



UNITED STATES ARMY  
**CHILD & YOUTH SERVICES**  
FY 2025-2026

**Installation Parent  
Handbook Fort Campbell,  
KY**

[.https://campbell.armymwr.com/categories/cys-services](https://campbell.armymwr.com/categories/cys-services)

\*NOTE: During the year, CYS may receive policy changes/more guidance from the Department of Defense and/or Army providing additional/clarification of some details outlined in this parent handbook





**CHILD & YOUTH SERVICES (CYS) CONTACT INFORMATION**  
<https://campbell.armymwr.com/us/campbell>

**Parent Central Services (PCS) (Registration for all programs)**

Building 2702 Michigan Ave.

Monday - Thursday ...0730-1630 Last walk-in taken at 1530

Friday By Appointment Only ..... 0730-1130

DSN: 635-0674 • CIV: (270) 798-0674/ (270) 412-0173/0174

Webtrac: <https://webtrac.mwr.army.mil/webtrac103/wbwsc/Campbellcyms.wsc/wbsplash.html?wbp=1>

**Child Development Centers (CDC)**

**Full-Day CDC#1 Building 3071**

CURRENTLY CLOSED FOR RENOVATIONS

Monday-Friday ..... 0530-1800

DSN: 635-6925 • CIV: (270) 412-6925/6926

**Full-Day CDC#2 Building 3069**

Monday-Friday ..... 0530-1800

DSN: 635-7280 • CIV: (270) 798-7280/7072

**Full-Day Gardner Hills, Building 7404**

Monday-Friday ..... 0530-1800

DSN: 635-0392 • CIV: (270) 412-3303

**Full-Day Eagles Building 205**

Monday-Friday ..... 0530-1800

DSN: 635-3303 • CIV: (270) 412-0392/0393

**Full-Day Strong Beginnings Building 3301**

Monday-Friday ..... 0530-1800

DSN: 635-2315 • CIV: (270) 412-2315

**Full Day Reed CDC Building 3066**

Monday-Friday ..... 0530-1800

DSN: 635-6523 • CIV: (270) 412-6523

**Full Day Kentucky CDC Building 2187**

Monday-Friday ..... 0530-1800

DSN: 635-5513 • CIV: (270) 461-5513

**CYS NURSE Building**

T39 Indiana Ave.

**Chief, Child and Youth Services Division**

DSN: 635-5453 CIV (270) 412-5453

**Director, Family and Morale Welfare & Recreation  
(FMWR)**

DSN: 635-9953 CIV (270) 798-9953

**School Liaison Services Building 2702**

DSN: 635- 9874 • CIV: (270) 798-9874

**Family Child Care (FCC)**

Building 2702 Michigan Ave.

Monday-Friday ..... 0800-1600

DSN: 635-6930 • CIV: (270) 798-6930

**School-Age Center (SAC)**

Building 1232 & Building 7402

Monday-Friday ..... Before/After School

0530-0830 & 1530-1800

Intercession/Summer Camp 0530-1800

DSN: 635-1042 • CIV: (270) 461-1042/1047 or

DSN: 635-0641 • CIV: (270) 461-0641/0642

**Part Day Building 80**

Monday - Friday when school is in session 0830-1130

**UPK Lucas & UPK Marshall**

Monday – Friday 0530-0800 and 1530-1800

**Middle School/Teen Center (MST)**

Building 1231

Monday-Friday ..... 1430 - 2000

Saturday ..... 1200-1800

DSN: 635-0995 • CIV: (270) 461-0995/0996

**Youth Sports and Fitness (YSF) Complex**

Building 3411

Monday ..... 1000-1700

Tuesday – Friday ..... 1000-1730

DSN: 635-5811 • CIV: (270) 412-5811

**YS&F Instructional Programs**

Bldg 3411 Hours of operation for classes vary each

month DSN: 635-5811 • CIV: (270) 412-5811

**Note: CYS Programs are closed on all Federal Holidays**

## TABLE OF CONTENTS

### INTRODUCTION

Welcome Letter	15
Customer service (caregivers Creed/Army Civilians Corps Creed/Customer's Pledge)	6
Mission	6
Vision	7
Foundation of Four Pillars	7
Philosophy	7
Families	7
Confidentiality	8
Diversity/Non-Discrimination	8
Open Door Policy	8
Deployment Support Services	8
Communication/Feedback	8
Social Media	8
Chain of Command	9
Federal Holidays	10

### CHAPTER 1- SAFETY AND RISK MANAGEMENT

Child Abuse and Neglect	11
Background Clearance	12
Sign In/Out of Facilities	12
Child Guidance and Touch Policy	12
Bullying	13
Video Surveillance System	13
Adult/Child Ratios	14
Training and Professional Development	15
Parent Involvement	15
Regulation and Inspection	15
DoD Certification	16
Accreditation	16

### CHAPTER 2- REGISTRATION PROCESSES AND PROCEDURES

Global Data Transfer	18
Patron Eligibility	18
Parent Central Services	19
Items Required for Child/Youth Registration	20
Immunizations (CYS and Fort Campbell Schools)	21
Health Assessment/ Sports Physical	22
Special Needs Identification	23

Multi-Disciplinary Inclusion Action Team (MIAT)	23
Special Diet	23
Medical Action Plan (MAP)	23
Reasonable Accommodation	25
Wait List	25
Parent Orientation	26
Middle School/Teen Registration	26

### CHAPTER 3- DAILY OPERATIONS

Daily Admission/ Release: Arrival and Departure Procedures	28
Denial of Child Care Services Due to Illness	30
Re-Admission After Illness	32
Base Care Items	34
Administration of Medication	34
Children with Diabetes	35
Self-Medication	35
Rest and Nap Period	35
Personal Items from Home (Clothes/Shoes/Jewelry/ Sleep Aides)	35
Diapering/ Toilet Training/Dental/Biting/Persistent Unsafe Behavior	36
Transitions	37
Celebrations (Birthdays &Holidays/ Special Events)	38
Emergencies Closures/ Evacuations/Mobilization	38
Minor Accident/ Emergencies &Serious Incidents	39
Transportation Policy	39
Field Trips	40
Food & Nutrition	40
Family Style Dinning	41
Lost and Found	41
Outdoor Activities	41
Parent Participation Program <ul style="list-style-type: none"> <li>- Parent Education</li> <li>- Parent Advisory Board</li> <li>- Holiday Gatherings</li> <li>- Parent Conference</li> <li>- Parents' Rights &amp; Responsibilities</li> </ul>	41
Alcohol, Illicit Drugs and Tobacco Use	43
Mission Related Extended Hours	43
After Hour Care	43
Child Care and Inclement Weather	43

## CHAPTER 4- PAYMENTS AND REFUNDS

Tax Liability	44
Total Family Income (TFI)	44
Program Fees	46
Initial Fee Pay Requirements	47
Late Payment Fee Requirements	47
Late Pickup Fees	47
Miscellaneous Fees	48
Suspension/Denial/Termination of Services	48
Hourly Care	48
CYS Webtrack Payments	49
Financial Hardship Waivers	49
Leave/Vacation Options	50
Withdrawal Discounts	50
Absenteeism	50
Refunds	51
Waitlist Termination	51
Parent Fee Reduction/Incentives	51
- Youth Sports & Fitness Coaches	
- Deployment Support Services	
- Parent Participation Fee Reduction	
- Multiple Child Reduction (MGR)	
- Family Child Care Fee Incentive	
- Extended Duty Child Care Fee Assistance	
- Mission Related Extended Duty 24/7 Fee Assistance	

## CHAPTER 5- CURRICULUM AND PROGRAMS

About Out Staff	53
Core Curriculum	53
- Child Development Center	
- Family Child Care (FCC) Homes	
- School Age Center (SAC)	
- Middle School /Teen Program (MST)	
- Youth Sports and Fitness Program (YSF)	
Core Programs	56
- Child Development Center (CDC) (Ages 6wks -Pre- Kindergarten)	
- Family Child Care (FCC) Homes (Ages 4 wks - 12 yrs)	
- School-Age Center (SAC) (Kindergarten - 5th Grade)	
- Middle School/Teen Programs (MST) (6th - 12th Grade)	
- Youth Sports & Fitness Program (YS&F) (Ages 3 -12th Grade)	
o National Alliance for Youth Sports	
- Parent and Outreach Services Programs:	
o Parent Central Services (Ages 0 -12th Grade)	

<ul style="list-style-type: none"> <li>o Kids On Site (Ages 6 wks - 5th Grade)</li> <li>o Parents On Site/Parent Co-Ops (Ages 6 wks - 5th Grade)</li> <li>- Instructional Programs (12 months -12th Grade)</li> <li>- Deployment Support Services: <ul style="list-style-type: none"> <li>o Youth Tech Labs (Ages Kindergarten - 12th Grade)</li> <li>o Military Family Life Counselors (MFLC)/Child Behavior Consultants</li> <li>o Respite Childcare</li> </ul> </li> <li>- School Support Services</li> <li>- Developmental Characteristics of Children</li> </ul>	
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ADDITIONAL INFORMATION

USDA Nondiscrimination Statement	67
USDA "And Justice For All"	
USDA "Building for the Future"	
Employee Authorized Emergency Designee Notification	69
Child Abuse/Neglect/Safety Violations Reporting Procedures Flyer	70
MWR Map	71
Fort Campbell Policy Memo No. 09 - Installation Child Home Alone/Supervision	73
CYS Child Illness/Injury Re-admission Record	78
Health Assessment/ Sports Physical	79
Allergy Medical Action Plan	81
Respiratory Medical Action Plan	83
Seizure Medical Action Plan	85
Diabetes Medical Action Plan	87
Special Diet Statement	89
Parent Acknowledgement Receipt	91



Dear Parents,

Welcome to Fort Campbell, Child and Youth Services (CYS)! We recognize the strength of our Soldiers comes from the strength of their Families; we consider it an honor and look forward to supporting your Family readiness. CYS is an Army program that provides services to all Military, Department of Defense and Contract Agencies who support the Fort Campbell mission. Our highly trained staff is committed to providing a safe, nurturing environment that meets the holistic needs of the child/youth ages four weeks to twelfth grade. Lastly, our programs and activities are specifically designed by early childhood and youth development specialists to meet the growing needs of 21<sup>st</sup> century.

CYS believes that parents are the most influential individuals in the lives of their child/youth. For this reason, our facilities and programs strive to create a Family friendly environment where parents and staff work in partnership in the positive development of their child/youth. Research shows that when Families and teachers work together in support of learning, it results in the child/youth remaining in school longer, performing better in school and possessing a higher sense of self-esteem.

We thank you for partnering with Fort Campbell CYS in the growth and development of your child/youth. We look forward to your visits and encourage you to become involved in the planned learning activities in the centers, in the home of your provider or in the comfort and convenience of your own home.

Again, thank you for considering Fort Campbell Child and Youth Services (CYS)!

MARKA. RYALES

COORDINATOR, CHILD AND YOUTH SERVICES

# **CUSTOMER SERVICE**

## **CAREGIVER'S CREED**

"I am an Army Caregiver, a professional trained in my duties. I serve Department of Defense Families who protect the nation, by protecting their children/youth. I will always provide a safe, nurturing, enriching environment and ensure accountability for children/youth in my care. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents/guardians so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army Caregivers are key members of the Army Team. I am an Army Caregiver."

## **ARMY CIVILIAN CORPS CREED: I am an Army Civilian - a Member of the Army Team.**

I am dedicated to our Army, Soldiers, and Civilians. I will ALWAYS support the mission. I provide leadership, stability, and continuity during war and peace. I support and defend the Constitution of the United States and consider it an honor to serve our Nation and our Army. I live the Army values of loyalty, duty, respect, selfless service, honor, integrity, and personal courage. I am an ARMY CIVILIAN.

## **CUSTOMER PLEDGE**

As a service customer organization, we are committed to providing programs and services delivered with a sense of individual pride, professionalism, and in keeping with the spirit Army values and IMCOM principles. We create value for our customers through consistent and accessible service.

We will:

- o Deliver products and services.
- o Build relationships - with communities, with our customers, and with each other.
- o Be kind to those we serve.
- o Conduct ourselves professionally.
- o Welcome and encourage feedback; we will communicate and listen.
- o Provide neat, professional and aesthetically pleasing facilities.
- o Take ownership of our actions.

**Mission:** CYS integrates and delivers base support to reduce the conflict between parental responsibilities and unit mission requirements and enables readiness for a globally responsive Army.

**Vision:** A driving force for excellence in childcare, youth programs, and school support for the Army, Department of Defense, and the Nation.

**Foundation of Four Pillars:**

- Achieve and sustain QUALITY with nationally recognized benchmarks and performance standards.
- Sustain AVAILABILITY through on and off post childcare options and supervised programs for youth.
- Maintain AFFORDABILITY for both Soldiers and the Army
- Ensure ACCOUNTABILITY by requiring measurable outputs and outcomes

**Our Commitment:** We are committed to providing responsive and relevant child and youth programs in accordance with established standards to accomplish the mission of all assigned installations.

We are committed to providing appropriate programs and services at the right time and place for our soldiers and their families.

We are committed to getting the most out of every Army dollar.

**Our Workforce:** CYS professionals are among the best in the world. We treat them as such by emphasizing engaged and caring leadership, fair and appropriate recognition, professional development, accountability, and empowerment. CYS professionals make a meaningful difference in the lives of those we support.

**Philosophy:** CYS programs are designed to help your child/youth build within themselves a positive self-concept that generates feelings of acceptance and respect for individuality. We believe in designing programs where children/youth have opportunities to participate individually or as a group in age-appropriate developmental activities that allows for optimal social, emotional, physical, creative and cognitive growth. We promote and cultivate safe learning environments where your child/youth can resolve conflicts through learning age-appropriate conflict resolution and mediation skills. We believe in partnering with parents and community to nurture a spirit of cooperation and self-respect for self and others; reinforce character building and encourage positive parenting.

**Families:** Families are the first and primary teachers in their child's life. We support Families in this role through a variety of services that address the specific needs of each family, to include formal and informal education opportunities. Communication between the child's primary teacher and Family, as well as management and support staff, is critical and includes an open, honest exchange of ideas, concerns, shared decision making, and respect for cultural diversity. We encourage Families to share their culture, heritage and home language.

**Confidentiality:** Only authorized CYS staff will have access to patron files. CYS is committed to protecting the privacy of patron information. Medical information concerning patrons is confidential under state and federal law and may not be discussed at any time with any person under any circumstance.

**Non-Discrimination:** In accordance with Federal Law, Title VII, the Department of Army, Child and Youth Services prohibits discrimination based on race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity or associational preference in employment and in their program, operations serving Soldiers, Families and the community. The Department of Army affirms its covenant to support and serve Family and MWR customers and employees.

**Open Door Policy:** CYS program level staff members are approachable and accessible to parent/guardians during the center's operating hours. Parents/guardians can voice their concerns, complaints and/or compliments regarding their customer service experience. CYS offers a Family friendly environment that encourages parents/guardians to drop in to visit or observe their child/youth.

**Deployment Support Services:** The Deployment Support Services institutionalizes a commitment by Army leaders to provide Soldiers and Families of all components with programs and services that maintain a quality of life commensurate with the quality of their service and sacrifice to the Nation.

**Communication/Feedback:** Parents/guardians who wish to post questions, comments or concerns regarding Morale Welfare and Recreation (MWR), CYS programs may do so at the following email address: <https://campbell.armymwr.com/contact-us> . You have the option of remaining anonymous or, should you desire feedback, you may include your name and address. You may also complete an Interactive Customer Evaluation (ICE) survey on <http://ice.disa.mil/> or the Fort Campbell website: [www.campbell.army.mil](http://www.campbell.army.mil) If you do not have access to internet or email, write your questions, comments or concerns and give them to any program director.

**Social Media:** Please do not be surprised or offended if an employee does not accept a "friend" request on Social Media. As an employee of Army CYS, our policy discourages employees from associating with youth or parents on personal Social Media pages. We do, however, encourage you to "Connect" or "Like" our CYS Facebook page to stay up to

date on what is happening in our programs. The following CY5 Facebook website:  
<https://www.facebook.com/FortCampbellCYS/>.

**Chain of Command:** The most effective way to resolve issues is to channel them through the CY5 Chain of Command. Should all attempts at resolution fail, parents/guardians can elevate their issues or concerns up through the Chain of Command in the order below:

**CDC**

- o Lead Child & Youth Professional (Classroom Lead Teacher)
- o Supervisory Program Specialist
- o Assistant Facility Director
- o Facility Director

**FCC**

- o Program Director Program
- o Operations Specialist

**SAC**

- o Supervisory Program Specialist
- o Assistant Facility Director
- o Facility Director

**MST**

- o Supervisory Program Specialist
- o Assistant Facility Director
- o Facility Director

**Youth Sports and Fitness (YSF)/Instructional Programs**

- o Assistant Program Director
- o Program Director

**Parent & Outreach Services (P&OS)**

- o Assistant Director
- o Program Director

**Kids on Site (KOS)**

- o Program Director

**Chief, Child and Youth Services Division**  
**Director, Family and Morale Welfare & Recreation (FMWR)**  
**Deputy Garrison Commander**  
**Garrison Commander/Garrison Command Sergeant Major**

**FEDERAL HOLIDAYS:**

CYS programs will be closed on all federal holidays:

- o New Year's Day (January 1st)
- o Martin Luther King, Jr.'s Day (3rd Monday of January)
- o Presidents' Day (3rd Monday of February)
- o Memorial Day (Last Monday of May)
- o Juneteenth (June 19th)
- o Independence Day (July 4th)
- o Labor Day (1st Monday in September)
- o Indigenous Peoples' Day (2nd Monday of October)
- o Veteran's Day (November 11th)
- o Thanksgiving Day (4th Thursday of November)
- o Christmas (December 25th).

CYS programs will close the Friday after Thanksgiving for a Training Holiday.

**BELOW 15 A TENTATIVE SCHEDULE**

IF HOLIDAY IS ON:	CDC/SAC WILL BE CLOSED:	IF HOLIDAY IS ON:	CDC/SAC WILL BE CLOSED:
Saturday	Closed all day Friday	Wednesday	Closed all day Wednesday
Sunday	Closed all day Monday	Thursday	Closed all day Thursday
Monday	Closed all day Monday	Friday	Closed all day Friday
Tuesday	Closed all day Tuesday		

During the 2-week Holiday period of Christmas/New Year, CDC and SAC will operate as normal unless otherwise stated. The FCC Providers determine their own holiday schedules.

The Chain of Command has the final authority on the above openings for CDC & SAC.



## CHAPTER 1- SAFETY & RISK MANAGEMENT

**Child Abuse and Neglect:** DoD defines reportable child abuse and neglect as follows: Child abuse and neglect includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations of these, by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person. A "child" is a person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility or any staff person providing out of home care is legally responsible.

Parents make reports to the Reporting Point of Contact (RPOC), at (270) 798-7111/7112.

DoD Child Abuse and Safety Violation Hotline Posters are placed in visible and high traffic areas throughout all CYS facilities and FCC homes should a parent or guardian need to report incidents of suspected abuse. DoD Child Abuse and Safety Violation Hotline number is 1-877-790-1197.

It is essential parents are aware of the Installation Policy of leaving their child home alone. See Fort Campbell CAM Reg. 608-3 - Supervision of Minor Children on Fort Campbell.

**Child Abuse Reporting:** ALL CYS personnel are knowledgeable and considered "mandated reporters" who are required by law to report suspicions of child abuse or neglect. If CYS personnel notice suspicious bruises, cuts or burns on a child, or forms of neglect, employees must dually report to the installation Reporting Point of Contact (RPOC), at (270) 798-7111/7112 and to the state agency in which the child resides (KY)

at 800-752-6200 or (TN) at 1- 877-237-0004 (after hours 270-214-5500). Dual reporting is because of Talia's Law, passed in December 2016 as an amendment to the National Defense Act. The law is named in honor of 5-year-old Talia Williams who was beaten to death in 2005 by her father, then an active-duty infantryman stationed in Hawaii.

**Background Clearances:** Individuals who regularly interact with children under 18 years of age in Army-sponsored and sanctioned programs are required to undergo specific initial background checks and periodic re-verification.

Until all background checks are satisfactorily completed, individuals must volunteer/work within "Line of Sight Supervision" (LOSS) of a fully cleared staff member and are not permitted to be left alone with child/youth. LOSS is provided by means of the video surveillance system, vision panels within interior doors and windows, and/or management level staff members regular monitoring the individual Under LOSS.

Staff under LOSS will be identified by RED nametags with first and last names and red bib aprons, polo shirts, lanyard or clip on name tags. Staff who have completed background checks will be identified by GREEN nametags with first and last names and green tops (smocks, bib aprons, polo shirts) & green lanyard/clip on name tags. Classroom leads and Supervisory Program Specialists will be identified by BLUE nametags with first and last names and blue tops (smocks, bib aprons or polo shirts). Management and Administrative staff will wear nametags with first and last names and appropriate business attire. Management will wear a red name tag if under loss or a white name tag with a green dot if fully cleared.

