pets will be afforded the opportunity, in their respective cages/enclosures/areas, to have a break from children.

i. Pet bowls, cages, holding areas, beds and pens must be kept clean and sanitary, must not be adjacent to dining areas and be inaccessible to crawling children. All cages, pens, bowls and holding areas are regularly sanitized as per local SOPs.

(1) Staff will be responsible for the daily cleaning of cage(s), or more frequently if required.

(2) Pet waste and litter containers are inaccessible to children and are changed and cleaned frequently to preclude development of objectionable odors.

(3) Pet food and supplies are kept out of children's reach and properly stored to preclude attracting pests. Opened cans of pet food are not stored in refrigerators used to store children's food or medications.

j. Pets are handled, under direct supervision of caregiving staff, humanely and in a manner that protects the well-being of both children and pets.

k. Children and staff are required to wash their hands after handling pets.

10-18. Plants.

a. Non-Toxic Plants - All plants in CDC, SAC and FCC homes must be non-toxic and labeled with the common name and the word "NON-TOXIC." Outdoor plants and trees surrounding CYS buildings do not require labels, but plants with toxic berries should not be used in front of building, near playgrounds or in courtyards. Each facility shall maintain on site a list of all approved indoor plants with associated color photos and ensure care providers are familiar with its contents. The Environmental Health inspector will compare existing plants to the approved listing. Listing of common toxic and non-toxic plants is located on the CYS SharePoint site.

b. Toxic Plants - Plants that have been identified as poisonous, produce poisonous berries, or have thorny or spiked branches will be removed from the centers, homes and outdoor garden areas. This does not preclude garden plants (e.g. tomatoes in School Age and FCC) that can only be accessed with supervision.

c. The consumption of garden-grown food is permitted for science/developmental activities. Fruits/vegetables that are grown in CYS gardens must be washed and

cleaned thoroughly according to TB Med 530/Tri-Service food code and cannot replace items on the menu.

d. Plants that are in the centers or homes must appear to be healthy and properly cared for.

e. The application of pesticides and herbicides by CYS personnel is prohibited and may only be conducted by a certified pest control professional.

(1) Application of toxic chemicals in gardens supporting child care activities is strictly prohibited.

(2) Indoor plants found to harbor pests will be discarded. Consult with Environmental Health staff for additional guidance and controls.

f. Artificial and live plants must be cleaned monthly to alleviate dust.

10-19. Tick Removal.

There are serious diseases that can result from tick bites so it is critical that ticks be removed correctly as soon as possible from children and adults. CYS personnel cannot remove ticks from children but should immediately notify parents when a tick is found on a child.

a. Staff and FCC Providers in tick prone areas will perform a quick scan of children's arms, legs and necks when they return from outdoor play. Parents will be reminded to perform a thorough check of children at home. The goal is to remove a tick correctly and as quickly as possible to reduce the exposure to disease.

b. Ticks are most commonly found in long grass, leaf litter, brush, and forests, but can also be found in yards with short grass, and gardens. Ticks are more abundant in the summer months, but can bite all year long. Maintenance staff and DPW must pay attention to conditions on playgrounds and any other outdoor play environments used, to quickly remove leaf litter and keep grass trimmed. Gardening with children is encouraged as a healthy and fun activity, but staff must be vigilant and watch for dangerous pests like ticks to keep it safe.

c. Further information on ticks can be found on the Center for Disease Control website at <https://www.cdc.gov/ticks/index.html>.

Food and Nutrition

10-20. USDA and Food Program Management.

a. The CYS Coordinator will ensure that meals/snacks provided to children/youth meet USDA Child and Adult Care Program (CACFP) or Summer Food Service

Program (SFSP) requirements. Parents are provided with information on participation in accordance with state USDA CACFP or SFSP regulations.

b. The CYS Coordinator (or designee) will enroll programs in the USDA CACFP or SFSP to ensure that meals and snacks provided meet USDA requirements. NOTE: Even if a program is not eligible or not enrolled in the USDA CACFP (e.g. OCONUS), all USDA requirements will be met.

(1) All eligible CDC, SAC, and YC programs will be enrolled in, participate in, or meet the requirements for the USDA CACFP. All CDC, SAC and YC programs, regardless of eligibility status, will meet the requirements of the USDA CACFP.

(2) All eligible FCC Programs serve as an Army sponsor of the USDA CACFP where available (optional for programs where there are fewer than 10 FCC homes).

(3) FCC providers are given the opportunity to participate in the USDA CACFP where available. Regardless of enrollment in the CACFP or non-Army sponsorship of the program, FCC staff will monitor FCC homes for compliance with Army and USDA program standards and regulations.

(4) All programs participating in the USDA CACFP/SFSP will have a current agreement with the appropriate USDA Office and a current Army Memorandum on file authorizing participation in the USDA CACFP.

(5) CDC/SAC/Youth programs will use the Prime Vendor Contract to purchase 80% of the food. Request an exception to policy as needed if this standard cannot be met. Business Plan/ETP Request Form can be found on the CYS SharePoint website.

(6) CDC/SAC/MST programs will have proper inventory control in place to ensure sufficient amounts of food are available and are accounted for.

(7) CDC/SAC/Youth programs will meet recordkeeping requirements to ensure compliance with Army and USDA Regulation.

10-21. CYS Menus.

The program provides healthy meals and snacks that include restrictions on the provision of juice and beverages with added sweeteners and no fried, high-fat, or highly salted foods (DoDI 6060.02 G: Nutrition and Food Service). Foods typical of participating children's culture as well as a variety of foods that may not be familiar to the children are included. All cooks use standardized forms/recipes that meet USDA requirements and food production records is required state CACFP.

a. Standard cyclical menus (for children 12 months and older) will be used in all CYS facilities, and reviewed and signed annually by IMCOM G9 CYS Nutritionist to ensure compliance with USDA and Army nutritional guidance. The IMCOM G9

Nutritionist can designate a professionally qualified signatory via an MFR indicating a specified duration if necessary for the signature on non-standard menus.

b. FCC providers may elect to use approved IMCOM Standard menus or develop their own. FCC providers cannot be required to use IMCOM standard CDC menus. FCC Menus must meet all of the required Army nutritional guidance (as part of meeting requirements for the Certificate to Operate) and USDA CACFP regulations for meal patterns. FCC Menus must be reviewed for compliance with Army nutritional guidance and USDA CACFP regulations. FCC menus must be signed by a Registered Dietitian (CYS or MEDCOM). Retention of records must be maintained in accordance with USDA CACFP guidelines. FCC providers may use approved menus from a prior garrison, or from another provider if they meet Army nutritional standards, USDA CACFP requirements and are signed by a CYS or MEDCOM Dietitian.

c. Menus are required to be posted in an area that is accessible to the public for viewing. Per Army regulations, menus must be signed and dated by approving entity. Menus must include dates (month, day and year) of service and will be maintained as required by USDA. In shared facilities, menus must be posted in program area and be clearly visible

d. All meals and snacks served will include option of water even when other beverages are provided. Children/youth will be offered water at regular intervals, but at a minimum after large-muscle activity, outdoor play, and mid-morning when breakfast is provided in lieu of morning snack. Water does not take the place of milk when served as a component at a meal or snack.

e. The USDA CACFP best practices reflect recommendations from the Dietary Guidelines for Americans and the National Academy of Medicine to further help increase participants' consumption of vegetables, fruits, and whole grains, and reduce the consumption of added sugars and saturated fats. USDA CACFP Best Practices will be reflected in menus.

<https://www.federalregister.gov/documents/2016/11/01/2016-26339/child-and-adult-care-food-program-meal-pattern-revisions-related-to-the-healthy-hunger-free-kids-act>

f. Menu substitutions, when unavoidable will maintain the nutritional intent and integrity of the menus as well as meet all USDA component requirements for reimbursement. (I.e. whole grain for whole grain, red or orange vegetable for like, etc.) Substitutions are acceptable in situations when: supplies ordered are not delivered, product is damaged or spoiled, there is equipment failure, a facility schedule change, a staffing shortage, or similar situations that precipitate a change to the menu. Changes will not be made routinely due to poor planning. Changes must be written on the posted menu as soon as possible and always prior to the meal service as required by USDA.

g. CDC/FCC menus will not contain foods that present choking hazards for children under the age of 3 years. For example, hot dogs, whole grapes, popcorn, raw

peas, hard pretzels, chunks of raw carrots/meat/cheese or nuts larger than can be swallowed whole. NOTE: For more information see <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/New-AAP-Policy-on-Choking-Prevention.aspx> and <https://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/Choking-Prevention.aspx>.

10-22. Meal Preparation.

a. Management staff will ensure disposable eating utensils, cups and plates are only used in situations where it is unavoidable. The intention is that if there is a dishwasher, it is always available and operational. Use of paper products is rare.

b. CDC Management will ensure that all commercially-packaged food is delivered to classrooms in an appropriate dish.

c. In infant/pre-toddler rooms, food stored in containers (such as boxes of cereal or jars of baby food) must be transferred to individual serving bowls.

d. CYS Facility Directors will ensure kitchen staff prepare meals/snacks based on quantifiable measurements (i.e., correct number of servings and portion sizes).

e. Cooks can articulate how many servings are placed into each serving bowl/platter. They can produce written calculations of how they determined amount to prepare and place in serving dishes.

f. Kitchen staff prepare food based on number of children typically present and those direct in-ratio staff participating in CDC Family Style Dining (FSD) or SAC meal service.

g. YP Directors ensure that the amount of food prepared is based on historic documentation of youth attendance/direct in-ratio staff participating in meals and snacks.

h. Personal staff meals/snacks will not be prepared in the CYS kitchen or using CYS food supplies.

i. Leftover food will not be given to staff, parents, or youth to take home (including the sale of leftover food).

j. Meal service is used to facilitate socialization among children/youth, to build self-help skills in young children and to help children and youth develop healthy eating patterns by providing healthy options. CYS Managers must provide supervision to ensure that proper portion sizes are provided. Meals and snacks are not an employee benefit, and staff will not rely on food prepared for children/youth as their source of food.

k. Approved store bought food brought in by parents for designated special occasions will be allowed, as long as the food is in the original container, includes an ingredients list so the food can be screened for allergens and is still sealed. Management staff will ensure that the food is screened for allergens. The USDA creditable snack or meal must be served prior to any 'special occasion' food items.

l. Prior to food leaving the kitchen, staff cut hard foods or foods that pose a choking hazard no larger than 1/4" square for infants/pre-toddlers (less than 24 months) and 1/2" square for toddlers (24-36 months) to prevent choking hazards. NOTE: Soft finger foods for children who can feed themselves can be served without cutting.

m. The number of meals prepared is determined by number of enrolled children over the age of 12 months and historical knowledge of average daily attendance PLUS number of direct care staff involved in FSD. Seconds are routinely provided only on bread, fruit, and vegetables, or a combination of these components. Up to 50% more is prepared based on known child consumption. Cooks should prepare one serving of meat per child, however if there is extra meat available to children, it may be served. NOTE: numbers of staff lunches are calculated based on the Army metrics of optimum percentages of children (50/50 mix of children under three (3) and children over three (3) and may need to be adjusted based on individual configuration).

