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OF THE AIR FORCE**

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Services



CHILD AND YOUTH PROGRAMS

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In collaboration with the Chief of the Air Force Reserve (AF/RE) and the Director of the Air National Guard (NGB/CF), the Deputy Chief of Staff for Manpower, Personnel and Services (AF/A1) develops policy for Air Force Child and Youth Programs. This publication may be supplemented at any level; all MAJCOM level supplements must be approved by the Human Resource Management Strategic Board (HSB) prior to certification and approval. This Instruction implements Air Force Policy Directive (AFPD) 34-1, *Air Force Services*, Department of Defense (DoD) Instruction (DoDI) 6060.02, *Child Development Programs*, DoDI 1402.05 *Background Checks on Individuals in DoD Child Care Services Programs*, DoDI 6060.4, *Department of Defense Youth Programs*. It aligns the instruction with United States Code (USC) **Chapter 88**, Section 1791-1800, Military Child Care Act of 1989/96, and the Crime Control Act of 1990. This Air Force Instruction (AFI) provides the authority and criteria for establishing Air Force Child and Youth Programs (CYP) and Air Force Services Activity Child and Youth Programs. This instruction details the requirements for planning and implementing Child and Youth Programs and applies to all active installation CYPs. This instruction also applies to all eligible personnel who utilize installation services. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR), using AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all direct supplements must be routed to the OPR of this publication for coordination prior to

the certification and approval. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 8013, *Secretary of the Air Force*; implemented by Air Force Instruction 34-144, *Child and Youth Programs*. The applicable SORN "F034 AF SVA C, Child Development/Youth Programs Records" may be accessed through the Defense Privacy and Civil Liberties website or Federal Register. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, Table 1.1, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication Office of Primary Responsibility (OPR) for non-tiered compliance items. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) in the Air Force Records Information Management System (AFRIMS).

SUMMARY OF CHANGES

This document is substantially revised and must be completely reviewed. This revision combines the separate instructions for Child Development Centers (CDC), Family Child Care (FCC) Programs, Youth Programs (YP) and AFMANs for School-Age Care (SAC) and Youth Sports. Child Development Programs (CDP) include Child Development Centers, Family Child Care Programs and School Age Care.

Chapter 1— OVERVIEW	12
1.1. Program Overview.....	12
1.2. Roles and Responsibilities.	13
Chapter 2— FACILITIES	33
2.1. Facility Requirements and Construction.....	33
2.2. CDC/SAC.	34
2.3. Heating and Ventilation for Facilities.....	34
2.4. Reception Areas.....	34
2.5. Child Development Centers.....	35
2.6. Youth Centers.	36
2.7. CDC/SAC Outdoor Areas.....	36
2.8. Youth Programs Outdoor Space.	37

2.9.	Maintaining Facilities and Grounds.....	38
2.10.	Shared Spaces.	38
2.11.	Family Child Care (FCC).....	38
Chapter 3— INSPECTIONS		40
3.1.	Required Annual Inspections.....	40
3.2.	Local Comprehensive Inspections.....	40
3.3.	Local Multidisciplinary Team Inspection.....	40
3.4.	Higher Headquarters Inspection.	41
3.5.	Deficiencies.	42
3.6.	CYP Daily Facility Inspections.	42
3.7.	FCC Home Inspections.....	43
3.8.	Monthly FCC Home Visits.....	43
Chapter 4— ACCREDITATION		45
4.1.	Accreditation.....	45
Chapter 5— FIRE AND SAFETY PROTECTION		46
5.1.	Fire Safety Certification.....	46
5.2.	Fire Prevention.....	46
5.3.	Indoor Safety.....	47
5.4.	Plants.....	49
5.5.	Playground Safety.....	49
5.6.	Vehicles.	49
5.7.	Emergency Preparedness Plan.	50
5.8.	Evacuation or Shelter in Place Plans.	52
5.9.	Additional Requirements for FCC.....	53
Chapter 6— HEALTH		55
6.1.	Health Protection.	55

6.2.	Sanitizing/Disinfecting.	55
6.3.	Diapering and Toileting.	56
6.4.	Handwashing.	56
6.5.	Hygiene.	57
6.6.	Sudden Infant Death Syndrome Prevention Practices.	57
6.7.	Signs and Symptoms of Illness.	58
6.8.	Communicable Diseases.	58
6.9.	Medical Emergencies.	58
6.10.	Medication Administration.	59
6.11.	Drinking Water Testing.	61
6.12.	Harmful Substances.	61
6.13.	Pets and Animals.	62
Chapter 7— FOOD SERVICE		64
7.1.	Food Program Requirements.	64
7.2.	Allergies.	65
7.3.	Drinking Water.	65
7.4.	Food Service Equipment and Supplies.	66
7.5.	Meal Service.	66
7.6.	Food Purchasing for CDC/SAC.	66
7.7.	CYP Facility Food Storage.	66
7.8.	FCC Home Food Storage.	67
7.9.	Food Preparation.	67
7.10.	Sanitation.	67
7.11.	Feeding Infants and Young Children.	68
7.12.	Solid Foods.	69

CHAPTER 8— FINANCIAL MANAGEMENT 70

8.1. Funding..... 70

8.2. Appropriated Funds..... 70

8.3. Nonappropriated Funds..... 70

8.4. CDC/SAC Fees..... 70

8.5. FCC Fees..... 72

8.6. YP Funding..... 72

8.7. YP Fees..... 73

8.8. External Funding Authorized Support..... 73

8.9. Insurance..... 73

8.10. Private Organizations..... 74

8.11. Forms Management..... 74

Chapter 9— PROGRAM PERSONNEL 75

9.1. Personnel..... 75

9.2. Authorized APF positions for CYP: 75

9.3. CYP Teaching Staff and FCC Providers..... 77

9.4. Other Adults..... 77

9.5. Hiring Practices..... 78

9.6. Background Checks..... 78

9.7. Physicals..... 84

9.8. Immunizations..... 85

9.9. CYP Personnel Performance..... 85

9.10. CYP Personnel Evaluations..... 85

9.11. CDP Workforce Continuity..... 85

9.12. Employee (to include instructional contractors)/Specified Volunteer Folders..... 85

9.13. Management/Staff Communication..... 86

Chapter 10— STAFF DEVELOPMENT	87
10.1. Training Program.....	87
10.2. Developmental Training Model.....	87
10.3. CYP New Employee/Provider Orientation.....	87
10.4. Competency Based Modules.....	88
10.5. Ongoing Professional Development.....	90
10.6. CPR and First Aid Training.....	91
10.7. Administrative Staff.....	91
10.8. Food Service Staff.....	91
10.9. Specified Volunteers.....	92
10.10. Contractors.....	92
10.11. FCC providers.....	93
10.12. Documentation.....	93
Chapter 11— OPERATIONS	94
11.1. Types of CYP.....	94
11.2. Eligibility.....	94
11.3. Child Development Program.....	94
11.4. CDC/SAC Hourly/Drop-in.....	95
11.5. CDC/SAC/FCC Enrollment.....	95
11.6. CDC/SAC Parent Handbook.....	96
11.7. Waiting List Management.....	97
11.8. Waiting List Priorities.....	97
11.9. Family Child Care (FCC) Program.....	99
11.10. FCC Provider Application and Certification.....	99
11.11. Certification of FCC Homes.....	100
11.12. County, State and Country Licensing.....	101

11.13.	FCC Substitutes.	101
11.14.	FCC Provider Insurance.....	101
11.15.	FCC Provider Portfolio.....	101
11.16.	Inactive Homes.	102
11.17.	Unauthorized Care.	102
11.18.	FCC Panel.....	103
11.19.	Suspension of Certification.....	104
11.20.	Revocation of Certification.....	105
11.21.	Parent Relations.	105
11.22.	FCC Resource Centers.....	105
11.23.	Youth Program (YP).....	106
11.24.	YP Enrollment Forms.	107
11.25.	YP Participation.....	107
11.26.	Youth Sports and Fitness.	107
11.27.	Youth Sports and Fitness Program Organization and Responsibilities.	108
11.28.	Leagues.	108
11.29.	National Affiliation and Participation in Regional and National Competitions.	108
11.30.	Installation/Community Leagues.....	108
11.31.	YSF Participation.....	108
11.32.	Emphasis on Participation.....	109
11.33.	YSF Parents.	109
11.34.	Sport Supplies and Equipment.....	109
11.35.	YSF Storage.....	109
11.36.	Coaches Handbook.	109
11.37.	Supervision of Coaches and Officials.....	110
11.38.	Clinics.	110

11.39.	Player Selection and Team Organization.....	110
11.40.	Playing Rules.	111
11.41.	Scheduling Games.	111
11.42.	Number and Length of Practices and Games.....	111
11.43.	Post Season Competition.	111
11.44.	Program Awards.	111
11.45.	Pre/Post Safety Inspections.....	112
11.46.	Environmental and Emergency Conditions.	112
11.47.	CYP Reporting Requirements.....	112
11.48.	Facility Closures.	113
CHAPTER 12— SUPERVISION AND ACCOUNTABILITY		114
12.1.	Child/Youth Supervision.	114
12.2.	Staff Scheduling.....	114
12.3.	Field Trips.....	114
12.4.	Playground Supervision.....	115
12.5.	CDC Supervision.	115
12.6.	CDC Ratios.....	116
12.7.	SAC Supervision.....	116
12.8.	School age Ratios.....	117
12.9.	YP Supervision.	117
12.10.	Youth Ratios.	117
12.11.	Accountability.....	118
12.12.	CDC Accountability.	118
12.13.	SAC Accountability.....	119
12.14.	YP Accountability.....	119
12.15.	FCC Accountability.	120

Chapter 13— IDENTIFICATION, PREVENTION AND REPORTING OF CHILD ABUSE OR NEGLECT	122
13.1. Child Protection.....	122
13.2. Identification and Reporting.....	122
13.3. Prevention.....	123
13.4. Responding to Allegations.....	124
13.5. Training.....	124
13.6. Facility monitoring.....	124
13.7. Personnel Monitoring.....	124
13.8. Closed Circuit Television (CCTV).....	125
Chapter 14— PROGRAM QUALITY	127
14.1. Programming.....	127
14.2. Materials.....	127
14.3. Environments.....	128
14.4. Activity Plans.....	129
14.5. Daily Schedule.....	129
14.6. Routines and Transitions.....	130
14.7. Transitions to new age groups.....	130
14.8. Technology and Media.....	131
14.9. Staff Interactions.....	131
14.10. Positive Guidance and Appropriate Touch.....	132
14.11. Challenging Behaviors.....	133
14.12. Conflict Resolution Skills.....	133
14.13. Developmental Screening/Observations/Assessment.....	133
14.14. Activities to Foster Self-Concept.....	134
14.15. Activities to Develop Social Skills.....	134
14.16. Activities to Develop Cognitive Abilities:.....	134

14.17.	Activities to Develop Creative Expression and the Arts.....	135
14.18.	Activities to Encourage Physical Development.....	135
14.19.	Activities to Develop Literacy and Language.....	136
14.20.	Activities to Encourage Multicultural Activities.	137
14.21.	Activities for Health, Safety and Nutrition.	138
14.22.	SAC/YP Five Core Program Areas.....	138
14.23.	Technology.	141
14.24.	High Yield Activities.....	141
14.25.	Required AF Programs.	141
14.26.	Clubs.	141
14.27.	Specialty Camps.	142
14.28.	Instructional Classes.	142
14.29.	Recognition Programs.....	142
Chapter 15— SPECIAL NEEDS		143
15.1.	Inclusion.....	143
15.2.	Intake and Enrollment.....	143
15.3.	Inclusion Action Team.....	143
15.4.	IAT Responsibilities.	144
15.5.	IAT Referral Process.	145
15.6.	Procedures for Providing Care.....	145
15.7.	Support Specialists.....	145
15.8.	Staff Training.....	145
15.9.	Diabetes Specific Accommodations.	145
Chapter 16— MARKETING		148
16.1.	Promotion and Marketing.	148
16.2.	Program Assessments.	148

Chapter 17— PARENT INVOLVEMENT 149

17.1. Parent Communication. 149

17.2. Parent Participation. 149

17.3. Parent Advisory Board..... 149

17.4. MSG/CC shall meet annually with PAB to discuss program participation. 149

17.5. Parent Education. 150

CHAPTER 18— ALTERNATIVE SHORT TERM HOURLY CHILD CARE 151

18.1. Alternatives for Short Term Care. 151

18.2. Identifying Facilities. 151

18.3. Operational Procedures..... 151

18.4. Alternative child care..... 152

Attachment 1— GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION 153

Chapter 1

OVERVIEW

1.1. Program Overview. The mission of Air Force Child and Youth Programs (CYP) is to assist DoD military and civilian personnel in balancing the competing demands of the accomplishment of the DoD mission and family life through delivery of a system of quality, available and affordable programs and services for eligible children and youth birth through 18 years of age. It is AF policy to ensure CYP:

1.1.1. Provide child and youth development programs in a manner that supports personnel and the Air Force mission. As child care is a work force benefit, eligibility is contingent on the status of the custodial sponsor. For additional eligibility information, see Department of Defense (DoD) Instruction (DoDI) 6060.02, *Child Development Programs* and Air Force Instruction 34-101, *Air Force Morale, Welfare, and Recreation (MWR) Programs and Use Eligibility*.

1.1.2. Support the mission readiness, family readiness, retention and morale of the total force during peacetime, overseas contingency operations, periods of force structure change, relocation of military units, installation realignments and closures, and other emergency situations (e.g. natural disasters, epidemics).

1.1.3. Program, budget and allocate funds and other resources to meet Military Child Care Act (MCCA) requirements and protect the health, safety and well-being of children/youth in a nurturing environment.

1.1.4. Employ qualified personnel whose progression from entry level to positions of greater responsibility is determined by training, education, experience and competency.

1.1.5. Promote the cognitive, social, emotional, cultural, language and physical development of children/youth through programs and services recognizing their differences and encouraging self-confidence, curiosity, creativity, self-discipline and resiliency while providing experiential learning for literacy, mathematics, science, social studies, life skills, healthy lifestyles, the arts and technology.

1.1.6. Promote the prevention, early identification and reporting of child abuse or neglect in Air Force CYP in accordance with DoDD 6400.01, *Family Advocacy Program* and AFI 40-301, *Family Advocacy*.

1.1.7. Facilitate the availability and expansion of quality, affordable, community-based child care which meets the intent of this instruction to support families unable to access installation care.

1.1.8. Participate in all required annual internal certification and external accreditation processes to ensure CYP are operating in accordance with all applicable Air Force, DoD and federal mandates and statutory requirements.

1.2. Roles and Responsibilities.

1.2.1. The Directorate of Services (AF/AIS). Oversee integration of the requirement for CYP, associated policy development, and resource allocation to support mission readiness. Has authority to approve/disapprove waiver requests to non-tiered items in this Instruction.

1.2.2. The Chief, Operations Division (AF/AISO). Oversee Services Operations Program policy.

1.2.3. The Chief, Air Force Child and Youth Programs (AF/AISOC) will:

1.2.3.1. Direct and guide Air Force Child and Youth Programs by developing, interpreting and disseminating policy, guidance, plans and resources to support military families and mission readiness. Direct total force collaboration with ANG/AFR on program, policy and guidance.

1.2.3.1.1. Consult with AF/SG on policy guidance for medical, occupation health and immunization requirements for workers and children/youth.

1.2.3.2. Develop budgets and provide strategic oversight of management of resources to include manpower, funding shortfalls and funding execution. Advocate and ensure resources are available to meet MCCA requirements and protect the health, safety and well-being of children/youth in care.

1.2.3.3. Assess and address child care and youth programs availability on and off the installations in accordance with applicable Air Force, DoD and federal mandates and statutory requirements.

1.2.3.4. Oversee DoD certification processes including issuance of inspection criteria and requesting certification based on unannounced Higher Headquarters Air Force Child and Youth Programs inspections.

1.2.3.5. Establish guidance on child care fees and hardship waivers based on the DoD-issued fee policy on an annual basis and issue supplemental guidance on fees for SAC, hourly care, preschool programs, Air Force approved community-based programs and FCC subsidies.

1.2.3.6. Implement policy on direct cash subsidies to DoD designated child care providers to expand the availability of child care spaces and meet specialized child care needs such as weekend and evening care, care for children/youth with special needs, deployment support and respite child care support.

1.2.3.7. Establish enrollment policy for all patrons seeking to enroll children/youth in CYP to include services for children/youth with special needs, deployed parents/guardians and other unique circumstances.

1.2.3.8. Issue program guidance to Air Force Services Activity Child and Youth Programs Operations (AFSVA/SVPY).

1.2.3.9. Review and forward waiver requests to this Instruction.

1.2.3.10. Develop, implement and monitor performance based-outcome criteria for evaluation of the effectiveness of CYP.

1.2.3.11. Interpret and provide Air Force input to the Office of the Secretary of Defense (OSD), Joint Staff, and other Uniformed Services on issues impacting CYP.

1.2.3.12. Support the Headquarters (HQ) Air Force Community Action Information Board (CAIB) and Integrated Delivery System (IDS).

1.2.3.13. Submit required reports and CYP information (e.g. annual fee, summary of operations, program closures) to OSD and similar offices.

1.2.3.14. Report program data to support legislative, research and other requirements.

1.2.3.15. Work across functional areas of responsibility with other federal and non-governmental organizations to ensure access to quality and affordable CYP.

1.2.4. Air Force Services Activity Child and Youth Programs Operations (AFSVA/SVPY) will:

1.2.4.1. Provide guidance on implementation of policy as directed by AF/A1SOC.

1.2.4.2. Develop and implement programs to support military families and mission readiness. Monitor programs for effectiveness. Ensure child care and youth programs are available for all eligible users.

1.2.4.3. Develop and implement review systems to ensure child care needs are met, validated and quality of operations are maintained or improved.

1.2.4.4. Oversee Expanded Child Care Program to increase the availability of child care spaces and meet specialized child care needs, such as weekend care, evening care, special needs care, deployment support and respite child care support.

1.2.4.5. Implement guidance for identification, prevention and reporting of child abuse or neglect.

1.2.4.6. Develop and provide guidance for reporting accidents and incidents in CYP. Evaluate reports for trends and implement training as needed.

1.2.4.7. Provide input to installation procedures for responding to emergency or contingency situations. This includes, but is not limited to, natural disasters, pandemic disease outbreaks, allegations of child abuse or neglect, active shooter or installation/facility lockdown.

1.2.4.8. Review CYP Nonappropriated (NAF) and Appropriated Fund (APF) construction projects and designs.

1.2.4.9. Oversee development, implementation and management of information technology as it pertains to CYP.

1.2.4.10. Provide guidance on training and curriculum for CYP. Develop and provide initial, recurring training and technical assistance for CYP personnel to support their abilities to conduct day-to-day duties.

1.2.4.11. Provide support to installations to meet required national accreditation requirements.

1.2.4.12. Implement guidance and procedures for the Inclusion Action Team (IAT) that supports families and programs serving children/youth with special needs.

1.2.4.13. Plan and conduct Air Force wide YP events such as specialty camps, residential camps and special programs.

1.2.4.14. Conduct an annual DoD certification process including development of multidisciplinary inspection processes and performance of an annual unannounced Air Force Higher Headquarters Child and Youth Program inspection to ensure all CYP operate in accordance with applicable federal mandates and statutory requirements. Ensure all CYP inspectors meet the qualifications outlined in DoDI 6060.02 and DoDI 6060.4

1.2.4.15. Report operational program data to AF/A1SOC to support legislative, research and other requirements.

1.2.4.16. Work across functional areas of responsibility and collaborate with other federal and non-governmental organizations to ensure access to quality, affordable, and available CYP.

1.2.4.17. Ensure background checks for individuals who have contact with children/youth are in accordance with DoDI 1402.05 *Background Checks on Individuals in DoD Child Care Services Programs*, and DoDI 6060.02 and DoDI 6060.4.

1.2.5. The Air Force Installation and Mission Support Center will:

1.2.5.1. Ensure resources (e.g. personnel, facilities, funding and services) are executed to comply with this instruction.

1.2.5.2. Monitor program effectiveness related to supporting military families and mission readiness.

1.2.6. Air Force Services Activity Installation Support Division (AFSVA/SVI) will:

1.2.6.1. Provide installation guidance on implementation of policy as directed by AF/A1SOC and AFSVA/SVPY.

1.2.6.2. Address operational budgets and resource issues, to include manpower, child care fees, funding shortfalls and funding execution. Ensure resources are executed to comply with this instruction and meet MCCA requirements to protect the health, safety and well-being of children/youth.

1.2.6.3. Provide staff assistance with the DoD certification process to ensure all CYP operate in accordance with applicable federal mandates and statutory requirements.

1.2.6.4. Ensure installations close out deficiencies identified on the unannounced Higher Headquarters Air Force Child and Youth Higher Headquarters inspection report in preparation for DoD certification. Review and submit requests for extensions and waivers.

1.2.6.5. Provide staff assistance in completing corrective action reports and requesting AF Civil Engineer Center (AFCEC) Fire Certification for CYP facilities. Coordinate facility and playground modifications with AFCEC and AFSVA/SVPY.

1.2.6.6. Support programs with meeting national accreditation requirements; review accreditation materials and provide staff assistance to ensure programs maintain accreditation status.

1.2.6.7. Assist installations in ensuring background checks for individuals who have contact with children/youth are in accordance with DoDI 1402.05, DoDI 6060.02 and DoDI 6060.4

1.2.6.8. Provide support to installations for making reasonable accommodations for children/youth with special needs that do not fundamentally alter the nature of the program. Obtain AFSVA/SVPY concurrence and assist in identifying child care options when installations are unable to support individual needs of children and youth.

1.2.6.9. Provide guidance for identifying, prevention and reporting of child abuse or neglect in accordance with Air Force CYP policies.

1.2.6.10. Forward incident reports that involve the services of medical personnel, security forces and family advocacy to include reports for epidemic diseases, facility closures, lapses in supervision and inappropriate guidance to AFSVA/SVPY and AF/A1SOC within 24 hours of the incident. Evaluate reportable incidents for trends.

1.2.6.11. Assist installations in developing procedures for responding to emergency or contingency situations. This includes, but is not limited to: natural disasters, pandemic disease outbreaks and allegations of child abuse or neglect, active shooter or an installation/facility lockdown.

1.2.6.12. Collect, analyze and report program data to AFSVA/SVPY and AF/A1SOC to support legislative, research and other requirements.

1.2.6.13. Collect and analyzes waiver requests (e.g. immunizations, fees) and then processes to AF/A1SOC for decision. Reviews menus, when installation dietitian is not available.

1.2.7. The Installation Commander will:

1.2.7.1. Mandate appropriate facilities, funding levels, and manpower to operate CYP services in compliance with AF CYP policies, the Military Child Care Act and other applicable laws, directives and instructions. (T-0)

1.2.7.2. Ensure installation agencies support CYP oversight and technical assistance requirements including actions needed for personnel background checks in accordance with DoDIs 1402.05, DoDI 6060.02 and DoDI 6060.4. (T-0)

1.2.8. The Mission Support Group Commander (MSG/CC) will:

1.2.8.1. Participate in the AF Child and Youth Unannounced Higher Headquarters Inspection outbrief. Ensure deficiencies are corrected within 90 days of identification in accordance with the Military Child Care Act. (T-0)

1.2.8.2. Ensure installation Comprehensive Fire and Safety, Health and Sanitation, and Multidisciplinary inspections are conducted annually and deficiencies are corrected within 90 days of identification in accordance with public law. (T-0)

1.2.8.3. Ensure installation CYP resource requirements are identified to the Installation Management Support Command. (T-3)

1.2.8.4. Serve as licensing authority for FCC. Appoint the FCC Panel to provide oversight of the FCC Program. Approve, suspend or revoke FCC certification based on

recommendations from the FCC Panel. Require FCC providers to comply with Air Force standards for FCC and state licensing standards where applicable. (T-1)

1.2.8.5. Require installation CYP to convene a Parent Advisory Board and have a viable parent participation program in accordance with the Military Child Care Act. Attend Parent Advisory Board meeting at least once a year. (T-0)

1.2.8.6. Approve/disapprove child care fee hardship waiver request in accordance with DoD and AF fee policies. (T-0)

1.2.8.7. Coordinate and forward waiver requests to this Instruction to AFSVA/SVI for action. (T-1)

1.2.9. The Force Support Squadron Commander (FSS/CC) or FSS Director will:

1.2.9.1. Ensure CYP are in compliance with this Instruction. (T-1)

1.2.9.2. Ensure appropriate staffing levels within CYP and management personnel are professionally qualified, have child/youth development related administrative program experience and are in grade levels which adequately reflect level of responsibility and complexity of duty assignment. (T-0)

1.2.9.3. Participate in the AF Child and Youth Unannounced Higher Headquarters Inspection outbrief. Ensure corrective actions are taken. (T-0)

1.2.9.4. Ensure authorization and assignment of qualified CYP installation personnel to provide effective CYP delivery systems to accomplish the mission. (T-1)

1.2.9.5. Monitor the demand for installation child care capacity and take appropriate action to expand the availability of care as needed. (T-3)

1.2.9.6. Ensure hours of operation for CYPs are based on host/tenant mission needs, customer demand and usage. (T-3)

1.2.9.7. Ensure background checks for individuals (staff, FCC providers and their household member 12 years of age and above, specified volunteers, and contractors) who have contact with children/youth are in accordance with DoDI 1402.05, and DoDI 6060.02 and DoDI 6060.4 (T-0)

1.2.9.8. Serve on the FCC Panel or designate FSS Deputy to serve in his/her place. (T-1)

1.2.9.9. Follow up on reports of child care in government/privatized housing provided by uncertified Air Force FCC providers. (T-1)

1.2.10. The Airman and Family Services (AFS) Flight Chief will:

1.2.10.1. Provide oversight of CYP and monitor for compliance with this Instruction. (T-3)

1.2.10.2. Provide oversight and supervision to CYP section chiefs on a wide range of services and administrative issues. (T-3)

1.2.10.3. Advocate for budget, resources, facility requirements and manpower for CYP. Evaluate requirements for additional resources submitted by section chiefs and balance organizational needs with overall mission requirements and resource interests. Address

CYP operational budgets and resource issues, to include manpower, funding shortfalls and funding execution. (T-3)

1.2.10.4. Be responsible for preparation, management, execution, and fiscal oversight of the flight's appropriated and nonappropriated fund (NAF) budgets. (T-3).

1.2.10.5. Develop CYP capital improvement, short- and long-range plans. (T-3)

1.2.10.6. Participate in the AF Child and Youth Unannounced Higher Headquarters Inspection outbrief. Validate correction of deficiencies within 90 days of identification in accordance with MCCA and ensure programs are subsequently certified by DoD. (T-0)

1.2.10.7. Provide status of the most recent Unannounced Higher Headquarters Inspection findings and corrective actions to incoming FSS/CC or Director and MSG/CC. (T-3)

1.2.10.8. Monitor background checks for individuals (staff, FCC providers and their household member 12 years of age and above, specified volunteers, and contractors) who have contact with children/youth and ensure accordance with DoDI 1402.05, DoDI 6060.02. and DoDI 6060.4 (T-0)

1.2.10.9. Manage CYP facility acquisition projects such as new construction, add/alter, and/or renovation. Notify AFCEC prior to facility structural changes. (T-3)

1.2.10.10. Review and validate the demand for installation child care capacity and take appropriate action to expand the availability of care as needed. Ensure waiting lists are minimized and CDC/SAC classrooms are filled to operational capacity. (T-3)

1.2.10.11. Establish, revise, or review policies for identification, prevention and reporting of child abuse or neglect. Ensure suspected child abuse or neglect is reported to the appropriate agencies. (T-0)

1.2.10.12. Send incident reports that involve the services of medical personnel, security forces and family advocacy to include reports for epidemic diseases, facility closures, lapses in supervision and inappropriate guidance to AFSVA/SVI within 24 hours of the incident. Validate proper procedures and processes are in place when an infant receives human milk to minimize future incidents. Evaluate reportable incidents for trends. (T-1)

1.2.10.13. Serve as a member of the installation IDS and participate in CAIB as requested IAW AFI 90-501, *Community Action Information Board and Integrated Delivery System*. (T-3)

1.2.10.14. Serve as a member of the FCC Panel. Observe at least one FCC home visit per quarter and ensure thorough and accurate observations are being conducted. Ensure FCC home visits are conducted when an FCC coordinator is unavailable. (T-3)

1.2.10.15. Serve in the role of Boys and Girls Clubs of America (BGCA) Chief Volunteer Officer for the installation's club. (T-3)

1.2.10.16. Establish and attend Parent Advisory Board. (T-0)

1.2.10.17. Establish IAT to support CYP children/youth with special needs. (T-3)

1.2.10.18. Evaluate reports by analyzing facts and performing appropriate research and prepares detailed responses. Develop, monitor, and analyze applicable statistical data to

track operating programs, evaluate their effectiveness and applicability to strategic goals and plan improvements. (T-3)

1.2.10.19. Establish, develop, and maintain effective working relationships with other installation organizations, senior leadership, representatives from other military services, DoD agencies, and military and family support related civilian organizations regarding services provided. Serve as the subject matter expert for installation CYP and advise senior leaders on program related matters. (T-3)

1.2.10.20. Identify and encourage participation in recognition opportunities for individuals working and volunteering in CYP. (T-3)

1.2.10.21. Ensure CYP have an established method to evaluate parent satisfaction, identify the strengths and weaknesses of CYP and set program goals on an annual basis. (T-3)

1.2.10.22. Ensure CYP facilities have individualized procedures for responding to emergency or contingency situations. This includes, but is not limited to: natural disasters, pandemic disease outbreaks, active shooter, or an installation lockdown.

1.2.10.23. Coordinate with installation agencies to develop "Self Care" policy that addresses the ages and circumstances under which a child under the age of 12 can reside on or use services provided on installations or facilities without supervision. This policy shall take into consideration applicable laws and ordinances of the States in which the installations or facilities are located. (T-3)

1.2.11. The Child Development Center (CDC) Director/Assistant Director and School Age Care (SAC) Coordinator will:

1.2.11.1. Oversee the management of the child development center/school age care program. Manage indoor/outdoor infrastructure to meet fire, safety and health requirements. Ensure supervision and accountability procedures are in place to protect children while in care. (T-3)

1.2.11.2. Manage appropriated and nonappropriated fund operational budgets and resource issues, to include manpower, funding shortfalls, and funding execution. Ensure resources (e.g. personnel, facilities, funding and services) are maximized to the greatest extent possible. Advocate for additional resources. (T-3)

1.2.11.3. Participate in the AF Child and Youth Higher Headquarters Unannounced Inspection outbrief. Ensure deficiencies are corrected. (T-0)

1.2.11.4. Ensure annual Comprehensive Fire and Safety, Health and Sanitation, and Multidisciplinary Team Inspection (MTI) deficiencies are corrected. (T-0)

1.2.11.5. Ensure the CDC is accredited by the National Association for the Education of Young Children (NAEYC). Ensure SAC is accredited by the Council of Accreditation (COA) unless housed within the CDC and eligible for NAEYC accreditation. Exceptions must be approved by AF/A1SOC. (T-0)

1.2.11.6. Employ adequate numbers of qualified professional staff to manage CDC/SAC in accordance with the AF Manpower Standards for FSS. (T-1)

- 1.2.11.7. Supervise, mentor, and coach CDC/SAC staff and volunteers; provide oversight of contracted services. Disseminate operational guidance. (T-3)
- 1.2.11.8. Conduct orientation for CDC/SAC staff, parents, contractors and volunteers. (T-3)
- 1.2.11.9. Attend the Parent Advisory Board and establish a viable Parent Participation Plan. (T-0)
- 1.2.11.10. Oversee CDC/SAC food program to ensure children/youth are provided healthy meals while minimizing costs. Manage CYP to support child/youth overall health and wellness and the fight against obesity. Ensure program is enrolled in United States Department of Agriculture Child and Adult Care Food Program (USDA CACFP) where available. Ensure health and safety standards are maintained to prevent contamination of food. (T-1)
- 1.2.11.11. Establish, revise, or review policies for identification, prevention and reporting of child abuse or neglect. Ensure suspected child abuse or neglect is reported to the appropriate agencies. (T-0)
- 1.2.11.12. Forward incident reports and review for trends; implement changes to reduce accident/incidents. (T-1)
- 1.2.11.13. Implement guidance to provide services for children/youth with special needs. With written parental permission, seek assistance from specialists to support CYP children/youth that have special needs. Serve on the IAT as needed. (T-1)
- 1.2.11.14. Analyze child care need to meet current and future demand. Monitor the waiting list, fill vacant spaces and keep CDC/SAC activity rooms filled to operational capacity. (T-3)
- 1.2.11.15. Provide input for CDC/SAC facility acquisition projects such as new construction, add/alter and/or renovation. (T-3)
- 1.2.11.16. Ensure CDC/SAC is in compliance with all other respective program requirements in this Instruction. (T-1)
- 1.2.11.17. Maintain background check documentation for individuals (staff, specified volunteers, and contractors) who have contact with children/youth to ensure accordance with DoDI 1402.05 and DoDI 6060.02. (T-0)
- 1.2.11.18. Ensure the facility meets the bloodborne pathogen requirements IAW 29 CFR 1910.1030. (T-0)
- 1.2.12. The Training and Curriculum (T&C) Specialist will:
 - 1.2.12.1. Provide training and curriculum support to all CYP in accordance with this Instruction and per guidance from the AFS Flight Chief. (T-3)
 - 1.2.12.2. Participate in the AF Child and Youth Unannounced Higher Headquarters Inspection outbrief. Ensure training is provided to assist with the correction of deficiencies. (T-0)
 - 1.2.12.3. Provide training to ensure annual Comprehensive Fire and Safety, Health and Sanitation and MTI deficiencies are corrected. (T-0)

- 1.2.12.4. Develop and implement the flight-wide training program to ensure CYP personnel, FCC providers, specified volunteers and contractors meet annual training requirements. Conduct training as related to the specific position description. (T-1)
- 1.2.12.5. Conduct orientation training for CYP personnel. Provide monthly feedback based on observations and assessments to support staff development. (T-1)
- 1.2.12.5.1. Support and assist teaching staff with the development of activity plans. Review and approve activity plans prior to implementation (exception: FCC activity plan).
- 1.2.12.6. Provide ongoing training to CYP personnel, FCC providers, contractors and volunteers (as applicable) on topics to include, but not limited to: (T-0)
- 1.2.12.6.1. Age and developmentally appropriate practices, activities and environments.
 - 1.2.12.6.2. National accreditation standards and processes.
 - 1.2.12.6.3. Child/youth supervision and accountability procedures.
 - 1.2.12.6.4. Child/youth overall health and wellness (e.g. resiliency, obesity prevention, smoking cessation).
 - 1.2.12.6.5. Infant safe sleep environments and practices.
 - 1.2.12.6.6. Prevention of incidents/accidents that could harm children/youth.
 - 1.2.12.6.7. Emergency or contingency situations.
 - 1.2.12.6.8. Management, administrative and food service responsibilities.
- 1.2.12.7. Conduct classroom/home/program observations and role model expected performance behaviors. (T-3)
- 1.2.12.8. Arrange annual training for CYP personnel and FCC providers on identification, prevention and reporting of child abuse or neglect. (T-0)
- 1.2.12.9. Conduct training to support FCC providers with pre-certification training, monthly and/or quarterly training sessions for in-home or group training. (T-1)
- 1.2.12.10. Provide specific support and training to:
- 1.2.12.10.1. FCC providers who want to become accredited. (T-3)
 - 1.2.12.10.2. CYP personnel and FCC providers seeking child/youth development associate credential. (T-3)
- 1.2.12.11. Identify and notify individuals of AF-specific, community-based and other ancillary training opportunities. (T-3)
- 1.2.12.12. Advise program managers on purchasing age and developmentally appropriate materials, supplies and equipment. (T-3)
- 1.2.12.13. Provide input for CYP facility acquisition projects such as new construction, add/alter, and/or renovation. (T-3)

1.2.12.14. Serve on the IAT when needed. Provide insight for consideration of the needs of the child/youth, the program environment, staffing requirements, training requirements and additional resources. (T-1)

1.2.12.15. Obtain written parental permission to seek assistance from specialists to support CYP children/youth that have special needs. Conduct and/or arrange for specialized staff training for children/youth with special needs. (T-1)

1.2.12.16. Serve as facility manager when needed to assist with staffing shortages in extreme situations. (T-3)

1.2.12.17. Provide assistance with orientation for CYP parents. (T-3)

1.2.12.18. Foster parent/staff relationships; provide education to families on child and youth development. (T-3)

1.2.12.19. Provide input into program evaluation, assessment and ongoing planning. (T-3)

1.2.12.20. Remain current with early childhood/youth development practices and safety and health standards. (T-1)

1.2.13. The Youth Programs (YP) Director/Assistant Director will:

1.2.13.1. Oversee the management of the Youth Program to include: open recreation, teens, sports, school age and instructional programs. Manage indoor/outdoor infrastructure to meet fire, safety and health requirements. Ensure supervision and accountability procedures are in place to protect youth while in care. (T-3)

1.2.13.2. Manage appropriated and nonappropriated fund operational budgets and resource issues, to include manpower, funding shortfalls, and funding execution. Ensure resources (e.g. personnel, facilities, funding, and services) are maximized to the greatest extent possible. Advocate for additional resources. (T-3)

1.2.13.3. Apply for grants from the Combined Federal Campaign, United Way, Boys & Girls Clubs of America and other similar sources that are appropriate to support CYP. Consult with the installation legal office for guidance and to review and or modify the terms and conditions of any proposed grant application. (T-3)

1.2.13.4. Participate in the AF Child and Youth Higher Headquarters Unannounced Inspection outbrief. Ensure deficiencies are corrected. (T-0)

1.2.13.5. Ensure annual Comprehensive Fire and Safety, Health and Sanitation, and MTI deficiencies are corrected. (T-0)

1.2.13.6. Monitor SAC accreditation process to ensure program is accredited by the COA unless housed within the CDC and eligible for NAEYC accreditation. Exceptions must be approved by AF/A1SOC. (T-0)

1.2.13.7. Serve in the role of BGCA Chief Executive Officer for the installation Youth Program. Ensure YP participates in BGCA and 4-H required programming. (T-3)

1.2.13.8. Ensure programming is available in the five core program areas: Character and Leadership; Education and Career; Sports, Fitness and Recreation; Health and Life Skills; and the Arts and includes science, technology, engineering and math (STEM)

opportunities. Ensure youth are offered the opportunity to participate in the Air Force required programs. (T-1)

1.2.13.9. Submit National Alliance for Youth Sports (NAYS) Excellence in Youth Sports Award. (T-3)

1.2.13.10. Partner with the School Liaison Officer to inform them about the program and coordinate on initiatives to support children/youth. (T-3)

1.2.13.11. Employ adequate numbers of qualified professional staff to manage YP in accordance with the AF Manpower Standards for FSS. (T-1)

1.2.13.12. Supervise, mentor, and coach YP staff and volunteers; provide oversight of contracted services. Disseminate operational guidance. (T-3)