**Sign In/Out of Facilities:** To maintain a safe and secure environment, all visitors are required to sign in/out at the facility's front desk and obtain a RED visitor's identification badge. Parents/guardians simply dropping off or picking up their child/youth do not have to sign in. Parents/guardians visiting the facility or a classroom GREATER THAN 15 MINUTES must sign in at the classroom and at the front desk and obtain a red visitor's badge. If attending for special occasions: Mother's Day Tea, Father's Day event, Thanksgiving Luncheon, etc....., Parent/guardians only need to sign in at the front desk and are required to show federal or state identification upon entering the facility. All Non-CYS employees will be escorted in the facility.

Emergency Designee - Must present a valid federal or state picture ID and be issued a emergency designee pick up form at the front desk and turned in to the classroom. This is for the safety of your child. Emergency designees must be updated in person at your child's facility or Parent Central Services. You cannot change emergency designee over the phone.

**Child Guidance and Touch Policy:** Helping a child/youth understand and make appropriate choices is the basis for child guidance. When a child/youth misbehaves, CYS

staff works along with the Parent/Guardians using Positive Guidance (POSITIVE DISCIPLINE, POSITIVE PARENTING, GENTLE AND LOVING GUIDANCE) to identify the problem and find strategies that enable the child/youth to respond appropriately. Positive Guidance is a belief that children should be treated with respect, free from fear of violence and shame and guided with loving encouragement. The Child Development Center has incorporated the Center on the Social and Emotional Foundations for Early Learning (CSEFEL). The CSEFEL model focused on promoting the social and emotional development of children as a means of preventing challenging behaviors and encouraged a better working relationship between CDC staff and Parents. *Corporal punishment is not allowed in CYS programs under any circumstances.*

Boundaries for appropriate and inappropriate touching are established to ensure clear understanding of what is acceptable and what is not acceptable. Inappropriate touching will be investigated and may be grounds for immediate closure of the FCC home or removal of a CYS staff member, contract employee or volunteer.

**Bullying:** Fort Campbell is committed to making our facilities, homes and community safe, caring, and welcoming places for all who enter our doors, particularly our children/youth. For this reason, CYS has a zero tolerance for acts of bullying or disrespect towards children/youth or CYS staff. We treat each other with respect. Our community and centers define respect as follows: Treat others, *regardless of age or position*, with the same level of respect and dignity you wish to be treated with.

CYS defines bullying as follows: A mean and one-sided activity intended to harm where those doing the bullying get pleasure from the intended target's pain and/or misery. Bullying can be verbal, physical, and/or relational to the target's race, ethnicity, religion, gender (including sexual orientation), physical, or mental attribute. It includes all forms of hazing and cyber bullying. This can be and is often continuous and repeated over time. However, once is enough to constitute bullying.

Bullying (on post as well as off post), including all forms of cyber bullying, can impact the targeted individual's feeling of safety and create an intimidating, hostile or offensive environment. The CYS Coordinator or Facility/Program Director will immediately address such actions for the well-being and safety of all children/youth and the community.

**Closed Circuit Television (CCTV):** Most CYS program facilities utilize a comprehensive video surveillance system, which includes video and audio capabilities. CCTV is designed to deter and reduce the risk of child abuse in CYS facilities; protect staff from unwarranted allegations of child abuse, provide Soldiers and Parents with "peace of mind" and support CYS management staff in the exercise of program oversight.

The cameras record most activity areas in the interior and exterior of the buildings. All video rotates views on a parent viewing monitor in each building's reception area. You

may request to view a portion of your child's/youth's time with the facility manager. Due to confidentiality reasons, copies of these recordings are not authorized to be given to parent/guardians unless a copy is requested under the Freedom of Information Act. Recordings are released only to authorized personnel, MP's, Social Work Services, and CID, etc.

**Supervision/Accountability of Children and Adult/Child Ratios:** Staff-to-child/youth ratios must be maintained at all times of the day except under rare conditions caused by compensatory enrollment as outlined in guidance (see AR 608-10 for more information). The intent is to always be at ratio and not over or under ratio. Ratios will not be decreased to accommodate children/youth with special needs. Ratios may only be reduced if the Army deems the need because of a pandemic or epidemic, etc. Volunteers or other non-CYS staff may be used to supplement the ratio, but do not have a ratio group of children or youth.

All rooms in CDC/FCC homes are multi-aged with a minimum age span of 18 months. Maximum group size is limited to two ratios of children/youth (e.g. two ratios of preschoolers= 20; a ratio of infants and a ratio of pre-toddlers =9).

All SAC activity areas are multi-aged (Kindergarten - 5th grade). The adult/child ratio is always 1:12 indoors and outdoors.

In the Youth Sports and Fitness Program, appropriate youth/adult ratios are maintained 100% of the time during all sports and fitness program operating hours. The adult/youth ratio is always 1:15 indoors and outdoors. The National Governing Body rules determine adult staff/youth ratio for specific activities. Please consult the Youth Sports and Fitness Director for additional information at (270) 412-5811. FCC homes are multi-age homes group include only two children under 2 years of age per home, Per AR 608-10.

Adult/Child Ratios are:

CHILDCARE/SAC/MST CENTER (FACILITIES)		FAMILY CHILD CARE (HOMES)	
Adult/ Child	Age	Adult/Child	Age
Infants 1:4	6 weeks to 12 months	Multi- Age 1:6	4 weeks to 12 years
Pre-Toddlers 1:5	13 to 24 months	Infant/Toddler 1:3	4 weeks to 3 years
Toddlers 1:7	24 to 36 months	Newborns 1:2	Birth to 12 months
Preschoolers 1:10	3 to 5 years	School Age 1:8	5 years to 12 years
Kindergarten 1:12 (SAC)	Children currently enrolled Kindergarten		
SAC 1:15	1 <sup>st</sup> to 5 <sup>th</sup> grade		
MST 1:15	6 <sup>th</sup> to 12 <sup>th</sup> grade		

**Training & Professional Development:** All CYS personnel working directly with children/youth receive standardized orientation training before they are allowed to work directly with children. The orientation includes such topics as applicable regulation and installation policy; child health and safety; child abuse identification, reporting and prevention; age-appropriate guidance and discipline; parent and family relations; health and sanitation procedures and position orientation. Training is ongoing and competency based. Assessments are completed to ensure staff comprehend and demonstrate the knowledge and skills learned from training. Other CYS professionals (directors, cooks, etc.) complete an orientation and ongoing training as well.

**Parent Involvement:** Parent/Guardians are encouraged to participate in the planning and evaluation of programs through annual Fort Campbell Multi-Disciplinary Team Inspection (MDTI), program surveys, NAEYC Accreditation, Parent Participation in events/activities and Parent Advisory Board (PAB). These processes help ensure the safety of children/youth while improving administrative policies and programming issues geared toward program quality. ***Moreover, parent/guardians who participate in the program may earn points toward fee reduction on their childcare fees.*** Ex: One hour is the equivalent of one point. After earning 10 points, parents/guardians are eligible to utilize a 10% discount off one month's fees for one child. For detailed information on the various ways parent/guardians can participate in CYS programs and activities, contact your facility director or Outreach Services at (270) 798-0674.

Parents play a key role in the care of their children with special needs through their involvement in the Multi-Disciplinary Inclusion Action Team (MIAT) process.

**Regulations & Inspections:** Regulations and services apply uniformly throughout the Army; however, commanders have the discretion to modify specified guidance to meet the appropriate requirements. To provide consistency, all Army CYS programs are inspected annually and required to be in compliance with the following Army Regulations (AR), Department of Defense Instruction (DoDI) and Public Law (PL):

- o IMCOM CYS Regulation 608-10-1
- o AR 608-10, Child Development Services
- o AR 215-3, Military Morale, Welfare and Recreation Activities and Non-Appropriated Fund Instrumentalities
- o Four Annual Child & Youth Services Inspections DoDI 1015.2 MWR Programs
- o DoDI 6060.02, Child Development Programs DoDI 6060.3, School-Age Programs
- o DoDI 6060.04, Youth Services Programs
- o DoDI 1402.5, Criminal History Background Checks on Individual in Childcare Settings DoD I 6025.18-R Privacy of Health Information
- o PL 101-647 Crime Control Act **PL** 106-104 Youth Sponsorship
- o PL 104-106 - Military Child Care Act

- o PL 104-201, Sec 1044: Cities concern for lack of support for DoD Youth Programs
- o PL 106-65, Sec 584, Expanded Child Care and Youth program services
- o PL 106-79, Conference Report - DoD Report on Family Childcare Subsidy/Access to Military Child Care
- o PL 101-366 American with Disabilities Act
- o National Association for Education of Young Children (NAEYC) Council on Accreditation (GOA)
- o National Alliance for Youth Sports (NAYS)
- o National Association for Family Child Care (NAFCC) Accreditation

**Department of Defense (DoD) Certification:** The Department of Defense (DoD) certification of programs sets a worldwide military standard and is comparable to the state licensing process. While licensing standards vary from state to state, DoD standards are the same worldwide. Military childcare programs are all based on the same DoD instructions and certification checklist. You can expect to see a comparable level of quality when you move from one installation to another or one service to another. Where they differ, the standards must be more stringent than those set by DoD. The rules are specific to the type of service and the age of the children/youth. DoD standards address health, safety, parent involvement, staff training requirements, and developmentally appropriate practices. Whether you're looking at Child Development Centers (CDC), Family Child Care (FCC) homes, Child Development Homes, School Age programs or Youth Programs, you'll find that all the services on military installations are required to be DoD certified.

**Accreditation:** Accreditation is an activity, not a status. The benefits of accreditation are the external mark of quality, high standards, process improvements and support. CYS programs undergo a rigorous accreditation process. The Fort Campbell Child Development Center, School Age Center, and FCC Homes may obtain accreditation through the following entities:

- o **National Association for the Education of Young Children (NAEYC)**  
Sets professional standards for early childhood education programs age (age 0-5 years) and helps families identify high-quality programs for their young children. Fort Campbell's CDCs are all currently accredited.
- o **The Council on Accreditation (COA)**  
Afterschool Program Standards include Afterschool Administration (CYD-AM), After School Human Resources (CYD-HR), and After School Programming and Services (CYD-AYD). The Administration Standards cover practices related to continuous quality improvement, financial management, risk prevention and management and ethical practice. The Human Resources Standards address recruitment and selection, training and professional development, support and

superv1s1on. The Programming and Services Standards set forth additional recommended practices for working with children and youth in out-of-school time. Fort Campbell's SACs are all currently accredited.

- o **National Association for Family Child Care (NAFCC)** - Awarded to family childcare providers who meet the eligibility requirements and the Quality Standards for NAFCC Accreditation. Accreditation reflects a high level of quality through a process that examines all aspects of the family childcare program, i.e. relationships, the environment, developmental learning activities, safety and health, and professional and business practices. Once family childcare providers become accredited, they agree to abide by the standards set forth and to be measured against those standards with periodic integrity and compliance reviews.



## CHAPTER 2- REGISTRATION PROCESSES & PROCEDURES

**Global Data Transfer (GDT):** This database makes it possible for Families relocating to a new duty station to forward their child's/youth's registration records to their next duty assignment prior to arrival. Upon arrival the Parent Central Services at the new duty station need only import the patron's information (e.g. names, birth date, child's health records, etc.) which is stored in the database. Families will provide needed updates upon arrival at the new location. Contact Parent Central Services for details on how to take advantage of this convenient tool.

NOTE: If the Global Data Transfer database is down, you may request for PCS to email your documents from the sending installation to the receiving installation.

**Patron Eligibility:** CY5 accepts children as young as four weeks in Family Child Care homes and through senior in high school (18 years and under) in CY5 programs. Eligible patrons of Department of Defense (DoD) Child Development Programs (CDP) include active-duty military personnel, DoD civilian personnel paid from both appropriate funds (APF) and non-appropriate funds (NAF), reservists on active duty or during inactive duty personnel training and DoD contractors. Retirees, contractors, and other Fort Campbell federal entity employees are eligible for childcare on a space available basis.

The purpose of the Child Development Center (CDC) and School Age Center (SAC) programs offered by the DoD Components is to assist the new priorities effective May 2023 for CDC/SAC Direct Care Staff, DoD active-duty military and then civilian personnel in balancing the competing demands of family life and the accomplishment of the DoD mission, and to improve the economic viability of the family unit. CDC and SAC are not considered an entitlement. (Reference: DODI 6060.2 and 6060.3, #4 Policy.)

Foreign Military Service members assigned to the Installation/serving the Department of Defense will pay the child and youth fee based on their Total Family Income (TFI). The eligibility criteria and priority are the same as any other Active Duty Soldier or DoD Civilian.

Military personnel of foreign nations and their Families when on orders from the U.S. Armed Forces, or in overseas areas when the overseas commander grants privileges in the best interest of the United States. (Reference: AR 215-1 when addressing children 0-12 refer to AR 608- 10).

Coast Guard when activated are eligible patrons. The eligibility criteria and priority is the same as any other Active Duty soldier. Fees are based on their TFI.

Retiree's and Contractor's eligibility is space available only for childcare. Retirees use Instructional Programs, MST and Youth Sports and Fitness programs for any event. Call Parent Central Services at (270) 798-0674 for eligibility questions.

Foster children that are legally placed with eligible Patrons qualify to receive childcare services with CYS. The eligible Patron must submit the legal documentation at registration for the child that is in their custody. All documentation may need to be reviewed by the legal office prior to care. The childcare fees are determined by the household of the eligible Foster Parents.

#### Definition of Parent:

- o A parent or legal guardian 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.
- o 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.
- o In Loco Parentis- When an individual acts "in loco parentis" as the parent, this can only exist when the individual undertakes care and control of another (child/ren) in ABSENCE of such supervision by the natural parents and in absence of formal legal approval. When the parent is still in picture no such "in loco parentis" relationship exists. This guidance has been provided by the IMCOM Office of Staff Judge Advocate.

**Parent Central Services (PCS):** Parent Central Services, commonly referred to as the "Gateway to CYS," is the first place a Family visits at a new installation to obtain information and register for CYS programs. CYS Parent Central Services:

- o Explains MilitaryChildCare.com waitlist process and help access the website

- Verifies a patron's eligibility using the DoD ID Card (Military, Civilian DoD contractor assigned to the Garrison, Reservist/National Guard, Active-Duty soldier on orders)
- Determines services patrons needs (Waitlist, Hourly, Part Day, Full Day, SAC, MS/T, SKIES, Sports, etc.)
- Explains age-appropriate programs associated with patron's children.
- Conducts initial and re-registration of patrons into all CYS programs
- Explains Waitlist polices and assists with waitlist placement
- Determines patron fee category IAW with the latest fee policy
- Schedules new patrons for program orientations
- Sends relevant notifications /messages to patrons through the Child and Youth Management System (CYMS) database.
- Coordinate paperwork/documentation with Army Public Health Nursing for Special Needs children

**Items Required for ChildNouth Registration:** Children/Youth must be fully registered before they can use any CYS programs. Contact your local Parent Central Services Office to set up an appointment to complete your registration. Limited "walk-in" services may also be available.

**To expedite or avoid delay of the registration process, please have the following available:**

- **Identification Card** (Sponsor or Spouse)
- **Proof of Child Eligibility** (i.e. Legal Guardianship papers signed by a judge, Child Military ID Card, or DEERS printout from Soldier's AKO)
- **Copy of Child's Birth Certificate** Required of DoD civilians or contractors
- **Immunization Record or transcription** CYS follows the Recommended Immunization Schedule for Children & Adolescents Aged 18 years or younger from the Centers for Disease Control and Prevention. All children must have the FLU vaccine
- **Proof of Income** (i.e. Leave and Earning Statements/Pay Vouchers or proof of fulltime school enrollment) For CDC, FCC and SAC registrations.
- **Health Assessment/Sports Physical Statement** Due within 30 days of registration or before child/youth's first sports practice, whichever comes first.
- **Health Screening Tool**
- **Medical Action Plans if required**
- **Local Emergency and Child Release Designee** (minimum of two)
- **Family Care Plan** (Dual/Single Military Only, including Reservists)

**ALL FORMS MUST BE SIGNED AND DATED TO COMPLETE REGISTRATION**

(Some forms may also require a stamp from a medical provider)

DD FORM 2652	Application for DoD Child Cre Fees or waiver
	Teen Self Registration Form
	CYMS Profile Print (PCS prints- no signature)
	Family Care Plan (dual/single military only)
	Health Assessment/Sports Physical Statement
	Health Screening Tool (MIAT) Form/MAPS
	USDA Forms

**Immunizations:** Children/Youth accepted for childcare in CYS programs must be free from communicable diseases such as measles, mumps, hepatitis, scarlet fever and strep throat, and have written documentation of all age-appropriate immunizations as recommended in the Immunization Schedule for Children & Adolescents Aged 18 years or younger from the Centers for Disease Control and Prevention. Child/youth immunizations must be up to date to participate in CYS programs.

A request for waiver based on a medical condition must be accompanied by a signed, stamped, and dated statement from a credentialed medical provider documenting why the child is exempt. Also, a request for waiver based on a religious objection must be accompanied by a signed statement of the parent specifying religious objection. Approval is provided by the CYS Coordinator. Per the Army, in the future, the approval of waivers may change from the CYS Coordinator to another organization. Children/youth who are not immunized will be denied childcare during outbreaks.

CYS requires the flu vaccination as an annual requirement for children 6 months and older. Shots can be given as early as October 1<sup>st</sup> and no later than December 1<sup>st</sup> each year. Infants will require a 2-dose Flu series once they turn 6 months of age. Children who are given the Flu shot for the first time will also require a 2-dose series. For SAC and MST, if the public schools or private schools require children to have a flu vaccination, there is no documentation required in place at SAC and MST. CYS will ask for documentation for school age children who are homeschooled. Failure to provide required medical documents could result in denial of services.

It is mandatory for all CYS employees to have annual flu shots; approved medical and religious exemptions do apply. All employees working in infant classrooms must have all the immunizations, including the flu shot.

In the event of an immunization-preventable disease outbreak, the CYS Coordinator will take appropriate action to exclude from CYS programs, children/ CYS personnel who have been granted immunization waivers. The Preventive Medicine Chief and/or APHN

(Army Public Health Nurse) Health Consultant must be consulted when assessing re-admission to CYS programs.

**On Post Schools:** DoDEA Regulation 2942. 1., School Health Services, requires annual influenza vaccine for students attending all DoDEA schools. The influenza annual/seasonal or pandemic vaccine is a requirement to safeguard military communities and improve school attendance.

**Health Assessment/Sports Physical Statement:** A current health assessment/sports physical statement, within 30 days of registration is required for children 12 years old and under attending CDC, FCC, or SAC. Sixth graders attending MST and all other children attending MST do NOT require a health assessment (unless requested by MIAT). Children attending hourly care, contingency/emergency care, or Kids on Site childcare do require a current health assessment/sports physical (exclusions may apply for Kids on Site special events). Children attending Instructional Programs do not require a health assessment/sports physical statement unless requested by MIAT or deemed necessary by instructor personnel. If a current health assessment/sports physical statement is not available at initial registration it is to be completed within 30 days of registration. Health Assessments are good for three (3) years, if the child does not have any major health status changes. Re-sign within 30 days of due date. Sports Physicals are good for one (1) year.

School athletic physicals can be used in place of the health assessment if similar medical information on the Army's HASP, dated, signed and stamped by the healthcare provider and parent within one year. School athletic physicals should include findings of the physical examination and should identify any abnormalities, considerations, or restrictions found. ***Children/youth participating only in the middle school/teen program programs are exempt from this requirement.***

**Sports Physical:** No child/youth will be authorized to play, practice or participate in games until a valid physical has been furnished. The form must be signed by a licensed health professional and certify the child/youth is physically fit to participate in chosen sport(s) and address any pertinent medical condition and/or constraint such as asthma, heart murmur, allergies. The sports physical must remain current throughout the season.

**Special Needs Identification:** The Army Child and Youth Services Health Screening Tool is required to be completed by parents to screen all children for special needs at initial registration and annually thereafter. Upon identification of special needs, supporting documentation must be submitted with the screening tool and forwarded by CYC to the Army Public Health Nurse (APHN) for review. If your child/youth has a disability or other special needs, the parent/guardian will be asked to participate in the Multidisciplinary Inclusion Action Team (MIAT).

Children and youth with the following conditions might be referred to the MIAT:

- o Allergies
- o Special Diets
- o Respiratory Diagnosis
- o Epilepsy/Seizure Disorder
- o Diabetes
- o Other

**Multidisciplinary Inclusion Action Team (MIAT):** The MIAT is a multidisciplinary group that explores installation childcare and youth supervision options for children that have been diagnosed with life-threatening conditions and functional limitations. The team determines childcare and youth supervision placement and considers feasibility of program accommodations and availability of services to support child/youth needs. Parent participation is crucial to the success of the MIAT. Every effort is made to accommodate children/youth with special needs. CYC advises parents that are license practitioners to not sign any of the required medical documentation to complete his/her child's MIAT due to the American Medical Association and the Kentucky Board of Medical Licensure consider it to be unethical.