10-23. Meal Service.

a. No child will go without food for more than three (3) consecutive hours. NOTE: Army policy states the length of time between end of one meal and beginning of the next meal can be no more than three (3) hours. However, if this guidance is contrary to USDA CACFP or SFSP requirements, Installations should follow specific USDA guidance. Programs where youth are allowed to enter and leave as they wish, are not required to provide meals or snacks every three hours.

b. Breakfast and/or morning snack, lunch and afternoon snack are served as required to children in full-day programs. Unless CDC programs open early in support of the military mission, there is no need for a morning snack if breakfast and lunch are served. When a CDC does open early, properly maintained containers of crackers or similar food may be stored in classrooms to ensure no child ever goes hungry (i.e., breakfast is served at 0800 and first child who comes at 0530 is hungry). Children in extended hours care may require an additional supper and/or evening snack.

c. At minimum a snack is served to children/youth in part-day (when no other meal service is provided) and after school programs.

d. Breakfast is served to children/youth in before-school programs when the program is open more than one hour before the first child leaves for school.

e. Supper, evening snack and breakfast are served to children/youth in overnight care.

f. All components of a meal/snack are served at the same time (e.g., milk is not saved until after the meal.) Staff may not require children to finish one component in order to receive the next, nor will they be required to finish any component, or all components before requesting available seconds.

g. Food is not used as a reward, bribe or punishment.

h. All food is offered to children/youth, however, they will not be required to take a bite of or eat all the food on their plate.

i. CYS facility staff directly engage with children/youth during meal/snack times in meal/snack areas and are provided with one portion of food based on the age group (e.g., toddler staff consume one toddler portion; YP staff consume one youth portion). Meals and snacks are a pleasant, social learning experience for children/youth. NOTE: Management, support and direct care staff are not provided with food unless they are actively interacting by sitting at the table with children during FSD or in the eating area with youth at the time of meal/snack service. The number of staff eating with the children should not exceed the staff/child ratio unless management staff or trainers are present as part of official observation/modeling requirements.

j. Children are encouraged to serve and feed themselves based on their developmental abilities. Infants do not have to be served using FSD.

k. Children assist with table setting and clean up as developmentally appropriate.

l. Adults in ratio sit and eat with children.

m. Child-sized furnishings and equipment related to meal service are provided. NOTE: In FCC, a booster seat could be used to meet this requirement.

n. CDC/FCC/SAC children are not seated for meals/snacks until the food is ready to be served.

o. SAC/MST youth participate in a style of meal service that is allowed and approved by CACFP (if Program is a YC program and is NOT receiving any reimbursement, they still follow the meal pattern, but do not have to adhere to the contracted meal service style). Second servings can ALWAYS be self-serve.

p. Child-size measured serving utensils are provided and used to ensure portion sizes are accurate.

q. SAC children do not have access to vending machines during before- and after-school hours or school-break days.

r. YP vending machines or snack bars available to youth must provide some nutritious items among the selections.

s. When children/youth are present, the only good consumed by adults are the meals and snacks provided by the program.

t. Food and Nutrition Service is monitored/inspected by CACFP trained CYS personnel a minimum of three (3) times per year or more often if required by USDA CACFP. Documentation of all visits is maintained in facility and provider files and as USDA CACFP requires.

10-24. Infant Feeding in CDC/FCC.

a. Infants will be fed when they are hungry, rather than on caregiver/provider-imposed schedules.

b. Feeding infants in large groups, propping of bottles or cups, and putting older infants to bed holding milk or formula bottles are unsound, non-nurturing practices that may result in middle ear infections, dental problems or choking and are not practiced in Army CYS. Infant feeding practices facilitate interaction with infants and allow for attention to their needs.

c. Infants must be held during all bottle feedings unless they can hold their own bottles and then they must be within arm's reach of a caregiver. Bottles will not be propped for self-feeding.

d. Children are not permitted to walk around with bottles or cups as this exposes them to safety and health risks.

e. The use of glass bottles is permitted upon parental request. Glass bottles provided must have a rubber grip or silicone sleeve (sold as a unit).

f. Parents of infants will be provided with daily communication regarding the type and quantity of food their child consumed and a coordinated feeding plan will be developed which outlines the introduction of new foods. This is especially important for infants, where food allergies may develop as new foods are introduced. Infants will not be offered any food in the center that has not already been offered in the infant's home.

g. Individual infant feeding plans are coordinated with parent and the lead CYPA and maintained in the classroom where the child is located. The CYS Nurse, CYS Nutrition Specialist, or Health Consultant will be consulted for additional information if required.

h. There are no other liquids fed to infants from a bottle in our programs. Bottles will contain only formula or human milk unless there is a note from a licensed medical provider.

i. Commercial infant food purchased and offered must meet USDA nutritional requirements. See 7 CFR Part 226 for specific requirements.

j. Infant baby food will be in unopened jars and stored so it is protected from contamination. Homemade baby food provided by parent will not be served in any CYS program. Prior to serving any infant formula or commercially prepared baby food, expiration date will be confirmed and those that are expired will be discarded.

k. Infants are allowed to self-feed as soon as they display an interest, including holding spoons and cups.

l. Infants are not fed in groups larger than three (3) (this includes both young infants who are held, and those “almost ones” and older who are transitioning to feeding themselves).

m. High chairs, if used, have straps and wide bases and are used only for feeding. Ensure children are not left unattended in high chairs.

n. Infants under 12 months are not served honey.

10-25. CDC/FCC Infant Formula.

a. Provision of infant food and formula is both an Army and USDA CACFP requirement regardless of enrollment in the program or state guidance.

b. Programs provide at least one kind of infant formula that meets USDA CACFP requirements for iron fortification. Infant formula provided must be one that is commonly used by parents as determined by a parent survey. Providing off-brand infant formula so that parents will decline and provide their own is not acceptable.

c. FCC providers purchase their own infant formula and are not given formula by the CYS program.

d. Parents who decline the Army provided formula may use formula that meets the USDA CACFP requirements or provide human milk. No reduction in fees are given for parents providing their own formula, and breast feeding parents are not given an equal amount of Army provided formula in exchange. Parent-provided formula must meet USDA CACFP requirements and be provided in bottles containing the approximate amount of formula the infant will consume in one feeding, labeled with child's first and last name and date. Formula bottles must be discarded one hour after they have been removed from refrigerator. Formula provided by parents will not require any additional preparation in the center or FCC home other than optional

warming of bottles. Ensure that signed statements are on file in the facilities from parents who have declined the provided infant formula.

e. Formula may be provided to parents in one of two ways depending on the state USDA CACFP guidelines:

(1) Powdered formula may be given to parents to prepare at home and return to the facility in States that allow this. (Matrix calculation for powdered formula quantity provided in Infant Feeding Training Guide). Bottles will be labeled using the standard CYS label for Formula Bottles and filled out completely by parents. Bottles (used and unused) are returned to the parent at the end of the day. More information is available in the Infant Feeding Guide located on the CYS SharePoint site.

(2) "Ready to feed", i.e., liquid formula may be prepared in the facility by pouring the formula into a clean, parent provided, labeled bottle. Bottles will be labeled using the standard CYS label for Formula Bottles. More information is available in the Infant Feeding Guide located on the CYS SharePoint site.

f. Parents may provide one infant meal component (this includes formula or human/breast milk) as long as it meets Army nutritional guidance and USDA regulations.

g. The USDA publication Feeding Infants: A Guide for Use in the Child Nutrition Programs is used as a reference for feeding and handling infant formula and human milk.

h. Crock pots and microwaves will not be used in CYS programs for heating infant formula. Research indicates that heating bottles is not necessary for infants; however, should the parent request that formula be heated, the staff/Provider can use either bottle warmers which use a small amount of water that evaporates while the bottle heats (about three (3) – four (4) minutes) or stand the bottle in a bowl of hot water. Bottle warmers will be operated in accordance with manufacturer's recommendations and will be out of reach of children, including power cords.

i. The most current Bottle Feeding Accountability procedures will be followed. They are located on the CYS F SharePoint site.

10-26. Human Milk (Breast Milk).

Expressed human milk may be brought in clean and sanitary bottles with the standard label which includes the child's first and last names and the date and time the human milk was expressed or the date and time the human milk was thawed if previously frozen. Bottles should contain no more than what the parent estimates the child will consume in one feeding. Human milk must be used within 72 hours of being expressed unless frozen. At the parent's request, staff will place partially consumed bottles of human milk in the child's diaper bag for return to parents, if the child does

not finish the bottle within one hour of warming. Human milk that has not been warmed and served will be returned to the parents at the end of each day. Parents are responsible for ensuring that human milk sent to the CYS program has been stored appropriately while at home (appropriate temperature and time). Frozen human milk must be used within 24 hours of thawing in the refrigerator.

a. Staff members should consult with parents regarding the frequency and interval of feeding. Parents must be told whenever the baby takes more human milk 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 human milk.

b. Human milk will be warmed gently in a bowl/cup of water or bottle warmer at no more than 120 degrees Fahrenheit for no more than five minutes. Bottle warmers specifically made for human milk, or bottle warmers with a "human milk" setting may be used with a small amount of water for 3-4 minutes. Human milk must never be heated in a microwave or crockpot. Human milk contains beneficial living cells that can be destroyed by excessive heat. After warming, human milk will be gently mixed (never shaken) to ensure even temperature distribution.

c. Ensure there is a protected area where mothers can breast feed. NOTE: This does not require a "breastfeeding room." Area will not be in the bathroom.

d. The USDA Child and Adult Care Food Program (CACFP) supports mothers who continue to provide human milk for as long as they "wish and are able to do so." Accordingly, children over 12 months who are still on human milk are authorized expressed human milk as an acceptable fluid milk substitute at any age in the CACFP. Follow guidance for labeling bottles (i.e. first and last name; date and time expressed and or thawed). Conduct "Name to Cup" check each time a "Sippy Cup" or bottle is given. Do not allow children to wander. Sit with them as they drink. When done feeding, immediately dispose of any leftover human milk unless parent has requested that milk be returned to them. In the event of a spill, immediately clean with soap and water.

e. Most current Bottle Accountability procedures will be followed. They are located on the CYS SharePoint site.