1.2.13.13. Conduct orientation for YP staff, parents, contractors and volunteers. (T-3)

1.2.13.14. Implement food program to ensure youth are provided healthy meals while minimizing costs. Ensure health and safety standards are maintained to prevent contamination of food. Ensure SAC participation in USDA CACFP food program, where available. (T-1)

1.2.13.15. Establish, revise, or review policies for identification, prevention and reporting of child abuse or neglect. Ensure suspected child abuse or neglect is reported to the appropriate agencies. (T-0)

1.2.13.16. Forward incident reports and review for trends; implement changes to reduce accident/incidents. (T-1)

1.2.13.17. Ensure the facility meets the bloodborne pathogen requirements IAW 29 CFR 1910.1030. (T-0)

1.2.13.18. Implement guidance to provide services for children/youth with special needs. With written parental permission, seek assistance from specialists to support CYP children/youth that have special needs. Serve on the IAT as needed. (T-1)

1.2.13.19. Provide input for YP facility acquisition projects such as new construction, add/alter, and/or renovation. (T-3)

1.2.13.20. Ensure YP is in compliance with all other respective program requirements in this Instruction. (T-1)

1.2.13.21. Maintain background check documentation for individuals (staff, specified volunteers, and contractors) who have contact with children/youth to ensure accordance with DoDI 1402.05, DoDI 6060.02, and DoDI 6060.4. (T-0)

1.2.13.22. Recognize volunteers for their contributions. (T-3)

1.2.14. The Youth Sports and Fitness Program (YSF) Director will:

1.2.14.1. Serve as the installation expert charged with overall administration and operation of youth sports and fitness leagues and programs. Monitor indoor/outdoor infrastructure (e.g. fields, courts, gyms) for compliance with fire, safety and health requirements. Ensure supervision and accountability procedures are in place to protect

children/youth while in program. Implement the basic sports program policies and ensure they coincide with the overall YP policies and goals. (T-1)

1.2.14.2. Manage program budget. Advocate for additional resources. (T-3)

1.2.14.3. Submit information needed for Combined Federal Campaign, United Way and Boys & Girls Clubs of America grants. (T-3)

1.2.14.4. Participate in the AF Child and Youth Higher Headquarters Unannounced Inspection outbrief. Ensure deficiencies are corrected. (T-0)

1.2.14.5. Ensure annual Comprehensive Fire and Safety, Health and Sanitation, and MTI deficiencies are corrected. (T-0)

1.2.14.6. Be a certified youth sports administrator (CYSA). Ensure NAYS guidelines are followed. (T-1)

1.2.14.7. Ensure YSF offers a variety of competitive/non-competitive and non-traditional programs that help youth develop physically, socially, cognitively, and emotionally and encourage self-confidence, curiosity, life skills, creativity, self-discipline and resiliency. (T-3)

1.2.14.8. Ensure adequate numbers of qualified professional staff and specified volunteers are available to assist with leagues; recruit, train, and manage specified volunteers. Ensure coaches are certified as youth sports coaches and carry personal liability insurance as part of that certification. (T-1)

1.2.14.9. Supervise, mentor, and coach YSF staff and volunteers; provide oversight of contracted services. Disseminate operational guidance. (T-3)

1.2.14.10. Conduct orientation for YSF staff, parents, contractors, and volunteers. (T-3)

1.2.14.11. Provide feedback to YSF staff and coaches based on observations with children and youth. (T-3)

1.2.14.12. Implement policies for identification, prevention and reporting of child abuse or neglect. Ensure suspected child abuse or neglect is reported to the appropriate agencies. (T-0)

1.2.14.13. Forward incident reports and review for trends; implement changes to reduce accident/incidents. (T-1)

1.2.14.14. Follow guidance and establish operating procedures to facilitate inclusive sports and fitness opportunities for children/youth with special needs. Serve on the IAT when necessary. (T-1)

1.2.14.15. Ensure YSF is in compliance with all other respective program requirements in this Instruction. (T-1)

1.2.14.16. Maintain background check documentation for individuals (staff, specified volunteers, and contractors) who have contact with children/youth to ensure accordance with DoDI 1402.05, DoDI 6060.02, and DoDI 6060.4. (T-0)

1.2.14.17. Recognize volunteers for their contributions. (T-3)

1.2.15. The Teen Coordinator/Youth Programmer will:

- 1.2.15.1. Serve as the chief official charged with overall administration and operation of teen/preteen programs. Monitor indoor/outdoor infrastructure for compliance with fire, safety and health requirements. Ensure supervision and accountability procedures are in place to protect children/youth while in program. (T-1)
- 1.2.15.2. Manage program budget. Advocate for additional resources. (T-3)
- 1.2.15.3. Apply for grants from the Combined Federal Campaign, United Way, Boys & Girls Clubs of America and other potential sources. (T-3)
- 1.2.15.4. Participate in the AF Child and Youth Higher Headquarters Unannounced Inspection outbrief. Ensure deficiencies are corrected. (T-0)
- 1.2.15.5. Ensure annual Comprehensive Fire and Safety, Health and Sanitation, and MTI deficiencies are corrected. (T-0)
- 1.2.15.6. Implement teen/preteen programming in the five core program areas: Character and Leadership; Education and Career; Sports, Fitness and Recreation; Health and Life Skills; and the Arts to include science, technology, engineering and math (STEM) opportunities. Ensure youth are offered all required AF Programs. (T-1)
- 1.2.15.7. Partner with the School Liaison Officer to inform them about the program and coordinate on initiatives to support teens/preteens. (T-3)
- 1.2.15.8. Network with preteens/teens at other installations or locations (e.g. schools, community centers). Partner with other youth serving organizations (e.g. Girl Scouts, Civil Air Patrol). (T-3)
- 1.2.15.9. Monitor staffing levels to ensure adequate numbers of qualified professional staff are available to operate teen/preteen programs. (T-1)
- 1.2.15.10. Supervise, mentor, and coach preteen/teen staff and volunteers; provide oversight of contracted services. Disseminate operational guidance. (T-3)
- 1.2.15.11. Conduct orientation and training for staff, parents, and specified volunteers participating in teen/preteen programs. (T-3)
- 1.2.15.12. Manage program that supports overall health and wellness and the fight against obesity. Ensure teens/preteens are provided healthy snacks. Ensure health and safety standards are maintained to prevent contamination of food. (T-1)
- 1.2.15.13. Implement policies for identification, prevention and reporting of child abuse or neglect. Ensure suspected child abuse or neglect is reported to the appropriate agencies. (T-0)
- 1.2.15.14. Forward incident reports and review for trends; implement changes to reduce accident/incidents. (T-1)
- 1.2.15.15. Follow guidance and establish operating procedures to facilitate inclusive opportunities for children/youth with special needs. Serve on the IAT when necessary. (T-1)
- 1.2.15.16. Implement a youth sponsorship program. (T-0)

1.2.15.17. Ensure teen/preteen program is in compliance with all other respective program requirements in this Instruction. (T-1)

1.2.15.18. Maintain background check documentation for individuals (staff, specified volunteers, and contractors) who have contact with children/youth to ensure accordance with DoDI 1402.05, DoDI 6060.02, DoDI 6060.4. (T-0)

1.2.15.19. Recognize volunteers for their contributions. (T-3)

1.2.16. The Family Child Care (FCC) Coordinator will:

1.2.16.1. Oversee the management of the Family Child Care Program. Monitor indoor/outdoor areas of homes and FCC offices to meet fire, safety and health requirements. Ensure supervision and accountability procedures are in place to protect children/youth while in care. (T-1)

1.2.16.2. Manage operational budgets and resource issues, to include funding shortfalls and funding execution. Ensure resources are maximized to the greatest extent possible. Advocate for additional resources. (T-3)

1.2.16.3. Conduct designated home visits during the Higher Headquarters Unannounced Inspection and participate in the CYP inspection outbrief. Ensure deficiencies are corrected. (T-0)

1.2.16.4. Ensure annual Comprehensive Fire and Safety, Health and Sanitation and MTI deficiencies are corrected. (T-0)

1.2.16.5. Coordinate initial and re-certification home inspections of government owned or privatized housing in exclusive or concurrent jurisdiction with installation fire prevention and health and sanitation agencies or conduct inspection if the home is privately owned or privatized housing in partial or proprietary jurisdiction. Conduct all safety inspections except those OCONUS locations where base agency (e.g. Safety) has indicated they will conduct. Consult with the installation Government housing office and/or legal office regarding jurisdiction issues. (T-1)

1.2.16.6. Encourage FCC providers to seek accreditation from the National Association of Family Child Care (NAFCC) and assist them with identifying opportunities to help offset accreditation costs. (T-3)

1.2.16.7. Serve as the liaison to the FCC Panel. Schedule, attend and prepare all materials needed for panel meetings. Prepare and maintain panel minutes. Ensure certification is signed by MSG/CC prior to authorizing providers to begin offering child care. (T-1)

1.2.16.8. Ensure FCC providers promote the cognitive, social, emotional, cultural, language and physical development of children through programs and services recognizing differences and encouraging self-confidence, curiosity, life skills, creativity, self-discipline and resiliency while providing experiential learning for literacy, mathematics, science, social studies, healthy lifestyles, the arts and technology. (T-3)

1.2.16.9. FCC Coordinator provides information on space availability in FCC homes to CDC/SAC program managers. (T-3)

- 1.2.16.10. Manage Expanded Child Care (ECC) Program in accordance with AFSVA/SVPY guidance to ensure operational standards are being followed. (T-1)
- 1.2.16.11. Serve as the administrator with oversight for FCC providers. Disseminate operational guidance. (T-3)
- 1.2.16.12. Ensure individuals certified to provide child care through the FCC program are screened, trained and approved to provide child care. (T-1)
- 1.2.16.13. Maintain a listing of the FCC providers and the housing designation (e.g. government housing, privately owned, privatized housing; exclusive, concurrent, partial or proprietary jurisdiction. Share information with installation agencies as needed. (T-3)
- 1.2.16.14. Conduct home visits, and ensure deficiencies are corrected. Modify training requirements to address deficiencies . (T-1)
- 1.2.16.15. Follow up on reports of child care in government/privatized housing provided by uncertified Air Force FCC providers. (T-1)
- 1.2.16.16. Work with T&C Specialist to prepare training materials as required supporting providers with orientation and ongoing training sessions. Ensure module training, observations and assessments are conducted. (T-3)
- 1.2.16.17. Encourage FCC providers to seek Child Development Associate (CDA) credential and assist providers with identifying opportunities to help pay for credential. (T-3)
- 1.2.16.18. Attend the Parent Advisory Board and establish a viable parent participation plan. (T-0)
- 1.2.16.19. Implement USDA CACFP to ensure children/youth are provided healthy meals. Manage program that supports child/youth overall health and wellness and the fight against obesity. (T-1)
- 1.2.16.20. Implement policies for identification, prevention and reporting of child abuse or neglect. Ensure suspected child abuse or neglect is reported to the appropriate agencies. (T-0)
- 1.2.16.21. Forward incident reports and review for trends; implement changes to reduce accident/incidents. (T-1)
- 1.2.16.22. Implement guidance to provide services for children/youth with special needs. With written parental permission, assist FCC providers in seeking assistance from specialists to support CYP children/youth that have special needs. Serve on the IAT as needed. (T-1)
- 1.2.16.23. Ensure FCC providers have individualized procedures for responding to emergency or contingency situations. This includes, but is not limited to: natural disasters, pandemic disease outbreaks, active shooter, or an installation lockdown. (T-1)
- 1.2.16.24. Maintain FCC Resource Center. (T-3)
- 1.2.16.25. Ensure FCC Program is in compliance with all other respective program requirements in this Instruction. (T-1)

1.2.16.26. Maintain background check documentation for individuals (staff, specified volunteers, and contractors) who have contact with children/youth to ensure accordance with DoDI 1402.05 and DoDI 6060.02. (T-0)

1.2.16.27. Account for the hours used in the Expanded Child Care Program monthly and validate FCC provider's timesheets before submitting them to AFSVA/SVPY for payment. (T-3)

1.2.17. The Family Child Care (FCC) Panel will:

1.2.17.1. Convene a meeting at least quarterly with the MSG Deputy Commander serving as panel chair. (T-1)

1.2.17.2. Be comprised of the MSG Deputy Commander, FSS Commander/Director or Deputy and the AFS Flight Chief. The FCC Coordinator and T&C Specialist are also assigned to the panel but are not voting members. (T-1)

1.2.17.3. Involve representatives from installation Legal, Family Advocacy, Safety, Fire, Mental Health, Medical, Security Forces, Public Health and other agencies as needed. (T-1)

1.2.17.4. Recommend certification of providers who can support the mission requirements for certification by MSG/CC. Certification is based on the unmet demand at the installation or expanded child care needs. (T-1)

1.2.17.5. Determine the need for FCC providers semi-annually. (T-1)

1.2.17.6. Review FCC provider's inspection deficiencies and the status of provider's training quarterly. (T-1)

1.2.17.7. Recommend providers for suspension/revocation to the MSG/CC. (T-1)

1.2.17.8. Address reports of child care in government/privatized housing provided by uncertified Air Force FCC providers. (T-1)

1.2.17.9. Monitor program effectiveness related to the needs of personal and family readiness of military families. (T-1)

1.2.17.10. Review background checks and recommend suitability for FCC providers and their household member 12 years of age and above. (T-1)

1.2.18. The installation Safety office will:

1.2.18.1. Provide consultation to the FCC Panel, AFS Flight Chief, CYP personnel and FCC providers on safety issues. (T-1)

1.2.18.2. Train FCC Coordinators to conduct home safety inspections for new FCC applicants and those renewing FCC certifications in government and in privatized housing areas. (T-1)

1.2.18.3. Upon contact from CYP personnel, designate an individual to conduct pre-season safety inspections of sports fields and facilities. (T-1)

1.2.18.4. Conduct an annual unannounced comprehensive safety inspection of all CYP facilities and FCC homes in OCONUS government housing. (T-0)

1.2.18.5. Conduct an annual unannounced multidisciplinary safety inspection of all CYP facilities and FCC homes in OCONUS government housing. (T-0)

1.2.18.6. The Safety Office will train Airman and Family Services Flight Chiefs or CDC Directors to conduct comprehensive and multidisciplinary home inspections in all other jurisdictions for FCC homes except for those located in government housing overseas.

1.2.18.7. Provide a written report to the CYP Manager, to include any deficiencies, not later than 30 days after the annual comprehensive or multidisciplinary inspection. (T-1)

1.2.18.7.1. Validate CYP Corrective Action Reports fully address deficiencies identified on the Comprehensive or Multidisciplinary Safety Inspection. Follow up with CYP managers and facilities as needed in accordance with applicable DoD, USAF, Federal, state and local/tribal regulations/guidance. (T-0)

1.2.18.8. Inspect facilities for temporary child care use. (T-1)

1.2.19. The installation Fire Prevention office will:

1.2.19.1. Provide consultation to the FCC Panel, AFS Flight Chief, CYP personnel and FCC providers on fire issues and emergency plans such as chemical spills. (T-1)

1.2.19.2. Perform inspections for new FCC applicants and those renewing FCC licenses if the home is government owned or is privatized housing in exclusive or concurrent jurisdiction. (T-1)

1.2.19.3. Take the necessary steps to ensure CYP personnel and FCC providers are prepared to respond to emergencies. (T-1)

1.2.19.4. Provide fire safety training to new CYP managers, FCC Coordinators and T&C Specialists as it pertains to their facilities. (T-1)

1.2.19.5. Train CYP personnel and FCC providers to identify fire hazards and deficiencies using the current AFCEC Fire Inspection Guide. (T-1)

1.2.19.6. Ensure evacuation drills are being conducted at CYP facilities (T-1)

1.2.19.7. Conduct an annual unannounced comprehensive fire inspection of CYP facilities that includes a sampling of FCC homes. (T-0)

1.2.19.8. Conduct an annual unannounced multidisciplinary fire inspection of CYP facilities that includes a sampling of FCC homes if the homes are government owned or are privatized housing in exclusive or concurrent jurisdictions. (T-0)

1.2.19.9. AFCEC will train Airman and Family Services Flight Chiefs or CDC Directors to conduct comprehensive and multidisciplinary home inspections in privately owned or privatized housing in partial or proprietary jurisdiction.

1.2.19.10. Provide a written report to the CYP Manager, to include any deficiencies, not later than 30 days after the annual comprehensive or multidisciplinary inspection. (T-1)

1.2.19.10.1. Monitor corrective actions (with dates of completion) are received within 90 days of the Inspection fully address and correct all deficiencies noted on the Inspection. Follow up with CYP managers and facilities as needed in accordance

- with applicable DoD, USAF, Federal, state and local/tribal regulations/guidance. (T-0)
- 1.2.19.11. Ensure AFCEC certification of CYP facilities. (T-1)
- 1.2.19.12. Inspect facilities for temporary child care use. (T-1)
- 1.2.20. The installation Public Health office will:
- 1.2.20.1. Provide consultation to the FCC Panel, AFS Flight Chief, CYP personnel and FCC providers on health and sanitation issues and emergency plans such as pandemic or contagious disease outbreaks. (T-1)
- 1.2.20.2. Perform inspections for new FCC applicants and those renewing FCC licenses if the home is government owned or is privatized housing in exclusive or concurrent jurisdiction. (T-1)
- 1.2.20.3. Provide health and sanitation training to new CYP managers, FCC Coordinators, and T&C Specialists as it pertains to their facility. (T-1)
- 1.2.20.4. Provide training on public health emergency preparedness (e.g. disease outbreaks, pandemics) to CYP personnel and FCC providers. (T-1)
- 1.2.20.5. Notify CYP Manager of public health outbreaks and whether under immunized adults/children must be excluded from participation.
- 1.2.20.6. Conduct an annual unannounced comprehensive health and sanitation inspection of CYP facilities that includes a sampling of FCC homes if the homes are government owned or are privatized housing in exclusive or concurrent jurisdictions. (T-0)
- 1.2.20.7. Conduct an annual unannounced multidisciplinary health and sanitation inspection of CYP facilities that includes a sampling of FCC homes if the homes are government owned or are privatized housing in exclusive or concurrent jurisdictions. (T-0)
- 1.2.20.8. Public Health will train Airman and Family Services Flight Chiefs or CDC Directors to conduct comprehensive and multidisciplinary home inspections in privately owned or privatized housing in partial or proprietary jurisdiction.
- 1.2.20.9. Provide a written report to the CYP Manager, to include any deficiencies, not later than 30 days after the annual comprehensive or multidisciplinary inspection. (T-0)
- 1.2.20.9.1. Validate CYP Corrective Action Reports fully address deficiencies identified on the Health and Sanitation Inspection. Follow up with CYP managers and facilities as needed in accordance with applicable DoD, USAF, Federal, state and local/tribal regulations/guidance. (T-0)
- 1.2.20.10. Conduct regular inspections of CYP facilities in accordance with AFI 48-116, Food Safety Program, and AFI 48-117, Public Facility Sanitation. (T-1)
- 1.2.20.11. Inspect facilities for temporary child care use. (T-1)
- 1.2.21. The installation Medical Support office will:

- 1.2.21.1. Provide consultation to the FCC Panel, AFS Flight Chief, and CYP personnel on medical issues, waiver requests and emergency plans such as pandemic disease outbreaks. (T-1)
 - 1.2.21.2. Appoint a pediatric medical advisor to assist CYP to include Family Child Care, with medical issues and training. The CYP Medical Advisor is a member of the Inclusion Action Team. (T-1)
 - 1.2.21.3. Assist programs in making decisions as to whether the programs can make reasonable accommodations for children/youth with special needs. (T-1)
 - 1.2.21.4. Take the necessary steps to ensure CYP personnel and FCC providers are prepared to respond to emergencies. (T-1)
 - 1.2.21.5. Provide medication training to CYP personnel including FCC providers. (T-1)
 - 1.2.21.6. Approve outdoor play policy that determines when local conditions do not permit outside play. (T-1)
 - 1.2.21.7. Approve sunscreen and insect repellent for use in CYP. (T-1)
 - 1.2.21.8. Approve infant formulas for CDC. (T-1)
 - 1.2.21.9. Serves as a member of the IAT and assists individual programs in determining whether reasonable accommodations can be made for children/youth with special needs. Also assists with locating specialized training needed to support their program participation. (T-1)
 - 1.2.21.10. Provides training for CYP personnel and FCC providers on how to respond during medical emergencies. (T-1)
 - 1.2.21.11. Ensures medication training is provided to CYP personnel and FCC providers annually and as needed throughout the year. (T-1)
 - 1.2.21.12. Provide guidance on immunization exemption during a documented outbreak of a contagious disease that has a vaccine.
- 1.2.22. The installation Family Advocacy Program (FAP) office will:
- 1.2.22.1. Provide annual training to CYP managers, staff, contractors, volunteers, and FCC providers on prevention, identification, reporting child abuse or neglect. (T-1)
 - 1.2.22.2. Provide consultation and guidance on reported incidents that involve the safety, health or well-being of a CYP participant. (T-0)
 - 1.2.22.3. Provide results to Installation Records Check (IRC) review. (T-0)
- 1.2.23. The installation Information Protection office will:
- 1.2.23.1. Provide staff assistance with the submission and receipt of required fingerprint checks and/or those investigations which require adjudicative decisions by the DOD Central Adjudications Facility (DOD CAF) for individuals (staff, FCC providers and their family members, specified volunteers and contractors) who have contact with children and youth are in accordance with DoDI 1402.05, *Background Checks on Individuals in DoD Child Care Services Programs* and DoDI 6060.02 and DoDI 6060.4. (T-0)

1.2.24. The Installation Force Support Security Manager will:

1.2.24.1. Provide assistance with the submission and receipt of required fingerprint checks and/or those investigations which require adjudicative decisions by the DOD Central Adjudications Facility. (T-0)

1.2.24.2. Initiate all FCC, contractor and specified volunteer background investigations.

1.2.25. The Installation Security Forces Squadron will:

1.2.25.1. Provide consultation to the FCC Panel, AFS Flight Chief, CYP personnel and FCC providers on security issues and emergency plans such as active shooter/intruder, terrorism and intoxicated parents. (T-1).

1.2.25.2. Provide results to Installation Records Check (IRC) review. (T-0)

1.2.26. The installation Legal office will:

1.2.26.1. Provide consultation to the FCC Panel, AFS Flight Chief and CYP personnel on legal matters including the review and possible modification of grant applications and donations/offers of gift to support CYP. (T-1)

1.2.26.2. Review FCC provider insurance coverage plans. (T-1)

1.2.26.3. Assist programs in making decisions regarding the nature and extent reasonable accommodations can be made so that all children/youth including children/youth with special needs can participate and be successful in CYP. Consult with AFSVA/JA as needed for guidance and assistance in helping to determine possible options and the best way forward in complex cases (T-1)

1.2.27. The Installation Civilian Personnel Section (CPS) and Human Resource Offices (HRO) in accordance with this AFI, DoDI 1402.05 and any other applicable instructions will:

1.2.27.1. Conduct initial background screenings and make suitability determinations on APF and NAF employees. (T-1)

1.2.27.2. Follow up with agencies if investigative reports have not been received. (T-1)

1.2.27.3. Track and initiate reverifications. (T-1)

Chapter 2

FACILITIES

2.1. Facility Requirements and Construction. CYP facilities must comply with all federal construction standards. CDC renovation and new construction projects must comply with Unified Facilities Criteria (UFC) 4-740-14 and YP renovation and new construction projects must comply with UFC 4-740-06. Construction standards are used per UFC 1-200-01 and all applicable UFCs must be complied with. Use of the Unified Facilities Guide Specification (UFGS) is also required for all DoD projects. AFCEC will be consulted when developing, updating, and/or following facility standards and criteria. All facilities must comply with the life safety and fire protection requirements of the National Fire Protection Association 101 Life Safety Code as implemented by UFC 3-600-01, UFC 4-740-14 and UFC 4-740-06. Non-CYP facilities that are used intermittently to support CYP components (e.g. instructional classes, short-term care) must obtain local fire, safety and public health approval prior to facility usage. AFCEC will be consulted when developing, updating, and/or following life, safety, and fire protection requirements. State and local construction standards will not be used. AFSVA/SVP must be consulted to validate which State and local construction standards apply.

2.1.1. Facilities and equipment must be clean, in good repair, and representative of the needs and interests of children/youth currently in the program.

2.1.2. Facility modifications and renovations must be coordinated with AFSVA/SVI and approved by AFCEC and AFSVA/SVPY.

2.1.3. Newly constructed CDC facilities must have customer and staff parking, a reception area, offices, an isolation room, kitchen, food preparation/storage area, laundry room, janitor's closet, children activity rooms, child restrooms, staff/public restrooms, staff break room, a place for staff to store personal belongings in a secured locker, training room for planning or preparing materials that is separated from the children areas and outdoor play environments. Activity rooms use light neutral colors from the approved standardized color palettes for paint incorporating warm accent colors with soft textures that help create a home-like environment.

2.1.4. Newly constructed YP facilities must have customer and staff parking, a reception area, offices, kitchen, food preparation/storage area, janitor's closet, youth activity rooms, a multi-purpose room, child/youth restroom, staff and/or public restrooms, staff break room, gym, storage areas, a place for staff to store personal belongings in a secured locker, training room for planning or preparing materials that is separated from the youth areas and outdoor play environments.

2.1.5. Modifications or replacements to playground equipment meet design requirements and are coordinated with AFSVA/SVPY. AFCEC approval may also be needed depending on the modification.

2.1.6. An exterior sign shall be placed near the front entrance of the facility with the name of the CYP unless prohibited by local force protection regulations.

2.1.7. At least one telephone with DSN capability must be available in CYP facilities. CYP must have phone lines that are available to reach off base residences and work locations of parents.

2.1.8. Internal communication system (e.g. intercom, 2-way radios, cordless phones) is available to facilitate communication between activity rooms, front desk, and outdoor play areas.

2.1.9. Provide sufficient storage space for equipment and materials; storage areas must be kept neat and organized.

2.1.10. Individual space must be provided for each child/youth's personal belongings and the space is arranged so that personal belongings do not touch.

2.2. CDC/SAC. Facilities must be designed and equipped appropriately to meet fire, safety, health and sanitation standards, and program needs. A minimum of 35 square feet of usable space per child/youth must be available in each CDC/SAC activity room with an additional 15 square feet per child for children 6 weeks to 24 months of age (to facilitate crawling and protected play).

2.2.1. There must be separate male and female restrooms for school-aged youth, unless located in a CDC. Separate multi-unit restrooms will be available for staff and visitors or a system is in place to ensure adults and children/youth do not use the restroom at the same time.

2.2.2. There must be a designated place for parents to sign children/youth in and out, to receive and leave messages and to gain access to program and community information.

2.3. Heating and Ventilation for Facilities. Air conditioning, ventilation systems or rooms with windows shall be used to cool CYP facilities.

2.3.1. Temperatures between 68 and 82 degrees Fahrenheit must be maintained throughout CYP facilities (e.g. activity rooms, gyms and offices).

2.3.2. All operable windows used for ventilation must be screened and meet all applicable safety requirements.

2.4. Reception Areas. The front entrance shall be attractive and inviting to children/youth and their parents.

2.4.1. The hours of operations must be posted and easily viewed from outside the facility.

2.4.2. Photos and names of CYP managers shall be posted near the front desk. The name of the supervisor on duty must be posted during all hours of operation.

2.4.3. The DoD Certificate to Operate, CDC/SAC Accreditation Certificate and AFCEC Fire Certification must be displayed in a prominent location near the front of the facility.

2.4.4. Each facility must display a program information board with the AF CYP Mission statement, DoD Child Abuse Hotline Poster, AFCEC Fire Inspection Guide for the current month, the latest public health and sanitation reports and CDC/SAC Menus, if applicable.

2.4.5. The most recent annual inspection reports (e.g. HHQ, MTI, Comprehensives), CYP Instructional Guide on Positive Guidance and Appropriate Touch and other informational materials are readily accessible for parents to review.

2.4.6. Signs, notices and information on bulletin boards must be current and attractively displayed. Artwork and photos of program events should be current unless used for historical documentation.

2.5. Child Development Centers. Facilities are designed and equipped appropriately to meet fire, safety, health and sanitation standards, and program needs. New facilities must be designed to permit line-of sight supervision of children. Existing facilities that do not provide visual accessibility must offer alternative protections, such as closed circuit surveillance systems to protect youth from abuse and neglect while they are participating in CDC.

2.5.1. Toilets and sinks must be located within activity rooms used by children 5 years of age and under. A minimum of two flush toilets must be available for every 14 children over 2 years of age. Sinks with running water shall be located near the toileting areas.

2.5.2. A platform or steps must be available if the sink is too high for children to reach. If there are more than three steps, handrails must be attached.

2.5.3. Steps must be provided to transition children to the elevated diaper-changing surface. If there are more than three steps, handrails must be attached.

2.5.4. Doors must not be installed on toilet stalls for children under 3 years of age. Partial toilet partitions may be installed for children over 3 years of age in CDC. If used, the partitions must: allow staff to view over and under, meet construction and fire requirements, be easy to clean and disinfect and not create any pinching hazards.

2.5.5. Activity rooms must be designed for children to play individually, in small groups or in a large group. There must be enough usable floor space to provide a variety of activity/interest areas which collectively provide enough space for the number of children enrolled. The space must be arranged so various activities can go on at the same time without disrupting one another.

2.5.6. In each CDC activity room, there must be hard surface flooring for eating and play activities as well as carpeted areas for other play activities.

2.5.7. In each CDC, if single rooms are used for two groups (e.g. 20 pre-toddlers and 4 staff), each group (e.g. 10 pre-toddlers and 2 staff) must have their own defined physical space and interest centers.

2.5.8. Adults must have a comfortable place to sit, hold and feed Infants. Staff must be able to place rocking chairs and/or glider chairs in locations which provide visual access to the room and avoid injury to children who may be on the floor.

2.5.9. Chairs with a back and a seating height that allows the child to sit with his or her feet on the floor or ground shall be provided for each child over one year of age. Tables must be at a height that allows a child to sit comfortably with the table between his or her underarm and waist.

2.5.10. CDCs must have a designated place set aside for breast feeding for parents who want to breastfeed.

2.5.11. Soft materials (e.g. rugs, pillows) may be used to provide a home-like environment; however, they must not present a fire, safety or health hazard. Such hazard restrictions include, but are not limited to:

2.5.11.1. Pillows may not be used in rooms for children under 1 year of age.

2.5.11.2. Valances must be: shorter than 18 inches, at least 60 inches above floor finish, and not placed over doors.

2.6. Youth Centers. Facilities must be designed and equipped appropriately to meet fire, safety, health and sanitation standards, and program needs. New facilities must be designed to permit line-of sight supervision of youth. Existing facilities that do not provide visual accessibility must offer alternative protections, such as closed circuit surveillance systems to protect youth from abuse and neglect while they are participating in YP.

2.6.1. There must be enough usable floor space to provide a variety of activity/interest areas which collectively provide enough space for all the youth enrolled. Enough usable floor space must be provided for program offerings, such as self-directed activities, fitness and large motor skill building activities, homework and tutoring activities, arts and crafts, computer labs, instructional classes, club meetings, and special events. Refer to UFC 4-740-06 for size/space requirements.

2.6.2. A separate space is provided for pre-teens, teens and/or part-day preschool if located in youth center. Part-day preschool may share space within the SAC area.

2.6.3. There must be a designated place for parents to receive and leave messages, and gain access to program and community information.

2.6.4. Facilities must have access to equipment for youth to learn technological skills and integrate technology into other aspects of the program (e.g. connecting with deployed or duty-separated parents). Similar equipment must also be available to support staff training and development.

2.7. CDC/SAC Outdoor Areas. The manufacturer's instructions must be followed when installing playground equipment. All playground surfaces and equipment must meet the Architectural Society for Testing and Materials (ASTM), Consumer Product Safety Commission (CPSC) Standards, Architectural Barriers Act and be age-appropriate.

2.7.1. Outdoor play areas directly adjoin the CDCs. Outdoor play environments for alternative program options must be accessible via a route free from hazards and located within 1/8 mile from the facility.

2.7.2. Playground equipment must be safe for children/youth to use (e.g. no catch points, sharp points, protruding hardware or entrapments) and adequate space between pieces must meet standards as set forth in the CPSC Public Playground Safety Handbook and ASTM standards. As of 1 Jan 2015, pea gravel and loose fill materials are not permitted on new and/or renovated CYP playgrounds.

2.7.3. The outside environment must be arranged to ensure all children/youth are visible and supervision is maintained. Convex mirrors should be used in the outside play environment to support visibility and supervision.

2.7.4. Outdoor play spaces must have at least 75 square feet of outside play space for each child/youth playing outside at any one time.

2.7.5. For newly constructed facilities, separate outdoor play environments must be available for each age group (infant, pre-toddler, toddler, preschool and school age). In existing CDCs, there is at least a separate playground area for children under 2 years of age.

2.7.6. Playgrounds must have a variety of surfaces (e.g. resilient materials, natural elements) and have a balance of sun and shade.

2.7.7. For new CDC/SAC programs, chain link fencing is used except in climates with extreme wind conditions; deviations are approved by AFSVA/SVPY. Chain link fencing installed after 1 Jan 2015 has powdered/vinyl coating (black, brown, dark green or tan), is at least six feet high and meets installation force protection standards. Horizontal slat fencing is not used.

2.7.8. The perimeter gate in the playground fence is unobstructed and is in good working order, and will permit the movement of children/youth away from a hazardous area (e.g. fire in the building). The gate is either kept unlocked whenever the facility is occupied by children/youth, or the gate is designed such that it can be opened from the playground side without the need for a key or special tool.

2.7.9. Outdoor storage sheds allow for visual monitoring when children/youth have access to play equipment. If the shed does not permit visual monitoring, the storage shed must remain locked and inaccessible to children and youth.

2.7.10. Culverts, drainage ditches, sewer accessories, standing water and all similar hazards must be inaccessible to children/youth.

2.7.11. Merry-go-rounds, narrow steep slides, trampolines, animal figure and hard seat swings must not be installed on playgrounds.

2.7.12. Poisonous plants and inedible vegetation must not be located on CDC/SAC playgrounds.

2.7.13. If the program does not have its own outdoor space, it has daily access to an off-site space such as a park or playground that is safe for children/youth to use. Trained playground staff must determine these areas are safe for youth prior to use.

2.7.14. Other outdoor areas, such as sports fields, swimming pools, tennis courts, and outdoor playgrounds may be used to augment program activities. Trained staff must determine these areas are safe for youth prior to use.

2.8. Youth Programs Outdoor Space. Outside areas include sports fields, courts, and playgrounds. All areas must be designed and maintained so that they are safe for youth to use. (T-1)

2.8.1. Fields are free of litter and well-groomed.

2.8.2. Athletic fields should be maintained in accordance with the national youth standards for the specified sport (e.g. soccer, baseball, flag football). Fields should be graded, aerated, reseeded, fertilized and a top dress applied twice annually during off seasons to sustain safe playable fields during sports seasons.

2.8.2.1. Insect and rodent measures must be conducted to minimize the potential for bites to participants and spectators. Consult with the ground maintenance for solutions.

2.8.3. If the program does not have its own outdoor space, it has daily access to an off-site space such as a park or playground that is safe for the youth to use. Trained playground staff must determine these areas are safe for youth prior to use.

2.8.4. Other outdoor areas, such as sports fields, swimming pools, tennis courts, and outdoor playgrounds may be used to augment program activities. Safety-trained staff must determine these areas are safe for youth prior to use.

2.9. Maintaining Facilities and Grounds. Facilities are kept clean, in good repair and well organized.

2.9.1. APF custodial support must be provided for CYP facilities to ensure cleanliness and sanitation is in accordance with the Big 3 Service Contracts Policy Memo, the AF Custodial Standards Table 2 and associated appendices. Custodial support for the CDC must be provided during hours of operations.

2.9.2. Food preparation areas, bathrooms, diapering areas, hand-washing facilities and drinking fountains must be kept clean and sanitary.

2.10. Shared Spaces. A written agreement outlining specific responsibilities of the program and specific responsibilities of the host agency is required when using space in other facilities (e.g. schools). The agreement must address all space to be used by the program; inclusive dates and times; furniture, supplies, equipment and storage; telephone and other utilities; opening and closing procedures; cleanup and maintenance; lines of communication and any applicable fees.

2.10.1. The environment must be a pleasant place for youth even when it is a shared facility. If the program is operating in a large open space such as a gymnasium or cafeteria, interest areas shall be created by using area rugs, dividers, cushions and furniture to separate areas. Portable storage cabinets must be provided for personal belongings, supplies and equipment.

2.10.2. CYP personnel must have sufficient time and personnel to set-up and tear-down. Children/youth may help; however, CYP personnel are to ensure the tasks can be performed safely by children/youth.

2.11. Family Child Care (FCC).

2.11.1. FCC Programs shall have space for administrative functions, reception area and a designated space for the FCC Resource Center of sufficient size to accommodate indoor and outdoor materials.

2.11.2. In FCC homes there must be 35 square feet (SF) of indoor usable space for each child/youth in care to play, eat and rest.

2.11.3. A working landline or cellular phone is available within the home. Phones must be able to dial the local emergency dispatch center. Emergency phone numbers for the police, fire, poison control services and DoD Child Abuse hotline number are posted on the parent board and programmed into cellular phone.

2.11.4. The areas of the home used by children/youth are welcoming and friendly, appearing like a family home, a small preschool, or a combination of the two. The arrangement of the space and use of materials are balanced to meet the needs of both the child care program and the provider's family.

2.11.5. Outdoor play equipment must be designed for home use. Equipment must have enough space for active play and must be age appropriate.

Chapter 3

INSPECTIONS

3.1. Required Annual Inspections. All CYP operated by or for DoD personnel are certified to operate through inspections occurring no fewer than four times a year as required by the Military Child Care Act. Three inspections are conducted locally and one is a higher headquarters inspection. Local inspections include: annual comprehensive health and sanitation inspections, annual comprehensive fire and safety inspections and a multidisciplinary inspection. (T-0)

3.2. Local Comprehensive Inspections. Annual comprehensive Fire and Safety and annual comprehensive Health and Sanitation inspections are conducted annually (with no more than 12 months between inspections). Inspections may be combined or conducted separately. Local comprehensive inspections must include at least ten percent or not fewer than three FCC homes. All portions of the inspection must be unannounced. If the FCC home is government owned or privatized housing in exclusive or concurrent jurisdiction, the inspection is conducted by the installation Fire Prevention Office and Public Health Office. The Airman and Family Service Flight Chief or CDC Director who is trained to conduct safety inspections will conduct FCC home inspections in all locations except in government housing in OCONUS locations. If the home is privately owned or privatized housing in partial or proprietary jurisdiction, fire and health inspections are conducted by Airman and Family Services Flight Chief or CDC Director who has been trained to conduct FCC fire and health inspections. (T-0)

3.2.1. The most current version of the CYP Fire Prevention/Inspection Guide issued by AFCEC must be used to conduct Comprehensive Fire Inspections. The inspection will include a fire drill.

3.2.2. Programs are issued a written report identifying their deficiencies no later than 30 days after the inspection. CYP must submit corrective actions (with completion dates) that fully address deficiencies to the inspecting agency within 90 days of the inspection. Documentation is kept on file.

3.2.3. A copy of the most recent local comprehensive inspection reports and corrective actions is available for review during the Higher Headquarters Inspection.