**Special Diet:** Children/youth with life threatening food allergies or special dietary needs must provide a Special Diet Statement (SOS) from their health care provider specifying (1) which foods the child cannot consume, (2) the resulting allergic reaction if ingested and (3) allowable food substitutions. Children/youth may not be eligible for services without appropriate documentation. Specifying which foods should be eliminated as well as allowable substitutions is required in addition to the representative of the religious institution signing the Special Diet Statement form, printing their name on the SOS form, and dating when the SOS form was completed. SOS are good for three (3) years as long as the child does not have any major health status changes. For more information, please contact Parent Central Services.

**Medical Action Plan (MAP):** Maintaining the health and safety of every participating child/youth in CYC programs is of utmost importance. If the child/youth have a medical condition/diagnosis, such as allergies or asthma, that may require him/her to take medication while participating in an activity, the parent/guardian will be asked to complete

a Medical Action Plan (MAP). Medical Action Plans (MAPs, 7625-3 or 7625-2) are valid for one year based on the date signed by physician (MAPs) or APHN (7625-3, or 7625-2), or until notified of health status changes. This plan is completed by the child's/youth's health care provider to ensure CYS staff is aware of the proper medication and the necessary course of treatment for the child/youth.

**Reasonable Accommodation:** IMCOM REG 608-10-1 defines Reasonable Accommodation as "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 to 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."

**Waitlist:** Due to the high demand for childcare, it is not unusual for families to be placed on a wait list. The Department of Defense (DoD) program has made it easier to find the child/youth care for family needs. Military and DoD Civilian families can search for child/youth options through MilitaryChildCare.com. Parents can find comprehensive information on childcare programs worldwide, conduct a customized search for the care that is needed and submit a request for care at any time and from any location. Placement on the waiting list is determined by sponsor priority and the date of application. All childcare waiting lists request must be submitted through MilitaryChildCare.com. For more information, please contact Parent Central Services. Current priority listing is below.

- Priority 1A- CDP (Child Development Program) Direct Care Staff
- Priority 18 - Single/Dual Military Members and Military Members with a Full-Time Working Spouse
- Priority 1C - Military Members with a Part-Time Working Spouse or those with a Spouse Seeking Employment
- Priority 1D - Military Members with a Full-Time Student Spouse
- Priority 2 - Single/Dual DoD Civilians and DoD Civilians with a Full-Time Working Spouse
- Priority 3 - Space Available
  - o Families requesting childcare must meet Child and Youth Services (CYS) eligibility requirements.
  - o Families must request childcare through the DoD Request for Care system located at [www.militarychildcare.com](http://www.militarychildcare.com).
  - o CDP direct care staff, paid from either non-appropriated funds (NAF) or appropriated funds (APF), are responsible for the care and well-being of children enrolled in CDC, FCC, or SAC programs and include classroom staff, trainers, food service workers, administrative, and management personnel.

- o Coast Guard Service-members (Active Duty and Reserve Component) and civilian employees will hold the same priority as equivalent DoD Service members and civilian employees, as detailed above, regardless of the Department in which the Coast Guard is operating.
- o Combat -Related Wounded Warriors in an Active-Duty Status, who require hospitalization, extensive rehabilitation, or significant care from a spouse or care provider that also require full- time childcare, may be placed into Priority 1B upon Senior Commander approval. This authority cannot be delegated.
- o The status of post-secondary enrollment must be verified every 90 days.

**Note:** It is the responsibility of the parent/guardian to confirm interest in remaining on the wait list by updating the request on [www.MilitaryChildCare.com](http://www.MilitaryChildCare.com) every 30 days. Failure to do so will result in removal from the wait list. When a space is offered in a viable care option (CDC, FCC, etc.) parent/guardians are given forty-eight hours (48) hours to accept/decline the space. If the viable care option is declined, then the child's name will be moved to the bottom of the wait list you are on. If PCS is unable to contact the parent/guardian, the space will be made available to the next eligible child/youth on the wait list. Contact Parent Central Services to discuss the available wait list options.

**Viable Child Care Option:** Care to meet the patron's schedule that reflects the necessary program type (full day, hourly, part day, etc.) and the appropriate age group (infant, toddler, preschool and school-age) for the child. Care may be on or off-post in any CDC, FCC or SAC program or at any location convenient to either the home or work. Viable off-post care options are those that are comparable in price and quality to on post sponsored childcare options.

**Parent Orientation:** Before a child can attend childcare services, a Parent Orientation is required. CDC and SAC Parent Orientations are prescheduled and include program philosophy, accreditation, policies, partnerships, facility tours, and completion of necessary documents. FCC Parent Orientations are also required prior to starting care; one orientation is completed by the FCC representative and the FCC Provider completes an orientation in the Provider's home.

MST Parent Orientations are required for Parents to become knowledgeable of all the programs/services.

**Middle School/Teen Registration:** Middle school/teens must be registered to participate in all programs. Registration may be completed at Bastogne Middle School/Teen Center or at Parent Central Services. All youth must be registered to participate in any MST program to include special event programs, after school programs, trips, evening or weekend open recreation programs. All registration documents must be completed and signed by the Parent. CYS staff will validate the forms, and an annual pass will be issued

to youth. Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate.



## CHAPTER 3- DAILY OPERATIONS

**Daily Admission/Release:** Arrival & Departure Procedures. Under no circumstance will a child/youth be released to any person who is not authorized to pick up the child/youth. Positive control of child/youth will be maintained at the classroom level. Note: Those making emergency pickups must show ID before child/youth will be released.

Parents/guardians and visitors will enter and exit CYS Facilities through the front entrance/ reception area, except during emergency evacuation and fire drills. During evacuations/fire drills, patrons will follow designated facility evacuation procedures.

Unless prior written arrangements have been made with CYS personnel, only parents or parent designees may take a child from a CYS program.

Children may not be released to siblings or other children under age 13.

No parent may be denied access to a child, including the right to pick up a child from a CYS program or FCC home, unless a copy of the custody agreement or court restraining order that relinquishes such parental rights is on file at the care giving site. If there are circumstances involving Child Protective Services, CYS facilities will follow the appropriate guidance.

Child Development Center (CDC), parents/designee will swipe their child(ren) into the Child and Youth Management System (CYMS) using their Child Pass swipe card at the front desk before proceeding to their child(ren)'s classroom. Under no circumstance will the parent/designee move beyond the front desk without first swiping in. Upon entering the classroom, the parent/ designee will sign the child(ren) in, annotating his/her name, date, time and signature. Parents and visitors are required to show federal or state identification upon entering the facility.

When departing, parents/designee will first enter the child(ren)'s classroom and sign the child(ren) out of the classroom. After signing out and proceeding to leave the classroom, the parent/designee must swipe their child(ren) out of CYMS located at the front desk. These procedures are in place to ensure accountability for all children attending care.

The CDC is required to contact parents when their full-day child is not in care by 0930 (9:30 a.m.). CDC encourages parents to let their child's teacher/facility know their child will be late or call in to notify the front desk that a child will be late or not in attendance.

For infants, each parent will be asked to supply daily information on his/her child upon arrival. The sheet will be updated throughout the day by the staff and given to the parent at departure time. Please allow enough time to pass on all pertinent information at arrival. If your child's diaper is dirty upon arrival, please feel free to utilize our facilities to change the diaper if you have time. Anything you do to support us in caring for your child is much appreciated.

School Age Center (SAC), parents/designee will swipe their child(ren) into CYMS using their SAC Pass card and physically sign in the attendance book at the front desk before proceeding to their child(ren)'s activity room. Under no circumstance will the parent/designee move beyond the front desk without first swiping in and physically signing in. The child(ren) may sign themselves in the activity room (as age appropriate), using the established method of the program (in some cases, annotating his/her name, date, time and signature, in others annotating on the Locator Board that the child(ren) is "In"). The CYPA present will ensure that all children are properly signed into the classroom before the parent/designee departs the room/area. Upon departure, parents/designee will swipe their child(ren) out of CYMS using their SAC Pass card and physically sign out of the attendance book at the front desk before proceeding to their child(ren)'s activity room. These procedures are in place to ensure accountability for all children attending care. School-age children may not leave a program unaccompanied without written permission from the parent.

The SAC staff is required to contact parents when their daily enrolled before-school child does not attend in the morning by 800 AM. Parents will be called at 1000 AM during full days when children don't arrive at SAC. SAC encourages parents to let their child's teacher, or the front desk know when their will be late or not coming into care in the morning (this also applies for the after-school program. Call the front desk when a child will be late/not attending. The SAC staff is required to contact parents when their daily enrolled after-school child does not attend in the afternoon by 1630.

Bastogne Teen Center, Middle School/Teens (MST) youth participate in an open recreation program, which means they are allowed to enter and depart the facility without a parent/designee. Youth will swipe into CYMS by using their MST Pass card and/or state their first and last name to the front desk CYS staff to be signed into CYMS. Youth will

sign in before they may participate in the CYS youth program. When youth depart the Youth Center, they must use their MST Pass card to swipe out and/or state their first and last name to the front desk CYS Staff to be signed out of GYMS. These procedures are in place to ensure accountability for all youth attending MST.

Idling of Vehicles at CYS Facilities: Please note, vehicles are not allowed to idle in the facility's designated parking areas at any time, including during drop-off and pick-up. Please turn off your vehicle upon exiting. Idling vehicles contributes to air pollution and can emit air toxins, which are pollutants known or suspected to cause cancer or other serious health effects.

**Denial of Child Care Services Due to Illness:** CYS takes all reasonable precautions to offer a healthy environment. To ensure the safety of all enrolled children/youth, the staff will observe children/youth for signs of illness or symptoms of contagious disease. This will be done by personnel who have been trained by the Army Public Health Nurse (APHN) or CYS Nurse. Screening will be done immediately upon child's arrival, during care, and prior to parent's departure.

CYS Services personnel will inquire whether the child has had:

- Nausea, vomiting, or severe diarrhea (three (3) or more episodes within previous 24 hours.
- Consultation with their primary health care provider regarding child health concerns.
- Fever-axillary temperature greater than 100.5° F for infants three (3) months and younger or greater than 101° F axillary or oral in all other children.
- Inability to participate in daily activities.

If any of the above symptoms are noted or reported, and the management staff determines that the child needs to be temporarily denied service, parents will be advised to:

- Care for the child at home until symptoms have subsided and the child is able to participate in daily activities OR
- Consult their primary source of medical care for further instructions.

**Exclusionary Criteria:** Children who appear ill or show visible signs of fever are excluded based on the following symptoms:

- 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, and sore throat.

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. Per Centers for Disease Control and Prevention, vomiting, diarrhea, and intestinal upset are additional common influenza symptoms that may be observed in children.

- 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.
- Vomiting: Two or more episodes of vomiting during the previous 24 hours or one occurrence in the childcare program accompanied by other indicators such as low-grade fever or inability to participate in the program.
- 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.
- Symptoms as outlined per the 608-10-01

For ALL illnesses when applicable:

- Antibiotics need to be given for 24 hours at home before coming to care
- Fever must be absent for 24 hours without use of fever reducing agent (ex: Tylenol or Motrin)
- Child can comfortably participate in usual daily activities. Consider acute change in behavior - this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash. *Per AR 608-10, children can be excluded for persistent cough.*
- Per SOP and PH: "Child has completed the contagious stage of illness. A note from the doctor *may be* requested, giving permission to return". *This reserves the right of each center to require note from provider for any communicable illness at their discretion.*

Illnesses Include:

- 0 Impetigo-Red oozing erosion capped with a golden yellow crust that appears stuck on.
- 0 Scabies-Crusty wavy ridges and tunnels in the webs of fingers, hand wrist and trunk.
- 0 Ringworm-Flat, spreading ring-shaped lesions.
- 0 Diarrhea-defined by watery stools or decreased form of stool that 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 stool above normal for that child; or loose or watery stools associated with fever; or if the child's ability to participate in program activities is affected.
  - o 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.
- 0 Chicken pox-Crops of small blisters on a red base that become cloudy and crusted in 2 to 4 days.
- 0 Head lice-nits-Whitish-grey clot attached to hair shafts.
- 0 Culture-proven strep infections that have not been under treatment for at least 24 hours.
- 0 Conjunctivitis (pink eye)--Red watery eyes with thick yellowish discharge.
- 0 Persistent cough, severe diarrhea or vomiting.
- 0 Symptoms of other contagious diseases such as measles, mumps, hepatitis, and strep infections.
- 0 Pinworm infestation.

**Re-Admission after Illness:** CYS staff will provide Parent/Guardian with an illness/injury medical referral readmission form detailing criteria for readmission. The child/youth's health care provider should use the form to indicate when it's safe for the child/youth to return to the program. However, a note alone from the health care provider **will not** automatically re-admit the Child/youth into the program or override Army regulations. The child/youth may only return to the CYS program when the following conditions exist:

- 0 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 Services care).
- 0 Nausea, vomiting or diarrhea has stopped for 24 hours.
- 0 Chicken pox lesions have all crusted, usually 5 or more days after onset.
- 0 Scabies treatment has occurred 24 hours before readmission.

- 0 Lice are under treatment, no nits are present, and a physician's note.
- 0 Pinworm treatment has occurred 24 hours before readmission and a physician's note.
- 0 Ringworm under treatment for 24 hours. The lesions must be covered. If lesions cannot be covered, child/youth will not be admitted until lesion has shrunk.
- 0 Lesions from impetigo are no longer weeping and child has been on antibiotic medication for 24 hours
- 0 There is no discharge from ears.
- 0 Conjunctivitis (pink eye) treatment is ongoing, child has been receiving antibiotic medication for 24 hours, and no eye drainage is present.
- 0 The child/youth has received prescription medication for 24 hours outside of CYS prior to administration by CYS staff.
- 0 The child/youth has completed the contagious stage of an illness. A note from a provider may be requested given permission for child to return.
- 0 The child/youth feel well enough to participate in the normal daily activities.

In addition, CYS Services staff must ensure that the following criteria are met:

- 0 The child's presence will not endanger the health of other children.
- 0 If an antibiotic was prescribed for streptococcal or a bacterial infection, the appropriate number of doses for antibiotics has been given over a 24-hour period for known strep and other bacterial infections, and the child's physician has approved readmission.
- 0 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):
  - o Giardia Lamblia
  - o Shigella
  - o Salmonella
  - o Hepatitis A, B, or C
  - o Haemophilus Influenza B (HIB)
  - o Tuberculosis
  - o Pertussis (Whooping Cough)-7 days from date antibiotic treatment began with provider clearance
  - o Polio
  - o Diphtheria
  - o Rashes (Unknown origin)
  - o Conjunctivitis
  - o Impetigo
  - o Scabies
  - o Scarlet Fever
  - o Strep Throat

- o Ringworm
- o Measles
- o Rubella
- o Methicillin-resistant Staphylococcus Aureus (MRSA)
- o Clostridium difficile (C. Diff)

**The Health Care Provider must sign, stamp, and date the "Return To Care" /2iY2.erwork.**

If the child was evaluated and treated by a medical provider for any condition (including those listed above), the parent/guardian must provide CYS Services staff with a signed, dated, and 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 communicable or is not well enough to return to care. In addition, any specific recommendations for limited activity or observations should be specified on the medical clearance note.

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.

**Basic Care Items:** Acceptable basic care items are limited to topical items used for the prevention of sunburn, diaper rash, teething irritation, lip balm, insect repellants and lotions. Products such as these are limited to those identified in AR 608-10 and must be approved by the Food and Drug Administration (FDA). An authorization form must be obtained from the parent/guardian each quarter for such items to be applied. Basic care items will be in their original container and stored out of reach of children. Each item should have the child's first and last name legibly written on it, as well as on the outside of the bag. Contact your FCC Provider or program director for a listing of approved basic care items. Parents are required to pick up expired medication from the center.

**Administration of Medication:** Certain medications may be administered in the CYS setting when it is not possible for Parents/Guardians to be present. Only prescribed medications on the CYS Approved Medication List such as antibiotics, antifungals, antihistamines, decongestants, topical medications, and rescue medications with valid Medical Action Plans (Albuterol, Diastat Acudial, Diphenhydramine, Epinephrine, Glucagon) may be administered to child/youth who are enrolled in full-day, part-day or regularly scheduled school-age programs. Medications not on the approved medication list must have a medication Exception to Policy, reviewed by APHN and forwarded to IMCOM. Medications that are prescribed as needed (PRN) will not be given in programs, except for rescue medications that have been prescribed. Parent/guardians will have the health care provider complete and sign the corresponding Medical Action Plan (MAP) for the required rescue medication. All medications must be in the original container, have a current prescription label and should be accompanied by proper dosing syringe/cup/

spoon. A child/youth must be taking the medication for at least 24 hours prior to re-admission into a CYS program for non-rescue medications. Parent/Guardians will complete and sign a CYS Medical Dispensation Record, DA Form 5225-R, for each approved medication to be administered each quarter. A Parent/Guardian must complete and sign the form before medication can be administered and children/youth requiring rescue medication are not allowed to participate in the program without their rescue medication and Medical Action Plan being on site. This policy will be discussed during the Parent/Guardian orientation. Please contact the individual program for further information. At the School Age Center all prescription medications will be stored at the front desk. Children are not allowed to carry their medication with them throughout the center or while on field trips.

**Children with Diabetes:** CYS promotes the participation and inclusion of children and youth with diabetes to CYS programs and activities. CYS will not, solely by reason of a diagnosis of diabetes, exclude children/youth from participation in, deny the benefits of, or subject children/youth to discrimination under any CYS program or activity. CYS provides reasonable accommodations to afford access to its programs and activities to children/youth with diabetes. Each request for accommodations for a child/youth with diabetes will be assessed on an individual basis. Procedures are in place to process the requests which may include a Multi-Disciplinary Inclusion Action Team (MIAT) meeting.

**Self-Medication:** School age and Teen Center youth can self-medicate if the child/youth's health care provider determines that it is developmentally appropriate, and the youth knows enough about the health condition including prescribed treatment procedure. Self-medication in CYS programs requires written instructions from the youth's health care provider. The instructions from the youth's health care provider must clearly spell out what and when self-medication is allowed and under what circumstances the youth must refer to the parents and health care provider for assistance. Parent/Guardians and youth are responsible for notifying the program staff of any medication that will be brought to CYS programs. Youth must self-administer all prescribed medications (prescribed medications must be labeled by pharmacy) in the presence of CYS staff who will then document the administration. If a youth (6th-12th grade) cannot self-medicate, then a MIAT review is required.

**Rest and Nap Periods:** Child/youth enrolled in CDC and FCC full-day programs or hourly care will have a rest period, usually following lunch. Child/youth wishing to nap can do so, while other child/youth engage in some other quiet activity (e.g. read a book, coloring, etc.). Infants are allowed to follow their own resting/napping patterns.

**Personal Items from Home:** To prevent harm to your child/youth and other children /youth/staff, please ensure the child/youth diaper bag or backpack does not contain items that could place others at risk. This includes food items since we have many

children/youth/staff who have food allergies. Mondays are the highest risk due to Families using these bags during weekend outings and forgetting to take items out before bringing children into our facilities. Our number one priority is to ensure all children are safe while they are under our care and supervision.

- **Clothing:** Children should come to the center dressed appropriately for the weather (e.g.) jackets and hats for fall and spring; coats, boots and snow pants, gloves/mitten for winter). Children should come in "play clothes" so that they feel free to participate in indoor and outdoor activities. Long dresses are not permitted for safety reasons. Washable clothing is recommended as children may be involved in messy developmental activities (e.g. art, cooking, water and sand play). Two changes of clothing for all children under school-age are recommended. School-age children are recommended to have one complete change of clothing with them. All clothing and accessories should be labeled with your child's full name.
- **Shoes:** Children footwear should have rubber soles and be suitable for running, climbing and jumping. Tennis shoes are recommended. For safety reasons, sandals, jellies or cowboy boots should not be worn at any time. Children without proper footwear will not be allowed to participate in gym, playground, obstacle course or outdoor fitness activities.
- **Jewelry:** Accessories such as earrings, rings, bracelets, necklaces, and barrettes are not permitted for children under three or children who are in multiage rooms with children under three. Any type of beaded jewelry (hair, wrists, etc.) is not acceptable in the Child Development Center due to safety precautions for young children.
- **Sleep Aids:** If your child is over 12 months of age and has a special soft toy or blanket that he/she naps with, it may be brought to the program. The naptime toy or blanket will be put in the child's cubby and be made available for use during naptime. These items will need to be taken home for weekly laundering. Please ensure all personal items (i.e., book bags, books, school supplies, clothing, and blankets) are labeled with your child's full name. It is not recommended that children younger than 12 months sleep with soft toys. Any special items in an infant's crib must be reviewed by APHN, have a doctor's note, and possibly a MIAT conducted.