10-27. Food Substitution and Allergies.

The CYS Coordinator will identify and respond to special dietary requirements by ensuring:

a. Child records are screened at time of intake.

b. All Programs: Parents may choose to provide foods for a complex medically required diet.

c. For medical and religious exemptions:

(1) Food prepared at home and transported has a higher risk of contamination and spoilage and, therefore, is limited to medical and religious exemptions.

(2) Food brought from home or commercially packaged for medical or religious exemptions must be labeled and dated with child/youth's full name, type of food, date prepared, and follows the same storage requirements as program provided food.

(3) Although the parent may have prepared the food for use as the medical or religious substitute which the CDC/SAS/FCC home serves, CYS accepts the responsibility for the quality of the food at the time of service. If in doubt that the food is safe – do not serve – contact parent for advice.

d. Programs follow approved practices for children/youth on special diets:

(1) Children/youth on special diets due to medical conditions will have written documentation on SDS from medical personnel who specify food allergies or specific medical condition and suggested substitutions (note: specific brand names are not required to be substituted). Copies of SDS are maintained in the kitchen and classroom of children/youth on special diets.

(2) Children on special diets due to religious practices will have written documentation from the parent who specifies prohibited food and provides agreed upon food substitutions on a daily basis if the program cannot reasonably accommodate the special diet. SDS due to religious reasons do not require APHN/Health Consultant review and signature.

(3) Special food requirements for medical and religious reasons are posted in the kitchen and in the activity area visible to staff for CDC/SAC programs. In FCC and YP programs, the statements should be posted in the kitchen or available in the serving area in YC when no kitchen is present. The posted list is current and matches the CYMS list. CYMS allergy report is run at a minimum monthly and as required by changes in special diets and is checked against the Special Diet Statement to ensure accuracy. Allergy reports are posted in the kitchen and in child's classroom. All hourly care children's special needs are included on the daily roster.

(4) Individual pictures of the children with special dietary needs are posted prominently in the home/classroom/activity area where staff/providers can view and/or wherever food is served. Written parental consent is required and is documented on the SDS. In Youth programs, the statements should be posted in the kitchen or available in the serving area when no kitchen is present. Information may be provided to staff in a more discreet manner for youth who can manage their own diets. An acceptable variance for pictures of children in hourly care is to have both the daily CYMS listing of children with SDS and a system to identify the special dietary needs for the child such as a name tag or wristband.

e. Non-dairy milk substitutes will comply with CACFP USDA policy requirements.

f. Program does not provide special meals or substitutions or accommodate for parental food choices, such as vegan, vegetarian, organic, etc.

10-28. Kitchen Management.

Kitchens in CYS Facilities are overseen and managed by the facility director with kitchen supervision and oversight a part of their overall management responsibilities. Kitchen operations are IAW the TBMED530/TSFC, and USDA CACFP practices.

a. Proposed/Current standard and practice in CYS facilities for meeting TBMED 530/TSFC requirements: 2-101.11, 2-102.11, 2-102.20, 2-103.11, and Part 2-2 are the following:

(1) The facility cook is designated as The Person-In-Charge (PIC) of the CYS kitchen operation and is responsible for safe food preparation. During operating hours, when food is being prepared or served, the PIC is present in the kitchen.

(2) The designated PIC holds a current ServSafe Food Protection Manager Certificate, the equivalent certification from an American National Standards Institute Conference for Food Protection (ANSI-CFP) accredited program, or an approved Army learning course listed in TB MED 530/TSFC, 2-102.20. All other kitchen staff are eligible to complete the Food Protection Manager Course or equivalent, but MUST at a minimum complete training as required by TBMED 530/TSFC 2-501.11

(3) The PIC works directly in the facility kitchen and is actively involved in the food receipt and storage, food prep, food service, and ware washing. The designated PIC has the authority to direct the activities of other food service workers with regard to food safety and sanitation procedures as specified in TB MED 530/Tri-Service Food Code.

b. In addition to the designated kitchen staff (cook) serving as the PIC, the CYS manager on duty will hold a ServSafe Food Protection Manager Certificate or the equivalent. There must be a PIC in the kitchen at all times while food is being prepared, served or stored.

c. If a kitchen staff member (cook) is temporarily unavailable to serve as the PIC, the ServSafe Food Protection Manager Certified CYS manager on duty is designated as the PIC and has the authority to direct the activities of other food service workers with regard to food safety and sanitation procedures as specified in TB MED 530/TSFC. The alternate PIC (CYS manager on duty) must be present during all kitchen operating hours. When assuming responsibility as the PIC, the CYS manager on duty is required to be actively engaged in and knowledgeable of: food receipt and storage, food prep, food service, and ware washing.

d. The PIC is responsible for food delivery and food service to all programs for which the kitchen prepares food.

e. Even when not assigned as the PIC, the manager on duty holding the ServSafe Food Protection Manager Certification is required to monitor and be knowledgeable of kitchen staff hygiene and health. Any exclusions of kitchen staff from the food preparation area will be made by the manager on duty. All instances of kitchen staff illness are reportable not only to the PIC, but also to the manager on duty.

f. A RUI must be submitted in all instances of a child being given incorrect food when there is a special diet statement due to allergies or religious exception. This also includes an infant being given the wrong human milk or formula.

g. In the event that the wrong formula is given to a child, the parents and CYS management will be notified immediately. An RUI is submitted through the ID to G9 CYS.

h. In the event that the wrong human milk is given to a child, the parents and CYS Management will be notified immediately. The APHN/Health Consultant will also be notified immediately so they can work with parents to arrange for appropriate medical evaluation and follow-up. An RUI is submitted through the ID to G9 CYS.

10-29. Food-Service Personnel Health Requirements and Kitchen Management.

a. Food-service workers must meet all adult health requirements established for other CYS personnel (Chapter 4). In addition, hepatitis A immunity as substantiated by a completed immunization series or titer test is required for food-service personnel.

b. Personnel with communicable diseases, boils, infected wounds, sores, or acute respiratory infections will not work in the food-preparation or food-service area. Food service employees must be counseled on their requirements to report illnesses and symptoms specified in provision 2-201.11 of the TSFC: diarrhea, vomiting, jaundice, sore throat with fever, Norovirus, Hepatitis A virus, Shigella, Shinga-toxin producing Escherichia coli, Salmonella, and nontyphoidal Salmonella. Personnel with reported symptoms or communicable disease diagnosis must be restricted or excluded from working with food as specified in provision 2-201.12 and 2-201-13 of the TSFC.

c. 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.

d. All food-service personnel will wear clean uniforms or clothing covered by an apron or a clean smock while on duty. Apron must be removed prior to leaving the kitchen. If smocks or aprons become soiled, they must be removed and replaced with

a clean one. Personnel must maintain a high degree of personal cleanliness at all times.

e. All personnel must wash their hands thoroughly with soap and water using the stop-disease method 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 poster explaining the stop-disease handwashing method and above requirements must be posted in all facility kitchens. A hand sanitizer is not a replacement for soap and water.

f. With the exception of medical-alert necklaces or plain wedding bands, food-service personnel will not wear any jewelry.

g. 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.

h. 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).

i. The TBMED 530/TSFC requires that fingernails be trimmed, filed smooth, clean, and not extend more than $\frac{1}{4}$ inch beyond the fingertip. Artificial fingernails, nail jewelry, and any other nail products such as polish or glitter are prohibited during food preparation and service.

j. For safety reasons, food personnel may not wear open-toed shoes, shorts, sleeveless tops, or midriff shirts while on duty.

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

l. 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.

m. Supervisors may consult the Occupational Health Nurse or Installation Public Health staff for advice on food-service personnel health requirements.

n. 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.

o. While on break or at lunch, food-service employees will not eat meals/snacks in the kitchen. They are not allowed to eat food prepared for children.

10-30. Food Sanitation and Storage.

CYS Facility Directors will ensure the prevention of food contamination.

- a. Prepare, store and serve foods to prevent food-borne illness.
- b. Identify items that present high risk of contamination. For medical or religious requirements pay special attention to food brought from home.
- c. Facility inspection requirements:
 - (1) CDC kitchen and food-service areas will be inspected monthly by Installation Public Health personnel or designees and maintained in sanitary conditions. Current inspection results must show compliance with standards.
 - (2) SAC/YC kitchen and food service areas will be inspected monthly by Installation Public Health personnel or designees and maintained in sanitary conditions. A local risk assessment conducted by Environmental Health (EH) must be on hand documenting a low level risk in the event food service programs are inspected less than monthly. Inspection frequency determined by the risk assessment cannot be less than quarterly in SAC and YP. Current inspection results must show compliance with standards.
 - (3) FCC homes (on post) kitchen and food-service areas are inspected annually by Installation Public Health personnel or designees and maintained in sanitary condition. Current inspection results must show compliance with requirements on the Family Child Care Home Environmental Health Inspection checklist that is located on the CYS SharePoint site.
- d. The specified CYS handwashing chart is prominently displayed in appropriate areas in CYS facilities and FCC homes.
- e. There is no evidence of rodents or insects and no materials are stored in classrooms/FCC homes that might attract them such as opened food wrappers in drawers. NOTE: In coordination with local health proponents, properly maintained and covered air-tight containers of crackers or similar food may be stored in classrooms to ensure no child ever goes hungry.
- f. Screens or air curtains are installed in open windows and doors. Screens do not have rips/tears.
- g. Cleaning products are secure from child areas (i.e., not stored near food carts, Fire Detection System (FDS) equipment, in classroom and not stored with food items).
- h. All facility kitchen garbage cans will have lids and will be covered. NOTE: At least one garbage can must be foot-operated in order to avoid re-contamination. The

garbage cans with a foot device are the most effective in food preparation operations. A covered trash can is required by Tri-Service Food Code (TSFC).

i. All kitchen equipment is clean and in working order.

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

(1) Food items requiring refrigeration must be refrigerated immediately after delivery.

(2) Prepared food items must be wrapped and labeled with the name of the item; date and time of preparation and the date and time the food must be discarded before being placed in the refrigerator.

(3) Opened foods must be protected from contamination.

(4) All Time Temperature Controlled for Safety (TCS) food must be stored at 41 °F or less.

k. Frozen 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) Opened foods must be protected from contamination

l. Facilities: Temperatures in refrigerators, and freezers must be checked two times daily. Temperatures must be recorded on separate log sheets for each piece of equipment. FCC: Thermometer must be present in the freezer and refrigerator. Temperature must be confirmed as required on daily checklist. Temperature Control Log can be found on the CYS SharePoint site.

m. Non-refrigerated food (dry storage) will be protected from contamination by storing it in a clean dry location where it is not exposed to splash, dust or other contaminants. Containers holding food, such as flour, oils, herbs, salt, spices and sugar will be labeled with the food item's common name. If these items have a manufacturer's best by; use by, or expiration date; it will be clearly visible.

n. Food will be stored and used based on its expiration date. Food with the most recent expiration date will be placed in front of food that has a later expiration date

regardless of when it was purchased. Food which has expired or which has dented/damaged packaging that could expose the food to contamination will not be served.