3.3. Local Multidisciplinary Team Inspection. An annual unannounced multidisciplinary team inspection must be conducted. The inspection must include a review of FCC Program Administration and at least 10 percent or no fewer than three FCC homes. All portions of the inspection must be unannounced and the full inspection should be completed within a two week period.

3.3.1. The MSG/CC appoints a designated person to oversee the Multidisciplinary Inspection.

3.3.2. The most current multidisciplinary inspection criteria issued by AF/A1SOC must be used to conduct the inspection.

3.3.3. The inspection team includes a local expert in each of the following areas: Human Resources, Family Advocacy, a parent representative from each of the programs and representatives trained to conduct fire, safety and health inspections.

3.3.3.1. If the FCC home is government owned or privatized housing in exclusive or concurrent jurisdiction, the inspection is conducted by the installation Fire Prevention Office and Public Health Office. The Airman and Family Service Flight Chief or CDC Director who is trained to conduct safety inspections will conduct FCC home inspections in all locations except in government housing in OCONUS locations. If the home is privately owned or privatized housing in partial or proprietary jurisdiction, the inspection is conducted by Airman and Family Services Flight Chief or CDC Director who has been trained to conduct FCC fire and health inspections. Consult with the installation Government housing office and/or legal office regarding jurisdiction issues.

3.3.3.2. The inspection includes 100% review of files for compliance with background check requirements.

3.3.4. The inspection is conducted to ensure both the YP summer program and the school-year program are inspected at least every other year.

3.3.5. The results of the most recent local comprehensive inspections and the Higher Headquarters inspection are reviewed as part of the multidisciplinary inspection to ensure deficiencies have been corrected. This review is documented in the report.

3.3.6. Programs are issued a written report identifying their deficiencies no later than 30 days after the inspection. CYP must submit corrective actions (with completion dates) that fully address deficiencies to the inspecting agency within 90 days of the inspection. Documentation is kept on file.

3.3.7. A copy of the most recent multidisciplinary inspection report and corrective actions is available for review during the Higher Headquarters Inspection.

3.4. Higher Headquarters Inspection. An unannounced Higher Headquarters inspection of all CYP facilities and designated FCC homes will be conducted at least once a year to ensure compliance with this Air Force Instruction. The annual CYP Unannounced Inspection Criteria issued by AF/A1S are required policy. Facilities utilized for short-term/alternative child care will also be visited as part of the inspection. Feedback from CYP personnel and enrolled parents will be collected as part of the inspection process.

3.4.1. CYP inspection team members meet the qualifications for inspectors in accordance with DoDI 6060.02 and DoDI 6060.4.

3.4.2. CYP comply with the current version of the annual CYP Unannounced Inspection Criteria; inspection teams will verify program compliance. Inspection teams will be periodically augmented by AF/A1SOC and/or Office of the Deputy Assistant Secretary of Defense for Military Community & Family Policy to ensure compliance with all applicable CYP regulations and statutory requirements.

3.4.2.1. The inspection will include Family Child Care homes. The Family Child Care Coordinator (or other trained CYP personnel) will be observed by the inspector as they conduct the selected home visits.

3.4.3. A detailed program outbrief of all findings will be provided to the AFS Flight Chief, Program Managers and appropriate staff.

3.4.4. A summary of the inspection will be provided to the MSG/CC or his designee during the executive outbrief. Corrective actions should begin immediately to remedy deficiencies. AFSVA/SVPY will forward the final report to the installation.

3.4.5. In response to the Higher Headquarters inspection, each installation will submit a corrective action plan (course of action) within 15 days of the MSG/CC outbrief to AFSVA/SVI and to AFSVA/SVPY to address any commander attention items identified during inspection. Final corrective action reports are due to AFSVA/SVPY 90 days after the MSG outbrief.

3.4.6. AFSVA/SVI will validate each of the deficiencies identified in the inspection are fully addressed/corrected and reflect date of completion before sending corrective action reports to AFSVA/SVPY. For programs that have demonstrated compliance, AFSVA/SVPY will forward a request to AF/A1SOC for DD Form 2636, *DoD Certificate to Operate*.

3.5. Deficiencies. Life-threatening deficiencies identified during any inspection must be corrected immediately. The MSG/CC shall ensure life-threatening deficiencies of this Instruction or other safety, health, and child welfare laws or regulations are corrected or will close the facility (or affected parts of the facility). AFSVA/SVPY and AF/A1SOC will be notified if a facility (or parts of a facility) is closed. (T-0)

3.5.1. If the deficiency is not life-threatening, the MSG/CC may allow up to 90 days (beginning on the date of discovery) to correct that violation.

3.5.2. If the deficiency is not life threatening and is not remedied by the end of that 90 day period, the facility or affected part involved will be closed until the violation is remedied unless a waiver is approved.

3.5.2.1. An extension of time to correct a deficiency may be granted by AF/A1SOC if a compensatory measure has been approved by AFSVA/SVPY.

3.5.3. Requests for time extensions and/or waivers must be requested 45 days before the AF Unannounced Child and Youth Corrective Action Report is due. Requests must include a justification, plan of action, funding source if required, an estimated completion date, interim compensatory measures and be signed by the MSG/CC.

3.5.4. Additional CYP inspections and/or staff assistance visits (including FCC homes) will be conducted in response to program complaints, significant numbers of inspection deficiencies or other indicators of failure to comply with this Instruction.

3.6. CYP Daily Facility Inspections. T&C Specialists will arrange for local installation Fire Prevention, and Public Health agencies to train new CYP managers on related topics that could affect their program. Once CYP Managers and T&C Specialists have been trained by local agency staff, they may train CYP personnel and FCC providers to support daily inspections.

3.6.1. After CYP Managers attend Supervisor's Safety Training and read through their facility Job Safety Outline, they may train staff to support daily safety inspections.

3.6.2. A safety walk-through of CYP facilities (e.g. egress paths) is conducted daily by trained CYP personnel.

3.6.2.1. An opening and closing room checklist is used daily by trained CYP personnel in each CYP activity room to ensure children/youth are not exposed to any fire, safety or

health hazards. The checklist includes items from the AF CYP Higher Headquarters inspection criteria and the AFCEC Fire Inspection Guide.

3.6.2.2. CYP facility playground inspections are conducted daily by trained CYP personnel that have been trained by managers. Daily checks include the outdoor areas and equipment prior to use.

3.6.3. A monthly fire, safety and health inspection (including indoor and outdoor areas) is conducted by a trained CYP manager. The AFCEC Fire Inspection Guide is to be used to conduct fire inspections and will be posted on the parent board or otherwise made available for parents to review.

3.6.4. CYP personnel are responsible for immediately reporting hazards or unsafe areas to the Director. Deficiencies are annotated and corrected.

3.7. FCC Home Inspections. A system is in place to monitor FCC homes on a regular basis for fire, safety and health requirements during all hours of operation.

3.7.1. Prior to initial certification or relicensing/re-affiliation, a Fire Inspection of the home is conducted using the most current version of the AF FCC Home Fire Prevention/Inspection Guide provided by AFCEC.

3.7.2. Prior to initial certification or re-licensing/re-affiliation, a Safety Inspection of the home is conducted.

3.7.3. Prior to initial certification or re-licensing/re-affiliation, a Health Inspection of the home, is conducted.

3.7.4. Prior to initial certification or relicensing/re-affiliation, a Program Inspection of the home will be conducted using AF Form 3415, FCC Home Program Inspection Tool. The inspection must be conducted by the FCC Coordinator.

3.7.5. A fire, safety and health inspection of all indoor and outdoor play areas is conducted daily by the FCC provider. Deficiencies are annotated and corrected.

3.7.6. If the home is government owned or privatized in exclusive or concurrent jurisdiction, the inspections are conducted by the installation Fire Prevention, or Public Health offices (as applicable) or the FCC Coordinator, if she/he has been trained to conduct fire, safety or health inspections. Safety will conduct FCC home inspections located in government housing in OCONUS locations. If the home is privately owned or privatized in partial or proprietary jurisdiction, the inspections are conducted by the FCC Coordinator, who is trained to conduct fire, safety and health inspections. Consult with the installation Government housing office and/or legal office regarding jurisdiction issues.

3.8. Monthly FCC Home Visits. The FCC Coordinator makes unannounced visits to each certified FCC home on at least a monthly basis. If the home is accredited by NAFCC, unannounced visits are made on at least a quarterly basis.

3.8.1. Vary the hours of the day, days of the week and days of the month when making unannounced home visits. At least two of the unannounced home visits each year are during evening and/or weekend care if providers offer this type of care.

3.8.2. The unannounced home visit shall include, at a minimum:

- 3.8.2.1. A check of all areas of the home to include bedrooms, upstairs areas, garages and outside areas during each unannounced home visit.
- 3.8.2.2. Verification of the provider's Detailed Bi-Monthly Self-Assessment (DBMSA) using AF Form 3114, FCC Home Verification of Detailed Bi-Monthly Self-Assessment.
- 3.8.2.3. An observation of the provider working with children/youth. The observation debrief shall be conducted with the provider within five days of the visit.
- 3.8.3. Deficiencies are annotated and addressed as outlined below:
 - 3.8.3.1. Life-threatening deficiencies are corrected immediately or the FCC Panel recommends closure of the home to the MSG/CC. Children/youth are not left in a life-threatening situation.
 - 3.8.3.2. The AFS Flight Chief sends a letter to each FCC provider with repeat/recurring deficiencies notifying them of the repeat deficiencies and the deadline for making corrections.
 - 3.8.3.3. The provider's records are reviewed by the FCC Panel and a recommendation for retraining, suspension or revocation is made if a deficiency is observed a third time.
- 3.8.4. On at least a quarterly basis, the AFS Flight Chief accompanies the FCC Coordinator on home visits to ensure thorough and accurate observations are being conducted.

Chapter 4

ACCREDITATION

4.1. Accreditation. Unless otherwise approved by AF/A1SOC, CDC must be accredited by the National Association for the Education of Young Children (NAEYC) and SAC must be accredited by COA (Council on Accreditation). Accreditation certificates are posted in the front lobby of each accredited facility. (T-0)

4.1.1. AFSVA/SVPY and AF/A1SOC are notified within 24 hours of a change in accreditation status.

4.1.2. All correspondence related to maintenance of accreditation status (e.g. documents involving critical incidents, communication with the assessors following the site visit) between an accrediting agency and a program is sent to AFSVA/SVI and coordinated with AFSVA/SVPY and AF/A1SOC prior to release to the accreditation agency.

4.1.2.1. Installations provide AFSVA/SVI with their MyCOA Web Portal Account login information in order for review and approval of Self-Study evidence and other correspondence.

4.1.3. CDC/SAC must complete annual maintenance reports as required by the accreditation agency.

4.1.4. SAC maintains a Quality Improvement Team consisting of program staff, parents, community educators, and youth. The Quality Improvement Team maintains a current action plan. The Quality Improvement Team meets at least quarterly and documentation is kept on file. This team may be exercised in conjunction with the Parent Advisory Board. In this case, ensure dedicated time is documented on the meeting agenda to demonstrate the ongoing focus on quality oversight and continuous improvements of SAC programs.

4.1.5. Programs must begin the renewal process at least one year prior to their expiration to ensure their programs meet accrediting agency requirements and timelines. Accreditation materials must be submitted to AFSVA/SVI for review 30 days prior to the date they are due to the accrediting agency.

4.1.6. Newly constructed facilities must initiate accreditation one year from the date of opening.

4.1.7. FCC providers shall be encouraged to seek accreditation from the National Association for Family Child Care. FCC Coordinators should check with AFSVA/SVPY for information on the availability of accreditation fee assistance.

Chapter 5

FIRE AND SAFETY PROTECTION

5.1. Fire Safety Certification. All CYP facilities will comply with the life safety and fire protection requirements of the National Fire Protection Association (NFPA) 101 Life Safety Code as implemented by UFC 3-600-01, UFC 4-470-14 and UFC 4-740-06.

5.1.1. AFCEC must certify all facilities used for Child Development Centers, School Age Care Programs, Youth Centers and Teen Centers to ensure they meet the NFPA 101, Life Safety Code for the type of program for which they are being used. Upon certification, facilities will receive an AFCEC Facility Fire Certificate for posting. Full-day and hourly care facilities shall comply with the day care occupancy requirements. Part-day preschool, school age and youth facilities shall comply with the standards for educational occupancies whether they are located in CYP or located in other facilities.

5.1.2. Rooms used for short term child care in part-day preschool facilities, school age care programs, youth programs, or teen centers shall meet the NFPA 101 requirements for a day care occupancy. All other programs in that facility shall meet the educational occupancy requirements.

5.1.3. Any multi-purpose rooms, such as those in schools or youth centers, used to support the school age program, will comply with the most current edition of NFPA 101, Life Safety Code assembly occupancy requirements.

5.1.4. CYP personnel shall ensure assembly occupancy loads are established and posted.

5.1.5. Renovations that are purely cosmetic (e.g. paint, carpet, wallpaper, or ceiling tiles) do not affect the Fire Safety facility certification evaluation. Other renovations such as additional rooms, new use of existing rooms, new walls, relocated corridors, new laundry rooms, laundry appliances outside the laundry room, modified or new HVAC systems, installation of fuel-fire furnaces, new kitchen cooking appliances and alarm systems require re-certification from AFCEC.

5.2. Fire Prevention. The current AFCEC Inspection Guides for each type of facility (including FCC homes) must be used for fire safety and preventions.

5.2.1. There is a working automatic fire detection and alarm system in place that meets the Life Safety Code Requirements. Alarm systems must meet in accordance with the current edition of NFPA 72, "National Fire Alarm Code."

5.2.1.1. If the fire alarm is not working for more than four hours, the facility is closed or alternate measures are taken (e.g. continuous fire watch). AFSVA/SVPY shall be notified if either situation occurs.

5.2.2. Fire extinguishers are installed only in the kitchen as required by UFC 3-600-1, UFC 4-740-14 and UFC 4-740-06 or by foreign law.

5.2.3. Carbon monoxide (CO) alarm systems are provided if fossil-fuel burning appliances are used in the CYP. Such appliances are typically found in the kitchen (e.g. range), laundry room (e.g. clothes dryers) or mechanical room (e.g. furnace). CO alarm systems must meet UFC 3-600-1, UFC 4-021-01, UFC 4-740-14 and UFC 4-740-06.

5.3. Indoor Safety. CYP personnel will ensure the indoor areas are safe for children/youth.

- 5.3.1. Sound absorbing materials, such as ceiling tiles and carpets are used to minimize noise levels.
- 5.3.2. If the facility has more than one story and children/youth must use any stairs to egress the building, then rooms for first graders, kindergartners, or preschoolers are located on the ground floor. Second graders are located no more than one floor above ground. Windows above the first floor must be secured and protected by a barrier.
- 5.3.3. Low exterior windows, which could be reached by children/youth, must be made of tempered safety glass, barriers placed over them or are covered with safety film
- 5.3.4. Children/youth will not be able to lock themselves into rooms, closets, or cupboards. Locks, slide bolts, hook-and-eye catches, latches, or temporary locks are NOT installed on any cabinet or appliance accessible to children/youth (magnetic-style locks are acceptable). Privacy locks on bathroom or bedroom doors must be inaccessible to children/youth, or locks can be opened quickly from outside. Bedrooms in FCC homes may have a single motion release lock to prevent children/youth from entering.
- 5.3.5. All interior doors provided with self-closers are kept closed (e.g. kitchen doors).
- 5.3.6. Floor coverings must be attached to the floor or backed with nonslip coverings.
- 5.3.7. Liquid spills must be wiped up immediately to prevent slippage.
- 5.3.8. Stairways with over three steps must have handrails and nonslip surfaces.
- 5.3.9. Outside stairways and ramps must be well-lit and equipped with handrails, where appropriate.
- 5.3.10. Every required exit, exit access, and exit discharge is continuously maintained free of all obstructions or impediments (e.g. furnishings, decorations, buggies) to ensure full instant use in the case of fire or emergency.
- 5.3.11. Indoor climbing equipment, shelving over 36 inches tall and large pieces which could fall over must be securely anchored. Indoor climbing equipment must meet the American Society for Testing and Material (ASTM) and the Consumer Product Safety Commission (CPSC) standards for impact material.
- 5.3.12. Children/youth shall not be in facilities that expose them to hazards related to lead-based paint, asbestos, other toxins and substances. Radon level in the CYP facilities are within the required limits. Documentation of no exposure to these toxins is maintained in the inspection folder.
- 5.3.13. Flaking or deteriorating paint is not accessible to children/youth. Hazards are reported and appropriate work orders/processes followed to abate these concerns.
- 5.3.14. Pesticides and herbicides are applied according to the manufacturer's instructions. Products used on DoD property are approved by the Installation Pest Management Supervisor/Coordinator environmental function. If products not recommended for use around children are used on non-DoD property, then children/youth are not in the facility or FCC home when in use.

- 5.3.15. Chemicals and potentially dangerous products (e.g. medicine, cleaning supplies) are stored in original, labeled containers in locked cabinets or are inaccessible to children/youth.
- 5.3.16. Containers of disinfecting and sanitizing solutions may be accessible to staff in an unlocked location but are inaccessible to children/youth.
- 5.3.17. CYP personnel, FCC providers (including household members) and volunteers store their personal belongings (e.g. purses, medications, food/drinks) in a manner that prevents access by children/youth so as to prevent exposure to potentially harmful items.
- 5.3.18. Electrical appliances, fans, and other such equipment are kept out of the reach of young children and marked/labeled as listed by a nationally recognized testing laboratory such as Underwriters Laboratory (UL) or Intertek (ETL) or meet the host nation requirements.
- 5.3.19. Electrical outlets must be covered with protective caps (or equivalent device/system) in rooms used by children 7 years of age and under. New and replacement electrical outlets (nominal 125-volt) in rooms used by children 7 years of age and under must be tamper-resistant.
- 5.3.20. Fingerguards are used on CDC doors (e.g. activity rooms, closet doors in activity rooms, front doors) which expose children to pinching hazards.
- 5.3.21. Cords that may present a strangulation hazard are not within children's reach or are located above the tallest child in care.
- 5.3.22. Hanging crib toys (e.g. mobiles) shall be out of the infant's reach. To prevent strangulation, any hanging crib toy must be removed when infant first begins to push up on his/her hands and knees or when the infant is 5 months of age, whichever occurs first.
- 5.3.23. Heating elements, electrical appliances, glue guns, tools and other dangerous equipment are not be accessible to children/youth except when they are being used for educational experiences under direct staff supervision. Children 2 years of age and under will not be exposed to these items.
- 5.3.24. Sharp objects such as adult scissors and knives are not accessible to children/youth except when used for educational experiences under direct staff supervision. Children/youth must be 9 years of age and older to use these items.
- 5.3.25. Woodworking equipment is age-appropriate when used in CYP.
- 5.3.26. Toys and materials that are 1 ¼ inch in diameter and 2 ¼ inch in length or less are not allowed for children 3 and under. Choking tubes will be used to determine if small items present choking hazards.
- 5.3.27. Latex balloons will not be used for children under 5 years of age. For children 5 to 7 years of age, activities involving latex balloons are carefully supervised and deflated balloons or broken balloon pieces are discarded immediately. Unused latex balloons are stored out of reach of children.
- 5.3.28. Infant swings, suspended bouncers (e.g. from the ceiling) and jumpers are not used in CDC.

5.3.29. If infant equipment such as bouncy seats, strollers/buggies is used, the maximum time per use will be 15 minutes. Bean bag chairs must not be used with infants and toddlers.

5.3.30. Cribs (and port-a-cribs in FCC homes) must meet the current CPSC standards.

5.3.31. Playpens and toy boxes with hinged lids will not be used in CYP.

5.3.32. Staff should check on a regular basis to ensure toys and equipment used in CYP have not been recalled. A list of recalls can be accessed at www.cpsc.gov.

5.4. Plants. All indoor/outdoor plants in activity areas must be safe for use in CYP. Special care is taken when children/youth are exposed to known poisonous plants during field trips in natural environmental settings.

5.5. Playground Safety. The outside environment and all outdoor equipment must be in good working condition without any observable safety hazards or entrapment areas. Equipment must be securely anchored.

5.5.1. Missing/damaged parts of playground equipment must be placed off limits to children/youth and replaced if it poses a risk.

5.5.2. Trash and/or animal feces will be removed before children/youth are allowed.

5.5.3. Clothing with drawstrings/neckties is not to be worn on playground equipment. Parents are educated about the dangers of children/youth wearing hoods on shirts/jackets. Children/youth wearing hoods are monitored closely when on playground equipment.

5.5.4. Small outdoor sandboxes (less than 100 square feet in area) must be covered when not in use.

5.5.5. Children over one year of age must wear properly fitted and approved helmets for wheeled riding toys (e.g. bikes, trikes, scooters) or for any wheeled equipment (e.g. rollerblades, skateboards). For those CYP that have skate parks, helmets are a requirement. When attending non-CYP facilities (e.g. skating rinks), the rules of the facility dictate whether helmets are required. Children do not need to use helmets for riding toys which have a low center of gravity (e.g. Little Tykes Cozy Coupe) or for riding toys used in the classroom. Helmets must meet the standards of the CPSC and must be cleaned by wiping the lining with a damp paper towel between users.

5.5.6. CDC/FCC children will not have access to wading pools or large containers of water. Water tables are authorized for use.

5.5.7. Ponds, sheds, wells and other hazards must be fenced or closed off and unavailable to children/youth.

5.6. Vehicles. Vehicles used to transport children/youth comply with Federal motor vehicle safety standards in accordance with Title 49, U.S.C. Section 30125 and applicable State or host nation requirements. Vehicles must also be clean and free of obstructions on the floor and seats.

5.6.1. FCC Coordinators are authorized to use an APF government vehicle for monthly inspections and transporting larger FCC Resource Center items to providers.

5.6.2. Vehicles used to transport children must be appropriately licensed, inspected and maintained. Documentation is kept on file.

5.6.3. In accordance with AFMAN 34-310, documentation of the review of Department of Motor Vehicles (DMV) driving record must be on file for all CYP personnel, FCC providers and Volunteers who transport children/youth. DMV driving records are reviewed annually.

5.6.4. Government vehicles must have a fire extinguisher and a complete first aid kit. (T-1)

5.6.5. CYP drivers (including FCC providers) will not be under the influence of alcohol or illegal drugs when transporting children/youth.

5.6.6. CYP drivers (including FCC providers) will not use cell phones while driving a vehicle transporting children/youth.

5.6.7. All children/youth will be required to use occupant protective devices (e.g. restraints, child safety seats). See AFI 91-207, *The US Air Force Traffic Safety Program*, for additional guidance.

5.6.8. When CYP transports children/youth, the name of the driver, the names of the passengers, the time of departure/expected return and destination must be reported in advance to the program Director or the supervisor on duty. A procedure must be in place for parent notification in case of emergency or changes that would affect the arrival or a pick-up/drop-off time or location.

5.6.8.1. When CDC children are transported, a minimum of two adults must be in the vehicle. The driver may not be counted in the adult/child ratio.

5.6.8.2. When YP youth are transported off the installation, a minimum of two adults must be in the vehicle. When transporting youth solely on the installation and two or more vehicles are used, vehicles may travel in tandem with one adult in each vehicle. In this case, the vehicles must travel directly behind each other.

5.6.9. Staff, contractors and volunteers will not transport youth in their personal vehicles while performing duties as part of their CYP role.

5.6.10. Additional FCC providers must be covered by current vehicle insurance if they transport children/youth. FCC providers must also notify the FCC office when they are taking children/youth on field trips. Documentation of vehicle insurance must be maintained in the provider's portfolio.

5.7. Emergency Preparedness Plan. CYP will have established procedures and an emergency preparedness plan that addresses CYP personnel and FCC provider responsibilities and facility readiness with respect to emergency evacuation, shelter-in-place, lockdown and similar contingencies. The plan, which shall be developed in consultation with installation agencies (e.g. Emergency management, Bioenvironmental) must address the most likely to occur emergency scenario(s), including but not limited to: natural disaster, pandemic disease outbreaks, chemical spills, active shooter/intruder and terrorism specific to the locality.

5.7.1. Preparedness plans for all types of emergencies and all categories of CYP shall contain the following components:

5.7.1.1. Method for mass notification (e.g. fire, intruder, lockdown, shelter-in-place such as for tornado or chemical hazard) and retrieve communication tools for alternate locations.

5.7.1.2. Notification of local authorities (e.g. fire and rescue, law enforcement, emergency medical services, poison control).

5.7.1.3. Facility containment procedures (e.g. closing of fire doors or other barriers, compartmentalization, turning off closed circuit television (CCTV), for active shooters).

5.7.1.4. Access control procedures for authorized personnel.

5.7.1.5. Secure essential documents (e.g. sign-in sheets, emergency contact information).

5.7.1.6. Instructions on retrieval of first aid kits/medication.

5.7.2. In addition to the above, the following will be included for these specific emergency situations:

5.7.2.1. Facility evacuation (e.g. fire) plans shall include identification of assembly points, accountability procedures, primary and secondary means of egress and complete evacuation of the facility.

5.7.2.2. Shelter in place (e.g. tornados) plans shall include identification of indoor assembly points, accountability procedures, primary and secondary means of access and egress.

5.7.2.3. Follow Installation's Emergency Management Plan (IEMP) 10-2 for Lockdown Procedures and include:

5.7.2.3.1. Identification of indoor assembly points, accountability procedures, primary and secondary means of access and egress.

5.7.2.3.2. Secure building (locking all external doors) and rooms (cover/hide).

5.7.2.3.3. Determine use of CCTV based on the nature of the emergency situation.

5.7.3. FCC providers should make modified preparations as necessary that include:

5.7.3.1. Developing a list and contact information for potential evacuation sites such as neighborhood (e.g. for fire), out-of-neighborhood (e.g. for explosion, flooding) or out-of-town (e.g. hurricane, widespread flooding).

5.7.3.2. Providing parents/guardians with information on all potential evacuation sites and FCC provider contact information (cell phone and home phone numbers).

5.7.3.3. Storing parent/guardian contact numbers in FCC provider's cell phone.

5.7.3.4. In the case of evacuation:

5.7.3.4.1. Taking AF Form 1181s and any other essential items (e.g. medications).

5.7.3.4.2. Notifying parents of the evacuation or shelter in place once it is safe to do so.

5.7.3.5. In case of the need to shelter-in-place:

5.7.3.5.1. Children/youth will be taken to an interior room or the basement of the house.

- 5.7.3.5.2. Providers will retrieve first aid and emergency kits that contain food (including formula), toys, and water, battery-powered radio/NOAA radio, land line/cell phone and AF Form 1181s.
 - 5.7.3.5.3. If necessary, providers will obtain supplies to seal room and seal as required.
 - 5.7.3.5.4. Parents/guardians will be notified once the immediate threat has passed.
- 5.7.4. CYP personnel, FCC providers and volunteers are trained on the various emergency preparedness plans.
- 5.7.4.1. Each CYP camp location shall have an emergency preparedness plan and warning system.
 - 5.7.4.2. Parents are informed of the emergency preparedness plan.
 - 5.7.4.3. Emergency telephone numbers including Police, Fire, Public Health, Family Advocacy and Poison Control must be posted by each telephone. Numbers will be programmed into cellular phones for quick access.

5.8. Evacuation or Shelter in Place Plans. A fire inspector, trained CYP manager or FCC provider must conduct evacuation drills in accordance with the AFCEC Fire Inspection Guide. The AFCEC recommended procedures for evacuation drills must be followed. CYP shall practice monthly evacuation drills and a minimum of two (varying scenarios) shelter-in-place drills per year. Drills are documented and kept on file. (T-1)

5.8.1. An approved evacuation map with designated emergency exits and written emergency instructions must be posted in all CYP activity rooms by the exit door, front lobby, kitchen, and offices. FCC evacuation plans must be reviewed by the FCC Coordinators. FCC providers must post their evacuation maps and written instructions on the parent board. The recommended procedures for evacuations are followed. CYP personnel will sweep the classrooms to ensure all children are accounted for during the drill. Managers and Training and Curriculum Specialists will check every room in the facility to ensure no children are left behind.

5.8.1.1. Everyone on site must participate in evacuations or shelter in place. Parents are not permitted to sign children in or out. Accountability of all children/youth must be maintained.

5.8.2. CDC evacuation drills are conducted monthly including a minimum of two shelter in place drills per year. During a drill or evacuation, CDC teaching staff carry the AF Form 1930, *Youth Flight Daily Attendance*, for each group of children/youth to perform a name to face accountability check. The CDC clerk (or designee), using the AF Form 1182 or printout from the approved data system, will perform a by name cross check with AF Form 1930. Clerks will calculate the total number of children and adults for reporting accountability.

5.8.3. SAC evacuation drills are conducted monthly with two during the first weeks of the school year and summer program including a minimum of two shelter in place drills per year. The SAC clerk (or designee), using the AF Form 1930 will perform a name to face accountability check. Clerks will calculate the total number of children and adults for reporting accountability.

5.8.4. YP evacuation drills are conducted monthly including a minimum of two shelter in place drills per year. The YP clerk (or designee) will perform a name to face accountability check based on the program's sign-in log/documentation. A clerk or designee will calculate the total number of youth and adults for reporting accountability.

5.8.5. An evacuation drill is practiced in the FCC home once a month including a minimum of two shelter in place drills per year. If drills are missed due to severe weather, additional drills are held in the other months. At no time should there be more than two months between drills.

5.8.5.1. The house fire alarm is sounded for every drill using the smoke alarm test button. Use of an audible signal (or the smoke alarm test button) during drills is not required when the FCC home is located in an apartment building provided with system smoke detectors that activate the building evacuation alarm rather than just the alarms within an individual FCC home.

5.8.5.2. All persons in the FCC home shall participate in evacuation drills.

5.8.6. If children/youth are not properly accounted for during drills, the AFS flight chief is notified and an *AF Form 3424, Reportable Incident*, is completed. The lapse in accountability is analyzed to determine the root cause and CYP Personnel/FCC providers are retrained as necessary.

5.9. Additional Requirements for FCC.

5.9.1. Homes are in good condition and clean. Paint on the walls, ceiling, woodwork or any other surface is not peeling or flaking. Excessive dust is not present on the floors or window sills. Walls and ceilings are free of holes and large cracks. There is no exposed asbestos insulation.

5.9.2. Homes must have adequate ventilation with the room temperature kept between 68 and 82 degrees. Vehicle garages converted to living space must have ventilation meeting the requirements of the International Residential Code for an occupied room.

5.9.3. If there are firearms in the FCC home, the FCC Coordinator and parents are notified. Firearms and ammunition are stored separately in locked cabinets in garages, outside storage shed, attics, other space away from the home or must be stored in the installation armory. Ammunition must be removed from the firearm.

5.9.4. Radiators and water pipes must be covered, away from the children and are not hot to the touch.

5.9.5. Hot items including beverages will be kept out of children/youth's reach.

5.9.6. Security gates or barriers must be present at the top and bottom of all stairs adjacent to the child care area. Gates do not have any openings large enough to entrap a child's head.

5.9.7. If windows more than three feet above the ground are open, they may not be opened more than six inches or they open from the top and have safety guards with bars not more than four inches apart. The safety guards must be removed from the inside or outside by an adult in case of emergency. Windows that are opened have screens in good repair unless the region is free of insects.

5.9.8. Fireplaces are equipped with protective screens and are not used when children/youth are present. If there is a wood stove or space heater, it has a screen and is not accessible to children/youth or not used when children/youth are present.

5.9.9. The stove and other cooking appliances are used safely: pot handles are turned to the back of the stove, back burners must be used when available and stove and oven knobs must be removed or covered when not in use. Children are not permitted to play within three feet of the stove when it is in use.

5.9.10. School age youth may cook on the stove if they are directly supervised.

5.9.11. Garbage is kept in containers made of durable material with liners and lids.

5.9.12. High chairs must have a wide base at the bottom of the chair. Booster chairs must securely attach to a table or another chair. T-strapped restraints/harnesses will be used to secure children every time these items are used.

5.9.13. Trampolines may not be used in FCC homes/yards.

5.9.14. FCC homes with back yard swimming pools will be enclosed by a fence and have a gate that is always locked to prevent children/youth' access to the pool. If the pools are in the ground, they must have a barrier at least four feet above the ground so that children/youth do not have access and if they are above ground, pools must have sides that are at least four feet high. Ladders must be removed so that children/youth cannot climb in the pools. Life-saving equipment is available in the pool area.

5.9.15. Hot tubs or spas must have a locked cover strong enough for an adult to stand on and be inaccessible to children/youth.

Chapter 6

HEALTH

6.1. Health Protection. CYP managers shall protect the health of staff, children, youth, and parents while they are in the facility. Use the most current version of *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* (CFOC) by the American Academy of Pediatrics for guidance on health issues not covered by this Instruction or the current AF CYP Instructional Guides. (T-1)

6.1.1. CYP facilities and FCC homes shall not smell of urine, feces, garbage, pets, cigarette smoke, air deodorizers or other such odors due to the fact that the developing brain is uniquely susceptible to extremely low levels of toxins. Individuals working/volunteering in CYP adhere to practices that minimize children/youth's exposure to toxins/allergens. This includes ensuring clothing and materials that may be contaminated do not come into contact with children/youth.

6.1.2. CYP facilities and FCC homes will be free of animal waste, insects, infestation of rodents and other pests.

6.1.3. Dirty linen, trash, mops, brooms and cleaning buckets must be inaccessible to children/youth.

6.1.4. A crib, cot or mat and bed linens shall be available for each child in rooms/FCC homes where rest time is provided.

6.2. Sanitizing/Disinfecting. CYP personnel and FCC providers keep rooms, surfaces and furnishings clean to reduce the spread of disease.

6.2.1. Sanitizing and disinfecting solutions are made daily. Sanitizing and disinfecting solutions are clearly labeled, dated and stored out of the reach of children/youth.

6.2.2. Sanitizing solutions are used to sanitize food contact surfaces (e.g. dishes, utensils, cutting boards, high chair trays, food tables) pacifiers and toys children may place in their mouths.

6.2.3. Disinfecting solutions are used to disinfect diaper changing tables, counter tops, doors, cabinet handles, toilet areas, floors, disinfecting human waste, vomit and spills.

6.2.4. Fresh soapy water is used to clean before sanitizing and disinfecting solutions are used. Soapy water is made daily and labeled.

6.2.5. Toys mouthed by a child shall not be used by other children until the toys are washed, sanitized and allowed to air dry. Infant toys are washed and sanitized daily.

6.2.6. Individual bedding is washed at least once a week and used by only one child between washings. Individual cribs, cots and mats are washed immediately if soiled. Each child's individual bedding is stored so that it does not come in contact with another child's bedding.

6.2.7. Table and chairs used for food service are cleaned with soapy water and sanitized before meal or snack times.

6.2.8. In FCC homes, floors that are used by children/youth are swept or vacuumed daily. Washable floors used by children are mopped with disinfectant at least twice a week.

6.3. Diapering and Toileting. Programs follow the diapering and toileting procedures outlined in the current AF CDP Diaper Changing/Soiled Clothing Procedures.

- 6.3.1. Diaper changing procedures are posted in each diapering area and followed.
- 6.3.2. Single use disposable water-resistant pads are used to cover the changing surface.
- 6.3.3. Each wet/soiled diaper or clothing is placed in an individual plastic bag and the end is tied before disposing of it.
- 6.3.4. The changing table is immediately cleaned with clean soapy water and disinfected after use and before use by another child.
- 6.3.5. Disposable diapers are used in CDC facilities or FCC homes unless otherwise prescribed in writing by the child's health care provider for medical reasons and approved by the Installation CYP Medical Advisor. If approved, programs must follow the procedures outlined for cloth diapers in CFOC.
- 6.3.6. Baby powder or similar powders for diapering are not used unless otherwise prescribed in writing by the child's health care provider (for medical reasons) and approved by the Installation's CYP Medical Advisor. Homemade diaper creams/wipes will not be used.
- 6.3.7. If a toilet training chair is used (permitted in FCC only), the chair is washed with clean soapy water and disinfected after each use. Training chairs may not have any straps attached to the chair. Follow CFOC for guidance.
- 6.3.8. All food and drinks are kept out of the diaper changing area. All soiled diapers and clothing are kept out of the food area.

6.4. Handwashing. All adults and children/youth wash their hands following the procedures outlined in the current CFOC. Procedures for hand washing include washing with liquid soap and warm running water for at least 20 seconds; using single use or disposable drying towels and avoiding recontamination from faucets by turning off faucets with a disposable towel.

- 6.4.1. Water temperatures must not exceed 120 degrees Fahrenheit in any sink that children/youth can access (does not apply to kitchen/laundry room sinks).
- 6.4.2. Liquid soap and disposable towels or hand dryers must be available in all rest rooms in CYP facilities. Bar soap is prohibited.
- 6.4.3. Sinks in CYP classroom food areas that are also used for handwashing after diapering/toileting, shall be cleaned and disinfected prior to food service use. FCC providers do not use the kitchen sink for handwashing after diapering or toileting.
- 6.4.4. Signs are posted near handwashing sinks reminding staff and children/youth of handwashing procedures.
- 6.4.5. Children/youth, staff, and volunteers wash their hands upon arrival, when transitioning to a new room, in from playground, before/after meals and other times as needed.
- 6.4.6. Children and adults wash their hands before and after using the water table. Water tables are cleaned with soapy water and sanitized after use.

6.5. Hygiene. Tooth brushing is included as part of the CDC program beginning with children 2 years of age. Toothbrushes are labeled with children's names, and stored separately. Toothbrushes shall only be used by the child to whom it belongs. Toothpaste is not required as the primary objective is to remove food and plaque.

6.5.1. Pacifiers/teething devices that have been sent from home are labeled with the child's first and last name, are stored separately, and are only used by the child to whom the item belongs.

6.6. Sudden Infant Death Syndrome Prevention Practices. CDC and FCC providers will follow the current recommended practices from the American Academy of Pediatrics and the AF CDC/FCC Safe Sleep Instructional Guide to reduce the potential for Sudden Infant Death Syndrome (SIDS). (T-1)

6.6.1. The current AF Infant Safe Sleep Sign is posted in the infant sleeping area and followed.

6.6.2. CDC Managers, FCC Coordinators or T&C Specialists train CDC staff and FCC providers on safe sleep practices and monitor for compliance. All CDC infant classroom substitutes, FCC adult household members, FCC substitute providers as well as contractors working in CYP (e.g. Military Family Life Counselors) must also receive training.

6.6.3. Infants are directly observed by sight and sound at all times, including when they are going to sleep, are sleeping or are in the process of waking up. Checking on sleeping infants shall not disrupt the infant's sleep or interrupt the interactions with other children who are awake. Frequency of checks shall reflect knowledge of an individual child's characteristics (for example, a child with reflux may need more frequent checks).

6.6.4. To reduce the risk of SIDS, infants must be placed for sleep on their back until they have reached one year of age. Infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

6.6.5. Any deviation from the Safe Sleep policy requires documentation from the child's health care provider and approval from the Installation CYP Medical Advisor, AFS Flight Chief and concurrence from AFSVA/SVPY. In the case of such exception, a notice will be posted on the infant's crib without identifying medical information. The full documentation is kept in the infant's file.