#### **Diapering/Toileting Training/Dental/Biting:**

- **Diapers:** For health and sanitation reasons, only disposable diapers are permitted in our programs. Cloth diapers are only allowed when the use of disposable diapers creates a health risk for the child and the parent/guardian submits a health care provider's statement to that effect. Diapers are checked and changed

promptly if they are wet or soiled. Diapers and baby wipes should be labeled with the child first and last name.

- o **Toilet Training:** Toilet training is a natural developmental process. Peak readiness is typically at 2 ½ years but will vary with each child. We will not force children to use the toilet, nor will we punish a child for lapses in toilet training. Planning a consistent toilet routine for home and center will go a long way in helping your child accomplish this developmental milestone. You must provide sufficient changes of clothing and training pants.
- o **Dental:** All children will be supervised when brushing teeth beginning at the age of two. Center based tooth brushing must be done in the rooms at the sink. Tooth brushing in a FCC Home must be done at the bathroom sink.
- o **Biting:** Policies will focus on modifying the child's behavior within the existing environment rather than "suspending" the child. When this is not possible, the CDC Director may recommend the child be moved to another CYS setting to meet the child's needs.
- o **Persistenet Unsafe Behavior:** These incidents endanger the child, other children, or staff such as biting, kicking, scratching, hitting, spitting, throwing or turning over items, or excessive use of foul language are disruptive to our programs and to those participating in them. Parents will be informed when these behaviors occur. If behavior is repetitive, a conference will be scheduled with management staff to enlist parent cooperation and gather information regarding individual needs with the parent and a behavioral plan will be developed for the child using the Center of the Social, Emotional Foundations for Early Learning (CSEFEL) from the Operational Guidance for Behavioral Support designed by Kids Included Together (KIT). While we consistently strive to meet individual needs our focus must remain with the safety and wellbeing of all children. If the negative, harmful behavior is repeated, parents may be contacted to remove the child from the program for the rest of the day. If no change in the negative behavior is evident, the parent may need to seek alternative care and denial of care will be elevated through the command to IMCOM. CYS continually reevaluates its programs to ensure consistent, developmentally appropriate care. Additionally, community resources are available to assist families. We encourage families to utilize Social Work Services, Army Community Service, and the Exceptional Family Member program. Reference 608-10-01.

**Transitions:** Children are always supervised closely, and environment facilitates staff visibility and access to children. Extra vigilance is given during transition periods, i.e., arrival, departure, employees shift changes.

### **Celebrations:**

- Birthday and Holidays: Children will participate in the planning and preparation processes of all special celebrations. CYS philosophy concerning developmental programs emphasizes the importance of hands-on involvement of children, and these events are no exception, i.e. Children should make their own favors and decorations, create their own menu to include food preparation and cooking experiences. Parents are welcome to participate in and attend these special celebrations. These events will take place only during children's designated PM snack time. Part-day programming will conduct celebrations during their class time.
- Only nutritious foods and drinks will be served to children in the Child Development Center, School Age Center, Bastogne Middle School/Teen Center or Family Child Care home. Approved store-bought food brought in by parents for designated special occasions will be allowed, if 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.
- Special Events: Throughout the year, CYS sponsors special events and awareness campaigns such as Month of the Military Child and Army Birthday. Senior Commanders from Active Army, Guard, and Reserve and other branches of service; congressional delegates, local district officials and other key stakeholders plan and engage in observance of these events. Openings for childcare are available during other special events such as balls and meetings that occur after normal operating hours. This type of care must be coordinated in advance thru Kids on Site (270) 798-0674.

**Emergency Closures/Evacuation/Mobilization:** In the event of an emergency, mobilization or other contingency in which the facility needs to be evacuated, CYS staff will follow a written Mobilization and Contingency Plan. Children/youth may be moved to the designated evacuation sites for safety and supervision if the emergency is not post-wide and only affects one facility. Parents/guardians and military police will be notified.

During emergency weather, childcare will be provided per the direction of the Garrison Commander. Hazardous road conditions dictate the times for opening/closing childcare.

In the event of illness, emergency or facility closure, CYS will make every attempt to contact the parent/guardian. If the parent/guardian cannot be located to pick up the child/youth, the following procedure will be put into action:

- The emergency notification child release designee on record will be called. If the center is unable to contact him/her, the next designee listed will be called.
- If none of the designees can be contacted, the military police will be notified, and their procedure will be followed in reference to locating the parent.

**Minor Accident /Emergencies:** In the event of a minor accident resulting in injury to a child/youth requiring medical treatment, the CYS staff will immediately contact emergency services followed by notification of the Parents/Guardian. CYS personnel or FCC Providers will accompany the child/youth immediately on the transport to Blanchfield Hospital Emergency Room (or the hospital selected by the EMT) by ambulance. If a change happened in route that causes EMT to transport the child/youth to a hospital located in Clarksville, TN or Hopkinsville, KY, the Parent/Guardian will be contacted as soon as possible by CYS personnel. The staff or provider will remain with the child/youth until the Parent/Guardian arrives at the hospital that their child is located.

**Serious Incidents:** CYS must report the following incidents to the Safety Office and up the Chain of Command. A completed Report of Unusual Incident (RUI) will be sent to the Department of Army. The Military Police, 911 or another agency (including the Family Advocacy Program) may be called for assistance or to investigate. Incidents include:

- o Death/Injury to a child/youth sustained in a CYS program or facility resulting in admission to a hospital or which prevents/precludes the child/youth from participating in school/Child Development Center/Youth Programs for more than 3days.
- o Child neglect, physical or sexual abuse allegations of any person working or volunteering in any CYS program, even if the allegation did not involve a child enrolled in a CYS program and any substantiated child neglect or abuse charge.
- o Revocation or deferment of CDC or SAC accreditation.

CYS policy requires written incident/accident reports for falls, scratches, bruises, bites and scrapes that occur while your child/youth is in our care to include emergency situations. Parents/guardians will be informed of the incident/accident and will be asked to sign the report. All reports are kept in the child's/youth's folder and child abuse allegations are reported to higher headquarters.

**Transportation Policy:** A few CYS staff are trained to operate government vehicles to safely transport children/youth on and off post. Our safe passenger rules must be always adhered to; please review them with children/youth. Failure to follow these safety rules may result in the suspension of a child's/youth's transportation privileges. In most cases, the CYS program does not provide/utilize bus monitors to and from school at CYS expense.

- o Seat belts must always be worn in minibuses. Minibuses will not move until everyone is buckled up.
- o Everyone must remain seated and facing forward on buses. Buses will not move until everyone is properly seated.
- o Inside voice will always be used in vehicles.
- o Eating, chewing and drinking are prohibited in vehicles.

- No objects (including body limbs) shall be extended out a window.
- Littering is prohibited. Trash should be placed in designated trash containers.

Most transportation of CYS children/youth to/from school and on field trips is provided through a CYS contract (company providing transportation to on post schools) or another contracted transportation service. Permission slips are always signed by parents prior to any transportation.

**Field Trips:** As part of the curriculum, field trips and nature walks are scheduled to Family and Morale, Welfare and Recreation (FMWR) sites and other local sites to augment the developmental program. All field trips receive input from families, child/youth and staff to offer planned activities in conjunction with community service projects. Field trip sites are visited by staff prior to the scheduled trip. Parents/guardians will be informed in advance of the date and destination of each trip and will be required to sign a permission slip for each child/youth participating in the trip. Ratios must be maintained by paid staff supplemented with adults such as parents or volunteers. Ratios for high-risk activities must follow guidance. Please consult the program director for additional information on high-risk activities.

**Food and Nutrition:** United States Department of Agriculture (USDA) Enrollment and Income Applications must be completed on an annual basis for all infants - 5th graders registered in CYS. FCC homes and CDC programs will have all infant jar food, formula and cereal for infants available. Parents are required to complete an infant addendum annually indicating what foods/formula they will be providing by marking the appropriate blank on the form. FCC homes and CDC programs offer on-site ready to feed iron-fortified formula for infants in full- and part-day programs. These specific USDA CACFP approved formulas are free of cost and parents/guardians have the option to decline. Parents/guardians are responsible for preparing bottles and providing an adequate number of bottles labeled with the date, child's first and last name and the time that the bottles were prepared or breast milk expressed.

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). Medications, cereal or any other food may not be mixed with formula or breastmilk for infants (under 12 months of age), unless otherwise indicated in the MIAT care plan due to medical reason. Whole milk is allowed for children over 12 months.

Infants (under 12 months) will be fed individually and according to the infant's feeding plan. Infant Feeding Plans are based on USDA CACFP guidelines and are established by the parent and recommendations of the child's physician or other qualified health professional.

**Family Style Dining:** Except for SAC and MST programs that serve buffet-style meals, CYS programs sit and dine "family style" with children/youth in FCC homes and centers. Family style dining promotes expanded language and cognition skills, builds fine motor skills and models appropriate eating habits while fostering social interactions. Most importantly, family style dining promotes a feeling of unity and acceptance that is essential to emotional development. It is developmentally age appropriate for children/youth to participate in cleaning and setting tables, preparing meals, serving themselves (with staff assistance if needed) and assisting with clean-up after meals.

**Lost and Found:** Each CYS program has a designated area to store items that are left behind. Contact the Director if you have missing items. Items are kept for a minimum of 30 days and then turned into a local charity (clothing, wallets with no money) or the Military Police (wallets with money or electronics).

**Outdoor Activities:** All children are taken outdoors daily for fresh air and to play, weather permitting. To ensure their health and safety during outdoor play/sports activities, we ask that you ensure that your child is dressed appropriately for the weather and active involvement in outdoor activities. Layering your child's clothing allow us to respond appropriately to fluctuating temperatures by either adding or removing layers of clothing for your child's comfort. In addition, we ask that you select clothing that is not too loose and doesn't have strings/ties that may get caught on playground equipment. Also, please provide sneakers or gym shoes rather than sandals, clogs or dress shoes. A daily checklist is completed for all indoor/outdoor areas of center-based services where children/youth participate.

**Parent Participation Program:** The Military Child Care Act requires the establishment of a parent participation program at each DoD installation. The program allows parents/guardians to earn points by participating in pre-approved activities on post, off post or in the comfort of the parent's home. ***Parent/guardians who wish to take advantage of this cost saving opportunity will receive a 10% monthly fee reduction.*** Here are a few ways Parent/Guardians can earn points towards fee reductions in childcare for one child:

- **Parent Education:** Workshops will be advertised to parents including online/face-to-face. All efforts will be made to engage with families. The School Liaison Support Services will establish a system of communication with families in areas to include, but not limited to transition support, school options, and support for times of parental absence, special education, community relations, homeschool support, academic planning, and post- secondary education. Additionally, the School Liaison Support Services is available to help with back-to-school events, Partners-in-Education, Adopt-a-School, youth sponsorship, and relocation topics.

- **Parent Advisory Board (PAB):** The PAB is a parent/guardian forum that meets quarterly to discuss current issues and offer recommendations for CYS program and service improvements. Parent/Guardians concerns are channeled through the program director to the installation commander for review and disposition. The Leadership (President, etc.) will be parents/guardians who are willing to volunteer to serve.
- **Holiday Gatherings:** The CDC, SAC, FCC, and/or Youth Sports Programs may offer a Parent/Coaches luncheon or dinner if program operations allow and/or funding is available.
- **Parent Conferences:** Provide parents/guardians a formal means of communicating with those who provide direct care to their children on a regular basis. It offers a great opportunity for Parent/Guardians to learn up to date community news and program information while discussing their child's/youth's developmental progress. Parent Conferences are offered at the CDC for children enrolled. They are offered at SAC and MST at the request of the Parent/Guardian.
- **Parents' Rights & Responsibilities:** Each child's maximum potential can best be achieved through a strong partnership between parents and the educational, recreations, and childcare community. To foster active engagement between parents and the childcare community, parents have certain rights and responsibilities.

**All Parents Have the Following Rights:**

- The right to affordable and available child and school age care and programming in a safe and supportive learning and recreational environment.
- The right to access information about their child with access to any educational records, including portfolios or other written records, visual recordings, and any information on educational and recreational programs and opportunities available to their children.
- The right to be actively involved and engaged in the program and to be given every available opportunity for meaningful participation.
- The right to approach management to enquire about their child's well-being.

**All Parents are Responsible For:**

- Sending their child to the program appropriately dressed and ready to participate.
- Ensuring their child arrives at the program in adequate time to be provided transportation or meals, if required, or to participate in scheduled field trips.
- Informing the program if the child will not be attending the program.
- Being aware of their child's activities at the program by talking to staff, reading program notices, and meeting with program staff if any issues arise
- Maintaining verbal and/or written contact with the program concerning their child.

- o Adhering to all program policies.
- o Notifying program management staff of any quality-of-care issue.
- o Responding in a timely manner to communication from the program.
- o Attending any meetings and/or conferences that pertain to their child.
- o Entering the program's facility in a respectful manner, refraining from disruptive behavior and treating all members of the program with courtesy and respect.
- o Ensuring that the program is updated with accurate contact information including addresses, phone numbers, two emergency contacts, etc.
- o Notifying the program if their child contracts a communicable disease.

**Alcohol, Illicit Drugs and Tobacco Policy:** Because children and youth are impressionable and because we value their health and yours, smoking is prohibited in all CYS buildings and playground areas. There are designated outdoor smoking sheds for employees on a break or lunch period. Per AR 600-43, paragraph 4-2, designated smoking sheds must be at least 50 feet from common points of entry/exit and cannot be in areas that are commonly used by non-smokers. All smocks and aprons must be removed prior to smoking. Alcohol and illicit drugs are not allowed on CYS premises.

**Mission-Related Extended Duty Child Care (*Force of the Future*):** Is provided at no cost to Families for short term childcare (generally up to 30 minutes/day) beyond regularly scheduled hours of care (based on the Sponsor's typical duty day/care requirement). A written validation statement is required from the Soldier's unit/sponsor's supervisor to qualify.

**After Hour Care:** Children/youth must be picked up by posted closing time. When a Child/youth is left at the site past closing, staff will attempt to contact the parent/guardian using all telephone numbers provided, to include the emergency release designees. If after 30 minutes of a facility or FCC Provider home closing time, the end of an instructional class/sporting or Middle School Teen event and all attempts made by CYS Personnel, the parent's unit, and the Fort Campbell Military Police have failed to locate a parent or authorized designee, the CYS Program Director on duty will notify the Administrator and call Fort Campbell Social Work Services.

**Child Care & Inclement Weather:** In case of inclement weather, childcare will be provided per the direction of the Garrison Commander. Hazardous road conditions dictate the times for opening/closing childcare. Please be sure to check the following website for any changes <http://www.campbell.army.mil> or the installation website or CYS Fort Campbell Facebook.



## CHAPTER 4- DAILY OPERATIONS

**FEES:** A DoD Fee Policy is released each school year.

**Tax Liability:** Notification to DoD civilian employees of potential tax liability related to on post childcare subsidy. The Internal Revenue Service (IRS Code Section 61) considers the fee assistance the Army provides for childcare as cash income in addition to normal earnings. There is no differentiation between DoD civilian employees and Military service members regarding the fee schedule or quality of childcare services provided, but there is a distinction in the treatment of this subsidy under the tax code. Each year DoD determines the value of the childcare subsidy. A Third-Party administrator performs this equation on behalf of DoD. Guidance is provided by DoD prior to the tax year (see Attachment 4 of Annex A). Notification for Civilian Sponsors utilizing Department of Defense Subsidized Child Development Programs must be provided to patrons annually.

**Total Family Income (TFI):** TFI includes all earned income including wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, basic allowance for housing Reserve Component/Transit (BAH RC/T) and subsistence allowances and in-kind quarters and subsistence received by a Military Service member, civilian employee, a spouse, or, in the case of an eligible DoD civilian employee, anything else of value, even if not taxable, that was received for providing services. For households in which unmarried couples or pairs are living as a family, the income for both adults is used to determine TFI, as well as any other adult contributing to the welfare of the child. TFI is verified using the most recent W-2 or current Leave and Earning Statement (LES) of the Military Service member, or DoD civilian employee and, if applicable, their spouse and/or all adults who financially contribute to the welfare of the child.

**TFI Documentation for Fee purposes will be based on current:**

- o Military sponsor's current LES.
- o Civilian sponsor's current LES.
- o Spouse's/partner's and/or all adults who financially contribute to the welfare of the child, LES, W-2 forms, and/or other current income documentation.
- o Schedule C (IRS return) from previous year to demonstrate wages from self-employment.
- o Letter from employer if spouse has not worked one full month. The letter must include rate of pay and anticipated average number of employment hours to calculate an annual pay estimate. Pay stub must be submitted following the first month of employment.

Each family, regardless of income Category, must provide income documentation. Families are not permitted to automatically elect to enroll in the highest fee Category. Failure to provide the required information will delay the processing and approval of childcare services as well as will result in denial of childcare.

**Fees for Legally Separated Families** are contingent on a legal separation document, a signed separation agreement, or a notarized statement explaining that the parents are separated and unable to reconcile their marital relationship, civil union, or domestic partnership. Military must have the Battalion Commander co-sign the document.

**Fees for geographically separated patrons will include both incomes and any other adult contributing to the welfare of the child, unless the Commander approves a financial hardship request. Failure to provide can result in loss of childcare.**

Fees for Blended Married Families will be based on the TFI of the household.

**DoD Contractors and Specified Space Available Patrons:**

- o Fee assistance is eliminated for DoD contractors and specified space available patrons whose children receive care in military Child Development Centers, Family Child Care, School Age Care, and Youth programs.
- o Specified space available patrons include, but are not limited to, patrons employed by other federal agencies other than DoD, retirees, and other non-eligible users. The term "specified space available patron" does not include active-duty military service members with non-working spouses, DoD civilian employees paid from APF and NAF with non-working spouses, and Gold Star or Surviving Spouses.
- o DoD Contractors and specified space available patrons are not eligible to receive fee reductions (e.g., MCR, Family financial hardship waivers, etc.).

**TFI Category is adjusted when:**

- The unemployed spouse/domestic partner finds paid employment.
- There is a documented reduction in TFI (e.g., change from full time to part time, furlough, loss of employment or new employment of spouse, etc.).
- A financial hardship waiver is granted to change the TFI Category.
- A TFI calculation error places Families in a higher TFI Category. Retroactive credit (from the date of the error) will be applied to the Family household. When TFI calculation errors result in underpayment, Families are notified that fees will be adjusted to the correct rate. Patron will be notified their TFI was incorrectly calculated and provided an explanation regarding the miscalculation error. Parent Central Services will then adjust the fees in GYMS accordingly.
- A CYS employee terminates employment with CYS and provides new employment documentation.

**Parent Fees are adjusted when:**

- The Family moves to a new TFI Category (e.g., during re-registration or when an unemployed spouse/domestic partner looking for work finds employment).
- Children transition among programs with different fees, (e.g., full-day care to kindergarten, full-day to part-day, after school to summer camp, child development center to family childcare, etc.). NOTE: Parent fees are not recalculated; GYMS will adjust the fees once the child is enrolled into the applicable program.
- Army fee implementation guidance directs a fee change.
- A financial hardship waiver is approved. The adjustment is set up in Installment billing with the financial hardship pay code.
- A CYS employee terminates employment with CYS.

Garrison Commander designates via appointment letter an outside entity from CYS to conduct an annual audit to ensure Families are placed in the correct TFI Category. Completion of the annual fee audit must be verified during the Army Higher Headquarters Inspection (AHHI).

If there are concerns with the information presented at registration/re-registration, CYS may involve SJA and/or request involvement from the CYS Coordinator to ensure the Patron Fees are accurately accessed.

**Program Fees:** Are generated semi-monthly on the 1st and the 15th of the month. Regularly scheduled Full Day, Part Day/Part Time and Before/After School Care fees must be paid within established semi-monthly payment periods and are due by the 5th business day of the payment cycle. Seasonal and Summer Camp) fees must be paid weekly by the Monday prior to the start of the week of vacation camp. Ex: If camp begins 8 June, the camp must be paid in full by 1 June. Days will not be prorated for Federal

Holidays (ex: July 4th, etc.) Patrons who have not paid by the Monday prior will lose their space for the summer camp week and must reapply via MilitaryChildcare.com and risk losing the week of camp. *SKIESUnlimited* instructional classes, youth sports, and camp fees must be paid in full prior to attendance. Hourly Care must be paid in full on the day service is provided. The garrison may implement a 2-hour no-show fee for Hourly Care. Reservations/care will not be taken/provided if there is a balance.

**Initial Fee Payment Requirements:** Initial fee payment for Full Day, Part Day/Part Time Programs and Before/After School Programs must be made at the time a child is accepted/enrolled for the childcare space offered by the CYS Parent Central Services Office to reserve the offered space. Fees must be paid in advance of the child's start date and will be based on 10 percent of the monthly payment that is credited to the first month's payment. The initial fee payment is only refundable for Families who withdraw prior to the start date due to deployment, PCS, TOY or a family emergency.