- o.* Food carts are cleaned and sanitized before and after each use.

10-31. Food Handling Practices.

Technical Bulletin Medical (TBMED) 530/Tri-Service Food Code will be followed during food preparation or service in all CYS facilities.

- a.* Potentially TCS Food, such as eggs (only pasteurized or frozen carton eggs will be used in CYS), meat, poultry and fish, are cooked and served according to the minimum temperatures and time as outlined in Chart F-3 page 281 TBMED 530/TSFC.

- b.* Leftovers are not to be given to staff for later consumption. They must be discarded.

- c.* All cooked food removed from temperature control will be served and discarded within four (4) hours.

- d.* All food will be cooled according to TSFC standards.

- e.* Milk or juice that is transferred from bulk milk dispensers or one (1) gallon containers to smaller serving pitchers will be covered and immediately transferred to the classroom/meal area. All milk remaining in the serving pitchers will be discarded. Serving pitchers will not be used for storage. Bulk milk or juice containers that were used to fill serving pitchers but have remained refrigerated can be retained until their manufacturer's expiration/"use by" date or 7 days from when they were opened, whichever comes first.

- f.* 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.

- g.* Food items must be prepared as close to serving time as possible.

- h.* Equipment, utensils, and surfaces must be thoroughly cleaned and sanitized after each use.

- i.* Can tops must be washed before opening the can to remove dust and potential contamination.

- j.* Fresh fruits and fresh vegetables will be washed under potable running water to remove dirt and soil residues.

k. 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 protected from contamination.

l. Chipped or cracked dishes, glasses, and utensils must be disposed of immediately.

m. Children/youth must not be allowed to use the same plate when returning to the serving line for seconds.

n. Food must never be returned to the kitchen to be reused.

Appendix A References

Section I Required Publications

**ABA Accessibility Standard for Department of Defense Facilities adopted
October 31, 2008**

**Accreditation Criteria and Procedures of the National Academy of Early
Childhood Programs, 1984**
(Available from NAEYC, 1834 Connecticut Avenue, N.W., Washington D.C. 20009)

Architectural and Engineering Instructions (EEI)
Architectural and Engineering Instructions Design Criteria

AR 11–2
Managers' Internal Control Program

AR 25-400-2
The Army Records Information Management System (ARIMS)

AR 27–20
Claims

AR 40–5
Army Public Health Program

AR 40-562
Immunizations and Chemoprophylaxis

AR 58–1
Management, Acquisition, and Use of Motor Vehicles

AR 215–1
Morale, Welfare and Recreation Activities and Non-appropriated Fund
Instrumentalities

AR 215-3
Non-appropriated Funds Instrumentalities Personnel Policy
http://www.apd.army.mil/pdf/files/r215_3.pdf

AR 385–10
Army Safety Program

AR 415–15

Military Construction, Army (MCA) Program Development

AR 415–35

Minor Construction

AR 40-905

Veterinary Health Services

AR 420-1

Army Facilities

AR 420–81

Custodial Services

AR 600–7

Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army

AR 608-10

Child Development Services

http://www.apd.army.mil/jw2/xmldemo/r608_10/main.asp

AR 608–18

The Army Family Advocacy Program

Caring For Our Children (CFOC): National Health and Safety Standards

Consumer Product Safety Commission (CPSC) Handbook for Public Playground Safety, Vol II

Available from Consumer Product Safety Commission, Washington, DC 20207

CTA 50–909

Field and Garrison Furnishings and Equipment

CTA 50–970

Expendable/Durable Items Except: Medical, Class V, Repair Parts and Heraldic Items

DA PAM 570–551

Staffing Guide for US Army Garrisons

DA PAM 690–41

Standardized Positions Descriptions

DA PAM 1401.1–M–1

Job Grading System for NAFIS

DoDI 1402.05

Background Checks on Individuals in DoD Child Care Services Programs

DoDI 6060.02

Child Development Programs (CDPs)

DoDI 6060.4

Youth Programs

NFPA 101

National Fire Protection Associations—Life Safety Code, Volume 9 (Available from National Fire Prevention Association Life Safety Codes, Batterymarch Park, Quincy, MA 02269)

TM-5-609

Military Custodial Services Manual w/C1

UFC 3-600-01

Fire Protection Engineering for Facilities

UFC 3-601-02

Operating and Maintenance: Inspection, Testing, Maintenance and Fire Protection Systems

UFC 4-021-01

Design, Operation and Maintenance Requirements of Mass Notification Systems for DoD Facilities

UFC 4-740-6

Youth Centers

USDA Children and Adult Care Food Program (CACFP) Handbooks

Section II

Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

American Society for Testing and Materials (ASTM) applicable materials

AR 1-100

Gifts and Donations

AR 25-30

The Army Publishing Program

AR 40–3

Medical, Dental and Veterinary Care

AR 210–1

Private Organizations on Department of the Army Installations

AR 210–20

Master Planning for Army Installations

AR 210–50

Family Housing Management

AR 340–21

The Army Privacy Program

AR 415–10

General Provisions for Military Construction

AR 415–16

Army Facilities Components System Military Engineering Construction Support, Designs, Material, and Planning data

AR 415–20

Project Development and Design Approval

AR 420–10

Facilities Engineering, General Provisions, Organizations, Functions, and Personnel

AR 420–49

Heating, Energy Selection and Fuel Storage Distribution, and Dispensing Systems
130 AR 608–10 • 15 July 1997

AR 420–70

Buildings and Structure

AR 420–74

Natural Resources; Land, Forest and Wildlife Management

AR 420–81

Custodial Services

AR 600–20

Army Command Policy and Procedures

AR 608–1

Army Community Services Programs

DA Pam 25-403

Guide to Recordkeeping in the Army

DA Pam 27-154

Procurement Manual for Clubs and Construction by Certain Non-appropriated Funds

DA Pam 230-8

Morale, Welfare, and Recreation Pricing and Performance Guidance

DA Pam 600-19

Quality of Life Minimum Standards

DA Pam 600-40

The Army Family Action Plan

DoDD 1015.6

Funding of Morale, Welfare and Recreation (MWR) Programs

DoDI 1000.3

Safety and Occupational Health Policy for DoD

Illuminating Engineering Society of North America (IESNA) Lighting Handbook Reference and Applications.

NFPA 10

Standards for Portable Fire Extinguishers

NFPA 17A

Standard for Wet Chemical Extinguisher Systems

NFPA 30

National Fire Protection Association—Flammable and Combustible Liquids Code, Volume 3

NFPA 72

National Fire Alarm and Signaling Code

NFPA 96

Standard for Ventilation, Control and Fire Protection for Commercial Cooking Operations (Cooking Equipment, Vapor Removal, Volume 9)

TB MED 530

Tri-Service Food Code

TB MED 531

Facility Sanitation Controls and Inspections

TM-5-803-11

Children Play Areas and Equipment

Section III

Prescribed Forms

DA Form 4841-R

Child Development Services (CDS) Program/Facility Report

DA Form 4719-R

Child Development Services (CDS) Registration Form

DA Form 5219-R

Child Development Services (CDS) Family Child Care (FCC) Provider Application AR 608-10 • 15 July 1997 131

DA Form 5220-R

Child Development Services (CDS) Family Child Care (FCC) Provider Background Clearance Request

DA Form 5221-R

Child Development Services (CDS) Family Child Care (FCC) Certification Denial/Revocation

DA Form 5222-R

Child Development Services (CDS) Sponsor Consent

DA Form 5223-R

Child Development Services (CDS) Child Health Assessment

DA Form 5224-R

Child Development Services (CDS) Child and Family Profile

DA Form 5225-R

Child Development Services (CDS) Medical Dispensation Record

DA Form 5226-R

Child Development Services (CDS) Sponsor/Program Agreement

DA Form 5246-R

Army Child Development Services (CDS) Report

DA Form 5561-R

Child Development Services (CDS) Waiting List

DA Form 5562-R

Child Development Services (CDS) Needs Assessment

DA Form 5562-1-R

Child Development Services (CDS) Needs Assessment Methodology

DA Form 5563-R

Installation Child Development Services (CDS) Demographic Profile

DA Form 5764-R

Individual Development Plan (IDP) Child Development Center Personnel Initial Training Record

DA Form 5763-R

Individual Development Plan (IDP) Family Child Care (FCC) Provisional Certification Training Record

DA Form 5765-R

Child Development Services (CDS) Center Personnel/Providers Annual Individual Development Plan (IDP) Training Record)

DA Form 5760-R

Child Development Services (CDS) Management Personnel Cumulative Individual Development Plan (IDP) Training Record

DA Form 5761-R

Family Child Care (FCC) Risk Assessment Tool Observation Instrument

DA Form 5761-1-R

Child Development Services (CDS) Observation Summary
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DA Form 5761-2-R

Family Child Care (FCC) Risk Assessment Tool Interview Summary.

DA Form 5761-3-R

Family Child Care (FCC) Risk Assessment Tool Report.

DA Form 5762-R

Family Child Care (FCC) Provisional Certification Record Operational Requirements

DA Label 176

Family Child Care (FCC) Certified Home Identification Card

Section IV

Referenced Forms

DA Form 12-99

Series Subscription Change Sheet

DA Form 87

Certificate of Training

DA Form 1391

Fiscal Year Military Construction Project Data

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 3437

Department of the Army Non-appropriated Funds Certificate of Medical Examination

DA Form 4283

Facilities Engineering Work Order

DA Form 4745

Violation Inventory Log

DA Form 4756

Installation Hazard Abatement Plan

DA Form 5018-R

ADAPCP Clients Consent Statement for Release of Treatment Information

DA Form 4106

Incident Report

DD Form 2208

Rabies Vaccination Certificate

DD Form 2209

Veterinary Health Certificate

DD Form 2342

Animal Facility Sanitation Checklist

DD Form 2981

Basic Criminal History and Statement of Admission

IMCOM Form 33

Child and Youth Services basic Care Item Permission to Administer

IMCOM Form 34

Child and Youth Services Youth Program Registration and Sponsor Consent

Section V
Special Abbreviations and Terms
There are no special terms.

Appendix B
Communicable Disease Chart

B-1. The Communicable Disease Chart provides basic information about the most common childhood communicable diseases CYS would expect to deal with.