6.6.6. Crib mattresses must be firm and maintain their shape even when the fitted sheet designated for that model is used. There must not be any gaps between the mattress and the side of the crib, bassinet, portable crib, or play yard.

6.6.7. Infants will not be placed on or sleep on any beds other than an approved crib while in FCC because of the risk of entrapment and suffocation.

6.6.8. Soft cushions, such as pillows, quilts, comforters, blankets, bumper pads, sheepskins, stuffed toys and other soft materials will be kept out of infant cribs. These items must not be placed under or near a sleeping infant. If infants need to be covered when they are sleeping, only wearable blankets are permitted.

6.6.9. Swaddling and covering of the face and head will not be permitted.

6.6.10. Infants will sleep in an area free of hazards such as dangling cords and electric wires.

6.6.11. Bibs and pacifiers will not be tied around the infant's neck or clipped to an infant's clothing during sleep. Infants who use pacifiers may be offered their pacifiers when they are placed to sleep.

6.6.12. Sitting devices, such as car safety seats, bouncers, strollers, infant carriers and infant slings are not permitted to be used for routine sleep.

6.6.13. If an infant falls asleep in a sitting device, he or she must be removed from the device and moved to a crib or other appropriate flat surface.

6.6.14. Thin, single layer receiving blankets may be used in the play area; however, the infant must be on his/her back, be awake and be directly monitored by classroom staff during this play time. Once infants begin to move independently, blankets will no longer be used during floor time play.

6.7. Signs and Symptoms of Illness. Children/youth shall be screened at the time of entry and during care for signs of illness. Children/youth may not be accepted into care when ill. Children/youth shall be accepted only when their presence no longer impacts the health of other children as confirmed by the child's/youth's health care provider.

6.7.1. CYP personnel and FCC providers shall know how to recognize the signs and symptoms of illness to ensure immediate medical needs are addressed. CDC, SAC and YP must follow the current version of *The American Academy of Pediatrics Managing Infectious Diseases in Child Care and School* for exclusion of children/youth and readmission into the program.

6.7.2. Parents shall be informed when their child/youth is injured, exposed to disease, experiencing distress or becomes ill.

6.7.3. Adults to include staff, contractors, specified volunteers and parents with a contagious illness shall have restricted access to CYP.

6.7.4. Youth with broken bones or other serious injuries shall not participate in physical activities without a health care provider's approval.

6.8. Communicable Diseases. If a communicable disease is reported by the Medical Community or Public Health, the Installation CYP Medical Advisor will coordinate on any communication provided to parents. CYP staff will notify AFSVA/SVI and consult with AFSVA/SVPY when a communicable disease causes modifications to any CYP. (T-1)

6.8.1. During documented communicable disease outbreaks, individuals without current vaccinations/immunizations or an approved exemption from AF/A1S will not be allowed to participate in the program unless the Installation CYP Medical Advisor approves of their participation.

6.9. Medical Emergencies. CYP personnel and FCC providers are trained to respond to medical emergencies.

6.9.1. Children participating in CDC/SAC/FCC must have an AF Form 1181 on file. Each form includes parent/guardian's emergency phone numbers, authorizations for medical treatment and any known allergies or special needs. YP participants must have AF Form 88, *Youth Program Application*, on file. Each form must be completed in its entirety to include parent/guardian's emergency phone numbers and authorizations for medical treatment.

6.9.2. CYP personnel and FCC providers are prepared to treat injuries, respond to accidents and medical emergencies by maintaining poison content information, first aid supplies and manuals. Fully equipped first aid kits and poison control information are readily available at the front desk, in vehicles and taken on field trips. First aid kits with gloves, materials to clean wounds and materials to stop bleeding are accessible and available during outdoor play as well as outings away from the facility/home/site (e.g. walks).

6.9.2.1. A fully equipped first aid kit at the front desk and in vehicles which includes: scissors, assorted bandages, cold pack, gauze, adhesive tape, antibacterial soap, disposable gloves, tweezers, a thermometer and poison control information.

6.9.2.2. First aid kits are inventoried monthly.

6.9.3. CYP personnel, FCC providers, and specified volunteers who are required to have first aid training must also receive bloodborne pathogen training IAW 29 CFR 1910.1030 and follow universal precautions to prevent transmission of blood-borne pathogens. Disposable latex, or non-porous vinyl gloves, must be worn when adults come into contact with blood or fluids containing blood. Articles contaminated with blood must be carefully disposed of or sent home in a plastic bag.

6.9.4. CYP personnel and FCC providers are trained to handle medical emergencies. The following is required for each program: (T-1)

6.9.4.1. In CDC, at least one teaching staff certified in Pediatric First Aid and Pediatric CPR is always present with each group of children.

6.9.4.2. In FCC, the provider and all substitutes will be trained in Pediatric First Aid and CPR Certification for children ages 2 weeks to 12 years of age.

6.9.4.3. In SAC at least one person certified in age appropriate CPR and First Aid is on duty anytime the program is in operation.

6.9.4.4. In YP, at least one person certified in CPR and First Aid is present at all sponsored activities (to include sports practices/games/events).

6.9.4.5. All coaches have completed CPR and First Aid training. Coaches know what to do in case of an emergency and how to obtain medical assistance at the location where the event is being held.

6.9.4.6. CYP personnel and FCC providers have received training on how to respond in case of an emergency during field trips and carry a cell phone with a list of local emergency numbers. Numbers will be programmed into cellular phones for quick access.

6.10. Medication Administration. Programs shall follow the policies and procedures in the AF CYP Medication Administration Instructional Guide for administering and storing medication.

6.10.1. Designated CYP personnel and FCC providers are trained to administer medications and topical ointments. The training is updated annually or as needed for special circumstances. (T-1)

6.10.2. Hands must be washed before and after administering routine medications. Exceptions apply when administering emergency medications such as Epinephrine injections.

6.10.3. Medications must be maintained at the front desk in a secured, but not locked cabinet labeled “medications.” Every medication must be labeled with the child/youth’s first and last name and approved by a medical authority for use in CYP. Only current medications for children/youth are maintained on site.

6.10.4. Epinephrine pens must be maintained in a secured place at the front desk. For field trips, outdoor play, and traveling to/from school, staff must carry (or have immediate access to) an Epinephrine pen at all times if there is a child/youth that is prescribed to have an Epinephrine pen.

6.10.5. AF Form 1055, *Youth Flight Medication Permission Form*, must be completed before any medication may be administered to the child/youth. Medications will be administered only under daily written direction of parents, and with approval from a medical professional.

6.10.6. Medications will not be administered during open recreation in Youth Programs, but may be given in programs that extend beyond the normal typical day (e.g. full-day camps, day-long field trips and overnight trips). Exception: Emergency medications (e.g. Epinephrine Pens, Glucagon) may be given during open recreation.

6.10.7. Medications are administered by the same person each day if possible. AF Form 1055 must be initialed by the staff member administering the medication. Justifications are documented as to why a medication was not administered as directed (e.g. child went home early).

6.10.8. Medication should be administered at home by parents/guardians, if possible. During a typical 10-hour day of care, CYP personnel and FCC providers will administer medication as follows:

6.10.8.1. Once if medication is to be administered three times a day.

6.10.8.2. Twice if medication is to be administered four times a day.

6.10.8.3. If medication is to be administered one or two times a day, medication will not be administered in CYP (except for time sensitive medications). Not applicable for FCC children in extended care.

6.10.9. The first dose of medication must be administered by the parent/guardian. If the parent/guardian administers the first dose at the CYP/FCC home, they must wait for 20 minutes before leaving the program/home.

6.10.10. Youth 9 years of age and older who attend FCC/SAC/YP may administer prescription medication to themselves if parents have completed a written statement permitting youth to do so. When administering in FCC/SAC, youth must be under the supervision of CYP personnel or FCC providers who have been trained to administer medications.

6.10.11. Parents must initial AF Form 1055 annually to authorize administration of emergency as-needed medication in accordance with the child/youth’s action/exposure plan in the event of an emergency. Parents are notified if administration of medication was required and initial the AF Form 1055 subsequently.

6.10.12. If a child/youth with Diabetes is enrolled in a CYP facility or FCC home and requires glucose testing, CYP personnel and FCC providers must be trained by medical personnel prior to any testing. Training must include: testing procedures, bio-hazardous waste disposal practices and universal precautions to protect staff and children/youth from blood-borne pathogens. Programs must have a facility bio-hazardous waste removal plan coordinated with the local medical facility. Training is required annually or more often if needed. When possible, the same individuals should perform the glucose testing each day.

6.10.13. CYP personnel may not provide injections with syringes except for epinephrine pens or Glucagon in cases of emergency.

6.10.14. Over-the-counter medications, including aspirin or aspirin-like products, antihistamines, decongestants, and cough syrup will not be given without directions from a medical authority.

6.10.15. Programs must have parental permission to apply sunscreen, insect repellent, lip balms, diaper ointments, hand sanitizer and over-the-counter lotions and follow the policies and procedures in the CYP Topical Application Instructional Guide. Parent permission must be given annually.

6.10.15.1. Sunscreen, insect repellent and hand sanitizers must be approved by the CYP Medical Advisor and purchased by the program or the FCC provider.

6.10.15.2. Hand sanitizer must only be used when soap and water is not available and shall only be used for children 2 years of age and older.

6.11. Drinking Water Testing. Water must be safe for children/youth to drink.

6.11.1. The following documents will be on file in CYP:

6.11.1.1. Monthly drinking water bacteriological analysis reports and the current Consumer Confidence Report from Bioenvironmental Engineering (BE).

6.11.1.2. A letter from BE stating the initial water testing (including lead sampling) was performed and that the water is safe to drink prior to opening a CYP facility.

6.11.1.3. A letter from BE stating the water testing was done and is safe to drink if plumbing lines or fixtures have been modified, added or replaced.

6.11.2. CYP managers will coordinate with BE prior to opening a new facility or when plumbing lines or fixtures are modified, added, or replaced; and will provide a memo to BE annually, documenting any plumbing changes (or lack thereof), within the past year.

6.12. Harmful Substances. Measures are in place to minimize exposure to harmful substances for children/youth participating in CYP.

6.12.1. Smoking, consuming alcohol, using tobacco products (including e-cigarettes) and/or using illegal/illicit drugs (including marijuana) are strictly prohibited in the sight or presence of children/youth participating in any CYP program or sponsored activity. This includes outdoor CYP activity areas and FCC homes.

6.12.1.1. CYP personnel, FCC providers, specified volunteers and contractors may not use any of these substances while caring for children/youth; FCC household members

may not use tobacco products in the home or in the presence of children/youth while children/youth are in care.

6.12.2. No one who is under the influence of alcohol or illegal drugs will attend, supervise or participate in any CYP whether located in CYP facilities, FCC homes or any other locations used for CYP activities.

6.12.3. The MSG/CC or designee shall consider all possible disciplinary and corrective actions available, including but not limited to: removal and/or suspension of any child/youth, parent and/or staff member who is using alcohol, illegal/illicit drugs (including marijuana) or tobacco products in CYP facilities or at CYP functions. The CYP manager will consult with installation personnel and legal offices to explore the range of options before recommending appropriate action to the commander. (T-1)

6.13. Pets and Animals. All pets and visiting animals are checked by a veterinarian before being accessible to children/youth. Fish/insects are not required to have a pet certificate. Documentation from the veterinarian is kept on file. In FCC, a completed AF Form 3410, FCC Individual Pet Assessment is kept in the provider's folder.

6.13.1. The following animals are not recommended for child care settings or youth programs and are prohibited due to potential health/safety risks:

6.13.1.1. Amphibians (e.g. toads, frogs, newts, salamanders).

6.13.1.2. Reptiles (e.g. snakes, iguanas, lizards, turtles, geckoes).

6.13.1.3. Birds of the parrot family.

6.13.1.4. Mice and rats.

6.13.1.5. Wild or exotic animals such as chinchillas, ferrets, bats, aggressive fish species.

6.13.1.6. Spiders or baby chicks/ducklings (except in YP, if approved by a Veterinarian).

6.13.1.7. Cats and dogs.

6.13.1.8. Classroom pets are kept in cages or in an enclosed area. Pets should not be allowed to roam or fly unattended nor should animals be caged exclusively with no opportunity to interact with children/youth.

6.13.1.9. Pets may not be in areas where human food and drink are prepared, served or consumed.

6.13.1.10. Turtles, mice, cats, dogs and birds in the parrot family are permitted in FCC homes as long as they have been cleared by a veterinarian as healthy and remain inaccessible to children/youth during hours of operations. If cleared by the veterinarian, birds of the parrot family must also have documentation on file in the FCC home indicating negative test results for Psittacosis.

6.13.2. Designate specific areas for interaction with pets. Clean and disinfect all areas where pets have been present. Children/youth should perform this task only under adult supervision.

6.13.3. Dispose of pet waste regularly; clean and disinfect cages at least once a week.

- 6.13.4. Pet cages or enclosures may not be cleaned in sinks or other areas used to prepare food and drinks.
- 6.13.5. Children/youth and adults wash hands before and after handling pets or assisting with pet responsibilities such as cleaning the cage.
- 6.13.6. Children/youth are taught to not put their hands or objects in their mouth while interacting with pets.
- 6.13.7. CYP personnel are knowledgeable about handling and caring for the type of pets present.
- 6.13.8. Children/youth are taught to handle pets properly and that pets may scratch or bite to protect themselves if they are handled roughly. Children/youth refrain from handling pets that are eating or sleeping.
- 6.13.9. CYP personnel supervise contacts between pets and children 5 years of age and younger.
- 6.13.10. Pet play times are supervised to assure gentle handling by children/youth.
- 6.13.11. Ill or injured pets are removed from the classroom until they have been cleared by a veterinarian.
- 6.13.12. Consult with CYP medical advisor for any special considerations needed for children/youth who may have allergies or asthma when around pets or animals.

Chapter 7

FOOD SERVICE

7.1. Food Program Requirements. CYP must support the sanitary preparation and service of healthy foods. The majority of items available through YP snack bar resale should be healthy options.

7.1.1. CDC/SAC/FCC food programs must be administered in accordance with the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) requirements.

7.1.1.1. CDC/SAC must participate in USDA CACFP if it is available and sponsorship is not prohibited by state policies. OCONUS programs are exempt but are required to meet USDA CACFP requirements.

7.1.1.2. FCC Programs should serve as the sponsor or partner with a local agency to assume official sponsorship functions with the base FCC Coordinator continuing to provide general oversight of the USDA CACFP implementation in certified FCC homes. The USDA CACFP sponsorship for FCC reimbursement must cover all personnel costs, monthly provider reimbursements and other expenses associated with the administration of the program.

7.1.2. Meals and snacks must be served at regularly established times at least two hours apart but not more than three hours apart. The time span shall be measured from the ending time of the previous meal/snack to the beginning time of the next meal/snack.

7.1.3. Only foods prepared at or for the CDC/SAC are served for meals, snacks and special events. When the CDC/SAC is unable to provide foods required for a child/youth's medical condition, parents may provide food when prescribed in writing by the child/youth's health care provider and approved by the installation CYP Medical Advisor. The food must meet USDA CACFP guidelines and coordination for its safe storage will be made with the installation Public Health office. Any other food requests to bring food from home are not permitted.

7.1.4. CDC/SAC utilize cycle menus that have been approved by a dietitian or AFSVA/SVI. Only USDA creditable foods will be purchased and served.

7.1.5. FCC providers submit their cycle (four or six weeks) menus to the FCC Coordinator for review and approval prior to the start of each month.

7.1.6. CDC/SAC/FCC menus are posted and visible to parents. In addition, menus will:

7.1.6.1. Have a variety of foods to include vegetarian meals.

7.1.6.2. Include fresh fruits, vegetables, grains and proteins.

7.1.6.3. Include foods indicative of various cultures.

7.1.6.4. Provide SAC youth with choices of cereals and fresh fruit for breakfast (as well as the required menu components) and snacks that include fresh fruit and some foods that youth are able to prepare themselves (e.g. wraps). Menus must include input from youth.

7.1.7. Program-wide substitutions are nutritionally comparable to the food substituted and documented on the posted menu before they are served.

7.1.8. Child/youth-specific substitutions (e.g. vegan, vegetarian, religious) must meet USDA CACFP guidelines, be available through regular inventory/purchasing channels and be of comparable costs (e.g. chicken instead of pork).

7.1.9. Individual serving portions meet the requirement for each age grouping. Children/youth are offered second helpings of vegetables, fresh fruits, bread and milk if desired or requested.

7.1.10. Real fruit juice and milk are served instead of fruit drinks and soda. Any fruit juice that is served must be 100 percent pasteurized fruit juice. Children 1 to 6 years of age are limited to no more than six ounces of fruit juice per day; youth over 6 years of age are limited to no more than eight ounces of fruit juice per day. Infants under 12 months of age will not be served fruit juice.

7.1.11. Children younger than 4 years of age will not be offered hot dogs that are whole or sliced into rounds, whole grapes, nuts, popcorn, raw peas, hard pretzels, spoons full of peanut butter or chunks of raw carrots.

7.1.12. The number of prepackaged foods is limited. Individually packaged foods/drinks are used on a limited basis (e.g. emergencies, field trips, special needs).

7.2. Allergies. A system must be in place to ensure children/youth are not exposed foods or environmental contaminants that may be harmful to them (e.g. allergens).

7.2.1. Parents sign a statement of consent permitting the programs to post their child/youth's allergy information (with or without pictures).

7.2.2. A current list of children/youth with allergies is discretely posted in a standard way:

7.2.2.1. In each CDC and SAC activity room and is also posted in the CDC/SAC kitchen.

7.2.2.2. In youth/teen center rooms (or a centralized location that provides staff-only access), in the kitchen and snack bar.

7.2.2.3. In each FCC home.

7.2.2.4. All staff (including substitutes) is trained on where this information is located. The allergy listing is taken on field trips.

7.2.3. Children/youth who have been identified with a food allergy or who are otherwise intolerant to specific foods must be offered nutritionally equivalent substitutes. Documentation to include recommended food substitutions and an exposure response plan must be provided by the child/youth's health care provider and maintained on file.

7.3. Drinking Water. Drinking water is provided indoors, outdoors and on field trips via single service cups or water fountains.

7.3.1. Water sources from laundry rooms, janitor closets and outdoor hose bibs are not used to fill drinking water containers used for children/youth.

7.4. Food Service Equipment and Supplies. Tables and chairs suitable for children/youth are used for meals/snacks.

7.4.1. Child-size dishes (e.g. plates, bowls, and cups) and serving utensils which are easy for children to handle are used.

7.4.2. In CDC/SAC, paper products are only used during emergencies; Styrofoam products are prohibited.

7.5. Meal Service. Meal times should be a pleasant, social learning experience for children/youth and provide opportunities to promote healthy nutrition habits.

7.5.1. Food service staff provide timely delivery of food in a “ready to eat” manner without adding additional responsibilities (e.g. cutting up food) for classroom staff.

7.5.2. CDC/SAC staff and FCC providers sit and eat with the children/youth and engage them in conversation. Children/youth are encouraged to serve themselves based on their developmental abilities.

7.5.3. Children/youth will be encouraged to participate with table setting and clean up after meal times.

7.5.4. Youth enrolled in SAC may have a snack as an activity choice instead of eating together as a large group. Snacks are available for youth when they arrive at the program and youth have enough time to eat without rushing. Youth are notified before snacks are put away.

7.5.5. Food is not used as a punishment or reward.

7.6. Food Purchasing for CDC/SAC. The majority of food items must be purchased from the Prime Vendor. The Commissary and approved local sources may be used to purchase foods unavailable from the Prime Vendor.

7.6.1. All food must be inspected at delivery for spoilage, sanitation, or potentially hazardous conditions (e.g. cans with dents or signs of rust, frozen foods at inappropriate temperatures, spoiled fruits and vegetables) and returned to the vendor.

7.6.2. For accountability purposes, the individual placing the food order may not also be the receiver of the order. Receivers must verify quantities and annotate overages, shortages and substitutions.

7.6.3. Proper control of food cost depends on accurate forecasting, purchasing food only as needed, proper storage, preparation and portion control. Programs purchase serving bowls and utensils for determining the actual portion of food needed for each age grouping.

7.7. CYP Facility Food Storage. Conduct IAW AFMAN_IP 48-147, Triservice Food Code.

7.7.1. All foods are labeled and dated upon delivery to the kitchen.

7.7.2. Dry goods are stored a minimum of six inches from the floor.

7.7.3. Refrigerator and freezer temperatures are controlled to deter spoilage, maintain quality and prevent food poisoning.

7.7.3.1. Thermometers must be in all refrigeration and freezer units. Refrigerator temperatures must be maintained at or below 41 degrees Fahrenheit. Freezer

temperatures are maintained at or below zero degrees Fahrenheit. Documentation of temperature readings must be kept according to Public Health requirements outlined in AFMAN_IP 48-147 (e.g. self-inspection checklists).

7.7.3.2. Foods that have been thawed to room temperature or that have been held in the refrigerator longer than one day are not refrozen and are used immediately.

7.7.3.3. The First-In-First-Out (FIFO) method (placing new products behind older products or below older products in the storage area) is used for stock rotation to ensure older products are used first.

7.7.4. Open food is stored in tightly covered containers and labeled with the date.

7.8. FCC Home Food Storage. FCC providers ensure dry, refrigerated and frozen goods are stored in a safe manner that reduces likelihood of contamination or food borne illness.

7.9. Food Preparation. Food must be prepared, handled, transported and served according to applicable Air Force Instructions, USDA CACFP guidelines and Public Health requirements.

7.9.1. CYP personnel and FCC providers must have ServSafe Food Safety training as required by their position. CYP managers and food service personnel must have supplemental training from the installation Public Health office, to emphasize the impact of food safety on the Air Force mission IAW AFI 48-116. (T-1)

7.9.2. CYP managers, food service personnel, and any other individuals assisting with food preparation must wear a hair restraint (e.g. hairnet, cap) while working in the facility kitchen and handling food. Anyone with a cold, infection or open wound must not handle food.

7.9.3. Food prepared in another facility must be transported using sanitary containers and kept at the appropriate temperatures during transportation and delivery.

7.9.4. Meats are thoroughly cooked to the appropriate internal temperature before serving.

7.9.5. All fruits and vegetables are washed before cooking and serving to children/youth.

7.10. Sanitation. Dishes, utensils, and work surfaces must be thoroughly cleaned with soap and water and sanitized after each use. The three-step method (wash, rinse, sanitize in a water and chlorine bleach solution) must be used if a dishwasher is not available.

7.10.1. Cutting boards shall be cleaned and sanitized, before each use with a different type of raw animal food such as beef, fish, lamb, pork, or poultry and each time there is a change from working with raw foods to working with ready to eat products (e.g. fruits, vegetables) to control the potential for cross contamination.

7.10.2. Kitchen equipment including small appliances must be cleaned and sanitized after each use.

7.10.3. FCC providers must wash dishes, utensils, cookware, serving items and infant bottles in a dishwasher. If a dishwasher is unavailable, items are washed by hand in hot water containing a detergent solution, rinsed, and then sanitized by immersing each item for at least two minutes in lukewarm water. Dishes must be air dried. Paper or plastic products may be used if dishwasher is not available.

7.11. Feeding Infants and Young Children. Bottle feeding must be done in such a way as to minimize the spread of disease and promote interaction. CDC and FCC providers must follow the policies and procedures in the AF Instructional Guide on Feeding Infants and Young Children. Other references include *Caring for Our Children: National Health and Safety Standards Guidelines* and *USDA Feeding Infants, A guide for Use in the Child Nutrition Programs.*)

7.11.1. CDC will provide two types of iron fortified infant formula (IFIF): one regular and one soy-based. If the parent/guardian chooses to provide the IFIF, the parent/guardian may bring pre-made bottles or provide IFIF in a factory sealed container to be prepared by the CDC. Bulk preparation of IFIF will be prepared in a clean and sanitized work space in the facility kitchen. CDC personnel may fill individual bottles in the classroom.

7.11.2. A system will be in place to ensure young children receive only their own IFIF or human milk. Each bottle must be labeled with the child's first and last name and labeled with the date and time the IFIF/human milk was prepared or expressed. CDC staff and FCC providers will check the name on the bottle to ensure they are feeding the right bottle to the right child. 7.11.2.1. Infants and young children who are developmentally ready to drink from a cup can be offered human milk in a no-spill sippy cup. Additional measures such as close supervision (infant/young child sitting next to an adult), safe storage, and serving must also be in place to prevent other infants and young children from being exposed to human milk not intended for their consumption.

7.11.3. Human milk must be brought in, in ready to feed bottles and may not be stored in the refrigerator (41 degrees Fahrenheit) for more than 48 hours, or no more than 24 hours if the human milk was previously frozen. Human milk may be stored in a freezer at zero degrees Fahrenheit or below for no longer than three months.

7.11.4. IFIF must be discarded within one hour of removing from the refrigerator. Partially used human milk bottles may be discarded or returned to the parent at the end of the day.

7.11.5. If parents/guardians purchase human milk for use in CDC/FCC, it must be purchased from a milk bank which screens, pasteurizes and ensures shipping is conducted in a safe manner. Refer to the American Academy of Pediatrics website for guidance.

7.11.6. Infant cereal, fruit juice, or any other foods will not be added to bottles with IFIF or human milk unless prescribed in writing by the child's health care provider and approved by the installation CYP Medical Advisor.

7.11.7. Microwave ovens, bottle warmers, crock pots and heated pans of water are not to be used for warming IFIF or human milk. If IFIF and human milk is warmed, it is warmed in a container of water which does not exceed 98.6 degrees Fahrenheit. Excessive heating may destroy beneficial nutritional components.

7.11.8. CDC personnel and FCC providers will wash their hands before handling and serving any human milk, infant formula or age appropriate solid food. Infants' and young children's hands will also be washed before being served bottles or infant food.

7.11.9. Infants who are less than 8 months old and who are unable to independently sit will be held for bottle and spoon-feeding. Both criteria must be met. Other feeding methods are

permitted if prescribed in writing by the child's health care provider and approved by the installation CYP Medical Advisor.

7.11.10. Infants and young children may not carry bottles or sippy cups around with them in the activity room or FCC home.

7.11.11. Cow's milk must not be offered to children less than 1 year of age unless prescribed in writing by the child's health care provider and approved by the installation CYP Medical Advisor.

7.11.12. Due to the risk of infant botulism, children younger than 1 year of age should not be fed any honey products or served baked goods containing honey.

7.11.13. CDC personnel and FCC providers who inadvertently feed human milk to the wrong child must treat the incident as an exposure to bodily fluids due to the possible exposure to Hepatitis B, Hepatitis C or Human Immunodeficiency Virus.

7.11.13.1. Immediate notification must be made to the program supervisor, who in turn will notify the parents, encouraging them to contact their child's health care provider for further guidance.

7.11.13.2. The installation Public Health office and the CYP Medical Advisor will be notified.

7.11.13.3. The incident must be reported on the *AF Form 3424 Reportable Incident*.

7.12. Solid Foods. Age-appropriate solid foods may be introduced no sooner than when the child has reached 4 months of age but preferably not prior to 6 months of age based on the individual child's nutritional and developmental needs. Solid foods must be introduced at home first to ensure the infant does not have an allergic response.

7.12.1. CDC staff and FCC providers must spoon solid foods from a jar into a dish and check carefully for foreign objects. Any uneaten food in the dish must be discarded. Opened jars of infant food are labeled with the date/time opened, refrigerated and used within 24 hours.

CHAPTER 8

FINANCIAL MANAGEMENT

8.1. Funding. CYP are funded by a combination of APF and NAF. Adequate resources must be provided to protect the health and safety of children/youth and to promote child and youth development.

8.2. Appropriated Funds. Appropriated funds (APF) support is authorized for CYP.

8.2.1. The amount of APF direct support used to operate CDC/SAC programs must be at least equal to parent fees collected.

8.2.2. APFs may be used in CYP for salaries of employees, food, training and education, educational field trip transportation and entry fees, program accreditation fees and support services, contracted services (e.g. sports officials, camps), transportation, marketing (recruitment, retention, and participation efforts), supplies and equipment. APFs may also be used in FCC to purchase materials for the resource center, training materials for providers, local travel expenses incurred by FCC program staff using their private vehicles to perform government functions and direct monetary subsidies to FCC providers. Reference AFI 65-106, *Appropriated Fund Support for Morale, Welfare and Recreation* and Nonappropriated Fund Instrumentalities for additional guidance.

8.3. Nonappropriated Funds. Nonappropriated Funds (NAF) will not be used where APFs are otherwise authorized.

8.3.1. To the maximum extent possible, child care fees shall cover the NAF cost of care and NAF costs not covered by child care fees are to be minimized.

8.3.2. Other potential sources of NAFs include funding received from Air Force Aid Society, Boys & Girls Clubs of America, Combined Federal Campaign, USDA and similar sources, to include the installation MWR fund. Assistance in reviewing and drafting grant applications as well as proposed donations/gifts should be obtained from the installation legal office.

8.3.3. Nonappropriated Fund (NAF) Financial goals are based on the Consolidated Net Income after Depreciation (NIAD) and are between zero to 4 percent for the CDC and no more than 10 percent for SAC at the end of each fiscal year. YP shall not be required to generate a profit or generate funds to support adult programs.

8.4. CDC/SAC Fees. DoD prescribes uniform fee regulations annually according to Chapter 88 of title 10, United States Code which applies to families who attend regularly scheduled CDC, SAC, and subsidized FCC programs. Each installation must implement the weekly fee established for each category. Installation fees may only be changed once per year.

8.4.1. Parent fees are only used to cover the cost of the NAF staff wages, benefits, and training including recruitment and retention initiatives, consumable supplies (e.g. paper goods, pet food/bedding, art supplies, sunscreen, trash bags, laundry detergent, materials that have a one-time use) and food-related expenses not paid from appropriated funds or reimbursed by the United States Department of Agriculture Child and Adult Food Program.

8.4.2. The installation may use the high market adjustment rate in areas that pay higher wages to compete with local labor or where staff wages are affected by non-foreign cost of

living allowance (COLA), base differential, or locality pay as indicated in DoDI 6060.02. The optional low market adjustment rate may be used in areas where costs for comparable care within the installation catchment area are significantly lower. The high/low market adjustment rate requires annual approval from A1/A1SOC.

8.4.3. Child care fees do not require NAF Council approval as total family income ranges and weekly rates are set by DoD policy.

8.4.4. Programs must notify Defense civilian employee sponsors with children enrolled in DoD subsidized CDC/SAC programs that they are subject to the requirements of Internal Revenue Code, title 26, United States Code, section 61 and title 26, Code of Federal Regulations, section 1.61-1.

8.4.5. Fee categories are based on 50 hours of care per week; however programs may be open more or less hours.

8.4.6. Programs will provide a discount for families who have multiple children enrolled in the CDC, SAC or FCC Subsidy program.

8.4.7. Fees are based on total family income (TFI) and apply to all children who attend CDC, SAC and FCC Subsidy programs on regular basis. Combat related wounded warriors are assessed Fee Category I regardless of TFI.

8.4.7.1. The DD Form 2652, *Application for Department of Defense Child Care Fees*, or electronic equivalent, will be used to verify TFI.

8.4.7.2. Programs will verify patron TFI annually and adjust fees accordingly.

8.4.8. The MSG/CC may reduce a family's fees based on unusual financial circumstances, such as when a family's total income declines to a lower fee category. The MSG/CC may not delegate this authority. (T-1)

8.4.8.1. The new adjusted fee must be on the installation's advertised fee scale and may not be set below Fee Category I.

8.4.8.2. With approval from AF/A1SOC, adjustments may be made to adjust fees for CDC/SAC teaching staff if programs experience operational hardships (e.g. staffing shortage).

8.4.9. Parents must be notified of fee changes at least 30 days in advance. Programs may meet this requirement by posting and announcing the annual DoD fee scale to parents while installation fees are being approved and TFI calculations are being made.

8.4.10. CDC/SAC parents will be given the option of subletting or renting their space. Under no circumstance shall the authorized user of the space profit from the subletting or rental of their space. Parents occupying the sublet/rental space must be notified of the conditions upon which their space may be terminated and enrollment in a sublet/rental space does not give them higher priority on the waiting list if a permanent space becomes available.

8.4.11. CDC/SAC registration fees may not be collected since the labor used to collect such fees is paid from appropriated funds.

8.4.12. CDC/SAC programs may offer discounts for participating in an approved parent participation program.

8.4.13. SAC fees include the following additional requirements:

8.4.13.1. Parents must be permitted to choose options and pay fees for before school only, after school only or both before and after components.

8.4.13.2. Fees for SAC full-day service will be based on the full-day hours of operation with an adjustment made to the weekly fees.

8.4.13.3. Fees for SAC full-day weekly service during the winter, spring and summer breaks will be the same as the CDC Basic Weekly Fee.

8.4.13.3.1. Additional fees, outside the hours that are included in the weekly fee (e.g. teacher work days, inclement weather), will be assessed at the Total Family Income (TFI) hourly rate.

8.4.13.3.2. The rate for special openings (e.g. Parents Night Out, holiday party) or drop-in care will be a flat hourly rate (not based on TFI) for all patrons and will be equal to or greater than the highest fee per hour for full-day care.

8.4.13.3.3. For summer day camp, parents will be charged for the number of weeks requested.

8.4.13.3.4. Charges for instructional classes, entertainment events or transportation fees are additional and separate from the weekly fees.

8.4.14. Additional information on fees is published annually in the Air Force Child Development and School Age Program Fee Policy Letter from AF/A1S.

8.5. FCC Fees. Installation officials may not regulate the fees that FCC providers charge for their services except for those FCC providers who have parents participating in the FCC Subsidy Program.

8.6. YP Funding. YP shall be operated, maintained and funded with at least 65 percent direct APF support in accordance with DoDI 6060.4.

8.6.1. YP should utilize funding from the Combined Federal Campaign, the United Way, BGCA, USDA/4-H, AFAS and similar sources to support programming that does not have the potential for generating enough revenue to pay for NAF costs. Funding received from any grant or donation shall be used to support CYP IAW the stated grant purposes and/or the conditions imposed.

8.6.2. YP is permitted to participate in BGCA programs that have commercial sponsors. A printed disclaimer will be added to all BGCA program materials indicating, 'no federal endorsement is intended'. Additionally, sponsorship from companies that produce, sell as their primary product, or are identified with alcohol or tobacco products will not be allowed.

8.6.3. YP that support contingency and/or war operations and geographically separated units are authorized 100 percent APF funding per DoDI 6060.4.

8.6.4. Private organization youth programs may not receive any direct NAF or APF support.

8.6.4.1. NAFs shall not be used to pay entry fees, charter fees, or other expenses for Services-sponsored teams or groups unless the activity is not available as part of YP. Such expenses must not be paid under any circumstances where doing so interferes with

or limits the Force Support Commander's essential command control and supervision of a group. APF shall not be used for these purposes under any circumstances.

8.6.4.2. Do not use APF or NAF to pay entry fees, charter fees or other expenses for participation of individuals in civilian youth activities.

8.6.4.3. Ensure private organization youth programs follow the requirements of this instruction.

8.6.5. Vending, video, and amusement machines may be used to generate funds and shall be operated in accordance with Air Force policies.

8.7. YP Fees. Fees may not be set higher than necessary to generate sufficient income to pay the NAF expenses associated with the activity.

8.7.1. Registration fees may be charged in YP. Installations may require those who have not paid the annual registration fee to pay higher fees for individual activities.

8.7.2. Team sports or league sports must be self-sustaining.

8.7.3. Increased fees may be charged to cover costs for occasional specialty full-day camps where specialists are contracted as instructors.

8.8. External Funding Authorized Support. Youth Programs may accept support from other installation agencies, AFAS (as the official charity of the U.S. Air Force) and BGCA and 4-H/Cooperative Extension (as part of affiliation with these agencies) as well as donations/gifts if accepted by the appropriate acceptance/approval authority.

8.8.1. YP fundraising activities must follow Air Force policies in accordance with AFI 34-201, *Use of Nonappropriated Funds* and other applicable regulations.

8.8.2. All funds and donations must be deposited in the Morale, Welfare, and Recreation Fund. Funds raised by youth for specific programs/trips may be held in unearned income accounts for the specified purpose.

8.8.3. All YP contributions must be executed for youth activities.

8.9. Insurance. CDC, SAC and YP are a part of the AF Morale, Welfare, and Recreation self-insurance program.

8.9.1. YP may not purchase public liability insurance, products or coverage from a commercial insurance carrier except as required by the laws of a foreign country or by directive of the Air Force.

8.9.2. Contractors must provide proof of personal liability insurance of at least \$300,000 before establishing a contract for providing high-risk services dealing with children and youth activities, such as, but not limited to gymnastics, wrestling, rock climbing, ropes courses, river rafting, and martial arts instruction. If the contractor cannot obtain personal liability insurance, the contract must include an acknowledgment of personal liability signed by the contractor and the contractor's signed agreement to compensate the Government for any expenditure necessary because of the contractor's conduct and activities.

8.9.3. Specified volunteers for high-risk activities should be informed about purchasing personal liability insurance for their own protection.

8.9.4. All sport volunteer coaches must carry personal liability insurance.

8.10. Private Organizations. Organizations that have interactions with children/youth must follow the same screening and training requirements related to prevention of child abuse and neglect as Child and Youth Programs. Reference AFI 34-223, *Private Organizations Programs* for additional guidance.

8.10.1. Private youth organizations must conduct background checks their employees, contractors and specified volunteers in accordance with DoDI 1402.05.

8.10.2. All private organization individuals working with children/youth must sign a statement stating they have not been arrested for or convicted of any crime involving children/youth.

8.10.3. All private youth organizations that receive any base support, including the use of base facilities, must provide annual training for their staff and volunteers on child abuse identification, reporting, and prevention.

8.10.4. Private organizations for Youth Programs may not receive any direct NAF/APF support or Combined Federal Campaign funds.

8.11. Forms Management. AF CYP Forms (e.g. 1181, 1930) will not be altered without written permission from AFSVA/SVPY.

Chapter 9

PROGRAM PERSONNEL

9.1. Personnel. Qualified professional staff is necessary to operate CYP. CYP personnel may be required to work an uncommon tour of duty including evenings, weekends and school holidays.

9.1.1. APF manpower positions are utilized as earned per the current capability manpower standard and documented appropriately on the unit manpower document. Positions earned may not otherwise be eliminated, moved or utilized outside of AF Child and Youth Programs without coordination and concurrence from AF/A1SOC.

9.2. Authorized APF positions for CYP:

9.2.1. Airman and Family Services Flight Chief. Provides oversight of the Child Development Center, Family Child Care and Youth Programs.

9.2.2. Training and Curriculum Specialists (T&C). T&C Specialists support the training and curriculum needs of all APF and NAF staff, Family Child Care providers (certified and in-process), volunteers and contracted workers (including custodians). APF T&Cs are authorized based on the total number of staff and providers in CDC, FCC, SAC, and YP including contractors. Volunteers are also included and computed such that 20 volunteers equal one staff member.

9.2.2.1. T&C Specialists must meet OPM qualification standards for the 1701 series. Position descriptions developed after this publication must include this requirement. The preferred candidate will have a 4-year degree or equivalent in early childhood education or child development from an accredited college and at least three years of full-time experience with young children or a graduate degree in early childhood education or child development. If a T&C Specialist will be assigned solely to SAC/YP programs, the degree may be in school age or youth development.