**Late Payment Fee Requirements:** For services billed twice a month (1st and 15th), a one-time \$10.00 per child late payment fee will be assessed on the 6th business day of each missed payment cycle. For any regularly scheduled activities billed monthly, a one-time late payment fee of \$20.00 per child will be assessed on the 6th business day after the 1st of the month billing. Families will receive a late payment notice outlining the procedures for payment and possible termination if fees are not paid. *SKIESUnlimited* instructional classes, youth sports, and weekly summer camp program fees must be paid in full prior to attendance and are not subject to late payment fees.

- o Verbal Notification by Front Desk staff during swipe in/swipe out on the 4th and 5th days of each semi-monthly billing cycle. CYMS swipe stations should be toggled to 'Display Message if HH Balance Exists' so front desk personnel can give parents a courtesy reminder of approaching payment deadlines.
- o Personal Follow-Up. By Program Manager on 6th day of the first delinquent billing cycle. Families with an outstanding balance should be contacted via telephone, in writing or in person regarding the outstanding balance. This will include informing Families of their option to request a Financial Hardship Waiver from IMCOM G9 and reminding of them of penalties if payment arrangements are not made by established deadlines.
- o Written Notice of Non-Payment/Potential Termination. By Program Manager on 6th day of the second delinquent billing cycle. This will be an automated Army-standard notice. If possible, Program Manager should also do a final verbal follow-up in conjunction with this letter to ensure the Family fully understands the pending consequences and to encourage them to seek assistance if warranted. Services will be suspended on the last day of the month until the fees are paid in full or a hardship waiver/payment is approved by the garrison commander. Services may

be terminated when fees are not paid in full or a financial hardship waiver is not approved.

**Note: When payment is not received, collection of wages will be initiated.**

**Late Pickup Fees:** CDC, FCC, and SAC. programs are authorized to charge a late pickup fee of \$1.00 per minute up to 15 minutes per Family per site regardless of the number of children in care at that site. After 15 minutes, the charge is \$8 per child/per site for the next 45 minutes. CYS emergency procedures will be followed when the child(ren) is (are) left at the program one hour after closing the program. Late pickup fees are not charged for approved mission-related circumstances or when specific arrangements to extend childcare are made prior to pick up.

**Miscellaneous Fees:** Parents may be charged fees to cover the cost of occasional program enhancing special events. Events may include optional trips to amusement parks, water parks, carnivals, concerts, and other activities determined to be outside the program-operating budget. **This is applicable to all programs.**

**Suspension/Denial/Termination of Services:** At the end of every payment cycle, outstanding balances must be reviewed using the CYMS Global Trial Balance, Activity Trial Balance, Pass Trial Balance, and Household Balance Aging Reports. Late payments for full or part-time care will result in a notice of suspension of services when fees are not paid in full by the 2nd billing date of the month. Services will be suspended on the last day of the month until the fees are paid in full, or a hardship waiver/payment plan is approved by the Garrison Commander. Services may be terminated when fees are not paid in full, or a financial hardship waiver is not approved. All other program fees must be paid in advance of participation.

**HOURLY CARE CURRENTLY SUSPENDED DUE TO A FACILITY REMODEL** Priority for Hourly Care reservations will be given to in-processing Soldiers, emergency care/placements, and medical appointments. Children must be registered with CYS and Patrons must attend an orientation. Reservations may be made 30days in advance by calling (270) 461-5513, your online WebTrac account or by visiting the Hourly Care front desk. There is a one (1) hour minimum per day and a maximum of fifteen (15) hours per child per week. Exceptions to the maximum hours allowed per week will require written documentation submitted to PCS for the CYS Coordinator's approval/disapproval. Reservations must be cancelled prior to the time of your reservation. Reservations from 0830- 1200 must be cancelled no later than 0800 and those from 1300-1630 must be cancelled no later than 1100 on the same day of reservation The Standard Army-wide hourly care rate is \$8.00 per hour per child for ALLCYS programs regardless of Total Family Income (TFI) category. **Multiple Child Reductions do not apply to hourly care.** Hourly care payment is due at the time of service. Late fees will be applied the first minute following the end of the reservation. Patrons will be charged \$1.00 per minute, up to 15

minutes per family. After 15 minutes, the charge is \$5.00 per child for the next 45 minutes. CYS emergency procedures will be followed when the child/children is/are left at the program one hour after the reservation time.

**NOTE: Failure to make payment will result in termination of availability of childcare services.**

**SAC Hourly Care:** The School Age Center (SAC) is pleased to offer our families hourly care based on space available during the hours of operation. When Before/After Care is in session, hourly care is available until 1630 for up to 2 days per week. An hourly care fee of \$8.00 per hour is charged for occasional users attending SAC five or fewer hours per week. When school is not in session, such as professional development days or inclement weather, full-day hourly care is available. Hourly care at SAC closes at 1630, however if there are unexpected circumstances, SAC will work with parents. The School Age Center follows the Fort Campbell Schools and Clarksville Montgomery County Schools calendars regarding school closings and professional development days. Please contact SAC to make reservations for hourly care.

**CVS WEBTRAC Payments:** CYS programs allow patrons to make online payments. Please contact your local Parent Central Services for availability WebTac payment options.

- o <https://webtrac.mwr.army.mil/webtrac103/wbwsc/campbellcyms.wsc/wbsplash.html?wbp=1>

**Other Payment Options:** Payments may be made with cash, check, credit card, auto debit or through WebTrac. Personal checks will be accepted in the amount due only.

**Financial Hardship Waiver:** Fee adjustments for a Family's financial hardship waiver may be approved when a Family can demonstrate a severe hardship resulting from, but not limited to: sudden and unexpected illness or accident of the spouse or the same-sex domestic partner of an eligible DoD civilian employee; loss of the spouse's or eligible DoD civilian's same-sex domestic partner's employment or wages; property damage not covered by insurance; or extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the patron. The waiver request must be supported by an Army Community Services recommendation or Civilian equivalent recommendation documentation. This is not applicable to legal separation agreements. The Garrison Commander **or designee (no lower than DFMWR)** may temporarily adjust fees for individual Families based on financial hardship or other special circumstances on a case-by-case basis. Approved fees must be within the fee Categories established by DoD. Financial hardship waivers must be validated at least every 6 months. Fee adjustments for financial hardships do not apply to DoD contractors, specified space available patrons, Hourly Care, Youth Sports, or *SKIESUnlimited* Instructional Classes. **Families whose childcare fees are 25% or more of their Total Family Income (TFI) may request a**

**hardship review.** Contact the Outreach Services director at Parent Central Services for assistance in filing a hardship.

**LeaveNacation Options:** Family Child Care Fees are annualized during registration for a 2-week LeaveNacation which reserves the child's space. The option chosen must be used during the registration year and cannot be carried over into the next year. Families who opt for 4 weeks of LeaveNacation pay a higher monthly fee than families who chose the 2 weeks fee option. Family LeaveNacation must be taken in a minimum of one-week increments. Families must provide advance notice prior to taking leave/vacation. **Leave vacation options are available to patrons enrolled in CDC/FCC programs ONLY. FCC only has the two-week vacation option.**

**Withdrawal discount:** Parents are required to provide a 30-day termination/disenrollment notice to withdraw from full day or before, after, before/after school care program. Patrons who fail to provide a 30-day termination/disenrollment notice will be charged the applicable fees. Patrons who provide more than a 30-day termination/disenrollment notice are eligible to receive a withdrawal discount of ten percent when pcsing. The one-time reduction will be applied to the final (last full billing cycle) payment for full day and before, after, before/after school care program. This reduction is not applied to Families transitioning to other on post CYS Services programs (e.g., transitioning from CDC to SAC, etc.), Families being supplanted, and DoD contractors and specified space available patrons.

**Absenteeism:** *No credits or refunds are issued for child/youth absenteeism due to:*

- o Child absences two weeks or less.
- o CYS Services short term program closures due to inclement weather (3 days or less), staff training (no more than 2 days per year provided patrons are provided with advanced notification and alternate options for childcare when needed), or extenuating installation circumstances as determined by the Garrison Commander.
- o Military Training Holidays/Wellness days are not considered extenuating circumstances, recommend survey patrons to determine the childcare demand, appropriate staff levels or alternate locations for care.
- o Withdrawal from a *SKIESUnlimited* Instructional class.
- o Unused leave/vacation.
- o Enrichment program on school out days.

**NOTE:** Garrison Commanders may refund or credit fees on a case-by-case basis for individual Families with special circumstances when the child will not be in the program for a period of time and the fee has already been paid or when a program is closed for extenuating circumstances. The refund must not have a significant financial impact on the program. Sponsors requesting refunds for circumstances outside the scope of this policy

must submit their justification in writing through the program director to the garrison commander.

**Refunds:** Refunds are authorized for:

- Program closures for repair or renovation when an alternate care setting is not provided.
- Unexpected, prolonged child absences over 2 weeks, with Garrison Commander approval, due to Family emergency or extended illnesses.
- Other extenuating circumstances (Garrison Commander's decision).
- Withdrawal from a Youth Sport (occurring before mid-season of the sport).

**Waitlist Terminations:** When a waiting list exists, Garrison Commanders have the authority to terminate services or grant Spouses looking for employment a one-time 90-day extension to remain in care after the initial 90-day period has passed. Patrons can lose their space with a 30-day notice.

**Parent Fee Reduction/Incentives:**

- A ten percent reduction on one month's fee for one child may be awarded for each ten hours of parent participation. Reductions are limited to 10 percent per child per month.
- Parent participation points may only be used for regularly scheduled programs (e.g., full-day care, part-time care, part-day toddler/preschool, before/after school age care, school break camps and MST Before care and MST camps). Parent participation points will not be used to reduce hourly care fees.
- Youth sports coach fee reductions apply only to the coach's own children during the same season they volunteer to coach: a. Volunteer head coaches may enroll all their children at no cost in any Category A or B sport.
- Assistant volunteer coaches may enroll one child at no cost in any Category A or B sport. Any additional children of the same family will receive a 15 percent reduction in any Category A or B sport.

**Multiple Child Reductions (MCR):** A 15 percent MCR is applied when additional children of the same family are enrolled in regularly scheduled childcare programs (CDC, FCC, SAC) and YP before school/camp or youth sports. MCRs for childcare and youth sports are calculated separately and may not be combined. MCRs are not applied to contractors and specified space available patrons, Hourly Care Services, *SKIESUnlimited* fees, or School Age Care occasional user fees.

**Deployment Support Services:** Parents may be eligible to receive a 20 percent deployment reduction for regularly scheduled childcare and reduction for other deployment support services depending on how the orders are written. Community Based Fee Assistance Support Services are available through Child Care Aware. Please contact

Parent Central Services for additional information regarding Deployment Support Services. \*Please note these services may change - call Parent Central, (270) 798-0674.

**Family Child Care Fee Incentive:** FCC Parent Fee Assistance represents a savings to Families over Army CDC and SAC fees for designated Total Family Income Categories. This savings is an efficiency incentive to encourage more Families to use FCC Homes as their primary source of childcare. Contact Parent Central Services for additional information on FCC Parent Fee Assistance.



## **CHAPTER 5 - CURRICULUM AND PROGRAMS**

### **ABOUT OUR STAFF:**

Our staff consists of professionals and paraprofessionals with varying amounts of education and prior experience in their chosen career field. All entry level direct care staff receive 66 units of specialized training during the first eighteen months of employment and 24 units annually after the initial training is completed. Training includes but is not limited to regulations and directives, child/adolescent growth and development, education methods and materials, discipline and guidance techniques, child health and nutrition, special needs, safety and emergency procedures, First Aid and CPR. All staff are encouraged and supported in their pursuit of higher-level credentials and degrees. We are proud of our staff, their accomplishments and their commitment to providing quality childcare and youth programs for the children of the Fort Campbell community. Management and support staff also pursue training tailored to meet the requirements of their positions.

### **CORE CURRICULUM:**

#### ***CHILD DEVELOPMENT CENTER***

The Creative Curriculum is the authorized curriculum used in CDC for children ages 0-4. The Teaching Strategies (TS) Gold developmental assessment, Checkpoints, will be used to document the progress of children. 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 Creative Curriculum. Concrete experiential learning activities

encompass the following six domains: Social, Physical, Language/Literacy, Cognitive/Intellectual, Emotional and Cultural.

Typical child routines such as mealtimes, clean-up times, napping and rest times, and diapering and toileting are integral parts of the curriculum, not separate items between curriculum areas. Daily specific lesson plans and schedule along with weekly lesson plans are posted.

### ***FAMILY CHILD CARE (FCC) HOMES***

As part of the CDC, the FCC homes follow the same as the CDC with Creative Curriculum and Teaching Strategies Gold for children 0-5. The child routines are the same as the CDC.

### ***SCHOOL AGE CENTER (SAC)***

Curriculum and programming centers around the school age five services areas. Leadership and Service, Health and Wellness, Sports and Recreation, Education and Science, Technology, Engineering and Math and The Arts (Digital, Fine, Applies and Performing) Programs. Children will have input into activity choices to ensure the activities meet their needs and interests. Documentation of child input into activities is on file in the program. Program choices are designed and implemented to meet a variety of child interests to cover a wide variety of skill, ability and interest levels.

Daily schedules/lesson plans will be flexible, provide stability without being rigid, allow children to meet their physical needs ( e.g., water, food, restrooms) in a relaxed way, allow children to move smoothly from one activity to another, usually at their own pace, and facilitate transitions when it is necessary for children to move as a group.

### ***YOUTH CENTER (YC)***

The YC program utilizes a comprehensive youth development curriculum framework to ensure the physical, cognitive, social and emotional needs of youth are addressed. The framework is comprised of five service areas to meet the core requirements. Youth will work together with staff to ensure they have input into activity choices. Activities must meet the needs and interests of the youth. Intent is to have a combination of youth and adult choices in the lesson plan. Youth will help determine frequency. Activities will reflect the program's written philosophy and goals for youth in a prominent area.

Program opportunities, in the five service areas:

- Leadership and Service
- Health and Wellness
- Sports and Recreation
- Education and Science, Technology, Engineering and Math

- o The Arts (Digital, Fine, Applied and Performing)

Youth Councils, which will provide opportunities for youth to actively participate in planning and conducting youth programs.

Volunteer Community Service will provide opportunities for youth to actively learn through service to their community.

Workforce Preparation provides opportunities for youth to prepare for successful entry into the workforce.

Youth Technology Lab. Provides opportunities for youth to explore interests, enhance technology skills, and research information.

*We encourage our Families to share their culture, heritage and home language throughout all curriculums.*

### **YOUTH SPORTS AND FITNESS (YSF) PROGRAM**

The Youth Sports and Fitness Program operates primarily at Taylor Youth Sports and Fitness Complex and has various facilities throughout post. The program utilizes a comprehensive framework to ensure the physical, cognitive, social and emotional needs of youth are addressed.

- o Team Sports are offered for all children ages five and above in the following sports:
  - o Baseball/T-Ball
  - o Soccer
  - o Basketball
  - o A minimum of two additional teams sports offered at any time of the year (volleyball, dodge ball, cheerleading, tackle football, etc., based on community needs and interests).
- o Individual Sports are offered in at least three locally selected sports. A minimum of one Fitness and Health option is offered anytime during the year such as healthy lifestyles, healthy eating, personal hygiene, etc.
- o Fitness and Health programs focus on nutrition education/counseling and health promotion. These programs are implemented throughout the CYS Services system.
  - o Nutrition, Counseling or Health activities/event
- o At least one other locally determined option i.e. aerobics, swimming laps, weightlifting, biking, fitness trails, challenge courses, walking, jogging, hiking, etc.

Outreach programs are offered in CDC, SAC, YC and FCC in four areas throughout the year.

- o Intramurals (SAC/YC)

- o Motor Skill Activities (CDC/SAC) i.e. Start Smart
- o Skill Building Clinics (all)
- o MWR Partnerships (SACNC) i.e. Gymnasium, Outdoor Recreation

A minimum of one additional outreach activity (usually a special event or camp) is offered.

**CORE PROGRAMS:**

**CDC:** (Ages 6 weeks-Pre-Kindergarten) Offer on-post full-day, part-day, hourly childcare, extended duty day care ("We've Got You Covered") and the *Strong Beginnings* Pre-Kindergarten program. Care is provided by trained staff and operations are subject to Department of Defense (DoD) Certification.

**FCC:** (Ages 4 weeks-12 years) Offer full-day, part-day, and hourly childcare to include extended duty day, weekend care, 24-hour care as needed in a home environment. Care for up to six children (depending on mix of ages) is provided by trained, certified, and monitored Family Child Care Providers On post privatized housing and is subject to DoD Certification.

**School-Age (SAC) Centers:** (Kindergarten - 5th grade) Offer before and after school programs, weekend activities during the school year, summer care and camps during school vacations. Care is provided by trained staff and operations are subject to DoD Certification.

**Youth Center (YC):** (grades 6-12) The Youth Program offers comprehensive, supervised program options and affordable, quality, predictable services that are easily accessible for eligible youth in grades 6 through 12 who are generally 11 - 18 years of age. This is achieved through a comprehensive Youth Program framework consisting of the Four Service Areas. Through formal partnership agreements with several nationally recognized youth-serving organizations, 4-H and Boys & Girls Clubs of America (BGCA), youth have access to programs, standardized curricula, special events, camps, scholarships, etc., no matter where they live. Supervision and programming is provided by trained staff and operations are subject to DoD Certification.

- o Homework Centers (K-12 grades): Create a safe and familiar before- and after-school academic support environment in school-age centers and youth centers.
- o School Youth Sponsorship Programs: Ease school transitions in CONUS and OCONUS schools.

**Youth Sports & Fitness Programs and Instructional Programs** (Ages 3-12 grade) Offer developmentally appropriate opportunities for children and youth to be engaged in individual and team sports, competitions, skill building clinics, and nutrition and health classes that foster development of life-long healthy habits. Provided by trained CYS

employees and volunteer coaches in a variety of settings including Youth Centers, MWR Facilities, Schools, community fields and facilities. DODI 6060.4, AR-215-1, AR-608-10.

Baseline Programming includes:

- o Team Sports
- o Individual Sports
- o Fitness and Health
- o Outreach

National Alliance for Youth Sports (NAYS): NAYS is the nation's leading youth sports educator and advocate with national programs that educate administrators, coaches, officials and parents about their roles and responsibilities in the context of youth sports, in addition to offering youth development programs for children. Since 1993, the National Alliance for Youth Sports has created a unique partnership to bring quality youth sports programs to children on military bases in CONUS and OCONUS locations. Through NAYS CYC offers; youth sports coaches' certification, youth sports officials training services, parental sports education and marketing services, Start Smart Sports Development Program for Child Development Centers, and on site and on-line educational forums on Army installations worldwide.

Youth Sports and Fitness also hosts instructional programs, which include Gymnastics, Dance, and music lessons. These instructional programs take place at the SKIES Instructional Facility at Building 3411. Costs of individual sports and instructional programs will vary.

With the increase in concussion reports in the Youth Sports, the Fort Campbell Youth Sports and Fitness Program makes your child's health and safety our number one priority.

During sports, we know that Concussions are a possibility, therefore the youth sports staff & coaches and everyone involved are keen when we see the below Signs Observed with a player, we act:

- o Can't recall events prior to or after a hit or fall.
- o Appears dazed or stunned.
- o Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- o Moves clumsily.
- o Answers questions slowly.
- o Loses consciousness (even briefly).
- o Shows mood, behavior, or personality changes.

Concussion Symptoms the Player May Report:

- o Headache or "pressure" in head.

- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down".

The Youth Sports & Fitness office provides parents with more information on concussions when a child/youth participates in Sports.

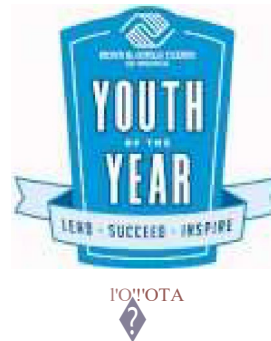
To ensure that the equipment your child will be wearing during football practices and games, all helmets are sent to Riddell Sports where they are inspected, repaired, and reconditioned to the National Operating Committee on Standards for Athletic Equipment (NOCSAE) standards. While there is no standard on shoulder pads, our programs take the extra step to send shoulder pads to Riddell where they are thoroughly inspected, repaired, and sanitized after every season.

Baseball is no exception. National Operating Committee on Standards for Athletic Equipment (NOCSAE). We ensure all baseball helmets are inspected and sanitized to the NOCSAE standard. This responsibility may be shared by different companies; however, rest assured we only select reputable and professionals to work on our equipment. There is no standard for catcher's gear; however, this equipment is JUST as important as the helmet. We send all catcher's gear (shin guards and chest protectors) out to be professionally inspected, repaired, and sanitized. NOCSAE's mission is to commission research in sports medicine and science and establish standards for athletic equipment, where feasible. The Committee fosters and encourages the dissemination of information on research findings on athletic equipment, injury data, and other closely related areas of inquiry.