B-2. The chart is for informational purposes only and CYS staff should contact their APHN/Health Consultant if they suspect that any of the children in their care have any of the vaccine-preventable diseases listed in the chart.

Appendix C
Medication Administration Guide

C-1. The Medication Administration Guide is meant to provide general guidance regarding commonly prescribed pediatric medications and administration of those medications in CYS child care settings.

C-2. The Guide is not all inclusive, therefore it is not indicative of all medications or categories of medications potentially prescribed to children while in CYS.

C-3. Other physician or licensed independent practitioner prescribed medications may be administered after specific consultation with the Health Consultant/Army Public Health Nurse (APHN) and the provision of special training to CYS personnel e.g., side effects, administration techniques.

Appendix D
First Aid Kit Supply List

D-1. First aid kits containing all required supplies on the supply list will be kept at the front desk of each facility and are available for field trips, at sports fields and at SKIES activities.

D-2. All items in the first aid kit that have expiration dates must be replaced prior to the expiration date.

D-3. A smaller first aid kit containing Band-Aids, disposable gloves and hand sanitizer will be kept in each classroom.

Glossary

Section I Abbreviations

ACCRS

Army-wide Child Care Referral Services

ACS

Army Community Service

ADA

Average Daily Attendance

ADCO

Alcohol and Drug Prevention Control

ADP

Automatic Data Processing

AEI

Architectural and Engineering Instructions

AIDS

Acquired Immune Deficiency Syndrome

APF

Appropriated Fund(s)

ARC

American Red Cross

AUTOVON

Automatic Voice Network

BCCG

Background Check Coordination Group

CARAT

Child Abuse Risk Assessment Tool

CACFP

Child and Adult Care Food Program

CBA

Collective Bargaining Agreement

CDA Credential

Child Development Associate Credential

CDC

Child Development Center

CDS

Child Development Services

CEAT

CYS Employee Assignment Tool

CID

Criminal Investigation Division

COE

Chief of Engineers

CONUS

Continental United States

CPAC

Civilian Personnel Advisory Center

CPMC

Capital Purchase and Minor Construction

CPR

Cardiovascular Pulmonary Resuscitation

CPSC

Consumer Product Safety Commission

CSEFEL

Civilian Personnel Advisory Center

CTA

Common Table of Allowances

CYPA

Child and Youth Program Assistant

CYPPP

Child and Youth Personnel Pay Plan

DA

Department of the Army

DAR

Daily Activity Report

DEERS

Defense Eligibility Enrollment Reporting System

DES

Department of Emergency Services

DoD

Department of Defense

DOIM

Director of Information Management

DPT

Directorate Teen Panel

DPW

Department of Public Works

EFMP

Exceptional Family Member Program

EH

Environmental Health

EMD

Enterprise Manning Document

FADS

Fire Alarm Detection System

FCC

Family Child Care

FF&E

Furnishings, Fixtures and Equipment

FSD

Family Style Dining

FTE

Full-time Equivalent

FY

Fiscal Year

GAO

General Accounting Office

GYC

Garrison Youth Council

HIV

Human Immunodeficiency Virus

HQDA

Headquarters, Department of the Army

HUD

Housing and Urban Development

ICC

Interstate Commerce Commission

IDP

Individual Development Plan

IMWRF

Installation, Morale, Welfare and Recreation Fund

KIT

Kids Included Together

LIP

Licensed Independent Practitioner

LOSS

Line of Sight Supervision

MAP

Medical Action Plan

MCA

Military Construction, Army

MDEP

Management Decision Package

MEDCEN

United States Army Medical Center

MEDDAC

Medical Department Activity

MER

Management Employee Relations

MIA

Missing in action

MIAT

Multi-disciplinary Inclusion Action Team

MILCON

Military construction

MOU

Memorandum of Understanding

MTF

Medical Treatment Facility

MWR

Morale, Welfare, and Recreation

NAF

Non-appropriated Fund(s)

NAFI

Non-appropriated Fund Instrumentality

NAYS

National Alliance for Youth Sports

NFPA

National Fire Protection Association

OCONUS

Outside Continental United States

OMA

Operations and Maintenance, Army

OPM

Office of Personnel Management

PAM

Pamphlet

PARR

Program Analysis and Resource Review

PDSA

Part–Day School–Age

POC

Point of Contact

POV

Privately Owned Vehicle

PRB

Program Review Board

PX

Post Exchange

RIMP

Risk Management Program

RPOC

Reporting Point of Contact

SAC

School Age Care

SASOHI

Standard Army Safety and Health Inspections

SDS

Special Diet Statement

SEL

Social and Emotional Learning

SIDS

Sudden Infant Death Syndrome

SJA

Staff Judge Advocate

SKIES

School of Knowledge, Inspiration, Exploration and Skills

SLO

School Liaison Officer

SOP

Standard Operating Procedures

SPECAT

Special Category

SPS

Supplemental Programs and Services

SPS

Supervisory Program Specialists

STACC

Short Term Alternative Child Care

STEM

Science, Technology, Engineering, and Math

STEAM

Science, Technology, Engineering, Arts, and Math

TAG

The Adjutant General

TCC

Teen Chain of Communication

TJAG

The Judge Advocate General

TSG

The Surgeon General

USDA

United States Department of Agriculture

VCCUS

Volunteer Child Care in Unit Settings

WWYLF

World Wide Youth Leadership Forum

YAP

Youth Activity Plan

YC

Youth Center

YLF

Youth Leadership Forum

YP

Youth Program

YPP

Youth Program Plan

YS

Youth Services

Section II**Terms****Acute illness**

An illness with a sudden onset lasting a limited period of time (days to weeks).

Alternative Child Care

On and off–post child care programs and services which augment and support Child Development Center and Family Child Care Home programs to increase the availability of child care for military and Department of Defense civilian employees (i.e., resources and referral service, parent co–ops, off–post consortium or interagency initiatives).

Alternative Equivalency

Compensatory actions/conditions approved by HQDA and MACOM proponents which provide equivalent status/protection to established criteria/standards

Baseline Capacity

Maximum number of children space/facility can accommodate at any one time based on total square footage.

Capacity

The number of child spaces available for care within a facility, home, program, or system at any one time.

Caregiving Employees

All individuals providing actual child care services to children and are counted in the required adult/child ratios (e.g., Child and Youth Program Assistants).

Center-Based

Refers to child care programs and personnel within centralized facilities.

Center-Based Setting

Child Development Centers or Supplemental Programs housed in a centralized facility as opposed to a family housing unit.

Child

A military family member, whether natural, adopted, foster, stepchild, or ward who is 12 years of age or younger.

Child Abuse and or Neglect

Any action or inaction that results in the harm or potential risk of harm to a child.

Child Activity Room

Child program areas within spaces encompassed by fire rated walls in existing facilities.

Child and Youth Personnel Pay Plan (CYPPP; CYP3)

1997 update of the of the 1989 Caregiving Personnel Pay Plan to include the Youth Program which uses a unique NAF pay banding system to provide direct service personnel with rates of pay substantially equivalent to other employees at the installation with similar training, seniority, and experience. Pay increases and promotions are tied to completion of training. Completion of training is a condition of employment. This wage plan does not apply to child development centers constructed and operated by contractors.

Child and Youth Program Assistant

Child and Youth Services center-based staff position responsible for providing direct in-ratio services to children and youth.

Child Care

Care and supervision of children in an Army–operated or regulated setting by other than the child’s parent, guardian or blood relative. The organization providing care assumes full responsibility for the children’s health, safety, and well-being in loco parentis.

Child Care Hour

One child under care for one hour.

Child Development Center (CDC)

A centralized installation facility or part of a facility used for one or more child development programs.

Child Development Services (CDS)

Army–operated or regulated Child Development Center, Family Child Care Home, and Supplemental Programs and Services delivery systems with provisions for full–day, part–day, and hourly program services as required to address the unique child care needs of military and eligible civilian Families.

Communicable Disease

An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, to the inanimate environment.

Comparable Services

Equivalent care requirements e.g., adult/child ratios, group sizes and child age group categories, program types; staff qualifications and training requirements; and meal services according to United States Department of Agriculture guidelines.

CDC Delivery System

A system of programs within centralized facilities for the delivery of developmental child care services to include a full–day program, part–day program, and hourly program according to local needs.

CDS Babysitter Training and Referral Services

Outreach service that trains and refers family member babysitters ages 13 years or older.

Council on Accreditation

Organization that administers the school-age accreditation process designed to set the standards of excellence in school-age programs.

CYPA

Child and Youth Program Assistants, directly in ratio with children and youth.

CYS Center Director

A professionally qualified educator and administrator (1701 classification series) who is responsible for the overall management of daily operations and maintenance of the facility and who supervises other program directors in the center.

CYS Coordinator

A professionally qualified educator and administrator (1701 classification series) responsible for coordinating and monitoring all Army–operated or regulated Child Development and Youth Services programs.

CYS Program

Any child or youth option within one of the Child and Youth Services Delivery Systems.

CYS Program Director

A professionally qualified educator and administrator (1701 classification series) responsible for direct management of a specific program within CYS.

CYS Resource and Referral Service

An essential service that provides information about child care services on and off–post to meet each patron’s unique child care needs. Service assists patrons with child care arrangements prior to new duty assignments.

CYS Volunteers

Individuals donating services accepted by CYS for which the persons donating such services receive no present or future salary, wages, or related benefits as payments.

Delivery System

Provision of child care, school age and youth services through a designated organizational structure of Child Development Centers, Family Child Care Homes, School Age Care, Youth Programs, Outreach Services and Sports and Fitness Programs.

Developmental Programming

Personnel management practices, facilities, age–appropriate equipment, materials, and experiences designed to promote the social, emotional, physical, and cognitive development of children and enhances school readiness. Activities include child–initiated as well as adult–directed activities regardless of the length of time in care.

DoD Certificate to Operate

A certificate issued by DoD every 15 months to each CYS program after the program has been inspected by an IMCOM Team and found to be in compliance with DoD standards.

Early Childhood

Encompasses growth and development of children birth through 8 years of age or third grade.

Evacuation Crib

Standard size wood or metal crib which meet the American Society for Testing and Materials (ASTM) standards with wheels at least 4" in diameter that can easily roll over different indoor/outdoor surfaces to facilitate removal of infants and young toddlers from activity rooms/modules during emergency situations.

Extended Hours Family Child Care

Care for children of parents who require routine evening child care, work unusual or long hours, or have mission-related child care needs that require child care services over 12 hours a day.

Facility

A building, structure, or other improvement to real property.

Family Care Plan

A document that outlines the person(s) who shall provide care for the military member's children, disabled, elderly and or other family member(s) dependent upon the member for financial, medical, or logistical support in the absence of the member due to military duty. The plan outlines the legal, medical, logistical, educational, monetary, and religious arrangement for the care of the member's family.