9.2.3. FCC Coordinators. An APF FCC Coordinator is authorized for the FCC Program if there are nine or more FCC homes certified or in the process of becoming certified. If the FCC Coordinator has fewer than nine homes, the coordinator must be assigned other duties within the flight which are commensurate with 1701 series responsibilities. If the FCC coordinator position is vacant, the individual assigned FCC Coordinator responsibilities must meet the qualifications of the 1701 series.

9.2.3.1. FCC Coordinators must meet OPM qualification standards for the 1701 series. Position descriptions developed after this publication must include this requirement.

9.2.4. CDC Directors. An APF CDC Director is authorized for each CDC or group of facilities with 99 or more children enrolled. An APF assistant or annex director is authorized for each annex or satellite facility with 49-98 children enrolled. If a CDC facility or group of facilities has an enrollment of less than 99 children, the Assistant/Satellite Director will be employed as the CDC Director. If the CDC facility or group of facilities has an enrollment of less than 49 children, the CDC Supervisor will be employed as the CDC Director.

9.2.4.1. CDC Assistant/Annex/Satellite Directors. CDC Directors/Assistant Directors must meet OPM qualification standards for the 1701 series. Position descriptions developed after this publication must include this requirement. The preferred candidate will have a 4-year degree or equivalent from an accredited college in the field of child development, early childhood education, home economics (early childhood emphasis), elementary education, special education or other fields appropriate to the position to include education, social work and psychology in addition to nine credit hours in leadership, management and/or administration.

9.2.4.2. CDC Supervisors. APF CDC Supervisors are authorized for each CDC facility to help manage the program during all hours of operation. Programs have the authority to designate a CDC Supervisor as an Assistant Director.

9.2.4.3. CDC Administrative/Clerical Specialists. APF administrative/clerk specialists are authorized for each CDC facility to cover the front desk during all hours of operation.

9.2.4.4. CDC Education Technicians. APF education technicians are classroom teachers and are authorized at a rate of 1 APF education technician in every 4 full time teaching staff requirements. Installations with children under age three years comprising 65% or greater enrollment of all children enrolled in CDCs are authorized APF education technicians for 1 in 3 full time teaching staff requirements (in infant and pre-toddler rooms only). In this case, toddler and preschool age rooms continue to earn APF education technicians at 1 in 4 full time teaching staff requirements. APF education technicians must be utilized in the classroom to meet and maintain required staff to child ratios and support the financial viability of the program.

9.2.4.5. CDC Food Services Workers and Cooks. APF food service staff/cooks are authorized for locations that are prohibited or cannot participate in the USDA CACFP.

9.2.5. Youth Programs Directors. An APF Youth Programs Director is authorized for the Youth Programs. YP Directors must meet OPM qualification standards for the 1701 series. Position descriptions developed after this publication must include this requirement.

9.2.5.1. Youth Assistant/Annex Directors. An APF Assistant Youth Director is authorized for programs with an average daily open recreation attendance of 125 or more youth (excludes SAC). An APF Assistant Youth Director is also authorized for programs with more than one DoD certified Youth Program facility to provide adequate program management and supervision for additional YP facilities on the installation.

9.2.5.2. Youth Programmers. An APF Youth Programmer is authorized with an average daily open recreation attendance of 50 or more youth (excludes SAC). Youth Programmers are to ensure youth have the opportunity to participate in the five YP core programming areas and the AF required programs.

9.2.5.3. School Age Care Coordinator. An APF SAC Coordinator is authorized for each DoD certified SAC facility. SAC Coordinators must meet OPM qualification standards for the 1701 series. Position descriptions developed after this publication must include this requirement.

9.2.5.4. School Age Care Administrative/Clerical Specialists. An APF administrative/clerical specialist is authorized for each SAC facility.

9.2.5.5. Youth Sports and Fitness Manager. An APF Youth Sports and Fitness Manager is authorized for programs with 400 or more annual participants to ensure the sports and fitness experience is safe, fun and healthy for all youth involved.

9.2.5.6. Teen Program Coordinator. An APF Teen Program Coordinator is authorized if installations have an approved Teen Program. An approved Teen Program is defined as one that actively offers one or more of the following programs: BGCA teen-focused programs (e.g. Youth of the Year, Keystone Club), AF Teen Council, AF Teen Movement Projects, DoD Joint Services Teen Council lock-ins, Congressional Award Program. Teen Programs may be located in officially designated rooms/areas in YP facilities or other officially designated rooms/areas in an installation facility (e.g. Community Center).

9.3. CYP Teaching Staff and FCC Providers. CYP teaching staff, FCC providers and FCC substitute providers shall, as a condition of employment/participation:

9.3.1. Be at least 18 years of age.

9.3.2. Hold a high school diploma or equivalent.

9.3.3. Read, speak and write English.

9.3.4. Be free of communicable diseases and successfully pass a physical prior to employment or no later than 60 days of appointment. FCC providers must pass physical prior to providing care as documented on Optional Form 178, *Certificate of Medical Examination*.

9.3.5. Maintain current immunizations.

9.3.6. Be physically and behaviorally capable of performing the duties of the job.

9.3.7. Have either Military/DoD affiliation or access to the installation (FCC only).

9.3.8. Be able to satisfactorily complete the required training.

9.4. Other Adults. CYP staffing and programming may be enhanced by and supplemented with additional adults working directly in programs with children and youth.

9.4.1. Specified volunteers are individuals who could have extensive or frequent contact with children over a period of time are considered specialized volunteers. The extensive or frequent contact can include, but is not limited to, travel or overnight activities with children/youth. Coaches, assistant coaches, sports officials, tutors, regularly recurring chaperones, camp counselors and instructors are considered specified volunteers.

9.4.1.1. The MSG/CC designates any other positions that are considered to be specified volunteers due to the nature or frequency of their work in CYP. This may be accomplished by a memorandum for record. (T-0)

9.4.1.2. All volunteers must execute a DD Form 2793, *Volunteer Agreement for Appropriated Fund Activities/Nonappropriated Fund Instrumentalities*, IAW DoDI 1100.21, Voluntary Services in the Department of Defense, and AFI 34-101, Air Force

Morale, Welfare and Recreation (MWR). All volunteers must be trained and supervised as appropriate to their role. (T-0)

9.4.1.3. Specified volunteers who work with children and youth must have a background check in accordance with DoDI 1402.05. This includes youth volunteers ages 12 years and above.

9.4.1.4. Program staff document the number of hours specified volunteers work to include coaches who work in YSF.

9.4.1.5. Youth may volunteer in YP; however, they may not be counted in youth ratios or be left alone unsupervised with youth.

9.4.1.5.1. Youth requesting to perform community service in YP must be pre-approved for placement by the AFS Flight Chief. If approved, they must remain under direct supervision at all times and never be left alone with children/youth. Under no circumstance should youth be approved if their community service assignment is due to criminal activity or any other mandatory disqualifiers as identified in DoDI 1402.05 or this Instruction.

9.4.1.6. NAF volunteers may not have access to information protected under the Privacy Act without permission of the individual or parent/guardian of a minor.

9.4.1.7. Volunteers will be recognized for their contributions and programs will participate in the Airman and Family Readiness Center sponsored volunteer recognition programs.

9.4.2. Contractors. Contractors and subcontractors are an extension of the program. They must represent the integrity of the program being conducted and support program objectives and policies.

9.4.2.1. In accordance with DoDI 1402.05, background checks are required on all contractors (e.g. instructors, custodial staff) including students employed by a contractor who have contact with children/youth.

9.5. Hiring Practices. Recruiting, background screening, and hiring of APF/NAF personnel must be handled through the appropriate APF Civilian Personnel Section or NAF Human Resources Section. (T-1)

9.5.1. CYP must strive to hire employees who reflect the diversity, cultural, racial and linguistic characteristics needed to communicate with the children and families served.

9.5.2. Prior to employment or working with children, the AFS Flight Chief or CYP Manager must contact at least two references (personal, professional or educational) for individuals under consideration for: CYP positions, FCC certification, specified volunteers or contractors (excluding custodians). Each reference must be documented with the date, person contacted and their response. Documentation must be kept on file.

9.6. Background Checks. All APF and NAF civilian employees, FCC providers and their household members 12 years of age and above, substitute FCC providers, specified volunteers 12 years of age and above, and contractors employed or working in CYP, must at all times meet the background check requirements as outlined in DoDI 1402.05 and this Instruction. This includes individuals with overall management responsibility for CYP (e.g. AFS Flight Chief and CYP

headquarters personnel). For suitability and fitness determination follow DoDI 1400.25, V 731, *DoD Civilian Personnel Management System: Suitability and Fitness Adjudication for Civilian Employees* or applicable AF suitability instruction. (T-0)

9.6.1. Background checks must be initiated, tracked and overseen by properly trained and vetted individuals who have been determined to be responsible for personnel security or human resources.

9.6.2. Written documentation of investigations and suitability decisions (e.g. Managerial Checklist or FCC Provider Approval Record, AF Form 3406) are filed in the employee work folder/FCC provider portfolio. Documents related to the suitability decision making (e.g. investigative reports) may not be maintained in the employee work folder/FCC provider portfolio.

9.6.2.1. A managerial checklist of pre-employment checks with preliminary suitability decision will be on file in CYP prior to the individual working with children/youth.

9.6.2.2. AF Form 3406, will be utilized to record FCC background check results. Prior to being recommended for certification, results will be compiled and recorded on AF Form 3406, *FCC Approval Record*.

9.6.3. Pre-employment background screening is required of all CYP personnel (APF and NAF personnel, FCC providers and their household members 12 years of age and above, substitute FCC providers, contractors and specified volunteers) prior to working with children/youth.

9.6.3.1. Parental consent shall be obtained for background checks to be conducted on a youth from 12 through 17 years of age. Parents shall be advised that lack of consent may preclude participation as a youth volunteer.

9.6.4. Checks will be conducted by NAF/HR, CPS or FSS Security Manager with the exception of reference calls which are conducted by the selecting official. Pre-employment screening will be conducted and preliminary suitability determinations made based on the following documents or checks of:

9.6.4.1. Application and/or Resume.

9.6.4.2. Optional Form 306, "*Declaration for Federal Employment*" (APF, NAF and CYP contract personnel only).

9.6.4.3. DD Form 2981, *Basic Criminal History and Statement of Admission (Department of Defense Child and Youth (C&Y) Programs)*

9.6.4.3.1. FCC applicants and providers will complete this form on behalf of themselves and minor members of their household.

9.6.4.4. AF Form 3429, *Request for Installation Records Check (IRC)*

9.6.4.5. National Sex Offender Public Website check (<http://www.nsopw.gov/en/Search>).

9.6.4.6. Advanced FBI fingerprint check (excluding minors residing in an FCC home).

9.6.4.7. References.

9.6.5. The DD Form 2981 will be completed and reviewed prior to selection. This form requires annual certification and covers a five year period at the end of which a new form must be initiated. Documentation must be kept in the employee work folder.

9.6.5.1. Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children/youth. Failure to disclose accurate information may be grounds for dismissal, termination or disbarment from participating in the program. (T-0)

9.6.5.2. The DD 2981 Form requires all CYP personnel and FCC providers and family members to immediately report to their supervisor/FCC Coordinator any incident that may invalidate their prior background checks and make them ineligible for contact with children/youth. Appropriate action (e.g. administrative leave or detailed to duties not requiring contact with children/youth during this time) will be taken until the case has been resolved/closed and suitability has been determined. Failure to report incidents that may invalidate suitability may be grounds for dismissal, termination or disbarment from participating in CYP. (T-0)

9.6.6. The IRC includes a record review by (T-1):

9.6.6.1. Installation law enforcement or Security Forces Squadron (local agency files and Security Forces Management Information System).

9.6.6.2. Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program.

9.6.6.3. Mental Health.

9.6.6.4. Family Advocacy (of the DoD Child Abuse Central Registry).

9.6.6.5. Government Housing (for AF Form 4422, *Sex Offender Disclosure and Acknowledgement*).

9.6.6.6. Office of Special Investigations (Defense Central Index of Investigations (DCII) database).

9.6.7. The IRC will be completed using AF Form 3429 and will be conducted for all installations for which the applicant identified having an affiliation for a minimum of two-years prior to date of application. (T-1)

9.6.7.1. Affiliation is not limited to living or working on an installation, but may also include any prior or current association, relationship or involvement with the DoD or any elements of the DoD (e.g. golf club membership or participant in an installation activity).

9.6.8. References: Two professional, personal or educational references is required for all CYP personnel. In addition, FCC applicants will have (as applicable):

9.6.8.1. A letter from the military sponsor's supervisor or commander indicating whether there is information about the active duty member to suggest the spouse should not be certified.

9.6.8.2. For youth 12 years of age through high school, documentation showing the school has been asked on an annual basis if there is a reason why the provider should not be certified.

9.6.9. APF and NAF personnel, FCC providers and substitute providers and Contractors are required to have a Child Care National Agency Check with Inquiries (CNACI). The CNACI includes a State Criminal History Records Checks (SCHRC) and is performed for current and former states of residence and employment listed on an employee or prospective employee application. The SCHRC will include the State child abuse and neglect repository and the State sex offender registry. The CNACI must be initiated prior to working with children/youth. (T-0)

9.6.9.1. A National Agency Check with Inquiries (NACI), a National Agency Check (NAC) or an individual with a higher level clearance does not meet the CNACI criteria unless the SCHRC was conducted as part of the investigation.

9.6.9.2. For individuals not meeting the CNACI criteria as listed above, a SCHRC is performed.

9.6.9.3. If child care suitability standards were not applied to the initial NAC, NACI, or higher investigation suitability decision, all investigative documents will be retrieved and reviewed to apply these standards.

9.6.9.4. To avoid delays, ensure OPM fingerprinting guidance and other state-specific requirements are followed when requesting individual SCHRC.

9.6.10. To ensure timely completion, installations must establish procedures to initiate or request criminal history background check results, follow-up to ensure checks have been completed and address situations where there is a delay in receiving results. At a minimum, follow up will begin within 7 days for IRCs and 60 days for CNACI if results have not been received. In no event will an individual subject to this instruction be presumed to be suitable for working alone with children/youth merely because there has been a delay in receiving the results of the requisite background check. The sole exception is when no response from the State(s) is received within 60 days, a suitability determination based upon the CNACI report may be made.

9.6.11. **Suitability Determination.** For suitability and fitness determination, as applicable, installations must follow DoDI 1402.05 and DoDI 1400.25 V731, *DoD Civilian Personnel Management System: Suitability and Fitness Adjudication for Civilian Employees* or applicable AF suitability instruction. (T-0)

9.6.11.1. Criteria for Automatic Disqualification. No person, regardless of circumstances, will be approved to work with children/youth if the background check discloses conviction in a civilian or military court (including any general, special or summary court-martial conviction) or received non-judicial punishment under Article 15 of chapter 47 of Title 10, U.S.C. also known as the Uniform Code of Military Justice (UCMJ) for:

9.6.11.1.1. A sexual offense.

9.6.11.1.2. Any criminal offense involving a child/youth victim.

9.6.11.1.3. A felony offense concerning illegal or improper use, possession, or distribution of any controlled or psychoactive substances, narcotics, cannabis, or other dangerous drug.

9.6.11.1.4. That the individual has been held to be negligent in a civil adjudication or administrative proceeding concerning the death or serious injury to a child/youth or dependent person entrusted to the individual's care.

9.6.11.1.5. Any violent crime (murder and nonnegligent manslaughter, forcible rape, robbery, aggravated assault and kidnapping), crimes which involve force or threat of force, as well as robbery, aggravated assault and arson.

9.6.11.2. Criteria for Presumptive Disqualification. Officials charged with making suitability determinations must include in the record a written justification for any favorable determination made where background check findings include any of the following presumptively disqualifying information:

9.6.11.2.1. A FAP (or civilian agency) record indicating that the individual met criteria (or was substantiated) for child abuse or neglect or civil adjudication that the individual committed child abuse or neglect. Prior to hiring individuals or certifying FCC providers with this type of record, approval must be granted by AF/A1S.

9.6.11.2.2. Evidence of an act or acts by the individual that tend to indicate poor judgment, unreliability, or untrustworthiness in providing child care services.

9.6.11.2.3. Evidence or documentation of the individual's past or present dependency or addiction to any controlled or psychoactive substances, narcotics, cannabis, or other dangerous drug without evidence of rehabilitation.

9.6.11.2.4. A civilian or military conviction, including any general, special or summary court-martial conviction, or non-judicial punishment under Article 15 of UCMJ Reference (h), for:

9.6.11.2.4.1. Illegal or improper use, possession, or addiction to any controlled or psychoactive substances, narcotics, cannabis, or other dangerous drug.

9.6.11.2.4.2. A civil adjudication that terminated the individual's parental rights to his or her child, with the exception of birth parents placing their child for adoption.

9.6.11.2.4.3. Evidence or documentation of the individual's current or past history of engaging in the unauthorized video or photographic imagery of other persons.

9.6.11.3. Suitability Determination authority levels are as follows and may not be further delegated.

9.6.11.3.1. FSS/CC for specified volunteers.

9.6.11.3.2. The DoD Central Adjudication Facility (CAF) will determine CNACI suitability for APF/NAF employees, FCC providers/substitute providers and contractors. In the event the DoD CAF cannot make a suitability determination due to derogatory information, the following suitability determination authorities apply:

9.6.11.3.2.1. FSS/CC for APF/NAF employees and contractors.

9.6.11.3.2.2. MSG/CC for FCC providers/substitute providers.

9.6.11.4. Personnel responsible for reviewing investigative documents and making recommendations to commanders will complete the web-based OPM Suitability Adjudication course, or other equivalent training in order to provide appropriate advice as it pertains to determining suitability for working with children and youth. (T-0)

9.6.11.5. An individual is considered suitable when the DoD CAF or commander has made a final determination and the managerial checklist (or equivalent) has been provided to the manager indicating favorable suitability. It is not necessary to maintain Line of Sight Supervision (LOSS) while waiting for CNACI suitability to be posted in databases.

9.6.11.6. FCC providers may not be certified before final suitability has been determined based on CNACI results.

9.6.12. Temporary/Term appointments. A CNACI is not required for intermittent, temporary or seasonal employees in non-sensitive positions provided such employment does not exceed an aggregate of 120 days in either a single continuous appointment or series of appointments. Pre-employment checks are required (application/resume, OF 306, DD Form 2981, IRC, advanced FBI fingerprint check, reference calls, sex offender registry). LOSS is required.

9.6.12.1. A CNACI will be requested if the intermittent, temporary, term or seasonal CYP employee returns for a second appointment (e.g. summer).

9.6.13. Reverification. Reverifications are required at various intervals specific to the type of CYP personnel. Initiate at least 60 days prior to expiration, based on the date the first check was initiated (typically the advanced FBI fingerprint check).

9.6.13.1. CPS and NAF/HRs must notify the supervisor and the APF/NAF employee when a reverification is needed and initiate and track the reverification. FSS Security Managers are responsible for tracking when reverifications are needed and initiating and tracking the reverification of contractors, specified volunteers and FCC providers, their family members 12 years of age and above and substitute providers. Reverification documents will be provided to the individual's supervisor/FCC Coordinator for review and forwarding to the individuals listed in 9.6.11.3 for a suitability decision.

9.6.13.2. All paid staff, specified volunteers and contractors will undergo a 5-year reverification performed using the same investigations as required during the initial investigation or with the latest guidance issued on reverifications. FCC providers/substitute providers will have a reverification annually using the Special Agreement Check (SAC) and an advanced FBI fingerprint check for child care providers. The SAC is an update to the initial investigation. FCC household members ages 12 years and above will have an annual reverification using the same checks conducted for the initial investigation.

9.6.13.3. In the event a reverification results in an unfavorable suitability or fitness determination (as applicable for the position) supervisors/FCC Coordinators shall take subsequent action in accordance with the appropriate personnel policies and Instruction or FCC policy.

9.6.13.4. Individuals without completed reverifications when the last investigation expires must return to line of sight supervision.

9.6.13.5. A method (e.g. database, excel spreadsheet) of monitoring when reverification is due will be utilized.

9.6.14. Line of Sight Supervision (LOSS) CYP personnel may perform duties under appropriate LOSS when favorable adjudication of preliminary investigations (DD Form 2981, IRC, National Sex Offender Registry check, advanced FBI fingerprint check, and two professional reference calls) are returned but the CNACI and final suitability determination is still pending.

9.6.14.1. LOSS CYP personnel must work in the presence of and be supervised by an individual who has a completed CNACI or in the case of emergency staffing, be continuously monitored through use of a CCTV system by a person who has a completed CNACI.

9.6.14.2. The term “supervised” as it relates to LOSS is not necessarily the same as an employee’s supervisor for employment purposes, (e.g. performance rating, assignment of duties). The LOSS supervisor must be a person who has undergone a full CNACI criminal history background check and received a favorable fitness or suitability determination, as applicable for the position; has complied with the periodic reverification requirements and has not previously exhibited wanton or reckless disregard for an obligation to supervise an employee/contractor or volunteer/care for children/youth.

9.6.14.3. CYP personnel who usually provide services that are shorter in duration (e.g. non-specified volunteers on a one day class trip or a chaperone at a dance) than is required to perform a criminal history background check must always be in LOSS of a staff member with a complete background check.

9.6.14.4. LOSS may be removed when the DoD CAF or the designated commander has made a suitability determination. Final suitability must be documented on the managerial checklist. NOTE: This does not apply to Military Family Life Consultants.

9.6.15. Conspicuous Identification of CYP Workers Subject to LOSS. CYP personnel with pending/incomplete checks must work under LOSS and be readily identifiable from a distance by means of distinctive clothing, badges, wristbands or other visible and apparent markings. The purpose of such markings must be communicated to staff and parents/guardians by posted or printed information.

9.6.16. Permissible Performance of Duties Without Supervision. CYP personnel otherwise required to perform duties only under LOSS may perform duties without supervision if: interaction with a child/youth occurs in the presence of the child/youth’s parent or guardian or interaction is necessary to prevent death or serious harm to the child/youth and supervision is impractical or unfeasible (e.g., response to a medical emergency, emergency evacuation of a child/youth from a hazardous location).

9.7. Physicals. CYP personnel as well as FCC providers will have a physical examination.

9.7.1. Documentation of the most recent physical exam will be kept in the employee or provider personnel file.

9.7.2. CYP personnel must have a physical prior to employment (or no later than 60 days after appointment) and must be updated every three years ensuring they are physically and behaviorally capable of performing the duties of the job.

9.7.3. FCC providers and substitute providers must have a physical prior to licensing and be physically and behaviorally capable of performing the duties of the job. Physicals will be updated every three years.

9.8. Immunizations. In accordance with AF Instruction 48-110 IP, Immunization and Chemoprophylaxis for the Prevention of Infectious Diseases, all CYP personnel, FCC providers (and their household members), and specified volunteers are required to follow the Center for Disease Control and Prevention (CDC)/Advisory Committee on Immunization Practices (ACIP) recommended age-appropriate vaccinations and immunizations. Current copies of immunization records must be maintained in the employee file. Individuals without current immunizations may not work in CYP without an approved medical/religious exemption from AF/A1S on file. Reference 11.5.3.5. for information about medical/religious exemptions.

9.9. CYP Personnel Performance. CYP personnel and specified volunteers are given a copy of their position description at the time of initial employment/volunteer. CYP managers discuss expectations, work schedules, requesting leave, apparel, personal belongings, confidentiality, and professionalism with the employee/volunteer as it relates to their position.

9.9.1. There must be written guidance that details the line of authority and communication for all personnel. A copy of the organizational chart should be given to all staff and specified volunteers at the time of initial employment.

9.9.2. Newly hired CDC/SAC teaching staff and FCC providers are observed three times (at least every other month) by the Director or designee and monthly by the T&C Specialist during the first six months of employment. The employee and/or classroom team must be debriefed following the observations. Documentation of the observations and debriefs is maintained in the employee training file and employee file.

9.10. CYP Personnel Evaluations. CYP teaching staff are given the opportunity to evaluate their own performance annually. Results of staff evaluations must be written, confidential and discussed privately with staff members.

9.10.1. Contractors (excluding custodians) and specified volunteers are evaluated and given feedback within the first six months (or each sport season) and documentation must be kept on file.

9.11. CDP Workforce Continuity. To promote staff continuity and decrease staff turnover, ensure at least 75 percent of the labor hours of teaching staff (APF or NAF) are paid to regular employees receiving benefits.

9.11.1. NAF teaching staff wages should be increased as necessary to ensure all activity rooms are staffed and promote continuity of care for children/youth.

9.12. Employee (to include instructional contractors)/Specified Volunteer Folders. Folders must be secured in the supervisor's office and maintained in accordance with AFPAM 36-106, Air Force Pamphlet, Supervisor's Records. The folders include:

9.12.1. Application or resume.

9.12.2. DD Form 2981, *Basic Criminal History and Statement of Admission*.

9.12.3. Results of two reference calls (personal, professional or educational) unless employee is a Priority Placement Program candidate.

9.12.4. Managerial checklist with dates of background checks and suitability determination.

9.12.5. Documentation of training on the CYP Positive Guidance and Appropriate Touch Instructional Guide.

9.13. Management/Staff Communication. CYP personnel, FCC providers, specified volunteers and contractors do not share personal information about children/youth, families or other staff in the presence of other adults or children/youth.

9.13.1. CYP teaching staff have the opportunity to meet with CYP management at least monthly (may be small or large group meetings).

9.13.2. CYP personnel work well together to meet the needs of youth, communicate to ensure the program flows smoothly, are cooperative with each other, are respectful of each other, and model positive adult relationships.

Chapter 10

STAFF DEVELOPMENT

10.1. Training Program. Completion of all training requirements (initial/annual) is a condition of employment/participation for all CYP personnel, FCC providers, specified volunteers and contractors. CYP personnel and FCC provider training documentation must be maintained in a training file. CYP employees are paid for training time. For teaching staff, training is provided in a manner that does not interfere with caregiving responsibilities.

10.1.1. Training requirements for NAF CYP teaching staff are linked to the DoD CYP Employee Wage Plan found in Appendix 3 to Enclosure 3 of DoDI 1400.25, "DoD Civilian Personnel Management," V1407, January 6, 2012. Completion of training is a condition of employment and is one of the determining factors for pay increases and promotions.

10.1.1.1. A minimum of one hour a week of paid time to work on DoD-approved competency-based training modules required as a condition of employment.

10.1.2. CYP personnel and FCC providers attend training designated by AFSVA/SVPY (either online, in-person or via correspondence).

10.1.3. When funding permits, CYP personnel should be provided opportunities to attend local, regional or national training to support their professional development.

10.1.4. All current CYP Instructional Guides issued by AFSVA/SVPY must be followed as written. Documentation of training on the Instructional Guides is maintained.

10.1.5. A copy of this Instruction must be accessible to all CYP personnel and FCC providers (e.g. in training room, break room, FCC office) and used to support ongoing training.

10.1.6. CYP personnel are trained by fire prevention and health and sanitation personnel when assuming responsibility for a new facility. Training allows managers to train staff for daily fire prevention and health and sanitation checks.

10.1.6.1. CYP personnel who serve as facility supervisors attend Supervisor's Safety Training and review the job safety training outline when assuming responsibility for a new facility. Completion of this training authorizes managers to train staff for daily safety checks.

10.1.6.2. FCC Coordinators are trained by Safety to conduct home inspections prior to licensing/affiliation and re-licensing/re-affiliation.

10.2. Developmental Training Model. CDP teaching staff and FCC providers participate in on-going staff development and professional goal setting through regular observations and observation-based small group debrief sessions based on the *Developmental Training Model*. Debrief trainings are documented. Observation debrief forms are maintained on file.

10.3. CYP New Employee/Provider Orientation. All CYP personnel, FCC providers/substitute providers, contractors and specified volunteers receive CYP New Employee/Provider Orientation prior to working in a program.

10.3.1. CYP Directors and T&C Specialists will provide orientation to new employees and FCC providers.

10.3.2. CDC/SAC/YP teaching staff, FCC providers/substitute providers must complete 40 hours of orientation. Orientation shall begin prior to working with children, with the full 40 hours completed within the first 90 days of employment.

10.3.2.1. Orientation will be modified for employees who have attended CYP NEO at another AF CYP within the previous 24 months and/or those who had a break in service of less than one year.

10.3.2.2. CDC/SAC teaching staff will complete a minimum of four hours of observation and four hours of peer shadowing before caring for children/youth. The orientation time for observing/peer shadowing is extended for new hires with limited prior experience working with children/youth.

10.3.3. CDC/SAC/FCC orientation must include child and youth development, including:

10.3.3.1. Developmentally appropriate activities and environmental observations.

10.3.3.2. Age-appropriate guidance and discipline techniques.

10.3.3.3. Applicable regulations, policies and procedures.

10.3.3.4. Child/youth safety and fire prevention; identification, prevention and reporting of child abuse and neglect.

10.3.3.5. Parent and family relations.

10.3.3.6. Health and sanitation procedures, including handling blood-borne pathogens.

10.3.3.7. Occupational health hazards for teaching staff and recognizing symptoms of illness.

10.3.3.8. Emergency health and safety procedures, including program specific CPR and first aid certification.

10.3.3.9. Safe infant sleep practices and SIDS prevention.

10.3.3.10. Nutrition, including feeding infants, obesity prevention, and meal service.

10.3.3.11. Supporting children/youth and families with special needs.

10.3.3.12. Accountability and child/youth supervision.

10.3.3.13. Other training as required.

10.3.4. YP personnel (excluding SAC) must complete orientation in accordance with the YP NEO AF Form 1098. In addition, the following will also be included in the orientation: (T-1)

10.3.4.1. Self-directed/outcome based programming and environmental observations.

10.3.4.2. Other training as required.

10.4. Competency Based Modules. All designated staff and FCC providers must complete competency-based training modules for their position unless this requirement was met during previous employment in a DoD CYP. (T-0)

10.4.1. Newly hired CYP teaching staff has a total of 18 months from date of hire to complete modules. Teaching staff and FCC providers demonstrate competency of material to pass each module.

10.4.1.1. CYP teaching staff hired at the target level who have not completed a set of DoD Program Assistant Training Modules are required to complete Modules 14 and 15 in their entirety and review Modules 1-13 within the first six months of employment.

10.4.1.2. CYP teaching staff must complete a minimum of three modules every three months after fulfilling the initial six month period requirement. Child Abuse Modules 14 and 15 and Module 10 on Positive Guidance must be completed during the first six months of their employment.

10.4.1.2.1. Module completion must still occur within 18 months of date of hire when CDC/SAC/YP teaching staff have periods of non-duty status (e.g. medical leave, college attendance).

10.4.1.2.2. Term employees must complete one module for each month of employment. An employee who has multiple term appointments must complete modules consistent with the cumulative time/length of employment.

10.4.1.3. The T&C Specialist and CYP Manager develop an action plan for teaching staff who are behind in completing modules. The AFS Flight Chief must be notified (in advance) when staff members will not meet the 18 month requirement to determine if a time extension is justified. If so, CPS/HRO is provided written notification that an extension has been granted. Documentation is maintained in the training file.

10.4.2. Certified/substitute FCC providers demonstrate satisfactory progress toward completing the required DoD-approved competency-based training modules. At least one module is completed every month not to exceed 15 months from certification.

10.4.2.1. Certified/Substitute providers, who are more than one month behind in completing DoD-approved competency-based training modules are notified in writing that their certification will be suspended unless they become current within 30 days of notification. The FCC Panel is notified of any providers not meeting training requirements.

10.4.2.2. Certified/Substitute providers, who are more than three months behind in completing DoD-approved competency-based training modules, have their certification revoked.

10.4.3. CYP teaching staff and FCC providers (who have completed a set of DoD Program Assistant Training Modules) transferring from one CYP to another are required to review Modules 1-10 for the new program.

10.4.3.1. FCC providers also complete Module 3 for the age group with which they will work in its entirety (including knowledge and observation assessments).

10.4.3.2. Individuals may be required to complete designated modules in their entirety as part of their Individualized Training Plan.

10.4.4. Once the DoD Virtual Lab School is implemented, the AF CYP Modules Instructional Guide will be followed.

10.4.5. T&C Specialists must provide a copy of the employee's AF Form 1098 training record for module completion to staff leaving their position. A copy should also be forwarded to CPS/HRO for inclusion in the official personnel file.

10.5. Ongoing Professional Development. CYP personnel and FCC providers complete requirements for annual training in accordance with the standardized AF Form 1098 for their respective position and other requirements as specified by AFSVA/SVPY and this Instruction.

10.5.1. CDC Directors, FCC Coordinators, SAC Coordinators, YP Directors, Teen Coordinators, YSF Manager and Assistant Directors and other management personnel complete 12 hours of annual training, which includes: (T-0)

10.5.1.1. Identification, prevention, and reporting of child abuse and neglect.

10.5.1.2. Program administration, including APF and NAF financial management, funding metrics, and fiscal accountability.

10.5.1.3. Staff development and personnel management.

10.5.1.4. Prevention of illness and injury and promotion of health.

10.5.1.5. Emergency procedures and preparedness.

10.5.1.6. Developmentally appropriate practices.

10.5.1.7. Supporting children/youth and families with special needs.

10.5.1.8. Positive Guidance and Appropriate Touch.

10.5.2. T&C Specialists must complete 12 hours of annual training which includes: (T-0)

10.5.2.1. Identification, prevention and reporting of child abuse and neglect.

10.5.2.2. Developmentally appropriate practices.

10.5.2.3. Principles of adult learning.

10.5.2.4. Prevention of illness and injury and promotion of health.

10.5.2.5. Emergency procedures.

10.5.2.6. Supporting children/youth and families with special needs.

10.5.2.7. Positive Guidance and Appropriate Touch.

10.5.3. CYP teaching staff and FCC providers, including substitute providers, complete 24 hours of annual training which includes: (T-0)

10.5.3.1. Identification, prevention and reporting of child abuse and neglect;

10.5.3.2. Infant safe sleep practices and SIDS prevention, if applicable.

10.5.3.3. Administering medication, if applicable.

10.5.3.4. Supporting children/youth and families with special needs.

10.5.3.5. Positive Guidance and Appropriate Touch.

10.5.4. Assistance and training is provided to encourage staff to obtain their Child Development/School Age/Youth Development Associates credential. Consult AFSVA/SVPY for information on the availability of fee assistance.

10.5.5. Youth Sports and Fitness Program staff have at least one staff member certified as a Youth Sports Administrator by NAYS; recertification is available by receiving one Continuing Education Unit (CEU) from NAYS every two years.

10.6. CPR and First Aid Training. All required CPR and First Aid training/certification remains current and documentation is kept on file.

10.6.1. CDC personnel are certified in Pediatric CPR and Pediatric First Aid within the first 90 days of employment.

10.6.2. SAC personnel are certified in CPR and First Aid within the first 90 days of employment.

10.6.3. FCC providers/substitute providers must have Pediatric First Aid and Pediatric CPR certification prior to certification.

10.6.4. YP personnel are certified in CPR and First Aid during the first six months of employment.

10.7. Administrative Staff. Administrative staff must receive at least six hours in accordance with the *Administration Standardized AF Form 1098*.

10.7.1. During the first six months of employment, administrative staff must complete the competency-based administrative staff training modules to include Child Abuse Modules.

10.7.2. Administrative staff members must receive at least six hours of annual training which includes:

10.7.2.1. Administrative procedures.

10.7.2.2. Customer service.

10.7.2.3. Identification, prevention and reporting of child abuse and neglect.

10.7.2.4. Emergencies.

10.7.2.5. Other position-related topics.

10.8. Food Service Staff. Food service staff must receive at least six hours of CYP NEO training in accordance with the *Food Services Standardized AF Form 1098*.

10.8.1. During the first six months of employment, food service staff must complete the competency-based food service staff training modules to include Child Abuse Modules.

10.8.2. Food service staff members must receive at least six hours of annual training which includes:

10.8.2.1. Sanitation.

10.8.2.2. Nutrition.

10.8.2.3. Food preparation and service.

10.8.2.4. Identification, prevention and reporting of child abuse and neglect.

10.8.2.5. Other position-related subjects.

10.9. Specified Volunteers. Specified volunteers must receive at least ten hours of orientation in accordance with the *Specified Volunteer Standardized AF Form 1098*. (T-0)

10.9.1. All specified volunteers must be trained on program orientation; age-appropriate learning activities; identification, prevention, and reporting for child abuse and neglect; age-appropriate positive guidance and appropriate touch; supporting children/youth with special needs; child/youth health and safety; infant safe sleep practices and SIDS prevention, if applicable; blood-borne pathogens; emergency procedures; applicable regulations and installation policy; and role of the volunteer in CYP.

10.9.2. All specified volunteers must receive annual training on identification, prevention and reporting of child abuse and neglect, positive guidance and appropriate touch.

10.9.3. All specified volunteers must be observed and given feedback within the first six months (or new season) while interacting with children/youth. Documentation is kept on file.

10.9.4. The following additional requirements apply to specified volunteers serving as coaches:

10.9.4.1. Youth sports coaches and assistants, including those in private organizations, are trained as youth sports coaches through NYSCA program. Training will include basic information on coaching that is universal to all sports and training specific to the sport they will be coaching. Coaching certification must be current and completed prior to the start of the season. Documentation must be kept in their files. The YP Director must approve any exceptions.

10.9.4.2. Coaches are trained annually according to the *YP Coaches Standardized AF Form 1098*. At a minimum training must include identification, prevention and report of child abuse and neglect; positive guidance and appropriate touch; emergency and safety requirements including CPR and First Aid training and content specific to the sport.

10.9.4.3. Returning certified coaches are provided supplementary training to enhance their coaching ability and to maintain annual certification (e.g. sports specific, skills enhancement, youth development, fitness, nutrition).

10.9.4.4. All coaches and assistant coaches sign the NYSCA Code of Ethics annually.

10.10. Contractors. Contractors (excluding custodians) must receive at least 10 hours of orientation in accordance with the *Specified Volunteer/Contractor Standardized AF Form 1098*. Training must include emergency and safety requirements; fire prevention; appropriate touch and guidance; and identification, prevention and reporting of child abuse and neglect.

10.10.1. If contractors are also hired as teaching staff in CDC/SAC, they must meet the same hiring and training requirements as CYP teaching staff.

10.10.2. Contractors (including custodians) must receive annual training on identification, prevention and reporting of child abuse and neglect.

10.10.3. Contractors (excluding custodians) must be observed and given feedback within the first six months (or new season) while interacting with youth. Documentation of feedback must be kept on file.

10.11. FCC providers. Providers are also trained on the detailed bi-monthly assessment form and instructed to follow it as written.

10.12. Documentation. All training must be documented on the applicable position specific AF Form 1098, *Special Task Certification and Recurring Training*.

10.12.1. CDC/SAC teaching staff has an Individual Training Plan (ITP) on file. Goals are updated during debriefs. The ITP is signed by the staff member.

10.12.2. CYP personnel and FCC providers required to have special certification, licensing or training have a copy of the certificates, license or training on file in the program.