# CVS - MEMBER OF NATIONAL 4-H



BOYS & GIRLS CLUBS  
OF AMERICA



*CYS is an affiliate member of the Boys and Girls Club  
of America*

**Parent and Outreach Services Programs:** Parent Central Services: (Ages 0-12 grade) Offers registration, enrollment, records transfer, parent education classes, and babysitter training and referral services for Families. Includes CYS Parent Advisory Board, non-traditional outreach services, and Parents on Site volunteer program. Provides program information, sends publications and messages and contributes to web sites of interest to parents.

**Kids On Site Child Care:** (Ages 6 weeks-5th grade) Offers short term hourly childcare for Families using/attending Command Sponsored events, e.g., Strong Bonds, Family Readiness Groups, Memorial Services, Yellow Ribbon Events etc. Provided by CYS employees in a variety of on and off post settings that may include Family and Morale, Welfare and Recreation facilities, Chapels, Hotels, Schools, Armories, etc. Parents remain on site or are immediately available in an adjacent facility.

**Kids At Home:** (Ages 6 weeks-12th grade) Offers non-traditional outreach services to support Families with children/youth whose primary care/educational setting is in their own home. Includes *imA/one* classes for enrolled children (11-15 years) whose parents have determined that they can be home alone during out of school hours, and *Homeschool Services*, e.g., use of CYS tech labs, multipurpose rooms, homework centers, instructional programs for educational purposes during school hours (when facilities are not in use) by children/youth who are home schooled and accompanied by their parents.

**Parents On Site/Parent Co-Ops:** (Ages 6 weeks-12 years) Offer support services for the operation and management of parent co-ops that exchange babysitting services, infant/toddler playgroups, and short-term care in unit settings by Family members in one unit or organization for similar services at a future agreed upon time with Family members in another unit or organization. Care is provided by parents with CYS staff assistance and operations are subject to DoD Certification.

**Babysitting Certification Class:** This course is designed to familiarize teens, aged 13-18, with the responsibilities of babysitting and teach skills and techniques needed for sitters to become Competent and caring. Student will receive training materials, a certificate of completion for completing the babysitting class and valuable hands-on training in emergency procedures, safety, child development, nutrition, and the business of babysitting. The course will provide Infant and Child First Aid/ CPR training to each student. Upon completion the student will be issued a FA/CPR card valid for 2 years and will be eligible to be placed on the CYS babysitter referral list.

**Instructional Programs:** (Ages 12 months -12th grade) Offers range of out of school classes, e.g., music, dance, gymnastics, and life skills designed to complement, expand, and support the academic, life skills, and athletic experiences children and youth have within Army CYS Programs and Schools. Provided by CYS employees in a variety of

settings which may include Child Development Centers, School Age Programs & MWR and Community Facilities. Parents must remain on site with their children up through 5th grade.

**Supporting Families through Deployment:** Youth Technology Labs (YTLs): (Grades Kindergarten Ages 5-12th grade) Provide a safe, secure, and age-appropriate place where children and youth can engage in technology-based activities and programs; both key to linking youth with their deployed parents and serving as a vital component of CYS Home Work Centers and Mobile Techlabs that support geographically dispersed children and youth through

Operation Military Kids Operation Military Child Care (OMCC) Supports the childcare needs of Active Duty, National Guard and Reserve Soldier's parents who are mobilized or deployed. OMCC helps eligible Families locate childcare options in local communities. Sites must be licensed and be inspected annually. This still exists.

**Military Family Life Counselors (MFLC)/Child and Youth Behavior (CYB):** Provide on-site counselors in child and youth programs to offer non-medical, short term, situational, problem- solving counseling services to staff, parents, and children within CYS facilities, garrison schools and summer camps. Fort Campbell CYS uses Child and Youth Military Family Life Counselors (CYB-MFLC) throughout all programs.

**Respite Child Care:** Offers respite childcare for parents of deployed spouses to give them temporary relief and allows them time to take care of personal business. Families are offered 16 hours per child, per month at no cost care beginning 30 days before Soldier is deployed and up to ending 90 days after Soldier returns if qualified according to what the orders state.

**School Support Services:** (Grades Pre-K-12) the purpose of School Support Services is to reduce the conflict between military mission requirements and parental responsibilities related to K-12 education. School Support Services provides a variety of programmatic strategies and resources to achieve this mission and to support academic success and wellness for Army children and youth.

School Liaison Officers (SLOs) have strong educational backgrounds and are located at Fort Campbell. SLOs provide support to Garrison Commanders, Army Families and school districts. SLOs advise garrison command staff on matters related to schools; assist Army Families with school issues; communicate information and support services to Army Families and schools; support Army Families during school transitions; collaborate with school districts to build positive relationships and address issues that impact Army students; facilitate training for parents, schools, and garrisons; foster reciprocal transition practices among school districts and increase school transition predictability for Army Families.

Home-school Support provided to Families who choose to homeschool their children's gather and share policies and resources to help these families overcome unique challenges and barriers.

Homework Centers (K-12 grades) create a safe and familiar before/after-school academic support environment in school-age centers and youth centers.

Army Youth Sponsorship Program ease school transitions in CONUS and OCONUS schools.

Tutor.Com (K-1st Yr College) offers free, online tutoring services to dependent children of active-duty Army personnel, dependent children of deployed Army National Guard personnel, dependent children of deployed Army Reserve personnel, dependent children of Army Wounded Warriors/Survivors, inactive/part-time Army National Guard personnel and their dependents and inactive/part-time Army.

### **Develog\_mental Characteristics of Children:**

Infants 6 weeks- 18 months

- Infants delight in learning about themselves, their world, and the people around them. They learn by discovering and exploring their world and imitating people around them. They repeat and practice actions to see the result and will learn new ways to get the desired results.

Toddlers 18 months- 3 years

- Toddlers like to conform and are becoming sure of themselves gaining a sense of personal identity. They are adventurous and may become negative or defiant and need controlled freedom. They learn by discovering and exploring their world. They imitate other people repeating and practicing both language and motor skills. At this age, they need to receive a lot of encouragement.

Preschool 3 years - 5 years

- Preschoolers are self-assured and are becoming more independent. They enjoy responsibility and like to associate with their parents. They like following the rules. They learn through cooperative play with their peers. They enjoy other children and will develop "friends" and become highly socialized.

School Age 5 years - 11 years

- School age children like to imagine and engage in pretend play. Their reality is not firm so they follow perceptions over judgment. They are learning to make good choices and exercise self- discipline, though this does not come easily for some. They learn from authentic experiences relating things they are learning at school

to real world experiences. Their success is often preceded with frustration and sometimes they must learn to accept weakness.

#### Middle School 11 years - 14 years

- o •Middle school students are developing logical thought allowing them to move beyond superficial aspects into categorical labels (for example "all humans are mortal"). They are gradually becoming ready for independence, and may face body changes, over-confidence, or self-consciousness. They learn through peer interactions and talking things out. They have trouble remembering things and may not like repetitive tasks. They lack the maturity of high school students and can be moody or emotional.

#### High School 14 years - 18 years

- o High school students' thoughts are becoming more abstract. They can incorporate principles of former logic and can generate multiple hypotheses. They will likely get a surge for independence. They benefit from positive family environment and open parent-youth communication. They learn through active engagement such as debate. They could greatly benefit from using a planner and developing time management skills. They do best when they have something to look forward to that motivates them and should start setting goals.

## **USDA Child & Adult Food Program (CACFP)** **Nondiscrimination Statement**

Food and Nutrition: United States Department of Agriculture (USDA) Enrollment and Income Application must be completed on an annual basis for all infants - 5th graders registered in CYS. FCC homes and CDC programs will have all infant jar food, formula and cereal for infants available. Parents of infants are required to complete an infant addendum indicating what foods/formula they will be providing by marking the appropriate blank on the form. FCC homes and CDC programs offer one type of powder iron-fortified formula for infants in full- and part-day programs. This specific USDA CACFP approved formula is free of cost and parents/guardians have the option to decline. Parents/guardians are responsible for preparing bottles and providing an adequate number of bottles labeled with the date, child's first and last name and the time that the bottles were prepared, or human milk expressed.

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). Medications, cereal or any other food may not be mixed with formula or breastmilk for infants (under 12 months of age), unless otherwise indicated in the MIAT care plan due to medical reason. Whole milk is allowed for children over 12 months.

Infants (under 12 months) will be fed individually and according to the infant's feeding plan. Infant Feeding Plans are based on USDA CACFP guidelines and are established by the parent and recommendations of the child's physician or other qualified health professional.

USDA Nondiscrimination Statement should be update as follows:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

55Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete the USDA Program Discrimination Complaint Online Form (AD-3027) found online at How to file a Complaint, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Submit your completed form or letter to USDA by:

(1)mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights1400 Independence Avenue, SWWashington, D.C. 20250-9410;  
(2)fax: (833) 256-1665 or (202) 690-7442; or  
(3)email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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# AND JUSTICE FOR ALL



In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, disability, and reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling **(866) 632-9992**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**mail:**

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**email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación de sexual), edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medias de comunicación alternativas para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al **(202) 720-2600** (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al **(800) 877-8339**.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, en cualquier oficina del USDA, llamando al **(866) 632-9992**, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

**correo postal:**

U. S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D. C. 20250-9410; o

**fax:**

(833) 256-1665 o (202) 690-7442; o

**correo electrónico:**

[program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución ofrece igualdad de oportunidades.

Good nutrition today means a stronger tomorrow!

# Building for the Future with CACFP

This day care  
receives support  
from the Child and  
Adult Care Food  
Program to serve  
healthy meals to your children.



**Meals served here must meet USDA's  
nutrition standards.**

## Questions? Concerns?

*{ Here is space for the State agency and sponsoring organization to add  
contact information }*

Learn more about CACFP at USDA's website:

<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

**United States Department of Agriculture**  
Food and Nutrition Assistance FNS-317  
November 2019

**Employee Authorized Emergency Designee Notification**

**This form is developed as a result of a finding from the 2009 Regional inspection.**

I, \_\_\_\_\_, an Employee of the Fort Campbell Child and Youth Services at the \_\_\_\_\_ program am informing my supervisor that I have been designated as an Emergency Designee for the child(ren)/youth listed below. The parents or guardians have listed me on the Authorized Emergency Designee form and is also documented within the Child and Youth Management System (GYMS).

I am the authorized emergency designee for the following child(ren)/youth:

Child's Name (Please Print)	Relationship to Child:	
	<u>Relative</u> (grandmother/father, cousin, sister, etc.)	<u>Friend</u> (Neighbor, acquaintance, etc.)
1.		
2.		
3.		

I understand the Army discourages the practice of CYS employees being listed as Emergency Designees, however, we realize we are closely entwined in the community and actively involved with community members, some being our patrons. Once the employee signs the child/youth out of a CYS facility or picks the child up at some place in route to a CYS facility (or other destination) in a private vehicle or walking, the employee is **not** operating in the official capacity as a CYS employee. The Emergency Pickup Agreement is between the parent/guardian and employee and not associated with the job. An employee or parent may remove the employee as a designee at any time (the removal notification is between the employee and the parent.). CYS will provide notification to the parent of the employee's request to be removed as the emergency designee.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====For Office Use=====

Information verified in GYMS by Admin Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer: The U.S. Government is not responsible for any incidents/accidents that may result in the transportation of children/youth while staff is officially off duty.**



# It's up to all of us to protect our military children.

Report suspicions of child abuse or neglect in your community, or in a Department of Defense Child and Youth Program or sanctioned activity.

**Our children's safety depends on you.**

## Ways to Report

**MILITARY  
ON!SOURCE**

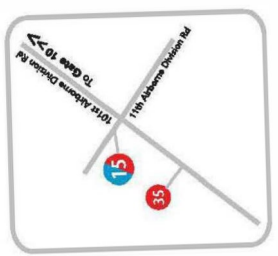
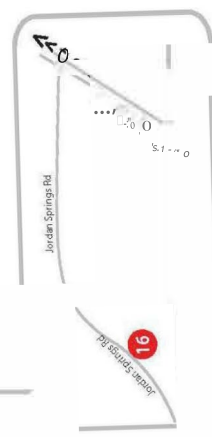
Call Military law enforcement if a child is in immediate danger.

Call your installation's Reporting Point of Contact (RPOC) at [\(270\) 798-7111](tel:2707987111)/ 7112.

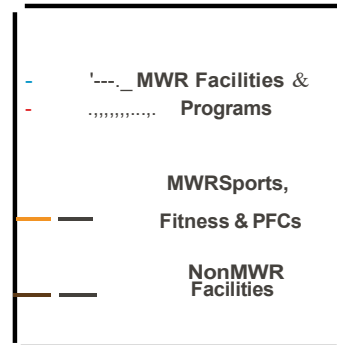
Call your installation's Family Advocacy Program at (270) 798-8601

Call your local Child Protective Services office at KY (800) 752-6200 / TN (877) 237-0004.

The DOD Child Abuse and Safety Violation Hotline: 877-790-1197; OCONUS: 571-372-5348.



- |  |                     |
|--|---------------------|
| 1. 101st Airborne Division Headquarters                    | (270)798-9793       |
| 2. 19th Hole (Cole Park CommonsXDining)                    | (270)798-4906       |
| 3. Army Community Service (ACS) & ACS Director             | (270)798-9322       |
| 4. Army Education Center                                   | (270)798-3201       |
| 5. ASYMCA Backdoor Boutique                                | (270)798-7422       |
| 5. ASYMCA Family Center                                    | (270)798-7422       |
| 6. Auto Service Center, Air Assault Auto                   | (270)956-1101/1100  |
| 7. Better Opportunities for Single Soldiers Program (BOSS) | (907)687-6063       |
| 8. Blanchfield Army Community Hospital                     | (270)798-8055       |
| 9. Bowling Center/Grille, Hooper                           | (270)798-5887       |
| 10. Career Center  | (270)412-1720       |
| 11. Civilian Personnel Advisory Center                     | (270)412-9090       |
| 12. Commissary   | (270)640-4008       |
| 2. Cole Park Commons (Facility Rental)                     | (270)798-4610       |
| 2. Creation Station Arts & Crafts Center                   | (270)798-3625       |
| 13. CYS, Parent Central Services (Central Registration)    | (270)798-067 4      |
| 13. CYS, School Liaison                                    | (270)798-987 4      |
| 14. CYS, Instructional Programs                            | (270)412-5811       |
| 15. Dog Kennels/Doggie Daycare                             | (270)798-2629       |
| 16. Equipment Rental (Gear-to-Go)                          | (270)798-6806/3919  |
| 17. Exchange/Food Court/Mall                               | (270)439-1841       |
| 18. Fryar Stadium, Sports Admin Office                     | (270)798-3094       |
| 2. Golf Course (Cole Park)                                 | (270)798-4906       |
| 19. Joe Swing Facility (Facility Rental)                   | (270)798-4610       |
| 2. Leisure Travel Services                                 | (270)798-7 436/0509 |
| 20. Library, R.F. Sink Memorial                            | (270)798-5 729      |
| 21. Library, Branch USO                                    | (931)542-3078       |
| 7. MWR Headquarters  | (270)798-9953       |
| 22. Museum, Don F. Pratt                                   | (270)798-3215/4986  |
|  | >>                  |
| 15. Outdoor Recreation Main Building                       | (270)798-2175       |
| 25. PFC, Eric B. Shaw                                      | 1:194               |
| 26. PFC, Eugene Estep                                      | (270)798-4664/4023  |
| 27. PFC, Frank R. Frateller                                | (270)798-9418       |
| 28. PFC, John G. Gertsch                                   | (270)798-2753       |
| 29. PFC, Leslie H. Sabo                                    | (270)798-7355       |
| 31. Pool, Joesph Baldonado                                 | (270)798-6304       |
| 32. Pool, Lawrence Gardner Indoor                          | (270)798-6310       |
| 33. Pool, William Dolan                                    | (270)798-5350       |
| 35. Smokehaus (Facility Rental)                            | (270)798-4610       |
| 13. Soldier Support Center                                 | (270)798-5280/3310  |
| 37. Bastogne Teen Center                                   | (270)461-0996       |
| 38. The Warrior Zone (age 18+)                             | (270)461-0603       |
| 39. Tricare  | 1-877-874-2273      |
| 21. USO  | (931)542-3078       |
| 40. Veterinary Services                                    | (270)798-3614       |
| 41. Wilson Theater   | (270)412-4181       |
| 14. Youth Sports   | (270)412-5811       |



DEPARTMENT OF THE **ARMY**  
**FORT CAMPBELL INSTALLATION**  
 2700 Indiana Avenue  
 Fort Campbell, Kentucky 42223-5656  
 25 January 2017

Personal Affairs

## **SUPERVISION OF MINOR CHILDREN ON FORT CAMPBELL**

### **Contents** (listed by paragraph and page number)

Purpose • 1, page 1  
 References • 2, page 1  
 Applicability • 3, page 1  
 Background • 4, page 1  
 Policy • 5, page 2  
 Special Provisions • 6, page 2  
 Responsibilities • 7, page 2  
 Proponent • 8, page 3

### **Table List**

Table 1 • Fort Campbell Child Supervision Guidelines, page 4  
 Table 2 • Conversion from Age to Grade for Home Schooled Children, page 4

### **1. Purpose**

To provide policy and guidance for supervision of children at Fort Campbell, KY.

### **2. References**

- a. AR 608-18, The Army Family Advocacy Program, October 2007.
- b. AR 608-10, Child Development Services (Reprinted w/Basic Incl. C1), July 1997.
- c. Memorandum, HQ CFSC-CYSS, JULY 2000, subject: Out of School Child Supervision Requirements for Elementary and Middle School Children and Youth During Parental Duty Hours.
- d. CAM Reg 190-3, Juvenile Offender Program, June 2016.
- e. CAM Reg 210-1, Fort Campbell Specific Criminal Offenses, June 2016

### **3. Applicability**

This regulation is punitive in nature and applies to all military personnel, their family members, civilians, customers, partners, and contractors who perform duties, reside, utilize facilities, and/or enter and travel on the installation. A violation of any such provision is separately punishable as a violation of a lawful general regulation under Article 92, Uniform Code of Military Justice. Penalties for violating any of these provisions include the full range of statutory and regulatory sanctions, both criminal and administrative and do not preclude prosecution of military personnel under other regulations, provisions of the Uniform Code of Military Justice, or other laws, when such prosecution is appropriate. Violations by civilian employees may be the basis for appropriate disciplinary action and civilian offenders may be removed from this installation, denied re-entry and prosecuted for violating the exclusion order.

### **4. Background**

- a. While realizing that safeguarding children is primarily a parental responsibility, DOD requires each installation to develop a child supervision policy that offers guidelines for parents and the community to achieve this task.
- b. DA offers guidelines for establishing this policy, including creation of an installation team to develop a local policy that best meets the needs of Fort Campbell.

**This regulation supersedes CAM Reg dated 15 July 2011**

**Cam Reg 608-3 • 25 January 2017**

## 5. Policy

a. The Fort Campbell guidelines for the supervision of minor children are based on the child's age and grade in school. The attached Table 1 explains the level of supervision required for children. Below reiterates the attached Table 1:

(1) Children up to age 10 require supervision at all times.

(2) Children age 10 and those age 11 in the 5th Grade are in a transitional year and may gradually begin to exercise self-care beginning with short periods of time (up to 3 hours for age 10; up to 6 hours for age 11), provided the parent/guardian believes the child is mature enough to exercise self-care. While exercising self-care for any length of time (not to exceed six hours) during this transitional period, children are required to have ready access to an adult as set up by their parent/guardian prior to leaving the child alone. Education by the parent/guardian on self-care and safety is highly recommended prior to leaving the child alone for the first time, and then at regular intervals during the transitional period.

(3) Children between age 11 in the sixth grade and age 13 may be left home alone for UP TO 6 hours, with ready access to adult supervision and intermittent contact with a supervisor. Sixth Grade children may only baby-sit younger siblings. Seventh Grade children, who are at least age 12, may also baby-sit non-siblings. The completion of a babysitting course is required to supervise non-siblings. Children must have ready access to adult supervision.

(4) Children age 14 and age 15 share the same liberties listed previously, in addition to no set limitation of time left home alone. Parents maintain the same responsibility for their children and their actions. Children must know how to access parents and have guidance for emergency situations.

(5) Children between age 16 and age 18 share the same liberties listed previously, in addition they may be left alone overnight. So long as children maintain family member status, children are the responsibility of their parents.

b. Table 2 provides conversions of ages to grades for home-schooled children.

c. Curfew for all dependents and guests under 18 years of age is in accordance with Fort Campbell Regulation 210-1 and 190-3.