FCC Delivery System

A system of quarters-based care for the delivery of developmental child care services provided by military family members in individual housing units located on a military installation or in Government-controlled housing off the installation.

FCC Home

An authorized family housing unit, other than the child's home, in which a family member provides child care to one or more unrelated children on a regular basis.

FCC Management Personnel

Includes the FCC Director and Trainer assigned to the Family Child Care System. Does not include the FCC operations clerk.

FCC Provider

A family member who has been certified by CYS to provide child care to one or more unrelated children on a regular basis in an authorized family housing unit.

Family Style Care

The center-based component of the full-day and/or hourly programs that defines and ensures developmental care of children in cross-age (6 weeks-5 years) groupings.

Full-Day Program

Center-based developmental services, for children 6 weeks–5 years, that meets the needs of working parents requiring child care on a regularly scheduled daily basis (5 to 12 hours per day).

Handicapped Child

Any child who has a physical or mental impairment that substantially limits one or more life activities, has a record of such an impairment, or is regarded as having such an impairment.

Hourly Care Program

Center-based developmental services, for children 6 weeks through 12 years, that meets the needs of parents requiring short-term child care on an intermittent basis.

Infant

A child 6 weeks through 12 months of age.

Installation

A military installation is equivalent to a military community in foreign countries.

Legal Guardian

One who legally has the care and management of the person, estate, or both, of a child during its minority.

Line of Sight Supervision (LOSS)

New personnel may be hired/contracted conditionally pending completion of background checks, provided they are under Line of Sight Supervision at all times.

Long-Term FCC

Care for children which encompasses 15 or more days but does not exceed 60 days unless on an exception basis.

Mainstreaming

Integration of children with special needs into usual child activity room/module or FCC Home with minimal program adaptations.

Management Personnel

CYS Coordinator, Program Operations Specialist, Program Administrators, Center and Program Directors, Parent and Outreach Services Directors, Family Child Care Directors, Sports and Fitness Directors, Supervisory Program Specialists, Lead Training Specialist(s), Assistant Program Director(s), Food Service Manager or other professionally qualified persons having CY5 monitoring or oversight responsibilities. (This does not include lead teachers, program assistants, caregivers or clerical personnel. Trainers may be considered management, but only Lead Trainer is supervisory).

Medication

Medication is that which is prescribed by a physician.

MCCA

Military Child Care Act of 1989, codified at 10 USC Chapter 88, Sub-chapter 11.

Military Family Member

An individual whose relationship to the sponsor authorizes entitlement to treatment in a medical facility of military services.

Mixed Age Group (Multi Age Grouping)

A group of children in a child development program drawn from more than one child age group category.

Mobilization and Contingency Plan (MAC)

A plan for developing, implementing and monitoring installation child care support during mobilization, deployment, natural disasters and other contingency situations.

Module

Child program areas within spaces encompassed by 1-hour fire rated walls in existing facilities.

Multi-Age FCC Homes

FCC Homes authorized to provide services to one or more unrelated children from 4 weeks through 12 years in regulated age-group configurations.

National Association for the Education of Young Children (NAEYC)

Organization that administers the early childhood program accreditation process designed to set the standards of excellence in early childhood education.

Newborn

A child from birth through 5 weeks of age.

Off-Post FCC Homes

Private homes located off-post and operated by family members to provide child care services to Army patrons under an agreement between the Army and the State/county or host nation appropriate agency.

Operational Capacity

Adjusted baseline capacity to meet demand for care, right-size the program, and support program need.

Outreach Setting

Physical site used for the provision of authorized child care services not provided in a FCC home or CDC (e.g., elementary school, club, recreation center, youth activities center, chapel).

Outreach Services Delivery System

A system of alternative child care programs and services offered to augment and support the Child Development Center and Family Child Care delivery systems.

Over the Counter Medications

All medicines, cosmetics, etc., not prescribed by a physician excluding basic care items.

Panic Hardware

Consists of a door catching assembly incorporating a device which releases the latch upon the application of a force in the direction of exit travel and does not require use of hands.

Parent

The biological father or mother of a child; a person who, by order of a court of competent jurisdiction, has been declared the father or mother of a child by adoption; the legal guardian of a child; or a person in whose household a child resides, provided that such person stands in loco parentis to that child and contributes at least one-half of the child's support.

Parent Co-Ops

Low cost program established to provide care for children whose parents are available to participate in the operation and management of this care option in return for free or reduced cost child care.

Parent Education Resources

Common support service that coordinates all parent education services including newsletters.

Part-day child care

Care to meet the needs of parents working outside the home who require child care services for children (6 weeks–12 years old) on a seasonal or regularly scheduled part-day basis for fewer than 5 hours per day, (e.g., parents may be employed or enrolled in an educational program part time, or may be employed as shift workers).

Part-day programs

Programs that meet the needs of parents requiring child care on a regularly scheduled basis (less than 5 hours per day). These include, but are not limited to part-day child care (ages 6 weeks–12 years old), part-day school-age care (enrolled in kindergarten through sixth grade) and part-day programs for children ages 3–5. Kindergarten programs may operate more than 5 hours per day, but will be still be considered less than a full day program.

Person with a disability

Any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Projected Demand Waiting List

The projected demand waiting list includes unborn children, children transferring to the installation and children who need care in the future. Children on this list are not reported as unmet need.

Pre-toddler

A child 13 through 24 months of age.

Preschool age

Children 37 months through 5 years of age, not attending kindergarten.

Preschool

A center-based component of the part-day program that offers time intensive, regularly scheduled developmental experiences for children ages 3 through 5, for 4 hours or less per day. May be provided as a separate program or incorporated as a segment of the preschool-age component in full-day programs. Program content and resource allocation for separate preschool part-day program and full-day preschool age service will be comparable.

Primary caregiving employees

Regularly scheduled full-time and part-time employees assigned on a consistent basis to specific groups of children within full-day and part-day child care programs.

Program Assistant

CYS center-based staff position responsible for providing direct-in-ratio services to children and youth.

Quarters-based

Refers to child care services provided within family housing units located on a military installation or in Government-controlled housing off the installation.

Ratio Cluster

Primary caregiver and assigned ratio of children.

Regulatory proponent

Agencies at DoD, ACSIM, IMCOM, and installation levels responsible for establishing and enforcing CYS standards in the areas of fire, health and nutrition, safety, programming, facilities and child abuse.

Relative

Family members to include grandparents, in-laws, siblings over age 13, and other extended family members residing on Government-controlled property.

Remote Exit

A fire exit which opens to the exterior of the building. This exit must be within 100 feet from the occupied room/ activity space door and within 150 feet from any point in the facility.

Remote site

An installation without most normally available services, that has 500 or fewer active duty personnel, is over 1 hour commuting time from an installation with full support services, and is more than 1 hour from an urban area with a population center of 50,000 or more which can provide American style facilities and services.

Rescue Equipment

Aerial ladder trucks or portable ladders capable of reaching and serving as a means of evacuation for occupants above ground level.

Respite/emergency care

Short-term hourly care in respite situations (e.g., parents need time away from children as part of an overall treatment plan for the parent), or for emergency care situations (e.g., children left at center after closing hours). May be provided in an FCC Home or CDC setting.

School-Age Services children

Children aged 6 years through 12 years, or attending kindergarten through sixth grade, of dual-military couples, dual-working couples and single soldiers who require supervision during duty hours before and after school, on school holidays, during school vacations, on teacher in-service days and during school closings.

Shift child care

Care including meal service provided to multiple groups of children over a 24-hour period in an FCC home. At no time will the number of children present exceed the number of children authorized for the FCC home.

Short term alternative child care (STACC)

Optional SPS program that provides on-site hourly group child care when the parents or guardian of all children in care are attending the same function in the facility.

Sick child care options

Optional outreach child care services for sick children of working parents provided in Family Child Care Special Purpose Homes, center-based programs or in a Supplemental Programs and Services setting (e.g., Medical Treatment Facility).

Sick child FCC homes

A quarters–based child development option for those children of working parents whose condition of illness prevents attendance in their usual child care setting.

Small installation

For Child Development Services purposes, any installation whose Child Development Services operation average daily attendance is less than 100.

Special interest child care programs

Child care services provided by Army activities other than Child Development Services to meet unique patron care requirements related to these activities and not available through Child Development Services operated programs (e.g., chaplain sponsored preschool).

Special needs FCC homes

A quarters–based child development option for children with special needs who are identified by the CYS Coordinator and the appropriate medical, educational, or social service authority as having unique requirements in child care settings.

Staff: Child/Youth Ratio

The number of children/youth for whom individual direct-in-ratio personnel or an FCC provider will be responsible. Staff: Child/youth ratio varies according to different age groups.

Statement of Work (SOW)

A document that describes accurately the essential program and technical requirements for items, materials, or services including the standards used to determine whether the requirements have been met.

Structural Changes

Removal of walls, doors, flooring, and major construction work. Does not include such items as adding safety latches, fencing etc.

Subsidy Assistance Program

Direct and or indirect APF support provided to FCC providers as authorized under the provisions of the MCCA.

Support Personnel

Operations clerk(s) receptionist, food service worker(s), custodial worker or other persons specifically designated to have administrative and program support responsibilities.

Surge Care

Requirement for a large number of hourly care slots at the same time. Occurs on an occasional basis.

Toddler

Children 25 through 36 months of age.

Total Family Income (TFI)

TFI includes all military and civilian earned income by both spouses: earned income such as wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, retirement or other pension income, etc., before deductions for taxes, social security, etc.; quarters, subsistence and other allowances appropriate for the rank and status of military and civilian personnel whether received in cash or in kind; and anything else of value, even if not taxable, that was received. TFI does not include variable housing allowance (VHA) and cost of living allowance (COLA) received in high cost areas or alimony and child support and is documented using DD Form 2652.

Training Specialist

A professionally qualified educator (1701 classification series) responsible for training and technical assistance to CYPAs in quality assurance to minimize the risk of institutional child abuse. Does not have direct supervisory responsibilities for oversight of direct services personnel and is not counted in the adult/child ratios.

Unauthorized child care

Child care in Government–owned or leased facilities or family housing units located on a military installation which is provided by a person who is not in compliance with AR 608–10.

Unmet Need

The number of children whose parents (military and civilian) cannot work outside the homes because child care is not available.

Unmet Need Waiting List

List of children waiting for a child development program (CDP) space and whose parents have requested space in a CDP and none is available.