Chapter 11

OPERATIONS

11.1. Types of CYP. Air Force Child and Youth Programs shall provide a work-force benefit to Active Duty, DoD Civilians, Air National Guard, Air Force Reserve and geographically dispersed service members and their families by offering a myriad of child and youth development programs and services in the form of Child Development Centers (CDC), Family Child Care (FCC) Homes, School Age Care (SAC) and Youth Programs (YP).

11.1.1. Additional CYP services are funded through support from AFAS such as Give Parents a Break, Child Care for PCS and Child Care for Volunteers. These targeted community programs are intended to enhance Airman and family welfare through CYP.

11.1.2. Community based fee assistance programs are available to families who do not have access to installation programs. Assistance is available through the Child Care Aware of America website at <http://www.naccrra.org/military-families>

11.2. Eligibility. Child care eligibility is contingent on the status of the sponsor. Eligible patrons include active duty military, DoD civilian employees either NAF or APF, Air National Guard or Air Force Reserve military personnel on active duty or inactive duty training status, active duty Coast Guard members, combat related wounded warriors, surviving spouses of military members who died from a combat-related incident, those acting in loco parentis for the dependent child of an otherwise eligible patron, eligible employees of DoD contractors, and others may be authorized on a space available basis. In the case of unmarried, legally separated parents with joint custody or divorced parents with joint custody, children/youth are eligible for child care only when they reside with the eligible sponsor at least 25 percent of the time in a month. Reference DoDI 6060.02, Child Development Programs.

11.2.1. Wounded Warriors (WW) who are medically-retired are authorized to use AF child care programs until their dependent child reaches the age of 12 provided their spouse is in a full-time employed/student status (if married).

11.2.2. Otherwise ineligible users may be accepted in FCC; however, only eligible users are authorized to participate in the FCC Subsidy program.

11.2.3. YP eligibility includes active duty military, Air National Guard and Air Force Reserve military personnel on active duty or inactive duty training status and retirees from active duty. See Air Force Instruction 34-101 for other eligible patrons.

11.3. Child Development Program. Includes CDC, FCC, and SAC. The types of care offered for children from birth through 12 years of age are full-day, part-day, short-term or intermittent basis. Programs shall promote the cognitive, social, emotional, cultural, language and physical development of children through programs and services that recognize differences in children and encourage self-confidence, curiosity, creativity, self-discipline and resiliency.

11.3.1. CDC provides child care to children from 6 weeks through 5 years of age.

11.3.2. SAC provides child care to children and youth from 5 through 12 years of age. Care is part of the Youth Program but may be offered in CDC and other installation facilities (e.g. schools).

11.3.3. FCC provides child care to children and youth from 2 weeks through 12 years of age and is provided in homes located on/off installation that have been certified as part of the installation FCC program.

11.4. CDC/SAC Hourly/Drop-in. Hourly child care may be offered to support short-term needs on the installation and will adhere to the same guidelines as full time child care.

11.4.1. Families may be permitted to make reservations at least one month in advance. Parents that do not cancel their reservation and do not use the care will be charged for the hours reserved.

11.4.2. Families using full time child care should notify the program if their child/youth will not be in attendance so that the spaces may be used by hourly care patrons.

11.4.3. The AF Form 1929, *Child Development Center Daily Reservation Log*, is used to track hourly reservations, unless an electronic system is used to manage program records.

11.4.4. Track hourly reservations to include those who were accommodated and those who were not accommodated. Totals must be reported on the AF CYP quarterly operations report.

11.4.5. If a waiting list exists, CDC/SAC space used for hourly/volunteer programs shall not exceed five percent of the program's total capacity during duty hours.

11.5. CDC/SAC/FCC Enrollment. A folder is maintained for each child/youth enrolled in CDC/SAC/FCC. At a minimum, the folder includes AF Form 1181, AF Form 2652, *Application for Department of Defense Child Care Fees* and record of immunizations. If applicable, the USDA CACFP Income eligibility and Enrollment Form is included. Files must be arranged in accordance with the AF CYP Child and Youth File Plan.

11.5.1. CDC/SAC/FCC parents must complete enrollment forms before the child/youth is in care to include authorizing permission for field trips, medical treatment, photographs, etc. Parents must also authorize who can sign their child/youth in/out of the program.

11.5.2. Form information is verified and updated on an annual basis.

11.5.3. In accordance with AF Instruction 48-110 IP, Immunization and Chemoprophylaxis for the Prevention of Infectious Diseases, all children and youth enrolled in CYP are required to follow Center for Disease Control and Prevention (CDC)/Advisory Committee on Immunization Practices (ACIP) recommended age-appropriate vaccinations and immunizations. These individuals may not attend CYP without an approved medical/religious exemption from AF/A1S on file.

11.5.3.1. CDC/FCC/SAC parents must provide a copy of the child/youth's current immunization as part of enrollment and prior to participation. Documentation of immunizations must be recorded in the child/youth's file.

11.5.3.2. YP youth that participate in regular or recurring programs/activities must have immunizations on file.

11.5.3.3. For vaccinations that require multiple injections, the first series must be given prior to attending CDC/FCC/SAC. The remaining vaccinations in the series must be given at the specific times intervals as determined by medical agency.

11.5.3.4. If a vaccination is unavailable, attendance may be permitted if the installation CYP Medical Advisor approves and contingent upon the vaccination being obtained as soon as it becomes available.

11.5.3.5. In accordance with AFI 48-110 IP, an immunization exemption may be granted for medical/religious reasons. Medical exemptions must include a reason from the adult/child/youth's medical physician for the exemption. Exemptions that are allergy-related must include a statement from the adult/child/youth's allergy physician. All requests for exemptions must be signed by the MSG/CC and forwarded to AF/A1S for consideration. A list of all current individuals with approved exemptions must be maintained by the program.

11.5.3.5.1. Requests for religious exemptions must include a statement from the employee/parent/guardian explaining the reason for objection, an acknowledgement that they are aware of the risk involved when choosing not to immunize, and acknowledgement that exempted individuals are subject to exclusion from working in/attending in CYP during an outbreak.

11.5.3.5.2. Requests for medical exemptions must include a statement from the health care provider stating there is a medical complication if the individual/child/youth were to be immunized, an acknowledgement that they are aware of the risk involved when choosing not to immunize, and acknowledgment that exempted individuals are subject to exclusion from working in/attending CYP during an outbreak.

11.5.3.5.3. During a documented outbreak of a contagious disease that has a vaccine, all adults/children/youth with an immunization exemption are subject to exclusion from the program for his or her protection and the safety of the other children and staff until the contagious period is over. Guidance on exclusions will be provided by the installation CYP Medical Advisor with consultation from Public Health.

11.6. CDC/SAC Parent Handbook. Parents are provided a program specific handbook (or access to an online version) that includes a list of key personnel, community resources and any topics required by accrediting agencies. This includes, but is not limited to:

11.6.1. Operating hours (e.g. opening/closing times, holiday closures).

11.6.2. Financial policies (e.g. fees and charges, late pick-up procedures and fees, special event fees, transportation, refunds).

11.6.3. Medical/health (e.g. emergency procedures for accidents and injuries, conditions for sending ill children home, procedures for parents to notify the program if their child/youth has contracted/been diagnosed with a communicable illness/disease, allergies, administration of medication).

11.6.4. Emergency procedures/plans (e.g. fire prevention and evacuation, plans for release of children, weather conditions, active shooter, disaster preparedness which are specific to the geographic location, contingency operations, missing child/youth and notification).

11.6.5. Termination/suspension of enrollment (e.g. non-payment, child/youth unable to adjust to program environment, parent failure to comply with program policy).

11.6.6. Supporting children/youth and families with special needs.

11.6.7. Child abuse and neglect reporting (e.g. who must report, to whom, under what circumstances).

11.6.8. Transportation and field trips (e.g. means of transport, permission, notification, school pick-ups/drop offs, leaving child/youth behind).

11.6.9. Alcohol, drugs and tobacco products policies.

11.6.10. Plan for communicating with parents.

11.6.11. Notification that all children/youth may be subject to closed circuit video monitoring and recording as part of their participation/enrollment in CYP.

11.7. Waiting List Management. If there is a waiting list for child care, then:

11.7.1. A written plan for meeting the additional need will be developed and implemented.

11.7.2. FCC providers are recruited to support the waiting list need.

11.7.3. CDC managers maintain room flexibility in order to meet the changing demographics of the wait list.

11.7.4. The part-day preschool program is moved to the youth center or another facility approved (e.g. fire, safety, health) for child care.

11.7.5. Parents requesting care complete DD Form 2606, *DoD Child Development Program Request for Care Record*. Parents are contacted at least every two months to keep the waiting list current. The DD Form 2606 is documented each time contact is made. This requirement does not apply to those programs that have implemented the DoD Request for Care System.

11.7.5.1. Placement on the waiting list is determined based on the date the DD Form 2606 was received.

11.7.5.2. Parents placed on the CDC/SAC waiting list are provided information on FCC to include fee assistance availability. If FCC is unavailable on the installation, families are referred to outreach child care programs (e.g. Child Care Aware of America's Military Child Care in Your Neighborhood).

11.7.5.3. The current monthly FCC provider List is made available to parents. This requirement is not applicable for those Programs which have implemented the DoD Request for Care System.

11.8. Waiting List Priorities. Priorities will be established in accordance with DoDI 6060.02 and may not be further sub-prioritized. If unique mission-related installation requirements exist that require the need for varying priorities, justification must be provided to AF/A1S for approval. (T-0)

11.8.1. Priority 1. The highest priority for full-time care must be given in the following priority order for qualifying sponsors of children from birth through 12 years of age. With the exception of combat related wounded warriors (WW), ALL eligible parents or caregivers residing with the child are employed outside the home.

11.8.1.1. Combat related wounded warriors enrolled in a Service-sponsored WW program with orders that reflect disability, illness or injury received during combat duty.

- 11.8.1.1.1. WW who return to active duty shall maintain their place on the waiting list or in the child care program provided their spouse is employed or a student (if married).
 - 11.8.1.2. CDC/SAC teaching staff.
 - 11.8.1.3. Single or dual active duty Military Service members and mobilized/activated Guard/Reserve on orders.
 - 11.8.1.4. Active duty Military Service members and mobilized/activated Air National Guard/Air Force Reserve on orders with a working spouse (including a DoD civilian spouse).
 - 11.8.1.5. Single or dual DoD civilian employees paid from APF or NAF.
 - 11.8.1.6. DoD civilian employees with a working spouse who is not a DoD civilian.
 - 11.8.1.7. Surviving spouses of military members who died from a combat related incident.
 - 11.8.1.8. Those acting in loco parentis on behalf of the aforementioned eligible patrons will be placed in the appropriate priority based on the status of the child's sponsor.
- 11.8.2. Priority 2. The second priority for full-time care shall be given equally to qualifying sponsors of children from birth through 12 years of age of active duty Military Service members, DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat-related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons, where a non-working spouse, or in the case of a DoD civilian employee with a same-sex domestic partner, is actively seeking employment. The status of actively seeking employment must be verified every 90 days.
- 11.8.3. Priority 3. The third priority for full-time care shall be given equally to qualifying sponsors of children from birth through 12 years of age of active duty Military Service members, DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat-related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons, where a non-working spouse, or in the case of a DoD civilian employee with a same-sex domestic partner, is enrolled in an accredited post-secondary institution. The status of post-secondary enrollment must be verified every 90 days.
- 11.8.4. Space available. After meeting the needs of patrons in priorities 1, 2, and 3, CDC/SAC support the need for full-time care for other eligible patrons such as active duty Military Service members with non-working spouses, DoD civilian employees paid from APF and NAF with non-working spouses or same-sex domestic partners, eligible employees of DoD Contractors, Federal employees from non-DoD agencies and military retirees on a space available basis. In this category, CDC/SAC may also authorize otherwise ineligible patrons in accordance with 10 U.S.C. 1783, 1791 through 1800, 2809 and 2812 to enroll in CDC/SAC to make more efficient use of DoD facilities and resources.
- 11.8.4.1. Space available patrons are notified at the time of enrollment that their space must be vacated if a higher priority patron requires child care; parents must receive a 30 day written notice if their CDC/SAC space is needed.

11.9. Family Child Care (FCC) Program. The Family Child Care program is a valuable part of the overall CYP. FCC providers allow the installation commander to increase his/her child care availability and support excess CDP demand as well as families with nontraditional child care needs (e.g. nights, weekends).

11.9.1. The installation has a plan to support recruitment and retention of FCC providers.

11.9.2. FCC staff is available during set office hours to assist parents with child care needs. A sign must be posted with the hours of operation.

11.9.3. The FCC Program has detailed information about FCC providers available to parents; such information is only provided with the FCC provider's consent.

11.9.4. The FCC Program offers Air Force Aid Society for Volunteers/Permanent Change of Station and other child care support programs.

11.9.4.1. If the FCC Program does not participate in the Air Force Aid Society for Volunteers and PCS Programs, there is a written statement on file signed by the AFS Flight Chief that FCC for Volunteers and PCS is not required or the need is met in other ways.

11.9.5. The FCC Program offers the Expanded Child Care Program (ECC) as a resource for families requiring nights, weekends and other 24/7 or unique child care settings. Information on the availability of programs is offered to parents.

11.9.5.1. FCC Coordinators must obtain approval from AFSVA/SVPY prior to enrolling families in a specific ECC Program.

11.9.5.2. If hourly space in the CDC/SAC is not available, ECC program hours may be approved for families not requiring full-time care but needing child care assistance for short-term hourly appointments.

11.9.5.3. For the Subsidy Program, total family income must be calculated and sent to AFSVA/SVPY for approval prior to providing child care. FCC Subsidy will not be authorized where vacant CDC/SAC space is available to meet a family's needs. AFSVA/SVPY is the approval authority for exceptions.

11.9.5.3.1. Children of WW requiring care during summer and/or night and weekends are authorized to use the AF FCC Subsidy if they are not able to be accommodated in the CDC or SAC.

11.9.5.4. Additional information on FCC fee assistance policies and procedures is found in the online manual on the Family Child Care ECC Program website.

11.10. FCC Provider Application and Certification. Written information is available to potential providers on how to become certified or substitute providers. Members on Active Duty may not be certified as FCC providers.

11.10.1. AF Form 3405, *License/Affiliation Application* are used to take requests from those wanting to become certified. Application packages include the applicant's high school diploma or equivalent, and/or college transcripts are included with the application package.

11.10.2. Applications are processed within 15 working days of receipt.

11.10.3. Applicants provide a written statement agreeing to the requirements for FCC providers and are willing to purchase the required insurance coverage. Individuals are not permitted to provide care until they are certified.

11.10.4. Applicants meet all applicable requirements prior to certification. The provider is licensed, registered, or certified in the county, state, or country (unless not required because the Air Force has exclusive/concurrent jurisdiction) to operate a family child care home.

11.10.5. Prior to being recommended for approval of FCC Certification, the applicant and all household members ages 12 years and above are interviewed using the AF Form 3408, *FCC Family Interview*.

11.10.6. All certified and substitute providers sign AF Form 3411, *FCC Provider Agreement*.

11.10.7. FCC applicants/providers must not be charged for applying for AF certification, training, CPR/First Aid certification, , background checks, and normal wear-and-tear on equipment or lost equipment.

11.11. Certification of FCC Homes. AF Form 3403, *FCC License or FCC Form 3404 Affiliation Certificate*, is given to those who successfully complete the certification process. An AF FCC License or Affiliation Certificate shall not be issued until the MSG/CC has signed the AF Form 3406, *FCC Approval Record*. The MSG/CC may not delegate this authority. (T-1) The date on the AF Form 3406 shall not be later than the date on the certificate.

11.11.1. The certificate:

11.11.1.1. Is displayed in a prominent location in the home.

11.11.1.2. Is not issued until the applicant provides evidence that the effective date on the required liability insurance is before or on the date they begin providing care.

11.11.1.3. Is valid for no more than 12 months.

11.11.1.4. Is returned (with the window/door sign) to the Family Child Care office when the FCC provider is suspended/revoked, ceases to provide care on the installation or is no longer certified.

11.11.1.5. Is displayed on the front door or window of all AF FCC homes (except OCONUS installations).

11.11.2. FCC providers who moved from one residence to another shall be recertified as soon as inspections of their new home are complete, they show proof that their insurance has been transferred to their new residence and have the approval of the MSG/CC to operate. (T-1)

11.11.3. FCC providers who moved from another Air Force installation within the last 12 months, may be recertified at their new location after the FCC Panel reviews their family child care file from their previous location. Health, safety, fire, and home program inspections are to be conducted of their home prior to certification. (T-1)

11.12. County, State and Country Licensing. Applicants must meet county, state or country requirements, if required. If the county, state, or country in which the family child care home is located requires individuals that provide care in their home to be licensed, certified, or registered, require Air Force family child care providers to have these approvals.

11.12.1. Establish a memorandum of agreement with the county, state, or country to delegate the certification of privatized housing to the Air Force, if possible.

11.12.2. If the local authorities will not defer to the Air Force certification requirements, then ensure providers are certified as required.

11.12.3. Providers must follow the most stringent requirements whether it's the county, state, country, or Air Force's requirement.

11.12.4. Ensure that the provider's insurance policy will provide coverage if county, state, or country licensing is waived.

11.12.5. Ensure all privatized or privately owned homes have the required local, state, and country approvals prior to certification.

11.12.6. Post a copy of the county/state/country certificate in the home.

11.13. FCC Substitutes. FCC substitute providers must complete New Provider Orientation (NPO), be willing to serve as a substitute for more than one FCC provider and be covered by the provider's insurance policy (or have their own insurance policy). Civilian members of the provider's household may serve as a backup provider on a limited basis if they have completed the required substitute FCC provider training.

11.13.1. Parents will be informed when there is a FCC back-up substitute caring for their children/youth.

11.14. FCC Provider Insurance. Certified providers must carry a minimum of \$500,000 liability insurance per person/per incident unless amount required by state licensing requirements is higher. In that case, provider's meet the state requirement. A copy of each FCC provider's insurance policy is in their folder; the copy of the insurance policy is in English.

11.14.1. Provider's insurance policies must be reviewed by the installation Legal office for adequacy.

11.14.2. The FCC Coordinator must provide information on potential sources for FCC insurance but may not recommend any specific carrier.

11.14.3. Any provider who transports children/youth in their vehicles has current automobile liability insurance at the minimum required by state law; documentation is kept in the provider's portfolio.

11.14.3.1. If transportation is provided for children/youth by the provider, age-appropriate restraint devices are used and appropriate safety precautions are taken.

11.14.3.2. Children in care (including the provider's own children under 8 years of age) are never left alone in a vehicle.

11.15. FCC Provider Portfolio. A binder or six part folder is kept on each active and inactive FCC provider. The FCC provider Portfolio is arranged according to AF FCC Standardization for Provider Portfolios.

11.15.1. The following documents will be included in the portfolio: application, applicant's high school diploma, or equivalent, and/or college transcripts, interview, proof of liability insurance, vehicle insurance card (if transporting children/youth), immunization and physical, DD Form 2981, background checks, references, documentation of training on the AF CYP Positive Guidance and Appropriate Touch Instructional Guide, pre-inspection reports, monthly inspection, training records, FCC certificate and FCC approval record.

11.15.1.1. A scanned copy of Tabs 1, 3 (current information only), 4 (current information only), 6, 8, and 9 of the FCC provider's portfolio shall be forwarded to their new installation when there is a Permanent Change of Station. This is required whether or not the AF FCC provider requests it. These sections are sent to the receiving installation whether or not the FCC provider requests it to be sent. When sending, ensure Privacy Act standards are met.

11.16. Inactive Homes. Individuals who request to become inactive providers may retain their certificate for no more than three consecutive months of inactivity before needing to be recertified.

11.16.1. A home program inspection is conducted by the FCC Coordinator before reactivating their certificate.

11.16.2. During the period of their inactivity, their certificate is on file at the FCC office.

11.16.3. Providers will return the materials from the FCC Resource Center if they are inactive for more than one month.

11.17. Unauthorized Care. All Family Child Care homes on the installation are subject to the requirements of this Instruction and shall be certified to operate by the Missions Support Group Commanders. Residents providing uncertified child care residing in government owned and privatized housing are notified of the requirements when providing care for more than 10 hours a week.

11.17.1. Uncertified care will be investigated by the FCC Coordinator, accompanied by the Flight Chief or FSS Commander/Director (or designee). An unannounced visit will be made to individuals, residing in government owned quarters or privatized housing that are not certified and suspected of providing child care on a regular basis (more than 10 hours per week). The individual will be provided with a written request to complete the certification procedures and to cease providing care until they become certified. Security Forces will be contacted if there are suspected violations of law.

11.17.2. The FCC Program notifies the Privatized Property Management office when individuals, residing in privatized housing who are not certified and are suspected of providing child care on a regular basis (more than 10 hours per week).

11.17.3. Unauthorized care does not include:

11.17.4. Individuals who occasionally provide care for a friend or neighbor less than ten hours per week.

11.17.5. Teens doing evening or weekend baby-sitting for families.

11.17.6. Child care provided in the parent's own home.

11.17.7. Parent cooperatives where one of the parents provides supervision for other parent's children on an exchange basis and no fees are involved.

11.17.8. Temporary full-time care of a child during a parent's absence for temporary duty or deployment by the person listed on the AF Form 357, *Family Care Plan*.

11.18. FCC Panel. The FCC Panel includes the following members: MSG Deputy Commander or equivalent (Chair), FSS Commander/Director or their Deputy, and the Flight Chief or equivalent (FCC Panel Recorder). The FCC Coordinator(s) and the T&C Specialist will attend the FCC Panel meetings in a non-voting capacity and may be designated as Recorder for the Flight Chief. A representative from each of the following offices will be appointed by the MSG/CC to assist the FCC Panel when needed: the Legal office, Family Advocacy Program office, Safety, Fire, Mental Health, the CYP Medical Advisor, Security Forces and Public Health. All licensing matters and document reviews will be annotated thoroughly in the FCC Panel minutes. (T-1)

11.18.1. The FCC Panel convenes at least quarterly or when: (T-1)

11.18.1.1. One or more individuals are ready for review of certification

11.18.1.2. There is a complaint against a provider.

11.18.1.3. There is an allegation of child abuse and neglect involving a provider or their household member.

11.18.1.4. A provider fails to correct significant deficiencies identified in the monthly visit.

11.18.1.5. A provider fails to make satisfactory progress towards completing the required training.

11.18.2. Semi-annually, the FCC Panel determines whether or not there is a need for additional FCC homes and the type of care needed.

11.18.3. The FCC Panel will: (T-1)

11.18.3.1. Review individual applications and supporting documents (results of home inspections, screenings, interviews and recommendations) for initial and renewal certification, before recommending approval or disapproval to the MSG/CC.

11.18.3.2. Determine number of children each provider may care for at one time.

11.18.3.2.1. No more than six children (including the provider's own children under 8 years of age) and no more than two children under 2 years of age will be permitted.

11.18.3.2.2. Limit a provider from caring for more than two children or adults at one time who are unable to evacuate themselves from the home; this includes older children and adult household members of the provider.

11.18.3.3. Use the following factors to determine the number of children that each provider may care for: number/ages of household members, any special needs of household members, home schooling obligations, additional employment, provider's education/experience, number of children the insurance policy permits and usable space in the home (for each child to play, rest and eat).

11.18.3.4. Re-evaluate the number of children that each provider may care for at the request of the FCC Staff and/or the provider. If the FCC Panel determines a new number for which to certify the provider, Page 2 of AF Form 3406, *FCC Approval Record*, is completed and a new certificate is issued with the same expiration date. Documentation of the change is annotated in the FCC Panel minutes.

11.18.3.5. Not make recommendations to certify individuals as FCC providers or substitutes if:

11.18.3.5.1. They have had their certificate revoked on another military installation, or in a county, state, or country unless there is evidence to suggest the reason for revocation would not be a factor in the operation of an FCC home in the future.

11.18.3.5.2. They or any of their household members have been convicted of child abuse, a criminal act involving violence, or other acts which would make them unsuitable to care for children.

11.18.3.5.3. They or any of their household members have a history of domestic violence or mental or physical illness that would suggest they are not suitable to care for children.

11.18.3.5.4. They or any of their household members have met the criteria for child abuse or neglect.

11.18.4. The FCC Panel will review the following: (T-1)

11.18.4.1. FCC Marketing Plan annually.

11.18.4.2. Results of the annual unannounced Higher Headquarters FCC Inspection Report and ensure corrective actions are accomplished

11.18.4.3. Results of the Annual Unannounced Comprehensive Fire, Safety, Health and Sanitation Inspection Reports of the FCC homes and ensure corrective actions are accomplished.

11.18.4.4. Results of the Annual Unannounced Multidisciplinary FCC Inspection Report and must ensure deficiencies are corrected.

11.18.4.5. Results of annual FCC Parent Survey.

11.18.4.6. Provider's training status (quarterly).

11.18.4.7. Provider's insurance expiration date (annually).

11.18.4.8. FCC provider of the Year application.

11.19. Suspension of Certification. The FCC Panel must recommend to the MSG/CC providers whose certifications should be suspended for any reason. This responsibility may not be delegated.

11.19.1. The MSG/CC must suspend the certifications of FCC providers who: (T-1)

11.19.1.1. Violate the guidance policy.

11.19.1.2. Are under investigation (or have a household member under investigation) for child abuse and neglect or a criminal act.

11.19.1.3. Have life-threatening deficiencies in their homes

11.19.1.4. Have not corrected deficiencies identified in monthly home visits

11.19.1.5. Have a long-term communicable illness that could affect the health of children and are experiencing extreme stress.

11.19.2. When an FCC provider's certification is suspended, FCC Staff must assist parents with finding another source of care. (T-1)

11.20. Revocation of Certification. The MSG/CC must revoke the certifications of providers failing to meet and maintain standards of this Instruction. This responsibility may not be delegated.

11.20.1. The MSG/CC must revoke the certifications of FCC providers who: (T-1)

11.20.1.1. Has an incident (or has a household member) that meets criteria (or is substantiated) per FAP or a civilian agency for child abuse or neglect.

11.20.1.2. Have exhibited a pattern of using inappropriate guidance techniques, non-compliance with AF operational/training requirements for FCC homes or not correcting life-threatening deficiencies in their homes.

11.20.1.3. Have committed a criminal act that impacts the ability to provide in-home care or a household member has committed the same.

11.20.2. When an FCC provider's certification is revoked, FCC Staff must notify AFSVA/SVPY and assist parents with finding another source of care.

11.21. Parent Relations. Parents have access to policies governing FCC.

11.21.1. FCC providers communicate regularly with parents and recognize them as partners in the care of children.

11.21.2. FCC offices have a prominent place to display information for parents: display menus, certification, CPR/First Aid cards, DoD Child Abuse Hotline Poster, and other information for parents.

11.21.3. Each certified FCC provider has a signed contract with each family and at a minimum the contract includes: Hours of Operation, Fees and Payment Schedule, Persons Authorized and Policy for Releasing Child/Youth, Exclusion and Readmission Guidelines, Medication Administration, Emergency Procedures, Guidance and Discipline, Parent Conferences and Visits, Child's and Provider's Vacation Policies, Sick Leave, and Absences, Responsibility for Alternate Care/Substitute Care Arrangements and Termination Policy and if relevant Religious Teaching and Activities and Transportation and/or Field Trips.

11.22. FCC Resource Centers. FCC Resource Centers are available to assist providers with provision of child care services. Available supplies should include materials for health/sanitation, safety, fire, food and nutrition, business operations and resource materials. Providers are not to be charged for use of materials but may be charged for damaged or lost equipment.

11.22.1. The FCC Resource Center should be open at least two hours per month.

11.22.2. There is adequate space within FCC for the Resource Center which includes adequate shelving to display the required items (excluding large equipment). If there is not enough space to display at least one of each of the types of large equipment, photos must be available.

11.22.3. An inventory of all non-consumable items will be maintained. Toys/materials for children/youth should be divided into the following sections:

- 11.22.3.1. Reading/Literacy.
- 11.22.3.2. Homework Materials.
- 11.22.3.3. Small and Large Outdoor Play.
- 11.22.3.4. Multicultural materials.
- 11.22.3.5. Science/Mathematics.
- 11.22.3.6. Music.
- 11.22.3.7. Manipulatives.
- 11.22.3.8. Games.
- 11.22.3.9. Dramatic Play.
- 11.22.3.10. Arts/Crafts Supplies.

11.22.4. Each Provider receives a list of all items checked out each time they check out a new item. There must be a system in place to ensure materials borrowed from the FCC Resource Center are returned.

11.22.5. The FCC Coordinator delivers large equipment to the FCC providers' homes when requested.

11.22.6. The FCC Resource Center maintains materials and books to help AF FCC providers offering care to support children/youth with special needs.

11.23. Youth Program (YP). The Youth Program shall provide opportunities for youth to develop their physical, social, emotional, and cognitive abilities and to experience achievement, leadership, enjoyment, friendship, and recognition. YP provides oversight of the School Age Care program, includes self-directed programs for preteens and teens, instructional classes and youth sports and fitness. Programming is affordable, meet the quality standards outlined in this instruction and available to families.

11.23.1. YP should offer programming during the hours when youth are not in school, on school holidays and on weekends.

11.23.1.1. The results of the annual needs assessment are used when determining the number of hours and days the program is open for preteens and teens (minimum of 20 or more hours per week). Program hours of operation meet the needs of the installation.

11.23.1.2. YP opens within 15 minutes of school dismissal on weekdays. (T-3)

11.23.1.3. Self-directed activities for preteens end by 1900 on school nights.

11.23.2. The Youth Program Director gives approval when outside organizations want to use any of the youth facilities, including outdoor areas. Official YP functions have priority over other programs using youth facilities. (T-3)

11.23.3. The annual AF YP participation goal is for at least 25 percent of the total YP membership to use the program on a daily basis (includes youth participating in YSF and SAC).

11.23.4. Daily attendance records are maintained on AF Form 2043, *Recreation Daily Attendance and Program Record* or similar form.

11.23.5. The annual report required for BGCA affiliation is submitted by the date required by the BGCA regional office.

11.23.6. **YP Parent Handbook.** Parents are provided a handbook (or access to an online version) that includes key personnel contacts, community resources, as well as relevant items that are also required in the CDC/SAC Parent Handbook.

11.24. YP Enrollment Forms. Information is maintained and kept on file for each youth enrolled in YP. The information includes a completed AF Form 88 or other form on file for each youth participating in a regular youth event.

11.24.1. Permission for field trips and medical authorization are completed prior to youth participating in the program. Youth participating in a one-time event are exempt from this requirement.

11.24.2. Youth, 9 years of age or older, may be given a membership card with the program name printed on it.

11.25. YP Participation. Youth 9 to 18 years of age may be registered members of the Youth Program while youth 5 to 8 years of age may be participate in organized programs without membership.

11.25.1. Registered youth members may bring guests to youth functions if their guests meet the basic age criteria.

11.25.2. Youth, 5 years of age and younger, may be allowed to participate in an organized program specifically for their age group (e.g. part-day preschool, instructional class, special event) when they are accompanied by a parent or sibling 16 years of age or older.

11.25.3. Youth 6 to 8 years of age must be accompanied by a parent or sibling 16 years of age or older unless participating in an organized program that includes continuous, direct supervision by an adult.

11.25.4. Youth 18 years of age and older and those no longer enrolled in home/high school may not participate in youth activities beyond the summer immediately following their graduation or disenrollment.

11.26. Youth Sports and Fitness. Youth Sports and Fitness (YSF) provide youth opportunities for sports, fitness, health and nutrition, outdoor recreation and motor skill development. Programming must be affordable, meet the quality standards outlined in this Instruction and available to families.

11.27. Youth Sports and Fitness Program Organization and Responsibilities.

11.27.1. Maps, brochures and/or local community guides are available if there is not an installation YSF program available.

11.28. Leagues. Each league follows the required NAYS guidelines as established for youth ages:

11.28.1. Programs for children 5 to 6 years of age are developmental in nature.

11.28.2. Programs for children 7 to 8 years of age are instructional in nature.

11.28.3. Provide youth 9 to 10 years of age with an organizational program.

11.28.4. Provide youth 11 years of age and older with a skill enhancement and enrichment program.

11.28.5. There may not be more than a two year age range used to establish and conduct league play. All participants must be at least 5 years of age prior to the start of the first practice. If a program wishes to have an age range greater than three years, the installation requests a waiver from AFSVA/SVPY. (T-2)

11.28.6. Youth are not permitted to participate in league sports unless they have had a sports physical within the previous 12 months; exams must remain current throughout the season. Results of physical exams must be on file.

11.28.7. Children/youth are protected when they participate in fitness, youth sports, and recreational activities.

11.28.8. Do not offer trampoline activities or have trampolines in any child or youth facilities. FCC providers must ensure trampolines are not accessible to children/youth.

11.29. National Affiliation and Participation in Regional and National Competitions. YSF Manager must weigh the cost of national affiliation and participation of selected teams or players in national and regional competitions against the overall benefits received by the total group of children involved in the Sports Program. Use of YSF funds for these activities is approved in advance by the AFS Flight Chief.

11.30. Installation/Community Leagues. Installation youth leagues may choose to join and play among off-installation leagues when the YSF league does not have sufficient teams.

11.30.1. Use of appropriated funds may be authorized to pay for group fees if approved in advance by the AFS Flight chief. YSF Manager must coordinate with off installation leagues to obtain mutual agreement on league rules and guidelines.

11.31. YSF Participation. In all leagues (on/off installation), a minimum play rule is required for all youth regardless of ability. Youth, 5-12 years of age, must be permitted to play at least half of every game. Only youth 11 years of age and up are permitted to participate in post season play (e.g. tournaments, play-offs, championship games).

11.31.1. Care is taken to minimize risk of concussion and head injury. Youth below the age of 11 years are not permitted to participate in activities that result in significant or frequent collisions involving the head or neck (e.g. tackle football, boxing, wrestling).

11.31.2. Girls, 15 years of age and over, may participate in leagues for adult females when there are not sufficient numbers of females to offer YSF leagues for girls. Any other participation of youth teams in adult leagues must be approved by AFSVA/SVI. (T-2)

11.31.3. Both boys and girls have opportunities to participate in individual and team sports. Gender-specific sports activities may be offered to facilitate maximum participation by male and females but participation in any league may not be restricted to one gender.

11.32. Emphasis on Participation. The emphasis in YSF, especially for the younger age groups, will be on skill development, enjoyment and maximum participation. The intensity of competition for youth under 11 years of age must be minimized by eliminating all-star teams, playoffs, league standing, player statistics, purchase of full-dress uniforms and post-season tournaments. Parents are advised prior to sign-up that the sport is recreational in nature with emphasis on skill development and fun and that competition is not the main objective of the YSF program.

11.33. YSF Parents. Parents of children/youth participating in youth sports are required to attend an annual YSF orientation conducted by YP personnel (may be offered one-on-one). The orientation should include, at a minimum: program philosophy; health and safety; code of ethics; bylaws; role of the staff; role of the volunteers; role of officials and parents; transportation policies, positive guidance and appropriate touch.

11.33.1. Parents sign the NAYS Parent Association for Youth Sports Code of Ethics pledging their commitment to providing an enjoyable experience, as well as the responsibility parents play in supporting the youth sport experience.

11.33.2. All teams are required to have at least one team/parent meeting each season (separate from the required annual league orientation).

11.34. Sport Supplies and Equipment. Equipment and supplies are age appropriate, safe for use and must carry the National Operating Committee for Standards in Athletic Equipment or ASTM approval for safety. Equipment designed to ensure injury reduction for participants is used for each YSF activity (e.g. baseballs designed to reduce injuries, soccer shin guards and approved protective equipment in contact sports).

11.34.1. Equipment will not be altered without permission from the manufacturer.

11.34.2. Equipment and uniforms must be purchased in accordance with NAF and APF purchasing requirements. Both must be inventoried, in serviceable condition and stored properly when not in use. Equipment must be inspected before and after the season.

11.35. YSF Storage. YP must have adequate space to store YSF equipment and supplies if team and individual sports are offered. All equipment must be stored in a cool dry environment, preferably indoor to increase the longevity and safety of the supplies and equipment.

11.36. Coaches Handbook. A coach's handbook must be developed and made available to every volunteer coach. The handbook includes mission; philosophy; key contacts; emergency procedures; inclement weather procedures; inclusion policy; prohibition of substance abuse and tobacco use by coaches, officials, spectators, and players; identification, prevention and reporting of child abuse and neglect and the DoD Child Abuse Hotline Phone Number; excused absences; administration of first aid; positive guidance; sportsmanship; player, coach or parent removal procedures and player suspension and minimum play rules.

11.37. Supervision of Coaches and Officials. The YSF Manager will monitor the officiating and conducting of games. Players and coaches are to abide by the playing rules and to respect officials. The YSF Manager will attend as many games as possible, evaluating facility maintenance, team performance, coaching, officiating and snack bar operations. The YP manager and AFS Flight Chief should also periodically attend practices and games to ensure games are conducted in accordance with NAYS guidelines. (T-3)

11.37.1. The YP Director or YSF Manager must remove any coach for failure to follow the NYSCA Coaches Code of Ethics or for failure to adhere to acceptable behavior for coaches as outlined in this AFI. (T-1)

11.37.1.1. Inexperienced coaches should be placed with experienced coaches with proven abilities (e.g. proper teaching techniques, skill in communicating with players/other coaches and presenting a positive self-image at all times).

11.37.2. The YSF Manager observes each coach's performance within the first month of the sport season. Coaches must be able to present evidence of competency in coaching youth sports and must be judged by the YSF Manager to be among the most qualified to serve as youth coaches. Acceptable evidence for determining the most qualified may also include annual re-certification in programs such as the National Youth Sports Coaches Association. YSF Manager shall provide coaches with an evaluation at the end of the season.

11.37.3. The YSF Manager must develop an evaluation program to identify those coaches who are able and willing to support the purposes of the YSF program.

11.37.4. YSF Manager will ensure game officials are trained and scheduled to supervise games. Practice games will be conducted to give officials hands-on experience.

11.37.5. Sporting events and league games will be officiated by qualified officials trained on the policies of YSF. If qualified officials are not available, certification clinics should be conducted for officials. Officials may be contract personnel or volunteers.

11.37.6. YSF Manager will ensure equipment necessary for volunteer officials is provided (e.g. whistles, balls, strike counters). Paid officials will be responsible for their own equipment.

11.37.7. Youth sports coaches must have at least one other adult present (e.g. another coach, parent of a participating youth) when working with youth.

11.38. Clinics. YP provide adequate space, time, materials and qualified instructors to conduct clinics.

11.39. Player Selection and Team Organization. The system used for player selection must be as fair as possible to all teams and individual players and the process documented in step-by-step written instructions to league administrators and coaches. Written information on this process must also be available for parents at their request. The YSF Manager and league administrators must be present during skills assessment and team assignments to monitor the process.

11.39.1. Each coach must be furnished a roster of all players assigned to his or her team. The coach must have this roster at all scheduled games and must make it available to any league official or opposing coach upon request. Parents shall also be provided copies of these rosters.

11.39.2. A written system is in place for league and team division, in which weight and skills are assessed in establishing a fair and equal league for youth 11 years of age and up.

11.39.3. Rotation of youth into different playing positions facilitates skill development and is consistent with the purposes of youth sports. At younger age levels (10 years of age and under) youth should be rotated among positions during practices and game play.