## 6. Special Provisions

a. The provisions in this Policy Memorandum do not apply to children who, for whatever reason need closer supervision than is required by paragraphs 5a-c above. Parents whose children, for whatever reason, need closer supervision than paragraphs 5a-c of this Policy Memorandum requires, must take appropriate steps to ensure that their children are properly supervised.

b. Children who meet the criteria for the Exceptional Family Member Program, as defined in AR 608-75, require special supervision. These guidelines are to be modified in accordance with their special needs.

c. Children who are in the care of a certified Family Child Care (FCC) provider, who has entered into a contract with the children's parents for such care, will be supervised by the FCC provider in accordance with guidelines set forth in AR 608-10, AR 608-18, and local procedures.

d. Violation of this policy will result in a Military Police referral to the Department of Social Work Services/Family Advocacy Program when the incident in question also violates applicable provision of Kentucky or Tennessee law.

## 7. Responsibilities

a. Military and DoD civilian sponsors are responsible at all times for the supervision, health, safety, and welfare of their family members and guests on the installation. Deliberate failure to provide for adequate and reasonable care of minor children may result in adverse consequences for the sponsor. These consequences may include, but are not limited to, criminal prosecution, civil liability, and/or termination of housing privileges on the installation.

b. Child and Youth Services (CYSS) will maintain a referral list of registered babysitters who are thirteen and older who have completed the babysitting course.

c. CYSS will maintain a resource list of activities both on and off the installation that are available options for supervision.

d. Every member of the Fort Campbell community is responsible for maintaining the highest possible safety standards. Each member should report information regarding known or suspected incidents of child abuse or child neglect. This is a matter of conscience and good faith and should be taken seriously. Reporting violations of regulation 608-3 should be directed to the Military Police at 798-7111/2/3.

**8. Proponent**

The proponent and point of contact for this regulation is the Directorate of Family, Morale, Welfare and Recreation, ATTN: **IMCB-MW**.

A handwritten signature in black ink, appearing to read 'A. Poppas', with a horizontal line extending to the right from the end of the signature.

ANDREW P. POPPAS  
Major General, USA  
Commanding

DISTRIBUTION:  
INTRANET

**TABEL 1 FORT CAMPBELL CHILD SUPERVISON GUIDELINES**

Age Grade of Child	Child Characteristics	May be left at Home	May be left alone overnight	May be left outside unattended (Plavinal)	May be left in a Vehicle	May Baby Sit Siblings	May Baby Sit Other (besides Siblings)
<b>Newborn to Age4</b>	Requires Close Supervision at all times	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>
<b>Ages 5-9 Years Old</b>	Children begin to explore their environment under supervision	<b>NO</b>	<b>NO</b>	At playground (Close to Home) or with in immediate access (sight to hearing distance) to adult supervision, Kindergartener may not walk to and from school alone, 1 <sup>st</sup> through 5 <sup>th</sup> graders may <b>walk</b> to and from school and other supervised activities alone	<b>NO</b>	<b>NO</b>	<b>NO</b>
Age 10Yrs. Old <b>and 11 Yrs. Old</b> in Slh <b>Grade</b> continue to require supervision	This is a transition time for these children. They are accepting more responsibility require intermittent supervision	For up to 3 hrs. (10), 6 hrs. (11). Have access to indirect supervision (Neighbor, checking with parents by phone)	<b>NO</b>	<b>YES</b> , with need/access to adult supervision	Not more than 15 minutes and the keys <b>MUST</b> be removed	<b>NO</b>	<b>NO</b>
<b>Ages 11 -13 Yrs. Old</b> continue to need intermittent contact with <b>Adult Supervision</b>	Children are approaching the adolescent years when there is a need for increased responsibility. The amount of responsibility should be carefully evaluated	For UP to 6 hrs. with need/access to adult supervision/ intermittent contact with a supervisor	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES.</b> babysitting course is highly recommended	6 <sup>th</sup> graders may <b>NOT.</b> rt <sup>l</sup> graders who have reached their birthday may. Babysitting course required.
<b>Age14-15 Yrs. Old, Parents are responsible for their children and their actions</b>	Children continue. to need to know /have access to parents and guidance for emergency situations	<b>YES.</b> Parents are responsible for their children and their actions	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES.</b> Babysitting course is highly recommended	<b>YES,</b> Babysitting course is required
<b>Age 16-18 Yrs. Old</b>	Parents responsible for their children and their actions as long as family member status is maintained	<b>YES</b>	<b>YES.</b> indirect supervision required ·see Below"	<b>YES</b>	<b>YES</b>	<b>YES.</b> Babysitting course is highly recommended	<b>YES.</b> babysitting course is required

**Indirect Supervision plans include mandated checking with a neighbor, emergency phone numbers of parents and emergency medical power of attorney.**

**TABLE2 CONVERSION FROM AGETOGRADEFORHOME SCHOOLED CHILDREN**

AGE	5	6	7	8	9	10	11	12	13	14	15	16	17/18
<b>GRADE</b>	Kindergarten	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th

**TABEL 1 FORT CAMPBELL CHILD SUPERVISON GUIDELINES**

Age Grade of Child	Child Characteristics	May be left at Home	May be left alone overnight	May be left outside unattended (Plavinal)	May be left in a Vehicle	May Baby Sit Siblings	May Baby Sit Other (besides Siblings)
Newborn to Age4	Requires Close Supervision at all times	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>NO</b>
Ages 5-9 Years Old	Children begin to explore their environment under supervision	<b>NO</b>	<b>NO</b>	At playground (Close to Home) or with in immediate access (sight to hearing distance) to adult supervision, Kindergartener may not walk to and from school alone, 1 <sup>st</sup> through 5 <sup>th</sup> graders may <b>walk</b> to and from school and other supervised activities alone	<b>NO</b>	<b>NO</b>	<b>NO</b>
Age 10Yrs. Old and 11 Yrs. Old in Slh Grade continue to require supervision	This is a transition time for these children. They are accepting more responsibility require intermittent supervision	For up to 3 hrs. (10), 6 hrs. (11). Have access to indirect supervision (Neighbor, checking with parents by phone)	<b>NO</b>	<b>YES</b> , with need/access to adult supervision	Not more than 15 minutes and the keys <b>MUST</b> be removed	<b>NO</b>	<b>NO</b>
Ages 11 -13 Yrs. Old continue to need intermittent contact with Adult Supervision	Children are approaching the adolescent years when there is a need for increased responsibility. The amount of responsibility should be carefully evaluated	For UP to 6 hrs. with need/access to adult supervision/ intermittent contact with a supervisor	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES.</b> babysitting course is highly recommended	6 <sup>th</sup> graders may <b>NOT.</b> rt <sup>l</sup> graders who have reached their birthday may. Babysitting course required.
Age14-15 Yrs. Old, Parents are responsible for their children and their actions	Children continue to need to know /have access to parents and guidance for emergency situations	<b>YES.</b> Parents are responsible for their children and their actions	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES.</b> Babysitting course is highly recommended	<b>YES,</b> Babysitting course is required
Age 16-18 Yrs. Old	Parents responsible for their children and their actions as long as family member status is maintained	<b>YES</b>	<b>YES.</b> indirect supervision required ·see Below"	<b>YES</b>	<b>YES</b>	<b>YES.</b> Babysitting course is highly recommended	<b>YES.</b> babysitting course is required

**Indirect Supervision plans include mandated checking with a neighbor, emergency phone numbers of parents and emergency medical power of attorney.**

**TABLE2 CONVERSION FROM AGETOGRADEFORHOME SCHOOLED CHILDREN**

AGE	5	6	7	8	9	10	11	12	13	14	15	16	17/18
GRADE	Kindergarten	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th

**CHILD DEVELOPMENT SERVICES MEDICAL REFERRAL STATEMENT**

(The proponent of this form is DPCA)

CHILD'S NAME \_\_\_\_\_

DATE OF REFERRAL \_\_\_\_\_

Your child is being referred to a medical treatment facility, Child was observed to have:

<b>D</b> FEVER (Temperature of _____ )	<input type="checkbox"/> DIARRHEA _____
<input type="checkbox"/> RASH _____	<input type="checkbox"/> VOMITING _____
<input type="checkbox"/> SKIN LESIONS _____	<input type="checkbox"/> REDNESS/DRAINAGE OF EYES _____
<input type="checkbox"/> PERSISTENT COUGH _____	<input type="checkbox"/> INJURY _____
<input type="checkbox"/> OTHER/REMARKS _____	

CHILD CAREGIVER'S SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**HEALTH CARE PROVIDER'S RESPONSE**

I have examined the above named child and found the following:

**DIAGNOSIS** \_\_\_\_\_

TREATMENT/MEDICATIONS \_\_\_\_\_

IAW Child Development Services AR 608-10, re-admission criteria to the child care center includes:

- a. Fever must be absent for 24 hours.
- b. Nausea, vomiting, or diarrhea must have subsided for 24 hours.
- c. The appropriate number of doses of antibiotics have been given over a 24-hour period for known strep and other bacterial infections.
- d. Chicken pox lesions must be crusted.
- e. Scabies and lice must be under treatment
- f. Ringworm/Pinworm treatment must have occurred 24 hours prior.
- g. Impetigo lesions must no longer be weeping.
- h. Conjunctivitis must have diminished to the point that the eyes are no longer discharging.
- i. Contagious stage of illness has been completed.

CHILD IS CONTAGIOUS

YES

NO

DATE CHILD MAY RETURN TO CHILD CARE SETTING \_\_\_\_\_

PREVENTIVE MEASURES/RECOMMENDATIONS \_\_\_\_\_

HEALTH CARE PROVIDER'S SIGNATURE/PHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

# HEALTH ASSESSMENT/SPORTS PHYSICAL STATEMENT (HASPS) for CVS SERVICES

## ENROLLMENT, Renewal & SPORTS PHYSICAL Requirements

Revised 08Jan 09

### DATA REQUIRED BY THE PRIVACY ACT OF 1994

**PRINCIPAL PURPOSE:** Information is used by DA personnel to: (1) verify child health status of immunization per admission requirements; (2) note special program considerations or restriction on child participation; (3) execute emergency medical procedure for chronic illnesses/conditions; (4) refer child for enrollment in Exceptional Family Member Program; (5) certify physically fit to participate in sports. **ROUTINE USES:** No information is disclosed outside DOD. **DISCLOSURE:** Information is voluntary; however, if information is not provided, individuals may not be able to participate in community activities.

**INSTRUCTIONS:** All sections A, B, C. must be completed

### PART: A Medical History (Filled out by parent / guardian)

Name of Sponsor	Home Telephone	Duty/Work Telephone
	Cell Telephone	
Sponsor Unit/ Work Address	Spouse Cell	Spouse's Work Telephone

### CHILD HEALTH INFORMATION

Name of Child	Birth Date	Sex
		<input type="radio"/> Male <input type="radio"/> Female

Does your child have ongoing medical concerns?  
(If Yes, explain circumstances and current status)

Yes       No

Is your child enrolled in Exceptional Family Member Program?  
(If Yes, explain)

Yes       No

### MEDICAL HISTORY

	YES	NO		YES	NO
1. Any hospitalization or operations			14. Heat stroke or exhaustion		
2. Allergies to medicine, insect bites or food			15. Broken bones or sprains		
3. Speech or development delays			16. Joint injuries (Ankle/Knee/Wrist)		
4. Vision Problems (Glasses/ Contacts)			17. Required restricted physical activity		
5. Ear or hearing problems			18. Diabetes		
6. Seizures or Convulsions			19. Cancer		
7. Dizziness or fainting with exercise			20. Dental or orthodontic braces		
8. Headaches			21. Learning problems		
9. Head injury or loss of consciousness			22. Sleep problems		
10. Neck or back injury			23. Behavioral problems		
11. Asthma or difficulty breathing			24. ADD/ ADHD		
12. Heart or blood pressure problems			25. Autism Spectrum Disorder		
13. Chest pain with exercise			26. Other (please list below)		

If you answer yes to any of the above, please explain:

#### Ongoing Medications

Name	Dosage	Frequency

#### Allergies - All Types (Foods, Medicines and Insect Bites)

Type	Reaction

<b>PART B: Physical Exam</b>				
Medical Staff Assessment (Completed by licensed independent practitioner: Doctor-Dr., Nurse Practitioner-NP, Physician's Assistant-PA)				
<b>Age</b> YRS                      MOS		<b>Height</b> cm.                      (                      %ile)		<b>Weight</b> kgs.                      (                      %ile)
<b>BP:</b> P:                      /                      /		<b>Visual Acuity</b> Right                      /                      Left                      /                      Tested with/ without glasses		
	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>N / A</b>	<b>COMMENTS</b>
1. Eyes				
2. Ears, Nose & Throat				
3. Hearing				
4. Mouth & Teeth				
5. Neck (Soft tissues)				
6. Cardiovascular				
7. Chest & Lungs				
8. Abdomen				
9. Genitalia - Hernia				
10. Skin & Lymphatics				
11. Spine - Scoliosis				
12. Extremities				
13. Neurological				
14. Wears braces/ plates				

Based on this HX and PX exam, the following abnormalities were found and may need treatment:

Immunizations are current and up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PARTICIPATION RECOMMENDATIONS</b>
<b>D</b> All sports <input type="checkbox"/> Yes <input type="checkbox"/> No <b>D</b> Normal physical activity to including PE
<b>D</b> Additional comments: <b>D</b> Restrictions:

Sports Physical is valid for 1 year from date indicated below

<b>PART C</b>		
<b>Special Medical Considerations:</b> Describe any special program needs, considerations or restrictions which the child requires in order to participate in CYS programs (to include Sports).  <input type="checkbox"/>		
Child / Youth is able to participate in normal CYS programs?	<b>D</b> Yes	No
Date	Licensed Health Care Professional Stamp	Licensed Health Care Professional; Dr., NP or PA Signature
Initial Date	Type or print name of Parent or Guardian	Signature of Parent or Guardian

**HASPS Renewal (Not Part of the Sports Physical)**

Year 2 Date	Health Status Changed	Signature of Parent or Guardian
	<input type="radio"/> Yes <input type="checkbox"/> No	
Year 3 Date	Health Status Changed	Signature of Parent or Guardian
	<input type="radio"/> Yes <input type="checkbox"/> No	

# CYS SERVICES SNAP ALLERGY MEDICAL ACTION PLAN

(to be completed by Health Care Provider)

Form Updated 19 Jan 2017

Child's Name	Date of Birth	Date
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Sponsor Name \_\_\_\_\_

Health Care Provider	Health Care Provider Phone
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**Allergies (please list)**

\_\_\_\_\_

Asthmatic      Yes\*      No   (\*Higher risk for severe reaction)

**Treatment Plan**

If a food allergen has been ingested, but no symptoms:     observe for symptoms     Epinephrine    Antihistamine    Albuterol

Observe for **Symptoms:**

<b>Mouth</b> Itching, tingling or swelling of lips, tongue, mouth	<b>Number order of Medication</b>
<b>Skin</b> Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine <input type="checkbox"/> Albuterol
<b>Stomach</b> Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine <input type="checkbox"/> Albuterol
<b>Throat*</b> Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine <input type="checkbox"/> Albuterol
<b>Lung*</b> Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine <input type="checkbox"/> Albuterol
<b>Heart*</b> Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine <input type="checkbox"/> Albuterol
<b>Other*</b> _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine <input type="checkbox"/> Albuterol

(\* Potentially life threatening; the severity of symptoms can quickly change)

**Medication Protocol**

EPINEPHRINE AUTO-INJECTOR: Inject into thigh (*circle one*):    **0.3 mg**    **0.15 mg**

**Administer / DO NOT Administer 2nd dose** of Epinephrine after (*15 or less*) \_\_\_\_\_ minutes if symptoms worsen or do not resolve

Antihistamine:        CIRCLE ONE: Does Not Apply / Administer As Directed On Prescription Label

Medication/dose/route

Albuterol:             CIRCLE ONE: Does Not Apply / Administer As Directed On Prescription Label

Medication/dose/route

**Administer / DO NOT Administer 2nd dose** of Albuterol after (*15 or less*) \_\_\_\_\_ minutes if symptoms worsen or do not resolve

Other: Give \_\_\_\_\_





Medication/dose/route

**Emergency Response**

- Administer rescue medication as prescribed above
- Stay with child
- Contact parents/guardian

<p><b>IF THIS HAPPENS</b>    </p> <p><b>GET EMERGENCY HELP NOW!</b></p> <p><b>CALL 911</b></p>	<ul style="list-style-type: none"> <li>• Hard time breathing with: <ul style="list-style-type: none"> <li>○ Chest and neck pulled in with breathing</li> <li>○ Child is hunched over</li> <li>○ Child is struggling to breathe</li> </ul> </li> <li>• Trouble walking or talking</li> <li>• Stops playing and can't start activity again</li> <li>• Lips and fingernails are gray or blue</li> </ul>
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**How to give EpiPen® or EpiPen® Jr**

<p><b>1</b></p>  <p>Form fist around EpiPen® and pull off grey cap.</p>	<p><b>2</b></p>  <p>Place black end against outer mid-thigh. Support the child.</p>	<p><b>3</b></p>  <p>Push down <b>HARD</b> until a click is heard or felt and hold in place for 10 seconds.</p>	<p><b>4</b></p>  <p>Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.</p>
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Child's Name

**ALLERGY MEDICAL ACTION PLAN ADDITIONAL CONSIDERATIONS**

(to be completed by Health Care Provider)

**Medications for Allergy**

For children requiring rescue medication, the medication is required to be at program site at all times while child is in care. For youth who self-medicate and carry their own medications, medication must be with the youth at all times. The options of storing "back up" rescue medications at program is available.

**Field Trip Procedures**

Rescue medications should accompany child during any off-site activities.

- The child should remain with staff or parent/guardian during the entire field trip.  Yes  No
- Staff members on trip must be trained regarding rescue medication use and this health care plan.  
This plan must accompany the child on the field trip.
- Other (specify) \_\_\_\_\_

**Self-Medication for School Age/Youth**

**YES.** Youth can self-medicate. I have instructed \_\_\_\_\_ in the proper way to use his/her medication. It is my professional opinion that he/she SHOULD be allowed to carry and self administer his/her medication. Youth has been instructed not to share medications and should youth violate these restrictions the privilege of self medicating will be revoked and the youth's parents notified. Youth are required to notify staff when carrying medication.

OR

**NO.** It is my professional opinion that \_\_\_\_\_ SHOULD NOT carry or self administer his/her medication.

**Bus Transportation should be alerted to child's condition.**

- This child carries rescue medications on the bus.  Yes  No
- Rescue medications can be found in:  Backpack  Waistpack  On Person  Other \_\_\_\_\_
- Child should sit at the front of the bus.  Yes  No
- Other (specify): \_\_\_\_\_

**Sports Events**

Parents are responsible for having rescue medication on hand and administering it when necessary when the child is participating in any CYS sports activity. Volunteer coaches do not administer medications.

**Parental Permission/Consent**

Parent's signature gives permission for child/youth personnel who have been trained in medication administration by the CYS nurse/APHN to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child must have required medication with him/her at all times when in attendance at CYS programs.

**Youth Statement of Understanding**

I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, my privileges may be restricted or revoked, my parents will be notified and further disciplinary action may be taken. I am also required to notify staff when carrying medication.

**Follow Up**

This Allergy Medical Action Plan will be updated/revised whenever medications or child's health status changes. If there are no changes, the Allergy Medical Action Plan will be updated at least every 12 months.

Printed Name of Parent/Guardian	Parent Signature	Date (YYYYMMDD)
Printed Name of Youth (if applicable)	Youth Signature	Date (YYYYMMDD)
Stamp of Health Care Provider	Health Care Provider Signature	Date (YYYYMMDD)
Printed Name of Army Public Health Nurse	Army Public Health Nurse Signature	Date (YYYYMMDD)
	(This signature serves as the exception to medication policy)	

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)**

**CVS SERVICES RESPIRATORY MEDICAL ACTION PLAN**  
 For use of this form, see AR 608-75; the proponent agency is ACSIM.  
 (To be completed by a licensed Health Care Provider)

**PROOF**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

**PRINCIPAL PURPOSE:** Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

**ROUTINE USES:** The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

Child/Youth Name	Date of Birth	Date	Sponsor Name/Rank
Sponsor Phone Number	Health Care Provider		Health Care Provider Phone Number

**ASTHMATIC RESPIRATORY TRIGGERS (Check all that apply)**

Animal Dander    
  Dust    
  Mold    
  Pollen    
  Tobacco Smoke    
  Cold Air  
 Vacuum Cleaning    
  Strong Odors/Sprays    
  Medication    
  Other: \_\_\_\_\_

**RESPIRATORY SYMPTOMS (Check all that apply)**

Excessive dry cough    
  Shortness of breath    
  Tightness in the chest  
 Mild chest retraction (*child is "pulling in" chest while breathing*)    
  Wheezing (*a whistling sound when the child breathes*)  
 Other: \_\_\_\_\_    
  Other: \_\_\_\_\_

**MEDICATION/TREATMENT PLAN**

Administer the rescue medication \_\_\_\_\_ as directed on prescription label.  
(name of medication)

Route:   
 Inhaler    
 Inhaler with Spacer    
 Nebulizer

Dose:   
 May Repeat *one time after* \_\_\_\_\_ minutes if symptoms still persist.   
 Do Not Repeat

Can Self-Carry:   
 Yes   
 No    
 Can Self-Medicating:   
 Yes   
 No

**NOTIFICATION/CONSENT**

Parent's signature gives permission for CVS Services personnel who have been trained in medication administration by the APHN/CVS Services Nurse to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child/youth must have required medication with him/her at all times when in attendance at CVS Services programs and must be approved by a licensed health care provider to self-medicate. My child/youth has been instructed on the proper way to use his/her medication. S/he understands not to share medications. Licensed health care providers authorized to provide approval are doctors of medicine (MD), osteopathic physicians (DO), certified registered nurse practitioners (NP), or certified physician's assistants (PA). If these guidelines are violated, CVS Services privileges may be restricted or revoked. Rescue medication must be on hand during all CVS Services Programs. **CVS Services personnel are to notify parent/guardian immediately if medication is given.**

**I agree with the plan outlined above.**

Name of Parent/Guardian	Parent/Guardian Signature	Date (YYYYMMDD)
Name of Youth (if applicable)	Youth Signature (if applicable)	Date (YYYYMMDD)
Stamp of Health Care Provider	Health Care Provider Signature	Date (YYYYMMDD)
Name of Army Public Health Nurse	Army Public Nurse Signature ( <i>This signature serves as the exception to medication policy</i> )	Date (YYYYMMDD)

**FOLLOW-UP**

This Respiratory Medical Action Plan must be updated/revised whenever medications or child/youth's health status changes. If there are no changes, the Medical Action Plan must be updated every 12 months.