Viable Care

A child care option which meets the patron's schedule, reflects the necessary program type and the appropriate age group for the child. Care may be on or off–post in any CYS system, at any location convenient to either the home or work site. Viable off–post care options are those which are comparable in price and quality to CYS sponsored child care options. Care on or off–post which exceeds twenty percent more than a DoD fee policy range category is not viable for patrons in that category.

Volunteer Child Care in Unit Setting (VCCUS)

Optional outreach program that enables free child care services to be provided by family members in one military unit or organization for family members in another military unit or organization (or within the same military unit or organization) in exchange for similar services at a future, mutually agreed upon time.

Waiver

Temporary conditions approved by ACSIM which partially compensate for noncompliance with established standards for a specified period of time.

APPENDIX B-COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
CHICKEN POX*	2 to 3 weeks, usually 13 to 17 days	1 to 2 days before onset of rash to about 6 days after lesions first appear (until blisters dry)	Slight fever and eruption that progresses from red bumps to pustules; all forms of rash may be seen at same time	Look for eruption during incubation period	Respiratory; directly from person to person, through discharges of nose and throat and direct contact	Until all pustules are dry and crusted and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
COMMON COLD	12 to 72 hours	12 hours before onset and up to 5 days after onset of symptom	Runny nose, sneezing, malaise, irritated throat and nose	Watch for signs of infection	Direct oral contact or droplet spread; indirectly by hands or articles soiled by infected discharges of nose or mouth	Excluded if accompanied by a temperature of 100°F during flu season or inability to participate daily activities
CONJUNCTIVITIS (Pink Eye)	24 to 72 hours	Until discharge and symptoms have cleared or after first 24 hours of antibiotics	Redness of the eye membranes with tearing and irritation; swelling of the lid comes later; sensitivity to light and purulent discharge	Watch for signs of infection	Contact with eye discharge and articles soiled by them	Exclude until discharge and symptoms of infection have cleared and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
DIARRHEAL DISEASES* (Campylobacteriosis, E.coli, Giardiasis, Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: 1-10 days, usually 2-5 days. E. coli O157:H7: 1-8 days, average 3-5 days. Giardiasis: 3-25 days, usually 7-10 days. Salmonellosis: 6-72 hours, usually 12-36 hours. Shigellosis: 12-96 hours, usually 1-3 days.	Throughout acute infection and as long as organisms are in stool.	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 weight loss.	Consult with your local health department for advice during suspected school outbreaks.	By the fecal-oral route through direct contact or by ingestion of contaminated food or water.	Exclude from care until cessation of acute diarrhea for 24 hours. Stress importance of proper handwashing. Sanitize all contaminated articles and equipment. E. coli, and Shigellosis require 2 negative stool cultures and review by Public Health for clearance to return. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
FIFTH DISEASE	4 to 21 days	During the week prior to the rash appearance. Not communicable after onset of rash.	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash.	Pregnant women and immune - compromised persons should seek medical advice	Primarily through contact with respiratory secretions.	Exclusion from care not indicated.
GERMAN MEASLES (RUBELLA)*	2 to 3 weeks	Up to 7 days after rash begins	Slight head cold, swollen glands on back of neck and changeable rash that goes away in 2 to 3 days	Observe for swollen glands and rash	Respiratory virus; directly from person to person; contact with nose discharge and articles soiled with them	Exclude for 7 days after rash begins and medical provider note clearing to return to care; keep child away from women in their first trimester of pregnancy Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
HAEMOPHILUS INFLUENZAE Type b (Hib)*	Unknown	Until antibiotic treatment has begun	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	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. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
HAND-FOOT-and-MOUTH DISEASE (HFMD)	3 to 6 days	Virus may shed for several weeks after the infection starts; respiratory shedding of the virus is usually limited to a week or less.	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 (one, few, or all of these may be present). May see common cold signs or symptoms with fever, sore throat, runny nose, and cough. The most troublesome finding is blisters in the mouth, which make it difficult for the child to eat or drink. Other signs or symptoms such as vomiting and diarrhea, can occur, but are less frequently troublesome. Hand-foot-and-mouth disease caused by enterovirus 71 can cause neurologic symptoms.	Stress importance of proper handwashing.	Respiratory (coughing, sneezing); direct from person to person; or fecal-oral route.	Exclusion from care not indicated unless the child is unable to participate and staff determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
HEAD LICE (pediculosis capitis)	1 to 2 weeks	As long as lice or eggs are alive on infested person or clothing	Severe itching of scalp with nits (egg sacs) seen on hair shafts and lice seen on scalp	Direct inspection of hair and scalp	Direct contact with an infested person or indirectly by contact with contaminated clothing	Exclude until treatment is completed Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
HEPATITIS A*	15 to 50 days, average 28-30 days	One week prior to jaundice (yellow) or symptoms until 2 week after jaundice/symptoms appears.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children.	Stress importance of proper handwashing.	By the fecal-oral route through direct contact or ingestion of contaminated food or water	Follow advice of child's physician and/or your local health department. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
HEPATITIS B*	From 45-160 days, average 90 days.	Several weeks prior to appearance of symptoms and as long as person is ill.	Only a small proportion of acute infections have clinical symptoms. Symptoms are similar to those of hepatitis A.	Universal Precautions	By direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes.	Follow advice of child's physician and/or your local health department. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
IMPETIGO*	Variable and indefinite; commonly 4 to 10 days	Until lesions have cleared or after first 24 hours of antibiotics	Blister-like lesion which develop into pustules (most common on hands and face) and "honey crusted scabs"	Emphasize personal cleanliness and the need to avoid being infected (for example, sharing common use items)	Contact with discharge from lesion or articles soiled with discharge	Exclude until lesions are no longer weeping or treatment has begun and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
INFLUENZA* (1 October to 31 May)	24 to 72 hours	Probably 3 days from clinical onset	Fever, chills, headache, malaise, runny nose, and mild sore throat	Observe for signs of infection	Direct contact through droplet infection	Rest at home until fever subsides and able to participate in daily activities while in CYSS program Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
MEASLES* (Rubeola, Red Measles)	1 to 2 weeks after exposure	Up to 4 days after appearance of rash	Runny nose, watery eyes, fever (may be quite high), cough and blotchy rash	Observe for rash	Respiratory droplets and contact with articles soiled by them	Exclude for 4 days after appearance of rash and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
MENINGITIS, BACTERIAL (H. influenza*, Meningococcal*, Pneumococcal)	H. influenzae: 2-4 days Meningococcal: 2-10 days, usually 3-4 days. Pneumococcal: 1-4 days	Non-communicable 24 hrs. after starting antibiotic Rx.	Sudden onset of fever, headache, nausea, stiff neck and photophobia. Rash may occur in cases of meningococcal disease.	Observe for signs of infection.	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Exclude from care during acute illness. Non-communicable after 24-48 hours of appropriate drug therapy. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
MRSA (Methicillin-resistant <i>Staphylococcus aureus</i>)	Unknown	MRSA most commonly causes infection through a break in the skin, such as that caused by a bug bite or scratch. MRSA is present in many children or adult caregivers who do not have symptoms (carriers). Children who have actively draining sores are more contagious.	Symptoms depend on the site of infection. When MRSA causes skin infections, there may be red bumps that progress to pus-filled boils or abscesses. Boils may spontaneously drain pus. Boils and abscesses may progress to cellulitis. Symptoms of MRSA infection in areas other than the skin include fever, tiredness, pain and swelling of the joints or bones, and cough when the infection is in the lungs.		Close skin-to-skin contact, crowded conditions, poor hygiene or direct contact with open sores or boils.	Having a MRSA infection or harboring MRSA bacteria (carrier) is not a reason for exclusion, unless other exclusion criteria are met. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis for additional staff teaching/training

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
MUMPS*	14 to 26 days after exposure	9 days after swelling begins	Pain in cheeks which increases with chewing and swelling over jaw and in front of ears	Observe for swelling of face and neck	Respiratory secretions	Exclude until all swelling has disappeared and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
NOROVIRUS*	12 to 48 hours	Highly contagious, can be shed prior to detection of symptoms and up to 2 weeks after recovering.	Sudden onset of vomiting and/or diarrhea, abdominal cramps, and nausea.	Observe for signs of infection.	Primarily by the fecal- oral route through direct contact or ingestion of contaminated food. Transmission is also possible through contact with surfaces contaminated by, or direct contact with, the vomit of an infected person.	Exclude from care until 24 hours after symptoms resolve. Stress importance of proper handwashing as virus is shed in stool for weeks after symptoms resolve. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
PERTUSSIS*	4-21 days, usually 9-10 days.	6-20 days	The initial stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high-pitched inspiratory whoop and vomiting. Older children may not exhibit a whoop.	Exclude on first indication of symptoms.	By direct contact with respiratory secretions of an infected person by the airborne route.	Exclude from care until a physician advises return (usually 5 days after initiation of appropriate antibiotic therapy). Discuss with your local health department. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
PINWORM	10 to 22 days	While it is itchy	Itching of the anal area especially at night; child may not sleep well and have loss of appetite	Parents can 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; or contact with soiled bedding	Exclude until 24 hours after treatment begins and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
RINGWORM (OF SKIN)	4 to 10 days	As long as the lesions are present or until on medication for 24 hours (lesions will begin to shrink)	Flat ring-like lesions on exposed skin area; edges are reddish brown with small blisters or pustules; lesions may be dry and scaling or moist and crusted	Watch for presence of infection	Skin-to-skin contact with infected persons or articles and animals	Exclude until on medication for 24 hours and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
RINGWORM (OF SCALP)	10 to 14 days	As long as fungus can be found in lesions	Small bumps which spread and leave scaly patches of baldness	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 at least 24 hours and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
ROTAVIRUS*	2 to 4 days	Virus is present before diarrhea begins and can persist for up to 3 weeks after the illness	Non-bloody diarrhea, nausea, vomiting, dehydration in severe cases, generally lasts 3-8 days		Fecal-oral route. Can be found on toys and hard surfaces.	Exclude from care until cessation of acute diarrhea for 24 hours. Stress importance of proper handwashing. Sanitize all contaminated articles and equipment. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
ROSEOLA	5 to 15 days	Exact period of contagiousness is unknown	Fever and rash, initially on the trunk. Fever usually breaks in 3-5 days, at which time the rash usually fades rapidly.		Saliva; child-to-child transmission through nasopharyngeal secretions	Exclude until fever and rash are resolved. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis.
RSV (Respiratory Syncytial Virus)	1-10 days	Just prior to symptoms and when febrile	Fever, runny nose, cough, and sometimes wheezing.		Virus spread from respiratory secretions (sneezing, coughing) through close contact with infected persons or contaminated surfaces or objects.	Exclude until fever resolved and child can tolerate normal activities.
SCABIES	Persons without previous exposure: 4 to 6 weeks. Previously infested and sensitized: 1-4 days after re-exposure.	From time of infestation until after mites and eggs are destroyed (24 hours after treatment)	Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching often results in secondary infection.	Inspect for evidence of infestation and refer for treatment if necessary. School exclusion is not indicated in the absence of infestation.	By direct skin-to-skin contact.	Exclude from care until 24 hours of appropriate treatment has been completed. Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

DISEASE	INCUBATION	CONTAGIOUS	EARLY SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
STREPTOCOCCAL SORE THROAT OR SCARLET FEVER	24 to 72 hours	If untreated, 10 to 21 days or until antibiotic treatment	Sore throat, fever, headache; if scarlet fever, also has a rash	Observe for signs of infection	Direct contact with saliva or respiratory droplets	Exclude until on antibiotics for 24 hours and medical provider note clearing to return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
VIRAL GASTRO-ENTERITIS**	24 to 48 hours	During diarrhea and vomiting	Nausea, vomiting, diarrhea, abdominal pain, low-grade fever, headache, and muscle aches or any combination	Watch for signs of infection	Fecal, oral, or may be water and food-borne	Excluded until acute illness resolved or cleared for communicable disease by medical provider Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

NOTE:

*Reporting required to your local health department (Health Consultant/APHN reporting authority), IMCOM Directorate, as well as IMCOM G-9. Reporting of all vaccine preventable disease outbreaks to OACSIM will be submitted by IMCOM G-9.