11.40. Playing Rules. Sport specific and age appropriate rules must align with NAYS guidelines.

11.40.1. The YSF Manager authorizes and modifies rules for sports or use of equipment where such changes will make play less dangerous, reduce inappropriate physical demands on young players and make the sport more appropriate and enjoyable for young athletes.

11.40.2. For younger age groups (ages 5 to 6 years of age), rules must allow for instruction to occur during games and practices. Emphasis is on the fundamental skills instead of competition.

11.40.3. Over-coaching (e.g. yelling, criticizing and providing extensive direction) during games or practices must not be permitted.

11.41. Scheduling Games. Only the YSF Manager will change, cancel, postpone, or alter playing schedules. Once play begins the head official will make the determination. The YSF Manager will establish provisions for "make-up" games prior to the start of the regular season or tournament.

11.42. Number and Length of Practices and Games. Organized practices and games are limited to the following:

11.42.1. Not more than 1 hour a day and three days a week up to 8 years of age.

11.42.2. Not more than 1.5 hours and four days a week for 9 to 12 years of age.

11.42.3. Not more than 2 hours and four days a week for 13 years of age and older.

11.43. Post Season Competition. Special competitions, tournament games, bowl games or other competitions between installation and off-installation leagues must be scheduled by the YSF Manager. Rules governing the event will be covered in pre-season meetings.

11.44. Program Awards. Awards and recognition may be part of YSF. Individual awards are for sportsmanship and team work at all age levels. Individual awards for superior play (e.g. most valuable player, best hitter, best offensive player, high scorer) shall be permitted only in activities for youth 11 years of age and older. Solicitation by any individuals or groups associated with the YSF program to purchase "luxury" items or extra awards (e.g. warm-up suits, jackets, jerseys, sweat bands) is prohibited.

11.44.1. Patches, certificates or T-shirts may be given to all players for participation. However, participants who are dismissed from a team for disciplinary reasons or those who resign or quit before the end of a season, including playoffs, must not be eligible for recognition unless their departure is related to the transfer or retirement of their parent or their parent's absence because of a prolonged TDY or deployment.

11.44.2. Promises of special activities, functions, awards or prizes may not be made to the players, coaches, parents or volunteers unless prior approval is given by the YSF Manager.

Such activities do not include team parties or other minor functions which promote team unity.

11.45. Pre/Post Safety Inspections. CYP personnel must be constantly aware of and address safety hazards and possible problems within all YP areas, including both indoor and outdoor spaces. (T-1)

11.45.1. A field and facility inspection is conducted prior to the beginning of any league sports by the installation Safety office. Documentation must be kept on file. The inspection should take place approximately one month before the season or activity begins to ensure repairs can be completed before the first game or activity starts. CYP personnel must check equipment prior to each season. (T-1)

11.45.2. Ongoing daily equipment and field/facility safety inspection is performed and documented; discrepancies are reported. If a risk to participants exists, interim safety precautions shall be made or practices and games should be cancelled until the problem is fixed.

11.45.3. Coaches perform a mandatory pre-game field/area safety inspection and immediately report any/all safety hazards and possible problems to the YP personnel prior to play.

11.45.4. A documented post-season or post-activity equipment and field/facility safety inspection is required to be completed by YP personnel. This inspection should take place one week following the conclusion of the activity or the season to ensure repairs can be scheduled for completion before the upcoming season's games or activities start.

11.45.5. A Work Order Logbook and copies of submitted work orders must be kept on file to provide a system of record keeping that tracks construction, renovation and repairs. Information obtained through the pre/post season inspections should be used to identify budget requirements, such a future repairs, maintenance and replacement requirements.

11.46. Environmental and Emergency Conditions. The YSF Manager or designee must determine when outside activities should be curtailed due to inclement or severe weather in the area.

11.46.1. Coaches must be trained to know how to protect youth from severe weather including protection during lightning storms. Players must be encouraged to wear sunscreen and sunglasses on sunny days.

11.47. CYP Reporting Requirements. Child and Youth Program managers will ensure the following reports are completed in a timely manner

11.47.1. AF quarterly operational reports reflecting operational capacity and enrollment are reported to AF/A1SOC quarterly. Program managers and flight chiefs are to ensure information is accurate and reflects current operations before certifying.

11.47.2. An AF Form 1187, *Youth Flight Accident Report*, must be completed for any injury and any fatality in any CYP. Injuries must also be recorded on AF Form 1023, *Youth Flight Record of Injuries*, within 24 hours of when they occur. Injuries must be logged in order of time and date of injury. Parents must be notified of any accident/incident regarding their child/youth.

11.47.2.1. AFS Flight Chief forwards *AF Form 3424, Reportable Incident* for all accidents and incidents which require medical attention, hospitalization or other involvement of medical personnel, security forces or family advocacy to include FCC certificate revocations, reports for epidemic diseases, facility closures, lapses in supervision, inappropriate guidance/touch, child abuse and neglect or death of a child to AFSVA/SVI within 24 hours of the incident. Evaluate CYP reportable incidents for trends. (T-1)

11.47.2.2. The incident report includes documentation of required notification to parents, flight chief, squadron commander, Family Advocacy Program office when applicable (e.g. lapse of accountability, inappropriate guidance/touch, suspected child abuse and neglect) and the AFSVA/SVPY and AF/AISOC offices.

11.47.2.3. AFS Flight Chief provides updates to AFSVA/SVI as additional information becomes available.

11.48. Facility Closures. Before closing any CYP facility, a request must be sent to AF/AIS at least 60 days prior to proposed closure. Request must include the rationale and the alternative to be used in place of the activity. Requests or notifications are not required for temporary emergency closures or if the installation is closing permanently. Reference AFI 34-101. (T-1)

11.48.1. CDC/SAC must keep classrooms at or near full capacity to maximize the availability of child care. Closed child care spaces must be noted on the AF CYP Quarterly Operations Report to include: number of spaces, justification for closure and expected re-opening date. Prior to conversion of closed classrooms for any purpose other than child care (e.g. training room), AFSVA/SVPY is notified.

11.48.2. Short-term facility closures are discouraged except in the case of extreme emergencies/unusual circumstances.

11.48.2.1. When an emergency or natural disaster occurs on the installation or in the local area, the installation Commander may suspend CYP operations. If conditions permit, continue to offer the program to support employed parents. The WG/CC may authorize parents or other volunteers to supplement the staff on a short term basis in order to maintain ratios and food service during extreme emergencies. If implemented, a 1701 series qualified manager must provide oversight to ensure child abuse prevention measures must be in place and AFSVA/SVPY and AF/AISOC must be notified within 24 hours. (T-1)

CHAPTER 12

SUPERVISION AND ACCOUNTABILITY

12.1. Child/Youth Supervision. Programs have systems in place to protect children/youth from harm, especially when they move from one place to another, use the restroom, participate in field trips and emergency situations. CYP personnel ensure children/youth are supervised at all times, ratios are maintained and accountability is transferred to replacement staff members before leaving the group. When conducting accountability, counts will be a “name to face” check.

12.1.1. CYP personnel and FCC providers are aware of the activities of the entire group of children/youth even when dealing with a smaller group. CYP personnel and FCC providers position themselves strategically and look around often to check on the whole group.

12.1.2. A system is in place to keep unauthorized people from taking children/youth from the program.

12.1.3. CYP personnel do not use personal electronic devices including, but not limited to cell phones and tablets when supervising children/youth.

12.1.4. Staff implements program protocols for reporting and responding in the event of a lost or missing child/youth.

12.1.5. Volunteers and persons under age 18 years of age must not be alone with children/youth and may not be counted in the staff to child/youth ratio.

12.2. Staff Scheduling. CYP managers will ensure staff to child/youth ratios are followed under all circumstances.

12.2.1. The program is organized and staffed to minimize the number of groups, teaching staff, and classroom transitions experienced by an individual child/youth during the day and program year. Every attempt is made to maintain continuity of relationships between teaching staff and children among groups of children. CDC/SAC managers should strive to schedule the same staff daily. CDC management will review AF Form 1930s weekly to assess the number of staff transitions in each room and implement plans to address rooms with frequent staff transitions.

12.2.2. There must be enough trained staff to support the program when regular staff members are absent.

12.2.3. When CYP teaching staff is scheduled to work with children/youth 4 or more consecutive hours, they are provided 15 minutes away from children/youth in each 4 hour period.

12.3. Field Trips. CYP personnel and FCC providers will complete a face to name check to ensure all children/youth listed on AF Form 1930 (or applicable form) are present before leaving, during and departing destinations.

12.3.1. CYP personnel and FCC providers will check vehicles upon arriving and departing destinations to ensure children/youth are not left in vehicles. When unloading, drivers must perform a physical check in and around the vehicle to include the last row of the van/bus.

12.3.2. CYP children/youth must be directly supervised during field trips. An exception may be made for youth 13 to 18 years of age to be unchaperoned for short periods of time on low-risk field trips (e.g. mall, skating rink). In such cases, youth must check in at periodic intervals with CYP personnel.

12.3.3. Children 5 years of age and under will wear apparel (e.g. shirt, wristbands, labels) to identify program/facility and phone number in case the child is lost. To protect children's identity, names will not be displayed.

12.3.4. There is an age-appropriate plan in place to locate children/youth who may be separated from the group during trips away from the facility. Staff and volunteers are provided training on the plan prior to field trips.

12.4. Playground Supervision. A system must be in place when children/youth must leave the group.

12.4.1. CDC playgrounds must have at least two personnel on the playground when children/youth are outside.

12.4.2. CDC/SAC personnel must be positioned to adequately supervise children/youth at all times to include high risk equipment such as composite climbing structures and high risk activities to ensure children/youth are safe. CDC/SAC personnel should not be grouped together in one area in order to ensure adequate coverage of the entire playground while interacting with children and youth.

12.4.3. Areas behind buildings or around corners must not be accessible to children/youth or is continually monitored by CYP personnel.

12.5. CDC Supervision. Each facility must have a supervisor in the facility at all times. A GS-05 or NAF equivalent may manage the facility for no more than two consecutive hours; three consecutive hours as long as there is CYP manager of a higher grade available on the installation to assist if necessary.

12.5.1. In the absence of a Director, a person of equivalent grade or higher who possesses the 1701 series qualifications must provide daily oversight. If not located within the CDC, this person must conduct daily visits and be available to provide immediate onsite assistance when managerial support is needed.

12.5.2. At least two paid staff must be in the facility when children are present.

12.5.3. Individuals who are employed as T&C Specialists should not be used more than 10 hours per week to provide facility supervision for any program

12.5.4. If the part-day program is being operated in another facility (e.g. chapel or youth center) and there are 48 children or less with other adults in the facility, a GS-05 or NAF equivalent (in pay and job responsibilities) supervisor may also be responsible for a ratio of children.

12.5.5. CDC personnel must supervise infants and toddlers at all times by sight and sound. Teaching staff supervise children over 3 years of age primarily by sight; supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of direct line of sight.

12.5.5.1. If mirrors are used to augment visual monitoring, staff verbally acknowledge the child.

12.6. CDC Ratios. Adequate numbers of adults must be hired to provide a safe environment and developmental program for children. Administrative staff may only be used to meet staff to child ratios in emergencies. Cooks and food service workers will not be used to meet ratios at any time.

12.6.1. The following staff requirements are met at all times:

12.6.1.1. For infants 6 weeks to 11 months of age, there must be no more than 4 infants per staff member at any time and no more than 8 infants per group.

12.6.1.2. For pre-toddlers 12 months to 23 months of age, there must be no more than 5 children per staff member at any time with no more than 10 children per group.

12.6.1.3. For toddlers, 24 to 35 months of age, there must be no more than 7 children per staff member at any time (except at rest time) and no more than 14 per group.

12.6.1.4. For preschoolers, 3 to 5 years of age there must be no more than 12 children per staff member at any time (except at rest time) and no more than 24 per group.

12.6.2. During rest time, the staff/child ratio for children over 24 months of age may double if the majority of children in the room are asleep. The assigned teaching staff member must be readily available to return to the classroom as children awake or as needed. Sufficient staff is required to remain in the building during rest time to meet the required ratios and to assist with emergencies.

12.6.3. For mixed age groups, the teaching staff to child ratio for the youngest age group is followed if the children in the youngest age group make up 20 percent or more of the group.

12.7. SAC Supervision. In the absence of a Coordinator, a person of equivalent grade or higher who possesses the 1701 series qualifications must provide daily oversight. If not located within the SAC, this person must conduct daily visits and be available to provide immediate onsite assistance when managerial support is needed. Each facility must have a GS-05 Operations Clerk or NAF equivalent (in pay and job responsibilities) or higher level supervisor in the facility at all times.

12.7.1. Each facility has a supervisor in the facility at all times. A CY Pay Band II may manage the facility for no more than two consecutive hours; three consecutive hours as long as there is a CYP manager of a higher grade available on the installation to assist if necessary.

12.7.2. If the SAC has 24 or fewer children enrolled and is located in YP, supervision may be provided by the YP Director or Youth Programmer.

12.7.3. In the absence of a SAC Coordinator, a person of equivalent grade or higher who possesses the 1701 series qualifications may provide daily oversight.

12.7.4. There must be a site coordinator or facility manager responsible for the daily operation of the program at each location separate from the youth center.

12.7.5. At least two paid staff must be in the facility when youth are present.

12.8. School age Ratios. Adequate numbers of staff must be hired to provide a safe environment and developmental program for youth. Administrative staff may only be used to meet staff to child/youth ratios in emergencies. Cooks and food service workers will not be used to meet ratios at any time.

12.8.1. Each staff member must not have more than 12 youth for whom they are personally responsible and this must be indicated on the AF Form 1930.

12.8.2. Child/youth ratios may vary by activity room provided the overall building ratio remains no more than 12 children to 1 teaching staff. Consideration must be given as to the risk and type of activity and at no time should there be more than 24 youth per staff member in an activity area.

12.8.3. There must be at least two paid staff members per group for trips away from the facility.

12.8.4. For water-related and other high risk activities, the required ratio is one paid staff member for every eight youth. Children/youth who may need more attention (e.g. identification of children who can not swim) are closely monitored.

12.9. YP Supervision. Adequate supervision by paid staff and adult volunteers must be maintained based on the type of program or activity offered. Junior staff (student trainees) may be included in the program but they must not be included in the adult to youth ratio and may not be left alone with children/youth. A GS-05 or NAF equivalent may manage the facility for no more than two consecutive hours; three consecutive hours as long as there is CYP manager of a higher grade available on the installation to assist if necessary.

12.9.1. When the YP Director is out of the building for short durations, a CY Pay Band II program assistant or higher may be designated to handle emergencies and talk to parents.

12.9.2. In the absence of a YP Director, a person of equivalent grade or higher must provide daily oversight. If not located within the YP, this person must conduct daily visits and be available to provide immediate onsite assistance when managerial support is needed.

12.9.3. There must be a minimum of two adults present at all times when YP services are provided (this includes sport activities).

12.10. Youth Ratios. Adequate numbers of staff must be hired to provide a safe environment and recreational program for youth.

12.10.1. The required ratio for scheduled program activities is one paid staff for every 15 youth.

12.10.2. At least one paid staff must be present for each activity (e.g. Self-Directed Program, Lock-ins, Fun Runs, etc.) with up to 25 youth participants (e.g. one staff member for every 25 youth, two staff members for 26 - 50 youth). The remainder of the required ratio may be achieved by use of adult volunteers. If overnight trips involve male and female participants, special consideration must be given to the number, gender and assignment of the adult chaperones.

12.10.3. In addition to meeting required ratios, there must be two adults per group for each trip/tour; at least one paid staff is present.

12.10.4. For water-related and other high risk activities, the required ratio is one paid staff member for every eight youth. Children who may need more attention (e.g. non-swimmers) are closely monitored.

12.10.5. Special precautions must be considered when offering and conducting high-risk activities for youth, such as gymnastics, martial arts, swimming, canoeing, and other activities, requiring considerable physical skill.

12.10.6. Residential camps must meet adult to youth ratios as defined by the American Camping Association.

12.10.7. Instructional classes must have one adult for every 20 youth unless there is a requirement for a smaller group size required by a nationally recognized, certified program. Additional consideration must be given to room size, number and ages of participants and the skill levels of participants.

12.10.8. Youth Sports must have one adult for every 15 youth ratio unless there is a requirement for a smaller group size required by a nationally recognized sports organization.

12.11. Accountability. CYP personnel and FCC providers must ensure all children/youth are accounted for throughout the day.

12.11.1. Children/youth may only be released to persons listed on the AF Form 1181 or for whom the biological custodial parents have provided written authorization (or verbal in emergencies). Children/youth will be released to either biological parent absent a child custody order or divorce decree limiting parental rights.

12.11.1.1. Any child custody order, divorce decree limiting parental rights or other court document must be reviewed by the installation legal office for guidance regarding release authorization.

12.11.1.2. Parents may call, email or fax an authorization if another adult other than the one listed on the AF Form 1181 is to pick up their child.

12.11.2. Children/youth will not be released to any individual who appears to be incapacitated by drug or alcohol use (e.g. stumbling, smells of alcohol). Programs are to contact Security Forces for support.

12.12. CDC Accountability. CDC parents must sign their children in/out at the front desk on AF Form 1182 (or comparable electronic system that has been approved by AFSVA/SVPY). Parents must also sign children in/out on AF Form 1930 in the activity room when they drop off or pick up their child.

12.12.1. Parents should notify the CDC if their children will not be in attendance. Parents shall be contacted by 0900 if children do not arrive for care. Parents must also be contacted if preschool-age children (who attend other preschools) do not arrive as expected from school.

12.12.2. Each child is under the care of a specific adult and the adult knows where the child is at all times. CDC personnel must take AF Form 1930s when the group leaves the activity room (e.g. field trips, fire evacuations, outdoors, other classrooms). When returning to the classroom, a "face to name" check is performed. This includes returning from the

playground. For extended trips away from the facility, children are readily identifiable and a method is in place to locate children who may be separated from the group.

12.12.3. Administrative personnel will visually count the number of children in each room and compare the count with AF Form 1930 and AF Form 1182 (or equivalent report). Action is taken to determine discrepancy and account for all children.

12.12.3.1. The same process will be utilized during evacuation drills.

12.12.3.2. Management will periodically verify the AF Form 1930 with the AF Form 1182 throughout the day to ensure all children in attendance are accurately recorded.

12.12.4. The hourly room count is recorded on the AF Form 1183, *Child Development/Enrichment Program Hourly Record of Attendance*.

12.13. SAC Accountability. SAC parents and personnel must check youth in/out on the AF Form 1930 by noting the time of arrival/departure. SAC teaching staff must be responsible for their group's AF Form 1930s. SAC teaching staff will carry their AF Form 1930 on field trips or evacuation drills. Youth not participating in the field trip and remaining in the facility are accounted for on a separate AF Form 1930.

12.13.1. SAC personnel have a system to ensure all SAC youth are picked up from school. SAC personnel have a system to identify youth that have not arrived as expected and to contact the parents, the school or a responsible adult listed on the AF Form 1181.

12.13.2. Parents should notify the SAC if their youth will not be in attendance. Parents or the emergency contact are contacted when youth who arrive by bus or by walking do not arrive at the program when expected.

12.13.3. Youth under 9 years of age are not permitted to sign themselves in/out of SAC and are not released to siblings under 14 years of age.

12.13.3.1. If allowed by the installation supervision policy, youth 9 years of age and older may be permitted to sign in/out of SAC for school and other events (e.g. Scouts) with written parental permission including a transportation agreement.

12.13.4. A locator board may be used in SAC to limit the number of youth using a specific room or location (playground, gymnasium) and to provide accountability for child/youth whereabouts. The locator board should not prevent youth from using the restroom when necessary.

12.13.5. Facility counts are taken hourly. Designated staff will verify the AF Form 1930 with the number of youth in the facility/playground to ensure accountability of all youth.

12.14. YP Accountability. Youth sign in and out of the YP facility (separate requirements apply to SAC).

12.14.1. Youth under 5 years of age, participating in an organized activity remain under constant supervision of a parent/guardian or sibling 16 years of age or older.

12.14.2. Youth 6 to 8 years of age, participating in an organized activity, sign in and out of the YP facility under the supervision of a parent or sibling 16 years of age or older. Parent/guardian or sibling 16 years of age or older are not required to remain on site if the youth is in an organized activity.

12.14.3. Youth, 9 years of age and older participating in open recreation/teen program may sign themselves in and out of the YP facility without parental oversight.

12.14.4. YP personnel will monitor all areas of the facility/playground when youth are present.

12.14.5. YP personnel will compare the open recreation/teen program sign in sheet with the youth in the facility/playground to ensure accountability.

12.14.6. Youth participating in overnight programs may not sign themselves out of the facility prior to the end time of the program.

12.14.7. YP personnel must remain awake during all hours of overnight programs.

12.15. FCC Accountability. The maximum group size in a home is six children per provider (including the provider's own children under 8 years of age) and no more than two children under 2 years of age. Parents must use AF Form 3412 *FCC Daily Sign In/Out Form* (or use the required state equivalent).

12.15.1. Child care may not be provided overnight unless authorized by the FCC Coordinator. If overnight child care is provided, no more than three children (including the Provider's own children under 8 years of age) are cared for in the home.

12.15.1.1. No more than two persons incapable of self-preservation may be cared for or occupy the FCC home when children/youth are present.

12.15.1.2. Persons incapable of self-preservation include children under 2 years of age certain persons with special needs regardless of age and elderly people that need assistance to quickly evacuate the FCC home.

12.15.2. Providers must be awake at all times between the hours of 0600 and 1800 when children are in care. Between 1800 and 0600 hours, FCC providers are permitted to sleep if there are no more than three children (including the provider's own children under 8 years of age) in the home.

12.15.2.1. Between the hours of 1800 and 0600 the provider is permitted to sleep under the following conditions: 1) the provider must sleep on the same story of the FCC home as both the clients and the provider's own children under 8 years of age and 2) all clients and the provider's own children under 8 years of age must be sleeping whenever the provider is sleeping.

12.15.2.2. If the provider chooses to stay awake it is not required for the provider to remain on the same story of the FCC home as the sleeping clients/children. However, the provider should limit the amount of time present in those areas of the FCC home (such as a basement or garage) where a fast-developing fire has more potential to block the path between the provider and the clients/children.

12.15.3. During overnight care, children/youth must sleep within sight of the provider. Children/youth may not sleep in the same bed with the provider or their household members.

12.15.4. When the provider is providing care, other children/youth (e.g. friends of the provider's children under 8 years of age) may not be present in the home if their presence makes the provider responsible for more than the maximum number of children.

12.15.5. Providers may combine their households of children/youth with those of other providers and neighbors only for special occasions and for short periods of time.

12.15.6. Providers must see or hear preschool and younger children at all times; except when provider attends to his/her personal needs (up to five minutes). The provider assures the safety of all children while attending to personal needs.

12.15.6.1. Children under 3 years of age are in direct line of sight.

12.15.6.2. Children 3 to 5 years of age and older are in direct line of sight but may be out of the provider's line of sight for short periods of time to attend to their personal needs (e.g. using the restroom) as long as the provider is close by and listens carefully to assure all children are safe.

12.15.6.3. Youth 6 to 8 years of age playing inside/outside are checked on every 15 minutes.

12.15.6.4. Youth 9 years of age or older playing inside/outside are checked on every 30 minutes.

12.15.7. For field trips, children/youth must carry the FCC provider's name and telephone number in case they become lost.

12.15.8. Children/youth are not left alone with the FCC provider's family members, spouse, children, neighbors or any other persons other than the approved substitute. The only exception is an emergency situation and the FCC Coordinator must be notified immediately.

12.15.9. Parents are notified in advance when a substitute provider will be responsible for their children/youth or if children/youth will be taken from the home (e.g. field trip) while they are in care.

Chapter 13

IDENTIFICATION, PREVENTION AND REPORTING OF CHILD ABUSE OR NEGLECT

13.1. Child Protection. CYP operates in a manner that minimizes the risk for child/youth maltreatment. Adult/child/youth interactions are positive in nature creating an atmosphere of trust. Practices that physically or emotionally harm children/youth are not permitted and will not be tolerated.

13.1.1. Spanking, slapping, biting, hitting, pinching, yanking, shoving, shaking, pulling hair/limbs or other forms of physical abuse are not permitted in CYP. Threats, name-calling, belittling, or derogatory remarks about children/youth or their families or any other form of verbal abuse are not be permitted or tolerated. Binding, tying, restricting movement, placing children/youth in a confined space or withholding /forcing food, liquids, toileting, outdoor play experiences or rest time is not permitted in CYP even upon the request of the parent/guardian.

13.1.2. CYP personnel and FCC providers failing to follow the policies and procedures outlined in the AF CYP Positive Guidance and Appropriate Touch Instructional Guide are retrained prior to being allowed access to children. Retraining is individualized and specific to the incident.

13.1.3. When guidance policy infractions occur, Civilian Personnel/Human Resources is consulted to determine appropriate disciplinary action.

13.2. Identification and Reporting. CYP must have standard operating procedures based on this Instruction for reporting cases of suspected child abuse or neglect. Child abuse or neglect includes anything that is physical, sexual, emotional, deprivation of necessities or combinations of each.

13.2.1. The current DoD Child abuse and Safety Hotline telephone number is posted in all CYP facilities and FCC homes in highly visible areas. The hotline number must be published in parent handbooks.

13.2.2. CYP personnel, FCC providers, specified volunteers and contractors have a legal and ethical responsibility to protect children/youth from harm. These individuals are mandated reporters of suspicions of child abuse or neglect. If a child/youth is in immediate danger, CYP personnel or FCC providers are to call 911 or the local number for OCONUS installations. (T-0)

13.2.3. CYP personnel, FCC providers, specified volunteers and contractors will immediately report to the program manager (or supervisor on duty) all incidents which endanger the health of a child/youth. CYP personnel or FCC providers should gather basic facts in order to file a report. All information pertaining to a case of alleged abuse or neglect shall be confidential and, as such, should be shared only on a “need to know” basis for whom this information is absolutely necessary.

13.2.4. Immediately upon notification of an allegation, individuals must be removed from having access to children/youth pending outcome of all investigations stemming from reports

that involve FAP. Removal is indicated on the *AF Form 3424, Reportable Incident* prior to submitting to AFSVA/SVI.

13.2.5. CYP managers or supervisor on duty must contact the AFS Flight Chief and Family Advocacy Program staff for all reports/allegations involving a lapse of accountability, inappropriate guidance/touch or suspected child abuse or neglect. Report is made telephonically and in writing, using the *AF Form 3424, Reportable Incidents* and routed to the AFS Flight Chief, Family Advocacy Office (FAO) (or other locally determined action officer), Squadron Commander/Director, AFSVA/SVPY and AF/AISOC within 24 hours of the incident.

13.2.6. AFS Flight Chiefs shall work with FAP to ensure appropriate agencies are notified when CYP personnel report child abuse or neglect.

13.3. Prevention. Parents must have access to their CYP facilities and FCC homes during all hours of operation.

13.3.1. All parents and visitors are required to enter and exit at the main entrance of CYP facilities (except for approved kitchen deliveries). Visitors must sign in and out, wear a visitor's badge and be monitored while in the facility. Military personnel with names on their uniforms must sign in but are not required to wear a visitor's badge.

13.3.2. CYP personnel will wear program issued name tags. CYP from other facilities to include AFS Flight Chiefs are required to sign in but are not required to wear a visitor's badge if they have a name tag.

13.3.3. AF Form 1109, *Visitor Record Log*, used to record visitors to the program.

13.3.4. The main entrance must be continuously monitored during all hours of operation to ensure only parents and persons who are on official business are allowed in CYP facilities and FCC homes.

13.3.5. Evening or weekend care provided in the CDC/SAC must be provided in age appropriate rooms located nearest the front entryway to facilitate supervision by the front desk staff.

13.3.6. All CDC exit doors that do not open into a fenced outdoor play environment must have operating alarms that can be heard at the front desk (does not apply to kitchen entrances).

13.3.6.1. Program managers must check daily to ensure alarms on the exterior doors are working and can be heard at the front desk.

13.3.7. CYP personnel will not hold private meetings with any child/youth. If a situation arises that requires a personal conference, the conference must include either the child/youth's parent or another CYP staff member.

13.3.8. CYP personnel and FCC providers must follow the AF CYP Electronic Communication and Social Media Instructional Guide for required policies and procedures related to social media protocols.

13.3.8.1. Staff and volunteers are not permitted to take photos, videos or other digital images of children/youth participating in the program on personal cell phones or other mobile devices or cameras.

13.4. Responding to Allegations. CYP personnel or FCC providers (or their household members) accused and/or under investigation for child abuse or neglect must be immediately removed from caring for children/youth upon notification of allegation and not be allowed access to children/youth or the program until the case is resolved. FCC provider's certification will be suspended until the case is resolved.

13.4.1. CYP personnel under investigation may be placed on administrative leave or detailed to duties not requiring contact with children/youth during this time.

13.4.2. Any CYP personnel or FCC provider under the influence or under investigation for illegal drug use will not be allowed access to children/youth until the incident is adjudicated. FCC provider's certification must be suspended until the issue is adjudicated.

13.4.3. Following a substantiated allegation, a new suitability determination is made in accordance with suitability criteria outlined in this Instruction.

13.5. Training. CYP personnel, FCC providers, specified volunteers, contractors are trained on identification, prevention and reporting requirements for child abuse or neglect before working or caring for children/youth. Written information on identification, reporting, and prevention of child abuse or neglect is provided at the time of employment.

13.5.1. Training is provided to CYP personnel, FCC providers, specified volunteers and contractors annually by FAP personnel.

13.5.2. CYP personnel or FCC providers accused and/or under investigation for child maltreatment, abuse or neglect are retrained prior to being allowed access to children. Training is individualized and specific to the incident.

13.6. Facility monitoring. The structural design for any area (indoor or outdoor) must not interfere with ability to supervise children/youth at all times. Convex/concave mirrors may be used to augment supervision.

13.6.1. Each CYP activity room must have a window in the door or wall to view into each room from the hallway.

13.6.2. Closets, storerooms, offices, laundry rooms and storage areas must have viewing windows or are kept locked during hours of operation.

13.6.3. The lights must be kept on in all rooms, closets, bathrooms, offices, kitchens and storage areas when children/youth are present. Lights may not be lowered or turned off during rest time.

13.6.4. Window valances are only installed above exterior or interior windows. Valances must be 18 inches or less and mounted so that the lowest edge of the valance is 60 inches or more above the finished floor. Valances may not be installed on doors (does not apply to FCC).

13.7. Personnel Monitoring. Program managers must monitor activities throughout the day to minimize the risk of child abuse or neglect.

13.7.1. In CDC, at least two staff must be present with each group of children at all times and at least one CDC staff must have current, complete and adjudicated with suitability determination made on all required background checks. When staffing at a single ratio, paragraph 13.7.3 applies.

13.7.2. In SAC and YP, at least two staff shall be present whenever youth are in the facility and at least one SAC/YP staff must have current, complete and adjudicated with suitability determination made on all required background checks.

13.7.3. Closed circuit television (CCTV) surveillance must be used when staff work alone with children/youth. The staff working alone and the staff member monitoring the CCTV must have current, complete and adjudicated with suitability determination made on all required background checks. At least one CCTV monitor must be set on the room and periodically observed while the other monitors continue to rotate through the facility. The staff member who is observing the CCTV monitor may continue with other duties.

13.7.3.1. In emergency staffing situations (e.g. staff without completed background checks that work alone), the staff member observing the monitor must not perform any other duties (e.g. answering the phone, updating files). This should not occur on a regular basis.

13.7.3.2. If there is no CCTV, staff without completed background checks must work with a staff member that has a completed background check.

13.7.4. If a CYP child care program is being conducted in facility other than a designated child care facility (e.g. chapel), other adults must be in the building during the hours of child care operation and CCTV is not required. Two CYP personnel must always be with the children and at least one member must have a completed background check with a favorable suitability determination.

13.7.5. Youth sports coaches must have at least one other adult present (e.g. another coach, parent of a participating youth) when working with youth.

13.7.6. When youth are transported off the installation, a minimum of two adults must be in the vehicle. The only exception to this policy is when youth are transported on the installation and two or more vehicles are used. When on the installation, vehicles may travel in tandem with one adult in each vehicle. The vehicles must travel directly behind each other.

13.8. Closed Circuit Television (CCTV). CCTVs are a requirement for use in CDC/SAC and any systems purchased after publication of this Instruction must have video recording capabilities.

13.8.1. Properly functioning CCTVs must be installed in each activity room. Cameras must be positioned to limit blind spots. CCTV monitors are located where the front desk personnel can clearly view and regularly observe each room.

13.8.2. Parents/guardians should be notified that CCTV surveillance systems are in use in CYP facilities so that they are aware of its usage and that recordings may be made regarding the daily activities.

13.8.3. In the spirit of openness and transparency, parents/guardians may come to CYP and view their child/youth participating in events in real-time on the CCTV monitor unless contraindicated by a Collective Bargaining Agreement (CBA) covering CYP employees, in which case, approval for reviewing must be made through the Freedom of Information Act (FOIA) Requestor Service Center and must include a review by the installation legal office.

13.8.4. Once CCTV recordings are made, the recording becomes an official Government record. Requests by parents/guardians for viewing a CCTV recording may be made to the

CDC/SAC Director. Parents/guardians should be informed that such requests to view CCTV recordings will be acted upon as soon as the system has the capabilities and staffing and other factors permit. Oftentimes, such viewing may occur after the CDC has closed for the day.

13.8.5. Obtaining copies of CCTV recordings, and requests for viewing a recording by DoD personnel other than a parent/guardian for non-DoD official purposes, should be submitted to the installation Freedom of Information Act (FOIA) Requestor Service Center. All requests for obtaining a copy of a recording must also be reviewed by the installation legal office and approved by the appropriate release authority.

13.8.5.1. CYP personnel do not have authority to make release determinations and must direct the requesting individual to the installation FOIA Requestor Service Center. Release determinations in these cases are made consistent with the Privacy Act and, as applicable, the FOIA.

13.8.5.2. Unofficial release of video recordings may violate the FOIA, and Privacy Act (when a portion or complete of the video is maintain in a Privacy Act system of records), could possibly violate the privacy rights of all the other children/youth and CYP personnel in the recording.

13.8.6. CCTV recordings should be maintained for 30 days unless there is a potential claim against the government in which case the recording shall be kept for 6 months or until the administrative claim is resolved or litigation is completed, whichever is later.

13.8.7. In addition to on-going training and the monitoring of the direct involvement and personal care provided by CYP personnel and volunteers, CCTV may be utilized to help monitor children/youth as well as to identify personnel training needs and other requirements necessary for maintaining a safe and secure environment.

Chapter 14

PROGRAM QUALITY

14.1. Programming. All CYP must offer intentional activities and experiences based on needs and interests of children/youth. Programming is based on current knowledge of child and youth development, supports the unique challenges of military life and provides children/youth a safe place for exploration and a sense of belonging.

14.1.1. Activities for children must be developmentally appropriate and emphasize concrete experiential learning that promotes developmental gains in the areas of: language, social, physical, emotional and cognitive. Appropriate activities shall support curriculum content areas of literacy, mathematics, social studies, science, art, music, physical education and health. Preschool children must be provided activities that support school readiness based on child development principles, learning capabilities and assessment of individual needs and interests.

14.1.2. Youth must be offered developmentally appropriate activities, clubs, community service and camps that support health and physical fitness, positive self-esteem, intellectual and social development, leadership skills, positive use of leisure time, moral development, self-reliance and independence, resiliency and a respect for diversity. Programs must benefit youth by promoting development to their fullest potential, contributing to self-worth, assisting in resisting negative pressures, encouraging self-confidence, curiosity, creativity, self-discipline and resiliency. The program experience for teens is developmentally appropriate and significantly different from that of a younger youth.

14.2. Materials. A variety of age appropriate materials and equipment is available both indoors and outdoors for children/youth to use throughout the day. Program materials are in good condition and sufficient for the number of children/youth in the program.

14.2.1. Materials must reflect diversity, racial, gender and age attributes and reflect the lives of the children/youth, families and staff in the program.

14.2.2. Materials must be organized to encourage independent use.

14.2.3. CDC and FCC homes have materials available which allow children/youth to have experiences with writing and literacy, dramatic play, sensory/exploration, block building, scientific principles, early mathematics, technology, creative expression and fine and large motor opportunities. Some combination of each is needed indoors and outdoors but not all are needed both indoors and outdoors.

14.2.4. SAC and YP have materials available to provide youth experiences in education and career development, health and life skills, the arts, character and leadership development, sports, fitness and recreation and technology. Youth materials must be diverse for all age groups (e.g. young SAC and pre-teens/teens).

14.2.5. There must be a written system in place for youth to have input for new materials, supplies and equipment for their program.

14.2.6. When purchasing materials, accreditation standards for recommended materials are utilized.

14.3. Environments. Environments must be arranged so that interference from other activities will be minimized (e.g., noise level or traffic patterns).

14.3.1. CDC/SAC Activity rooms are designed and arranged:

14.3.1.1. To accommodate children/youth individually, in small groups, and in a large group. Activity rooms are divided into areas that have materials organized in a manner to support play and learning.

14.3.1.2. For semi-private areas to be designated where children/youth can play or work alone or with a friend.

14.3.1.3. To permit children/youth with special needs access (making reasonable accommodations/adaptations as necessary) to the indoor space.

14.3.2. CDC activity rooms shall have a homelike environment with soft elements such as carpeting, cushions, rocking chairs, family pictures, art work, play curtains, tablecloths to create a warm, friendly environment that is welcoming for children/youth.

14.3.2.1. Indoor environment is designed to:

14.3.2.1.1. Accommodate children individually and in small/large groups.

14.3.2.1.2. Divide space into areas that are supplied with materials, organized in a manner to support children's play and learning (e.g. locate messy play areas near sink).

14.3.2.1.3. Have clear pathways for children to move from area to another without disturbing other children's work and play.

14.3.2.1.4. Allow staff to supervise children by sight and sound at all times.

14.3.2.1.5. Separate quiet and loud areas so that children can respect each other's play experiences (e.g. blocks and dramatic play separate from science and writing centers).

14.3.3. SAC/YP environments shall be arranged and designed to allow for a wide variety of age appropriate activities appropriately designed for youth up to age 18

14.3.3.1. Interest areas shall include board/table games and manipulatives, music, art, woodworking, drama and theatre, homework, computers, cooking, science and nature, blocks and construction, math and reasoning activities, language, reading and areas for meals.

14.3.3.2. Quiet places are accessible and easily monitored, but away from the pressures of group situations.

14.3.3.3. Teens must have a place to relax either in the youth center or at another facility on the installation. Pre-teens and teens need adequate resources (e.g. space, time, equipment) to support their interests and development into adulthood.

14.3.4. FCC home space should be arranged to accommodate both the family and children/youth in care. Materials shall be organized and designed to provide a wide variety of age appropriate activities.

14.3.5. Outdoor play areas must permit a variety of activities to be conducted throughout the year. These areas shall:

14.3.6.1. Accommodate the exploration of the natural environment.

14.3.6.2. Include a variety of natural and manufactured surfaces.

14.3.6.3. Incorporate areas for large motor development to include areas for wheeled vehicles.

14.3.6.4. Contain areas for sensory experiences such as gardens.

14.3.6.5. Allow children/youth to be independent, creative and have access to a variety of age-appropriate outdoor equipment and games.