**RESPIRATORY MEDICAL ACTION PLAN - ADDITIONAL CONSIDERATIONS**

**EMERGENCY RESPONSE**

- Administer rescue medication as prescribed
- Stay with child/youth
- Contact parents/guardian

**IF THIS HAPPENS**



**GET EMERGENCY HELP  
NOW!  
CALL 911**

- Hard time breathing with:
  - Chest and neck pulled in with breathing
  - ChildNouth is hunched over
  - ChildNouth is struggling to breathe
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips and fingernails are gray or blue

**MEDICATIONS**

For a child/youth requiring rescue medication, the medication is required to be at program site at all times while child/youth is in care. For youth who self-carry and administer their own medications, medication must be with the youth at all times. The options of storing "back up" rescue medications at program is available.

**FIELD TRIP PROCEDURES**

Rescue medications should accompany child/youth during any off-site activities.

Staff members on trip must be trained on rescue medication use and this health care plan.

This plan must accompany the child/youth on the field trip.

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)**

**CVS SERVICES EPILEPSY/SEIZURE MEDICAL ACTION PLAN**  
 For use of this form, see AR 608-75; the proponent agency is ACSIM.  
 (To be completed by a licensed Health Care Provider)

**PROOF**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

**PRINCIPAL PURPOSE:** Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

**ROUTINE USES:** The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

Child/Youth Name	Date of Birth	Date	Sponsor Name/Rank
Sponsor Phone Number	Health Care Provider		Health Care Provider Phone Number

**EPILEPSY/SEIZURE PLAN**

Epilepsy/Seizure Diagnosis	Child/Youth's age at diagnosis	Frequency of seizures over the last 12 months
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Current Treatment Regimen

**EPILEPSY/SEIZURE SYMPTOMS**

<input type="checkbox"/> Lip Smacking	<input type="checkbox"/> Falling Down	<input type="checkbox"/> Rigidity Stiffness	<input type="checkbox"/> Blue Color to Lips
<input type="checkbox"/> Eye Rolling	<input type="checkbox"/> Shallow Breathing	<input type="checkbox"/> Froth from Mouth	<input type="checkbox"/> Loss of Consciousness
<input type="checkbox"/> Staring	<input type="checkbox"/> Twitching	<input type="checkbox"/> Thrashing/Jerking	<input type="checkbox"/> Other: _____

History of Febrile Seizures (*explain*)

**EPILEPSY/SEIZURE MEDICATIONS**

Medication (*as directed on prescription label*)

For Febrile Seizures temperature of \_\_\_\_\_ call Parent for Pick-Up.

Medication for immediate use in case of seizure as directed on prescription label. (*May require an exception to policy*)

**NOTIFICATION/CONSENT**

Parent's signature gives permission for CVS Services personnel who have been trained in medication administration by the APHN/CYS Services Nurse to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child/youth must have required medication with him/her at all times when in attendance at CYS Services programs and must be approved by a licensed health care provider to self-medicate. My child/youth has been instructed on the proper way to use his/her medication. S/he understands not to share medications. Licensed health care providers authorized to provide approval are doctors of medicine (MD), osteopathic physicians (DO), certified registered nurse practitioners (NP), or certified physician's assistants (PA). If these guidelines are violated, CYS Services privileges may be restricted or revoked. Rescue medication must be on hand during all CVS Services Programs. **CVS Services personnel are to notify parent/guardian immediately if medication is given.**

**I agree with the plan outlined above.**

Name of Parent/Guardian	Parent/Guardian Signature	Date (YYYYMMDD)
Name of Youth ( <i>if applicable</i> )	Youth Signature ( <i>if applicable</i> )	Date (YYYYMMDD)
Stamp of Health Care Provider	Health Care Provider Signature	Date (YYYYMMDD)
Name of Army Public Health Nurse	Army Public Nurse Signature	Date (YYYYMMDD)

**FOLLOW-UP**

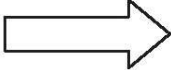
This Epilepsy/Seizure Medical Action Plan must be updated/revised whenever medications or child/youth's health status changes. If there are no changes, the Medical Action Plan must be updated every 12 months.

**CVS SERVICES EPILEPSY/SEIZURE MEDICAL ACTION PLAN**

**EMERGENCY RESPONSE**

- Administer rescue medication as prescribed
- Stay with child/youth
- Contact parents/guardian

**IF THIS HAPPENS  
GET EMERGENCY HELP  
NOW!  
CALL 911/Emergency  
Medical Services**



- Hard time breathing with:
  - Chest and neck pulled in with breathing
  - ChildNouth is hunched over
  - ChildNouth is struggling to breathe
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips and fingernails are gray or blue

**MEDICATIONS**

For a child/youth requiring rescue medication, the medication is required to be at program site at all times while child/youth is in care. For youth who self-carry and administer their own medications, medication must be with the youth at all times. The options of storing "back up" rescue medications at program is available.

**FIELD TRIP PROCEDURES**

Rescue medications should accompany child/youth during any off-site activities.

Staff members on trip must be trained on rescue medication use and this health care plan.

This plan must accompany the child/youth on the field trip.

# PILOT - CVS SERVICES DIABETES DAILY MEDICAL ACTION PLAN

(Form to be completed by Health Care Provider)

Child/Youth's Name	Date of Birth	Date
Sponsor Name		
Health Care Provider		Health Care Provider Phone

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Program; DoDD 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; AR 608-10, Child Development Services.  
**PRINCIPAL PURPOSE:** Information will be used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family Member Program (EFMP) and the Army Child and Youth Services Program.  
**ROUTINE USES:** The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.  
**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to participate in Army Child and Youth Services Program.

In order to ensure the child/youth can be accommodated in a safe and healthy manner into a group child care setting, this plan should be completed by the child's health care provider in coordination with the CYS Services child/youth center's health consultant/Army Public Health Nurse (APHN) and the parent(s)/guardian(s). This plan should be developed with the understanding that child caregivers (non-medical personnel) responsible for caring for children in a group setting may be performing the tasks ordered on this Diabetes Daily Medical Action Plan. APHN Contact Information: \_\_\_\_\_

Date of Diabetes Diagnosis: \_\_\_\_\_  Type 1  Type 2  other: \_\_\_\_\_

Normal blood glucose range for child/youth: \_\_\_\_\_ to \_\_\_\_\_

## DAILY CARE REQUIREMENTS (required during child care hours)

- Food Monitoring  Blood Glucose Monitoring  Activity Monitoring  Insulin Therapy  
 Other: \_\_\_\_\_

## Storage of Diabetic Supplies and Emergency Response Medications (all supplies and medications supplied by parent/guardian)

- Blood Glucose Meter & Test Strips  Ketone Meter & Test Strips  Lancets  Glucagon  Insulin Pen  Insulin Vial & Syringe

- Meal/Snack Portion Control  Verification of accuracy of counting of carbohydrates  
 Verification of serving size  Verification of carb data entry into insulin pump  
 Verification of amount of food consumed  
 Documentation on Food Log  Other: \_\_\_\_\_

## BLOOD GLUCOSE MONITORING

- Check blood glucose:  Before Meals/Snacks  \_\_\_\_\_ Hours After Meals/Snacks  
 Before Activity  After Activity  Prior to leaving care

## BLOOD GLUCOSE MONITORING – METER, LANCETS AND TEST STRIPS / CONTINUOUS GLUCOSE METER

- Yes - Brand/Model of the blood glucose meter: \_\_\_\_\_  
Preferred testing site:  Fingertips  Forearm  Thigh  Other: \_\_\_\_\_

**Note: If severely low blood glucose (hypoglycemia) is suspected only use the fingertips to check blood glucose.**

- No • Child/Youth has a Continuous Glucose Meter (CGM) - Brand/Model: \_\_\_\_\_  
Alarms set for: Low: \_\_\_\_\_ (mg/dl) High: \_\_\_\_\_ (mg/dl)  
 Take action based on alarms and readings  
 Confirm CGM results with a finger stick check before taking action based on CGM blood glucose readings.

**Note: If child/youth has symptoms or signs of hypoglycemia, check finger stick blood glucose level regardless of CGM readings.**

## BLOOD GLUCOSE MONITORING – CHILD/YOUTH SELF-ADMINISTERING/MONITORING

- No • CYSS Caregivers will need to perform and monitor blood glucose/ketone checks  
 Yes with assistance, child/youth can perform and self-monitor blood glucose/ketone checks with CYSS staff assistance  
 Yes independently, child/youth can independently perform and self-monitor blood glucose/ketone checks and can alert CYSS staff if assistance is required  
 Child/Youth has permission to carry self-monitoring items (meter, lancets, and test strips) and can responsibly maintain and dispose of lancets

# PILOT - CVS SERVICES DIABETES DAILY MEDICAL ACTION PLAN

(Form to be completed by Health Care Provider)

Child/Youth's Name	Date of Birth	Date
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**Given by:**       Insulin Pump                       Syringe & Vial                       Insulin Pen

Administered by:                       Child/Youth                       Parent                       Other: \_\_\_\_\_

Preferred Injection Site:       Stomach       Upper Arm       Thigh       Buttocks       Rotation       Other: \_\_\_\_\_

**Note: For rotation of injection sites, please ensure all preferred sites are selected.**

**Symptomatic Blood Glucose Level Insulin Dosing:** Give insulin according to the dosing scale:

Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/di give \_\_\_\_\_ units of insulin

Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/di give \_\_\_\_\_ units of insulin

Blood glucose \_\_\_\_\_ to \_\_\_\_\_ mg/di give \_\_\_\_\_ units of insulin

**Post-meal dosing of insulin is preferred. Age and maturity must be considered when determining whether pre-meal dosing is appropriate for the child in a child care setting. Insulin dosing based on carbohydrate counts will only be supported for scheduled meals and snacks:**

- Meal provided by parent/guardian pre-labeled amount of carbohydrates.       Army CYS Standardized Menu with Nutritional Data (check availability)
- Carbohydrate coverage only:** 1 unit of insulin per \_\_ grams of carbohydrate
- Carbohydrate coverage+ correction factor dose:** Pre-meal blood glucose greater than \_\_ mg/di (target blood glucose) and \_ hours since last insulin dose. Correction Factor: 1 unit of insulin per \_\_ mg/di above target blood glucose+ 1 unit of insulin per \_\_ grams of carbohydrate
- Insulin Pump Wizard**
  - DO NOT give insulin for snacks.
  - Other: \_\_\_\_\_

**Child/Youth can determine own insulin dosages:**

- No** Parent/Guardian or authorized adult designee must determine dosage and administer insulin injections.
- Yes with assistance,** child/youth can determine dosage and administer insulin with supervision.
- Yes independently,** child/youth can independently determine dosage and administer insulin without assistance or supervision.

**INSULIN PUMP:**

Brand/Model: \_\_\_\_\_ Type of Insulin: \_\_\_\_\_

For blood glucose greater than \_\_\_\_\_ mg/di for \_\_\_\_\_ hours call parents/guardian for pickup.

**Follow actions and emergency protocols for signs/symptoms of low or high blood glucose (hypoglycemia/hyperglycemia).**

**Child/Youth can self-manage their insulin pump:**

- No** Parent/Guardian or authorized adult designee must assist child/youth to manage insulin pump settings.
- Yes with assistance,** child/youth can self-manage their insulin pump but may need CYSS staff to oversee entering blood sugar and meal information.
- Yes independently,** child/youth can independently manage their insulin pump without any assistance or supervision.

Parent's signature gives permission for child/youth personnel who have been trained in medication administration by the APHN or their designee to administer prescribed medicine and to contact emergency medical services if necessary. I understand that I am responsible for providing all of the medication and other necessary items for my child's/youth's care, to include sharps waste disposal and management. I also understand my child/youth must have required medication with him/her at all times when in attendance at CYS programs. **Parent must be readily available via telephone in the event of a diabetic emergency.**

**Youth Statement of Understanding**

I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, my privileges may be restricted or revoked, my parents will be notified and further disciplinary action may be taken. I am also required to notify staff when carrying or taking my medication.

**I agree with the plan outlined above.**

Printed Name Parent/Guardian	Parent/Guardian Signature	Date (YYYYMMDD)
Printed Name Youth, if applicable	Youth Signature	Date (YYYYMMDD)
Stamp of Health Care Provider	Health Care Provider Signature	Date (YYYYMMDD)
Printed Name Program Director/ FCC Provider	Program Director/ FCC Director Signature	Date (YYYYMMDD)
Printed Name APHN/Health Consultant	APHN/Health Consultant Signature	Date (YYYYMMDD)

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)**

**CYS SERVICES SPECIAL DIET STATEMENT**

For use of this form, see AR 608-75; the proponent agency is ACSIM.  
 (To be completed by a licensed Health Care Provider/Cleric as applicable)

**PROOF**

7

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

**PRINCIPAL PURPOSE:** Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

**ROUTINE USES:** The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

Child/Youth's Name	Date of Birth	Sponsor Name/Rank	Date
Sponsor Phone Number	Health Care Provider	Health Care Provider Phone Number	

CYS Services programs participate in the Child and Adult Care Food Program (CACFP) and must serve meals/snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a medical physician/health care professional. The medical physician must specify, in writing, the food to be omitted from the participant's diet and the food or choice of foods that may be substituted to meet your child/youth's nutritional requirements.

**CACFP DOES NOT REQUIRE** participating programs to provide food substitutions for children based on religious preferences but does allow such variation as long as appropriate substitutions are made. Army policy allows programs to provide special diet requirements for religious reasons. In order for Army CYS Services programs to honor parents' special requests, patrons who request food substitutions for religious reasons are required to have a statement from a representative of their religious institution on file.

**Please check one:**

<input type="checkbox"/>	Participant has a disability or a medical condition and requires a special meal or accommodation (e.g. juvenile diabetes, allergy to peanuts, severe food allergy that results in anaphylaxis). CYS Services programs participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed Healthcare Provider must sign this form. Licensed health care providers authorized to provide approval are doctors of medicine (MD), osteopathic physicians (DO), certified registered nurse practitioners (NP), or certified physician's assistants (PA). <b>THIS FORM MUST BE SUBMITTED PRIOR TO ATTENDING CARE. NOTE: Family food preferences are not an appropriate use of this form and cannot be accommodated in CVS Services programs. IAW USDA Requirements.</b>
<input type="checkbox"/>	Participant is requesting a special diet due to the Family's religious beliefs. APHN review not required. <b>THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS OF RECEIPT to program. SUBSTITUTIONS MUST BE PROVIDED UPON COMPLETION OF THIS FORM.</b>

Foods to be omitted	Reaction (if applicable)	*Authorized Substitutions	Additional Information (i.e. EPI-pen intervention, special food preparation)

**MEDICAL SPECIAL DIET**

Listed above is the food(s) to be omitted from the diet and the foods that may be substituted.  
**\*NOTE: Substitutions will be provided as indicated on page 2 of this form unless otherwise specified.**  
*I certify that the above participant requires special accommodations as indicated above.*

Stamp of Health Care Provider	Health Care Provider Signature	Date (YYYYMMDD)
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**RELIGIOUS SPECIAL DIET**

Listed above is the food(s) to be omitted from the diet and the foods that may be substituted.  
**\*NOTE: Substitutions will be provided as indicated on page 2 of this form unless otherwise specified.**  
*I certify that the above participant requires special accommodations as indicated above.*

Name of Representative of Religious Institution	Signature of Representative of Religious Institution	Date (YYYYMMDD)
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In order to ensure that CVS Services staff working with children/youth has knowledge of special diet requirements, photographs of children/youth with special diets will be posted in the area where meals are served and maintained in the kitchen.

**I AGREE WITH THE PLAN OUTLINED ABOVE.**

Name of ParenUGuardian - <b>YEAR 1</b>	Signature of ParenUGuardian	Date (YYYYMMDD)
Name of ParenUGuardian - <b>YEAR 2</b>	Signature of ParenUGuardian	Date (YYYYMMDD)
Name of ParenUGuardian - <b>YEAR 3</b>	Signature of ParenUGuardian	Date (YYYYMMDD)
Name of Army Public Health Nurse	Signature of Army Public Health Nurse ( <i>NOTE: APHN review not required for Religious Special Diets.</i> )	Date (YYYYMMDD)

**FOLLOW-UP**

Allergic reactions that require treatment with prescribed medication will also require an Allergy MAP. Special Diet Statements must be updated/ revised whenever the health status of the child/youth changes. If there are no changes, Special Diet Statements must be updated every 12 months.

**\*\*MEDCOM DIETICIAN APPROVED FOOD SUBSTITUTIONS**

<b>Foods Allergy</b>	<b>Essential Food Component Missing</b>	<b>**Food Substitutions</b>
Apple Juice	Vitamin C, dietary fiber	100% orange, grape, grapefruit juices; no juice blends
Beef	Protein	Pork, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Chicken/Turkey	Protein	Beef, pork, seafood, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Dairy Product	Calcium	Soy products ( <i>cheese, yogurt</i> )
Eggs	Protein	Cheese
Milk ( <i>Lactose Intolerant</i> )	Calcium	Soy/Rice Milk and products/Lactose Free Milk
MSG	<b>N/A</b>	Garlic salUpowder, onion salUpowder, Lawry's seasoned salt, all other single spices
Orange Juice	Vitamin C, dietary fiber, folic acid, potassium	100% apple, grape, grapefruit juices; no juice blends
Oatmeal	Dietary fiber, folic acid, carbohydrates	Corn, potato, soy, wheat and rice flours and arrowroot starch, cereal: corn flakes, rice crispies
Peanuts/Peanut Butter/Nuts	Protein, vitamin E, niacin, folic acid	Beans, legumes, soy nut butter, cheese
Pork	Protein	Beef, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, tofu, soybeans, soy based "meat" selections
Seafood	Protein	Beef, chicken, turkey, nuts, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Soy Products	Protein	Beef, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, pork
Strawberries	Vitamin C, potassium, dietary fiber	Apples, oranges, pears, peaches, plums, melons
Tomatoes	Vitamin C	Apples, oranges, pears, peaches, plums, melons
Tomato Products	Vitamin C	Apples, oranges, pears, peaches, plums, melons
Wheat	Carbohydrates, folic acid, dietary fiber	Corn, potato, oat, soy and rice flours and cereal made from these items and arrowroot starch

# PARENT ACKNOWLEDGED RECEIPT

MY SIGNATURE CONFIRMS THAT:

(Please check)

\*\*I HAVE BEEN PROVIDED A CARD INDICATING THE WEBSITE FOR THE LOCATION OF THE PARENT HANDBOOK

I WILL BE EMAILED AN ELECTRONIC COPY TO THE BELOW EMAIL ADDRESS WITHIN 3 DAYS.

\_\_\_\_\_  Please print email address very clearly

I WILL READ THE CYS PARENT HANDBOOK FOR FULL UNDERSTANDING OF REQUIREMENTS AND RESPONSIBILITIES.

\_\_\_\_\_ PARENT PRINTED NAME

\_\_\_\_\_ PARENT SIGNATURE

\_\_\_\_\_ DATE

IF FURTHER QUESTIONS, PLEASE SEE PAGE 2 FOR CONTACT INFORMATION.

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*For CYS Staff Only*

**A COPY OF THE SIGNED PARENT/GUARDIAN FORM WILL BE PLACED IN THE CHILD'S FILE AT CDC & SAC**

\*\*If required, email sent:

On \_\_\_\_\_ by \_\_\_\_\_  
DATE Printed Employee Name

\_\_\_\_\_  
Signature