** Reporting required if two or more children in the same room are affected.

MEDICATION ADMINISTRATION GUIDE

General Information

The medications in this guide represent the most likely administration requests in CYS based on commonly prescribed childhood medications. This guide is meant to provide general guidance regarding commonly prescribed pediatric medications and administration of those medications in a CYS child care setting. **This guide is not all inclusive therefore it is not indicative of all medications or categories of medications potentially prescribed to children while in CYS.**

Generally, the home setting is the most appropriate setting for routine medication administration. Therefore prescribed medications for non-emergency related health care needs ordered for once or twice a day administration should only be administered in the CYS child care setting when all other feasible options are exhausted, i.e. healthcare providers are unable to adjust dosage scheduling to accommodate administration outside of CYS program hours.

Note: IAW AR 608-10, 11 May 2017, chapter 4-32(c): Other physician or licensed independent practitioner prescribed medications may be administered after specific consultation with the health consultant/Army Public Health Nurse (APHN) and the provision of special training to CYS personnel e.g., side effects, administration techniques. Requests for CYS personnel to administer unlisted medications should be reviewed in coordination with the health consultant and other key stakeholders (as applicable) IAW established policy and procedures to ensure safe practices and accommodation.

Medications should only be administered by CYS personnel with current training and proven competency in medication administration. Medication must have accompanying parent/guardian permission for CYS personnel to administer via a signed and appropriately used DA 5225-R per AR 608-10. Child/youth must be on the medication for at least 24 hours prior to administration by CYS personnel.

CYS Prescribed Medication Guide

1. **Prescribed Medications for Short Term Conditions.** Medications administered for short-term (typically less than one month) conditions or illnesses. Antibiotics, antihistamines, and decongestants administered for short-term conditions typically will not require consultation with the installation Health Consultant/ APHN. Other short-term medications require consultation with the installation health consultant/ APHN. Examples of these prescribed medications are as follows:

a. **Antibiotics.** Medications that stop the growth of or destroy microbes. The most common side effects are nausea, vomiting, and/or diarrhea. Common **examples** are as follows but not limited to:

Trade (Brand) Name	Generic Name
Amoxil	Amoxicillin
Augmentin	Amoxicillin / Clavulanate
Amicil, Omnipen	Ampicillin
Polytrim	Polymixin
Tobrex	Tobramycin
Bactrim	Trimethoprim
Zithromax	Azithromycin

b. **Antihistamines.** Medications used to relieve the symptoms of allergies. The most common side effects are drowsiness, restlessness, dizziness, and moodiness. Common **examples** are as follows but not limited to:

Trade (Brand) Name	Generic Name
Allegra	Fexofendadine HCL
Benadryl	Diphenhydramine
Claritin	Loratadine
Zyrtec	Cetirizine
Periactin	Cyproheptadine

c. **Antivirals.** Medications that lessen the severity of an illness caused by a virus. The most common side effects include sleepiness, headache, dry mouth, nausea, vomiting, and irritability. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Relenza	Zanamivir
Tamiflu	Oseltamivir

d. **Antihistamine/Decongestant Combinations & Steroids.** Medication used to relieve congestion. The most common side effects include nausea, dry mouth, and headache, as well as those mentioned for antihistamines. Common **examples** are as follows, but not limited to:

Trade (Brand) Name	Generic Name
Robitussin	Guaifenesin
Dimetapp	Brompheniramine / Phenylpropanolamine
Nasonex	Mometasone furoate
Deltasone	Prednisone
Pulmicort	Budesonide
Flonase	Fluticasone propionate
Flovent	Fluticasone
Singulair	Montelukast

e. **Topical Steroids & Antifungals.** Medications that lessen the severity of an infection by preventing further spread of the infectious agent. The most common side effects include nausea, rash and/or swelling at the site, headache, and sensitivity to the sun. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Mycostatin	Nystatin
Kenalog	Triamcinolone
Westcort Cream	Hydrocortisone-valerate
Diflucan	Fluconazole

2. **Prescribed Medications for Ongoing Conditions.** Note: Currently, the only long term conditions addressed in this guide are related to Behavioral and Mental Health conditions based on supporting literature noting ADHD as the number one reported associated condition within the Children with Special Health Care Needs (CSHCN) population with medication administration. Some long-term medications are controlled substances. Controlled substances are governed by the Controlled Substances Act and Drug Enforcement Agency (DEA) regulations, which regulate their manufacture, importation, possession, use, and distribution. Safety requirements must be maintained to support the administration, storage, and disposal of these medications IAW AR 608-10 and other established regulations and policies. Consultation with the installation health consultant/APHN/ is required in addition to specialized instruction on potential side effects and tracking guidance of the medication especially when the medication is a controlled substance. Most

medications in this category require a MIAT. Examples of long-term medications are as follows:

ADHD Medications, Anti-Depressants, & Mood Stabilizers. Medication that assists with balancing chemicals in the brain to assist with focusing and staying on task. The most common side effects include headache, stomach pain, decreased appetite, headaches, moodiness, and sleep problems. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Adderall (Controlled, Schedule II)	Dextroamphetamine/Amphetamine
Dexedrine (Controlled, Schedule II) Dextrostat, ProCentra	Dextroamphetamine
Ritalin/Concerta/Methylin/Quillivant (Controlled, Schedule II)	Methylphenidate
Catapres	Clonidine
Risperdal	Risperidone
Abilify	Aripiprazole
Strattera	Atomoxetine
Lexapro, Luvoc	Escitalopram, Fluvoxamine
Focalin	Dexmethylphenidate
Intuniv/Tenex	Guanfacine
Prozac	Fluoxetine
Zoloft	Sertraline
Latuda	Lurasidone
Vyvanse (Controlled, Schedule II)	Lisdexamfetamine

3. **Prescribed Rescue Medications.** Rescue medications are used during emergency medical events to prevent or stop serious worsening of a medical condition. Rescue medications have varied routes of administration and are typically categorized by the associated medical condition, e.g., asthma, severe allergic reactions, seizures, and hypoglycemic episodes in diabetes. Rescue medications require consultation with the health consultant/APHN and require additional specialized instruction regarding potential side effects and tracking guidance if the medication is a ‘controlled substance.’ All medications in this category require a MIAT review. Rescue medications must have a corresponding healthcare provider signed CYS Medical Action Plan and/or Special Diet Statement (as applicable). Examples of rescue medications are as follows:

a. **Asthma Rescue Medication.** Medication that assists with improving airflow to the lungs. The most common side effects are nervousness, nausea, headache, and

vomiting. Medication may be administered via a nebulizer or inhaler. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Proventil, ProAir Ventolin	Albuterol
Xopenex, Pirbuterol	Levalbuterol

b. **Hypoglycemia Rescue Medication (For Children/Youth with Diabetes).** Medication needed in the emergency treatment of extremely low blood glucose (blood sugar) levels. The most common side effects are nausea, vomiting, rash, and itching. Common **example**:

Trade (Brand) Name	Generic Name
GlucaGen	Glucagon

c. **Allergy Rescue Medication.** Medication that assists with allergic reactions by helping to stop the response to the allergen and in severe allergic reactions relaxing airway muscles and improving blood flow. The most common side effects are a fast/pounding heartbeat, dizziness, headache, and shakiness. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
EpiPen **	Epinephrine
Benadryl	Diphenhydramine
Allegra	Fexofendadine HCL

**Note: When an EpiPen is prescribed, it must be in its original twin-pack form as prescribed by health care provider.

d. **Seizure Rescue Medication.** Medication that assists in reducing or stopping seizure activity. The most common side effect is drowsiness. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Diastat AcuDial, Valium	Diazepam (Controlled, Schedule IV)
Ativan	Lorazepam (Controlled, Schedule IV)
Klonopin/ Rivotril	Clonazepam (Controlled, Schedule IV)
Tegretol	Carbamazepine
Lamictal	Lamotrigine
Depakene, Depakote	Valproic Acid
Tylenol*	Acetaminophen (Febrile Seizures*)

4. **Other Prescribed Medications.** These medications include some commonly prescribed medications that do not readily fit into the previously mentioned medication categories in this guide. These medications require consultation with the health consultant/APHN and may need additional specialized instruction regarding potential side effects and tracking guidance if the medication is a ‘controlled substance. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name	Uses (not all inclusive)
Tylenol	Acetaminophen	Reduces Fever; Aids in Pain Relief
Motrin	Ibuprofen	Reduces Fever; Aids in Pain Relief
Zantac	Ranitidine	Gastroesophageal reflux disease
Imitrex/Alsuma	Sumatriptan	Migraine headaches

First Aid Kit Supply List

- Band-Aids
- Bandage tape
- Cold pack (disposable)
- CPR face shield
- First Aid Manual/CPR reference card
- Flexible roller gauze
- *Gloves (nonporous)
- Hand sanitizer (to use with supervision and when no access to water)
- Pen/pencil and note pad
- Plastic bags, sealable (to use for soiled materials clothes/gauzes/trash, etc.)
- Scissors (small)
- Soap (liquid)
- Sterile gauze pads
- Thermometer with probe covers (to take axillary temperatures)
- Tissues
- Triangular bandages
- Water (to clean wound or eyes)
- Water (to drink for hydration with single serving cups)
- Wet wipes



*Note: *Latex-free products are recommended*