14.4. Activity Plans. All programs will use the AF CYP Standard Weekly Planning Form for their respective age group/program.

14.4.1. CYP teaching staff responsible for activity planning must be provided at a minimum one hour paid planning time per week to plan and consult with each other. Paid planning time for CDC staff could be during children's rest time if the children are one year of age or older and the majority of the children are resting. Additional planning time may be provided as needed to support individual program needs.

14.4.2. Activity plans must include intentional goals or outcomes that support children/youth's learning and development and enhance school readiness. Opportunities must be provided that support success at various skill levels and incorporate experiential learning opportunities.

14.4.2.1. Long term projects shall be planned for preschool children and youth. Projects are based on the children/youth needs and interests and may extend for multiple weeks depending on the age and interests of the participants.

14.4.2.2. SAC/YP youth shall participate in planning, development, implementation and evaluation of programs and activities.

14.4.3. The Activity Plan is reviewed and initialed by the T&C Specialist prior to implementation (with the exception of the FCC activity plan).

14.4.4. Written activity plans are posted in activity rooms/areas available to staff and substitutes and kept on file for one year.

14.5. Daily Schedule. All programs use a daily schedule to provide children/youth a sense of security, independence and knowledge of what they can expect from their day. The daily schedule is followed, but is flexible to adjust to the needs and interests of children/youth.

14.5.1. Each CDC activity room/FCC home will have a daily schedule posted. The schedule will include:

14.5.1.1. Outdoor time.

14.5.1.2. Individual/small group/large group opportunities.

14.5.1.3. Balance of child/youth initiated/adult initiated activities.

14.5.1.4. Opportunities for large muscle/small motor experiences.

14.5.1.5. Alternating periods of quiet/active play, meal times, reading time and rest time.

14.5.1.6. Pictures and simple words to guide preschool children throughout the day and is posted where they can see it.

14.5.2. SAC schedules will include:

14.5.2.1. Opportunities for outdoor active play.

14.5.2.2. Choices of planned activities (e.g., art, music, science, fitness) snacks and meals.

14.5.2.3. Opportunities to socialize, independent activities.

14.5.2.4. Opportunities to do homework and receive tutoring.

14.5.3. YP must post the daily/weekly activities in a prominent location for youth to refer to when in the facility.

14.6. Routines and Transitions. Children/youth must be provided smooth and unregimented transitions between activities.

14.6.1. CYP personnel and FCC providers utilize transition activities/games or use music while moving from one activity to another (particularly if there is a possibility of a waiting period). CYP personnel and FCC providers must be sensitive to children/youth that have difficulty with transitions and assist them with the transition by giving them advanced notice or adjusting their schedule to allow more or less time depending on the need (e.g. child loves art and has difficulty leaving his/her work). Transitions should be adjusted to meet the needs and rhythms of children/youth as much as possible.

14.6.2. Diapering, eating, toileting, sleeping are accomplished in a relaxed manner.

14.6.3. Rest time is relaxing and comfortable. Rocking, patting or soft music may be used to help children sleep. Children may rest when they are tired. Non-sleepers can have books and quiet toys to play with during rest time.

14.6.4. Youth should be allowed to move smoothly from one activity to another (usually at their own pace).

14.7. Transitions to new age groups. When transitioning children to a new age group, individual development is considered before transition. Transition is not delayed based on one area of development (e.g. infants walking before moving to a pre-toddler room; toddlers potty-trained before moving to preschool). Children should not be moved to a new age group more frequently than once every 12 months unless there are special individual circumstances (exception may be made for younger/older infants).

14.7.1. Parents are consulted when their child will be moving to a new age group and are provided an orientation with each transition.

14.7.2. Programs must have plans in place to ensure a smooth transition for children whether moving from one room to another or one program to another.

14.8. Technology and Media. Computers with internet capability are available in CYP for personnel to use for resource and training purposes. Computers with internet capability must be available for youth to use in SAC/YP. Passive media (e.g. television, computers) will be limited and developmentally appropriate. Media viewing and computer use will not be permitted for children 2 years of age and under.

14.8.1. Preschool and Kindergarten children shall have access to computers with software that encourage language, literacy and math.

14.8.2. Preschoolers and Kindergartners shall be limited to 15 minute increments of technology (computers); when used, the programming must be developmentally appropriate.

14.8.3. Computers used in YP shall have software installed to control access to undesirable sites. A sufficient number of computers must be available to support ongoing programs for youth.

14.8.4. Youth shall have access to computers to create works of art and multi-media presentations and digitally manipulate graphics, photography and video clips to create original works.

14.8.5. Videos shall be “G” rated and designed for children 12 years of age and under or for family viewing. Teens are permitted to view PG-13 movies with parental permission. R-rated movies are never permitted.

14.8.6. Children/youth must be provided other options if they do not want to view the program.

14.8.7. Only video, games or amusement machines appropriate for youth 6 to 18 years of age will be permitted. Videos, games or amusement machines must be age appropriate. No violent or mature subject matter that would constitute a teen rating is accessible to younger youth.

14.9. Staff Interactions. Children and youth need secure, caring, consistent relationships to promote learning and achievement. A warm nurturing relationship with responsive adults is important in developing high self-esteem, empathy and cooperation, self-regulation, language and communication and peer relationships.

14.9.1. CYP and FCC providers are actively engaged with children and youth and relate to them in positive ways by:

14.9.1.1. Recognizing and responding to children/youth individual needs.

14.9.1.2. Recognizing children/youth positive achievements.

14.9.1.3. Treating children and youth with respect and consideration.

14.9.1.4. Encouraging appropriate expression of emotions.

14.9.1.5. Serving as a secure base for children and youth.

14.9.1.6. Seeking meaningful conversation with children/youth. Meaningful conversation includes asking open-ended questions; speaking individually to children/youth; including children/youth in conversations; describing children/youth actions, experiences, and events and listening/responding to children/youth comments and suggestions.

14.9.1.7. Demonstrating responsiveness and connectedness and creating the basis for positive attachment.

14.9.1.8. Conveying warmth, closeness, caring, and proper guidance in their ongoing interactions with youth.

14.9.1.9. Helping youth successfully transition from elementary to middle school and from middle school to high school.

14.9.1.10. Emphasizing and modeling the importance of engaging in regular daily physical exercise.

14.9.1.11. Expressing high expectations for all youths' academic achievement, character, leadership, health, wellness and avoidance of high-risk behaviors.

14.10. Positive Guidance and Appropriate Touch. Effective guidance takes place when children/youth trust adults caring for them and the adults show children/youth their concern for them is unconditional.

14.10.1. CYP personnel, FCC providers, specified volunteers and contractors (excluding custodians) must be trained prior to working with children/youth using the AF CYP Positive Guidance and Appropriate Touch Instructional Guide and sign a statement acknowledging the required policies and procedures. Documentation must be kept in the employee file. CYP personnel, FCC providers, specified volunteers and contractors must be trained annually on positive guidance techniques.

14.10.2. CYP personnel, FCC providers, specified volunteers and contractors use a variety of teaching strategies to enhance children/youth's learning and development throughout the day while maintaining flexibility and adjusting curriculum plans as necessary to meet the needs and interest of children/youth. Teaching staff must:

14.10.2.1. Understand the child/youth's typical behavior.

14.10.2.2. Recognize children/youth as individuals and respect differing abilities, temperaments, activity levels and developmental characteristics. No one specific guidance technique will work for every situation; therefore approaches will need to be adapted for each child/youth.

14.10.2.3. Be engaged and interact frequently with children/youth, speaking in a friendly, positive, and courteous manner, respectful of gender, race, religion, family background, special needs and culture.

14.10.2.4. Encourage children/youth to make choices and to become more responsible. Offer assistance in a way that supports each children/youth's initiative, assist without taking control and encourage youth to take leadership roles. Give children/youth chances to choose what they will do, how they will do it, and with whom. Help children/youth make informed and responsible choices. Post expectations for behavior in clear, positive, and concise language.

14.10.2.5. Create an environment that prevents and discourages bullying by modeling appropriate behavior, responding consistently to issues, and encouraging children/youth to resolve their own conflicts, when possible and appropriate. Do not permit name calling, labeling or stigmatizing to occur.

14.10.2.6. Consider the age and individual needs and preferences of the child/youth when determining if a touch is appropriate. Appropriate touch respects the personal privacy and space of children/youth; is nurturing (e.g. hugs, giving high-fives) keeps children/youth safe (separating physically conflicting children/youth, examining cuts/bruises/unusual marks, administering first aid to injuries); and assists with hygiene (e.g. face and hand washing, diaper changing).

14.10.3. Teaching staff use children/youth's given names; avoid using inappropriate nicknames, pet names and terms of endearment to address children/youth.

14.10.4. CYP personnel, FCC providers, specified volunteers and contractors must not use any teaching practices or curriculum that is degrading to children/youth and be active in identifying and countering any teaching practices, curriculum approaches, or materials that are degrading with respect to gender, sexual orientation, age, language, ability, race, religion, family structure, background or culture. CYP personnel, FCC providers, contractors and specified volunteers must reinforce positive self-identities and the value of respecting differences.

14.10.5. Incidents of inappropriate guidance/touch must be reported using the *AF Form 3424, Reportable Incident*.

14.11. Challenging Behaviors. Any behavior that interferes with child/youth learning, development and success at play, is harmful to themselves, other children or adults or puts a child/youth at high risk for social problems or school failure. A support plan must be developed when children/youth display a pattern of behaviors that put themselves or others at risk. The plan shall include:

14.11.1. A variety of positive guidance strategies which build relationships between the child/youth, staff and family, reduce the need for conflict and teach children/youth to be successful in their relationships with others.

14.11.2. CYP personnel, FCC provider, specified volunteers and contractors must respond in developmentally appropriate ways to child/youth negative emotions and feelings of hurt by providing comfort, support and assistance.

14.11.3. Managers and T&C Specialists must increase observations and debriefs and offer parent conferences to facilitate successful implementation of the plan, processes and strategies. Managers and T&C Specialists may obtain outside resources to provide additional support such as the Military Family Life Consultant (MFLC), Kids Included Together (KIT), SLO, Exceptional Family Member Program (EFMP) Coordinators and the installation CYP Medical Advisor.

14.12. Conflict Resolution Skills. CYP personnel and FCC providers model and use conflict resolution skills to negotiate and resolve differences when conflict arises.

14.12.1. CYP personnel and FCC providers engage children/youth in setting and enforcing classroom rules.

14.13. Developmental Screening/Observations/Assessment. CDC will use *Ages and Stages Questionnaires (ASQ)* for developmental screening of children.

14.13.1. CDC Parents are given the opportunity to complete the ASQ for developmental screening applicable to their child's age.

14.13.2. CDC child portfolios are maintained in each activity room. Portfolios contain individual observations of children, parent conference information, individual planning and assessment, and examples/pictures of children's work or their involvement in activities.

14.13.3. Individual observations of children are completed by CDC personnel and FCC providers to be used as a basis for planning appropriate learning activities.

14.13.4. Goals are set for each child by targeting specific objectives based on observations of children's needs and/or interests, parental observations/conferences, areas of development not yet observed and school readiness.

14.13.5. Parents of children enrolled in the CDC and FCC are offered a formal conference at least once a year. Both formal and informal conferences are documented.

14.14. Activities to Foster Self-Concept. Children/youth are provided developmentally appropriate opportunities to foster a positive self-concept.

14.14.1. Children/youth art work and photos is displayed respectfully at the child/youth's level. Children/youth shall be encouraged to draw pictures and tell stories about themselves and their family.

14.14.2. Children/youth are provided opportunities to develop independence and demonstrate self-help skills. Self-help skills are encouraged as children/youth are able (e.g. picking up toys, wiping up spills, personal hygiene, obtaining and caring for materials).

14.14.3. Children/youth are provided learning experiences that respond to individual differences in abilities and interests.

14.14.4. Children/youth are provided learning experiences that demonstrate respect and value for each child/youth (e.g. sending a card to a sick classmate).

14.15. Activities to Develop Social Skills. Children/youth are provided developmentally appropriate opportunities to develop and enhance social skills that support positive peer interaction and citizenship.

14.15.1. There must be space and time for small groups of children/youth to work together.

14.15.2. Opportunities are provided to help children/youth who have difficulty interacting with others.

14.15.3. Youth are offered a wide range of activities to acquire and enhance social skills and make new friends. Activities must be offered weekly to engage in positive behaviors that nurture their own well-being, set personal goals and develop the competencies to live successfully as self-sufficient adults.

14.15.4. Youth are offered programs to support resistance from peer pressure.

14.16. Activities to Develop Cognitive Abilities: Children/youth are provided developmentally appropriate opportunities to encourage thinking, reasoning, questioning and experimentation in a manner that supports school readiness and continued academic success. This includes opportunities to:

14.16.1. Develop their understanding of numbers, number names, the relationship to object quantities and to symbols and to integrate mathematical terms into everyday conversations.

Activities shall be planned for labeling, classifying, patterning, sequencing, one-to-one correspondence and sorting objects by shape, color, and size.

14.16.2. Experience nature.

14.16.3. Conduct research and development.

14.16.4. Be exposed to STEM (science, technology, engineering, mathematics) concepts such as observing and investigating natural events and objects, sorting and classifying, searching for patterns, noting differences and similarities and drawing and discussing what they see.

14.16.5. Participate in sustained project work, seek solutions to concrete problems, observe and record changes in the environment, and work with realistic tools.

14.17. Activities to Develop Creative Expression and the Arts. Children/youth shall be provided varied opportunities to gain an appreciation of art, music, drama and dance in ways that reflect cultural diversity.

14.17.1. Children/youth shall have opportunities to display their work and/or perform (e.g. exhibits, talent shows, puppetry, poetry readings, photography, musical compositions).

14.17.2. Music shall be used for movement and singing or for easy listening, but is not played consistently throughout the day.

14.17.3. Art activities shall be designed to stimulate creativity rather than focused on a finished product. Adult-made models, patterns and pre-drawn forms are used infrequently.

14.17.4. Children/youth shall have opportunities to represent ideas and learn fundamental concepts and skills in the fine arts (e.g. painting, drawing, collage, and modeling clay).

14.17.5. Youth shall have opportunities to develop an appreciation for the arts by taking trips to galleries, concerts, cultural events and learning from guest artists.

14.18. Activities to Encourage Physical Development. Children/youth shall be offered developmentally appropriate opportunities to enhance their physical development. This includes opportunities to:

14.18.1. Enhance fine motor skills.

14.18.2. Engage in active play every day, indoors and outdoors.

14.18.3. Engage in large motor experiences.

14.18.3.1. Pre-toddlers/toddlers have a minimum of 60 minutes of moderate to vigorous physical activity each day.

14.18.3.2. Preschoolers and Kindergartners have a minimum of 90 minutes of moderate to vigorous physical activity each day. On rainy days, CYP plan activities inside.

14.18.3.3. SAC youth are offered at least 30 minutes out of every 3-hour block of time to support the development of fundamental motor skills needed for different sports and non-competitive physical activities. Outdoor play can be offered as an open-ended choice, when weather permits. Inside activities are planned when the weather does not allow for outside play.

14.18.4. YP shall design and conduct informal fitness, youth sports and recreation programs to meet the needs and interests for youth of all ages, skill levels and backgrounds. Youth shall be offered:

14.18.4.1. Fitness and physical activities on a daily basis.

14.18.4.2. Opportunity to participate in activities that support the development of fundamental motor skills needed for different sports (e.g., throwing and catching a ball).

14.18.4.3. Noncompetitive physical activities such as organized games, and aerobic dance that appeal to girls and boys of all ages and backgrounds.

14.18.4.4. Intramural team sports to encourage teamwork and fairness.

14.18.4.5. Instruction and opportunities for participation in leisure activities (e.g. bowling, racquetball, tennis, golf, rollerblading) at least quarterly.

14.18.4.6. Assistance in fitness and motor skill development.

14.18.4.7. Activities categorized as leisure sports (e.g. bowling, racquetball, tennis, golf, rollerblading)

14.19. Activities to Develop Literacy and Language. Language and communication skills are deeply affected by experiences and environment. CYP personnel, FCC providers, specified volunteers and contractors must serve as effective role models for children/youth to fully develop language and literacy skills by being active listeners, extending conversations, reading books, encouraging discussions and providing appropriate reading and writing materials; all of which are focused to support school readiness and continued academic success.

14.19.1. There is a wide selection of durable, age appropriate books.

14.19.2. Activity rooms and FCC homes have an age appropriate print-rich environment to include samples of children/youth writings.

14.19.3. Children should be read to regularly in individualized ways including one-to-one or in small groups of two to six children as well as have opportunities for shared reading so they may practice reading to others.

14.19.4. Children/youth should have opportunities to extend their vocabulary through studying topics of interests, books and building on everyday conversations.

14.19.5. Children/youth should be able to explore books on their own and have places that are conducive to the quiet enjoyment of books.

14.19.6. Children/youth are encouraged to re-tell and re-enact events in storybooks; engage in conversations that help them understand the content of the book; identify the parts of the book; and differentiate print from pictures. Children/youth are assisted in linking books to other aspects of the curriculum.

14.19.7. Children/youth shall be taught book-handling skills and familiarity with the conventions of print to help them with the beginning elements of reading.

14.19.8. Songs, rhymes, finger-plays, books, interactive games, pictures, stories, dictation, flannel boards, puppets, writing, and dramas shall be incorporated throughout the day to encourage language and literacy.

14.19.9. In the CDC, materials should be labeled with both the picture and word. Infant rooms may be labeled with pictures only.

14.19.9.1. Use upper and lowercase letters.

14.19.9.2. Only proper names begin with an uppercase letter.

14.19.9.3. Words are printed neatly using correct letter formation or typed.

14.19.9.4. All words are spelled correctly.

14.19.9.5. Letters used in a label are of the same size, type and color.

14.19.9.6. Words and letters on a label read from horizontally from left to right.

14.19.10. Infants shall have varied opportunities to experience songs, rhymes, routine games and books through individualized play that includes simple rhymes, songs, and interactive games (e.g. peek-a-boo); daily opportunities for each child to hear and respond to various types of books including picture books, wordless books, books with rhymes, and access to durable books that enable independent exploration.

14.19.11. Toddlers/Twos shall have varied opportunities to experience books, songs, rhymes, and routine games through individualized play that includes simple rhymes, songs, and sequence gestures (e.g. finger plays); daily opportunities to hear and respond to various types of books including picture books, wordless books and books with rhymes; access to durable books that enable independent exploration; experiences that help them understand that pictures represent real things in their environment.

14.19.12. Preschool children shall be provided opportunities for phonological awareness (sounds of spoken language-beginning speech sounds, rhythm of words and sound familiarizes) through rhymes, songs, interactive games, stories, finger plays and clapping.

14.19.13. Preschool children shall have exposure to the alphabet by posting alphabet letters in the writing center and having books about the alphabet in the library area. Activities or games may also be used to help children learn the alphabet letters.

14.19.14. Preschool children shall be given meaningful writing opportunities that make sense to them. Preschool writing experiences shall be associated with functional print rather than on the formation of letters.

14.19.15. Preschoolers and Kindergartners shall have varied opportunities to participate in shared reading in an engaging manner in group/individualized settings at least twice a day in full-day programs and at least once daily in half-day programs.

14.19.16. Youth shall have opportunities to write plays, poetry, stories and occasions to present their work.

14.20. Activities to Encourage Multicultural Activities. Children/youth shall be offered developmentally appropriate activities to help them develop a respect for ethnic and cultural diversity.

14.20.1. CYP personnel, FCC providers, specified volunteers and contractors shall talk positively about each child/youth's physical characteristics, family and cultural heritage.

14.20.2. CYP personnel, FCC providers, specified volunteers and contractors will avoid stereotyping any group with materials, objects or language.

14.20.3. Children/youth shall be exposed to cultural perspectives throughout the year.

14.20.4. Each child/youth/adult's home culture and language is shared in the program to promote acceptance and facilitate a sense of belonging.

14.21. Activities for Health, Safety and Nutrition. Children/youth shall be offered developmentally appropriate hands-on activities to encourage good health, safety and nutritional practices.

14.21.1. Health practices such as washing hands, getting regular exercise, good nutrition, and enough rest shall be regularly practiced. Children/youth shall:

14.21.1.1. Be taught safety practices such as following directions, knowing what to do for evacuation drills and following rules for use in the program, at home and in the community.

14.21.1.2. Have opportunities to talk with professional (e.g. doctors, dentists, fire personnel) to learn about health and safety practices.

14.21.1.3. Have opportunities to cook a variety of foods and to learn about good nutrition.

14.21.1.4. Have opportunities to observe and care for living things such as fish and rabbits.

14.21.2. To support parents/youth CYP must have information about schools and on and off base helping agencies such as Security Forces, juvenile justice, social service professionals.

14.21.3. Health education pamphlets and other printed materials must be available in all CYP programs. Youth are provided accurate information about drugs, alcohol, etc. In consultation with parents and partnership with community agencies, subject matter experts may be solicited in providing this type of support.

14.21.4. CYP personnel and FCC providers concerned with a youth's behavior may seek assistance from MFLCs. If additional support is needed provide parents with installation and local resources (e.g. child abuse or neglect, drug dependency, mental health).

14.22. SAC/YP Five Core Program Areas. Offer a daily program of activities that is diverse, engaging and appealing to boys and girls of all ages and backgrounds and helps them develop their strengths and competencies. Provide several activities and programs from which youth can choose. During all hours of operation, self-directed opportunities are offered in at least three of the five core program areas: character and leadership; the arts; health and life skills; sports, fitness and recreation; and education and career development.

14.22.1. Character and Leadership. Youth shall be offered opportunities which empower them to support and influence their SAC/YP and community, sustain meaningful relationships with others, develop a positive self-image, participate in the democratic process, and respect their own and other's cultural identities.

14.22.1.1. Youth are engaged in local and/or national programs that emphasize service-learning principles and support good character.

14.22.1.2. Staff create expectations that youth give back to their center and community.

14.22.1.3. Staff provide youth the chance to give back to the program and their community, such as participation in the Year of Service Initiative or similar program.

14.22.1.4. Youth service-learning/volunteer hours are registered and tracked through the President's Volunteer Service Awards program.

14.22.1.5. Staff provide youth the opportunity to participate in cultural observance and appreciation activities/events .

14.22.1.6. Staff provide youth the opportunity to practice and develop leadership skills through activities such as participating in clubs, planning and/or installation events, serving on youth councils and briefing installation leadership on youth issues.

14.22.2. The Arts. Youth will be offered opportunities weekly to develop their creative thinking, problem solving skills and cultural awareness through knowledge and appreciation of visual and tactile arts, performing arts, and creative writing. Youth shall be offered opportunities to participate in activities which support the art program including attending performances and interacting with professional artists (e.g. theater, ballet, trips to artists' studios, museums, guest performers) and going on trips and tours to historical sites, museums and monuments to acquaint youth with their heritage and major historical events.

14.22.2.1. Youth have opportunities to participate in the BGCA photography and fine arts programs. Programs must hold local contests to recognize youth for their participation and achievement in photography and fine arts activities. Programs must submit local entries to BGCA competitions.

14.22.2.2. Youth have opportunities to display their work and/or perform at the program, on installation or in the community (e.g. exhibits, talent shows, recitals).

14.22.2.3. SAC/YP conduct or participate in special events to generate enthusiasm for the arts (e.g. exhibits, performances, field trips, celebrations).

14.22.3. Educational and Career. Youth are supported in achieving educational and career development goals on a weekly basis. Activities shall be offered to help youth become proficient in basic educational disciplines, apply learning to everyday situations, and use technology to optimize school success and employability.

14.22.3.1. Youth are offered opportunities to help prepare entrance into post-secondary training or education experiences. These activities may be offered in conjunction with schools, the Education office, A&FRC, and other agencies.

14.22.3.2. Assistance shall be offered to youth throughout the year on becoming employable and securing employment. These activities may be offered in conjunction with schools, A&FRC, Civilian Personnel and government employment services.

14.22.3.3. Youth are provided space, equipment, and materials (computers, reference and textbooks, magazines, resource materials, homework aids) to support career and educational goals.

14.22.3.4. Youth are offered opportunities to support educational goals (e.g. field trips, guest speakers, cooperative learning experiences, hands-on experiences).

14.22.3.5. Youth are offered activities and programs to develop writing and communication skills.

14.22.3.6. Homework assistance and tutoring is available to help youth with homework during the week. An established system is in place to request parents/volunteers assistance with higher level coursework (e.g. science, math).

14.22.3.7. Youth must be offered assistance on becoming employable.

14.22.3.8. Teens are provided opportunities to serve as junior volunteers or student assistants.

14.22.3.9. SAC/YP personnel work closely with school personnel to design and offer programs that support youth success in school.

14.22.3.10. SAC/YP personnel must partner with the SLO to inform them about the program and coordinate on initiatives to support children/youth.

14.22.3.11. SAC/YP personnel collaborate with families and the schools as a team to set goals for each youth; they shall work with outside specialists, when necessary.

14.22.4. Health and Life Skills. Youth shall be offered daily opportunities to engage in positive behaviors that nurture their own well-being, set personal goals and develop the competencies to live successfully as self-sufficient adults.

14.22.4.1. Programs and activities must be offered to help youth with money management, healthy lifestyle, hygiene, communication, personal goal setting, independent living and nutrition.

14.22.5. Informal Youth Sports and Fitness and Recreation. Youth shall be offered opportunities daily physical activities, which support the development of fundamental motor skills needed for different sports and non-competitive physical activities.

14.22.5.1. Activities shall be non-competitive, intramural and leisure sports and non-traditional sports and fitness initiatives.

14.22.5.2. Youth are offered opportunities to participate in BGCA Triple Play.

14.22.5.3. All youth have opportunities to engage in daily physical activity.

14.22.5.4. Youth are engaged in programs either through AF, BGCA, 4-H or locally that increase their nutritional awareness and support positive behavioral change.

14.22.5.5. Youth are involved in programs such as SMART Moves, SMART Girls, Passport to Manhood or similar programs that develop their skills to resist alcohol, tobacco, and other drug use as well as other risk-taking behaviors.

14.22.5.6. Staff partners with other community agencies on healthy lifestyle educational sessions or special events such as health fairs to provide youth and their families with resources to make healthy choices.

14.22.5.7. Programs, activities, conversations and display materials are designed to be outcome-driven to address age-specific milestones in the area of healthy lifestyles.

14.23. Technology. Programs integrate technology into the above five core program areas to enable staff and youth to engage with a variety of digital media experiences, to boost computer based literacy skills and to explore technology opportunities including but not limited to robotics, coding, graphic design and media making.

14.24. High Yield Activities. High-yield activities are integrated into the five core program areas with specific focus on the three priority outcome areas: 1) Academic Success (graduation from high school ready for college, trade school, military or employment), 2) Good Character & Citizenship (being an engaged citizen involved in the community, understanding the responsibility of voting and modeling strong character) and 3) Healthy Lifestyles (adopting a healthy diet, practicing healthy lifestyle choices and making a lifelong commitment to fitness). High-yield activities are designed to provide youth with fun experiences every day that are hands-on, outcome driven, interactive and intentionally develop knowledge or skills.

14.24.1. SAC/YP has a planning process to ensure that high-yield activities are available for all ages of youth served at the center.

14.24.2. SAC/YP has a rotating schedule of activities/events specific to program areas that are balanced between high-yield and purely recreational.

14.25. Required AF Programs. Youth must be offered the opportunity to participate in the AF the following required programs:

14.25.1. Youth of the Year Program. Each YP must forward their nominee to the BGCA for inclusion in the annual Military Youth of the Year competition.

14.25.2. Teen Council. Teens provides input for YP programs and special events. Teen Councils serve as a resource to installation leadership and the Air Force Teen Council.

14.25.3. Chartered Keystone Club or other community service club for teens. Clubs must meet the BGCA Keystone standards and meet at least monthly.

14.25.4. Chartered Torch Club or other community service club for pre-teens. Clubs meet the BGCA Torch standards and meet at least monthly.

14.25.5. BGCA Fine Arts Program and the BGCA Photography Program.

14.25.6. Three 4-H programs using official 4-H curriculum (one must be in the Health, Nutrition and Fitness area).

14.25.7. National 4-H National Youth Science Day.

14.25.8. Congressional Award.

14.25.9. Youth sponsorship program that provides pre-arrival, arrival and pre-departure services for youth relocating to and/or from an installation. Every effort to contact youth coming to the installation must be made by using social media, newcomers' events and regular youth open house special events. Documentation of the sponsorship program must be kept on file. The sponsorship program must be coordinated with the A&FRC or other agencies responsible for sponsorship.

14.25.10. Community service projects.

14.26. Clubs. Youth must be offered opportunities to participate in clubs (e.g. life skills, cooking, photography). Clubs are designed to meet the needs and interests of their participants.

14.27. Specialty Camps. Specialty camps (e.g. cooking, technology, theater) shall be incorporated into YP to offer a well-rounded program for youth.

14.28. Instructional Classes. Instructional classes (e.g. dance, martial arts) are offered and are age appropriate. Classes include instruction on technique, safety, injury prevention and demonstration of proper form/technique. Martial arts instructional programs may host competitive events for the purpose of allowing participants to achieve higher level qualifications.

14.29. Recognition Programs. Youth are recognized for their participation, improvements and achievements in all program areas and for installation, school and community activities. Notable awards are used to honor outstanding members and reinforce their involvement in programs.

14.29.1. At a minimum, quarterly recognition programs are used to support MYoY and other recognition programs. Photos of the quarterly awards winners are posted in YP.

Chapter 15

SPECIAL NEEDS

15.1. Inclusion. It is the policy and goal of Air Force CYP to make reasonable accommodations which support inclusion and participation of children/youth with and without disabilities. CYP programs must be designed to reasonably accommodate and be inclusive of children/youth (entering or already enrolled in the program), including those with identified disabilities as well as special learning, medical and developmental needs. CYPs must follow the most recent AF CYP Inclusion Action Team Instructional Guide.

15.2. Intake and Enrollment. When applying for care, registering for a program or currently participating, if a child/youth is identified as having a disability, medical condition or specific need, CYP personnel and FCC providers will work with the family to determine if an Inclusion Action Team (IAT) meeting is needed. The case will be reviewed as soon as possible to ensure environments, accommodations and any training required are in place before the child/youth starts. (T-1)

15.2.1. No child/youth who meets the basic age and eligibility requirements may be excluded from AF CYP solely based on disability or special need. During the enrollment process, CYP personnel are required to gather information from families about required accommodations and support for children/youth with disabilities, medical conditions or special needs. CYP personnel will work with the family to determine the following:

15.2.1.1. Placement in the most appropriate inclusive setting.

15.2.1.2. Reasonable accommodations and support for participation.

15.2.1.3. Auxiliary aides or services to ensure effective communication.

15.2.1.4. Emergency action plan for medical or other health-related concerns.

15.2.1.5. Method for ongoing communication between CYP professionals and the family.

15.2.2. If reasonable accommodations can be met, an Inclusion Action Plan must be developed to provide written instructions concerning how the program will meet the individual needs to include changes to the environment, specialized staff training and required staff to child ratios. The Inclusion Action Plan must be updated annually or sooner if needed.

15.3. Inclusion Action Team. The installation must have an Inclusion Action Team (IAT) comprised of a multidisciplinary group of professionals that meet to assess reasonable accommodations for children/youth with identified developmental and/or medical requirements. (T-1)

15.3.1. The purpose of the IAT is to support CYP personnel and FCC providers in accommodating the needs of children/youth and to assist the program in securing the necessary support and resources. (T-1)

15.3.2. The Airman and Family Services Flight Chief (or designee GS-12 or above) assembles and chairs the meeting of the IAT. (T-1)

15.3.3. The IAT will develop an AF Child and Youth Programs Inclusion Action Plan which includes determining placement in the most inclusive setting appropriate to the child's/youth's needs; accommodations and support for participation; auxiliary aides or services to ensure effective communication; emergency action plans developed by the child/youth's health care provider for medical or other health-related concerns; methods for ongoing communication between CYP and the family; and any additional training or meetings required.

15.3.4. IAT members may include professionals working in the field of child and youth development, early intervention, medical, legal, family support services, therapy, special and general education or related fields. The number of members, structure of the team and frequency of meetings will depend on what works best for the installation or individual and vary according to the size of the installation, resources available and community involvement.

15.3.5. Although the members may differ by installation, the core team members represented on the IAT should include:

15.3.5.1. AFS Flight Chief (or GS-12 or above designee).

15.3.5.2. CYP Managers.

15.3.5.3. CYP Program Medical Advisor.

15.3.5.4. Exceptional Family Member Programs (EFMP) Family Support Coordinators and/or School Liaison Officer (SLO).

15.3.5.5. CYP personnel or FCC provider who will be working with or have objectively observed the child/youth, such as primary teaching staff, T&C Specialist.

15.3.5.6. Parents of the child/youth.

15.4. IAT Responsibilities. To support CYP personnel, FCC providers and families, the IAT has the following responsibilities: (T-1)

15.4.1. Identify the needs of the child/youth.

15.4.2. Contribute to the development of individualized accommodations and support.

15.4.3. Review emergency action and health management plans.

15.4.4. Make recommendations for Behavior Support Plans.

15.4.5. Research and assist in identifying resources and services and support personnel with inclusion related issues such as training, community collaboration and physical access.

15.4.6. Provide follow-up communication and support.

15.4.7. Minutes are developed for each IAT meeting and filed with the IAT Chairperson. A copy of the AF Child and Youth Programs Inclusion Action Plan will be provided to the parent and a copy kept in the child's/youth's file. At a minimum, the plan should be reviewed annually.

15.5. IAT Referral Process. Not all children/youth with or at risk of disabilities, chronic illnesses and physical, developmental, behavioral, or emotional conditions that require health and services of a type or amount beyond that required by children/youth in general will need to be referred to the IAT (e.g. typical food allergies, infrequent asthma symptoms). Children/youth may exhibit behaviors (with or without a diagnosis) that interfere with their ability to learn, develop and maintain relationships, and/or adapt to the CYP environment.

15.5.1. Decisions for referral to the IAT should not be made solely based on diagnosis. Each individual child/youth and situation must be considered on a case-by case basis.

15.5.2. Prior to referring children/youth for an IAT meeting, CYP professionals will approach the family to gain the information needed to support the child/youth and design the accommodations for participation in the program.

15.5.3. The IAT Chairperson reviews any documentation provided by the parents and consults with the CYP manager and Medical Advisor, if necessary, to determine if an IAT meeting is needed.

15.6. Procedures for Providing Care. Attempts must be made to provide care in the most appropriate inclusive setting and to support the family's needs.

15.6.1. Families should be notified information about their child/youth may be shared with the IAT, CYP contract personnel (e.g. Kids Included Together, MFLC) in order to receive individualized recommendations for accommodations and supports. Written permission must be obtained from the parent prior to sharing information.

15.6.2. Due diligence and best efforts are required by all involved to consider possible modifications or adjustments that can reasonably be made to programs, staffing and/or facilities in order to accommodate a child or youth with disabilities or special needs. However, such accommodations should not fundamentally alter the nature of the service, program, or activity. If reasonable accommodations cannot be met, installations must consult with AFSVA/SVPY to explore additional alternate accommodations. Additionally, programs should contact their installation Legal office for guidance and assistance in exploring reasonable accommodations and options as well as to assure compliance with Section 504 of the Rehabilitation Act, and other applicable public laws prohibiting discrimination based on disability. Disapproval of care should only be considered if other options are unavailable and requires coordination from AFSVA/SVPY prior to parent/guardian notification. (T-1)

15.7. Support Specialists. Support specialists are permitted to provide services within CYP with parental permission. Interactions with children/youth should take place in areas that allow for visual (or video) monitoring.

15.8. Staff Training. All CYP personnel and FCC providers supporting children/youth with special needs must receive training on how to provide care for the specific needs of the children/youth. Training is recorded on their AF Form 1098.

15.9. Diabetes Specific Accommodations. When caring for children/youth with diabetes, CYP personnel/FCC providers must be trained for glucose testing, actions to take when the results of the glucose tests are abnormally high or low, and administering emergency medication if needed.

15.9.1. An *AF Form 3417, Child and Youth Diabetes Care Plan* is provided by the child/youth's health care provider with written instructions indicating how the program will

meet the child/youth's needs to include any specialized training, who will provide the training (e.g. health care professionals), procedures for glucose testing, actions to take when the results of the glucose test are abnormally high or low, administering emergency medication if needed and any other necessary information that will help the program provide care. The IAT may offer CDC/SAC placement:

15.9.1.1. If the parents/guardians (or appointed back-up) administer insulin for the child/youth.

15.9.1.2. If the youth has approval from parents and medical professionals to self-administer insulin.

15.9.1.3. If the program has a medical professional on site (e.g. nurse) to administer insulin.

15.9.1.4. If these options are not available, placement may be in FCC if the provider has (or agrees to obtain) diabetes management training from a qualified medical professional.

15.9.1.5. Child care may also be provided in a community-based program for families unable to access installation child care programs. Fee assistance may be available if the provider meets DoD eligibility. Coordination is required through AFSVA/SVPY. (T-1)

15.9.2. CYP personnel may not provide insulin therapy by injection or make adjustment for insulin via a pump.

15.9.3. Properly trained CYP personnel may conduct routine blood glucose testing and administer glucagon for emergencies.

15.9.3.1. If the child/youth requires insulin while in CYP, parents/guardians or their appointed back-up must be notified. Failure of the parents/guardians or their appointed back-up representative to respond to contact by CYP personnel/FCC providers in a timely manner may result in emergency services being contacted and consideration for possible disenrollment from CYP.

15.9.4. Blood glucose testing should be conducted by the same individual and at the same times each day.

15.9.4.1. Youth ,8 years of age and older who are capable of self-testing can conduct their own testing if approved by the parent/guardian and are allowed to carry their diabetic testing supplies and medication on their person.

15.9.4.2. The parent/guardian must complete the AF Form 3417, *CYP Diabetes Care Plan* authorizing CYP personnel/FCC providers to conduct glucose tests and respond to Hypoglycemia. The *CYP Diabetes Care Plan* is to be updated annually.

15.9.4.3. CYP personnel/FCC providers must document the date, time and the reading for each glucose test on the AF Form 3416 *CYP Glucose Chart*. Documentation must be maintained and kept in the child/youth's file.

15.9.5. CYP personnel/FCC providers who care for a child/youth with diabetes must be trained by a medical professional prior to caring for the child/youth and trained at least annually thereafter.

15.9.5.1. At a minimum, the training must include how to conduct blood glucose testing, procedures to follow when there is a drop in blood sugar, when to contact parents/medical personnel, how to recognize signs of a diabetic emergency and when to administer glucagon. CYP are authorized to enter into Memorandum of Agreements (MOA) with local Military Treatment Facilities (MTF) to establish the roles and responsibilities associated with this mandatory training.

15.9.5.2. CYP personnel/FCC providers must also be trained in bio-hazardous waste disposal practices and universal precautions to protect staff and children/youth from blood-borne pathogens. The program must have a facility bio-hazardous waste removal plan; the plan must be coordinated with the installation Public Health office and CYP Medical Advisor. (T-1)

15.9.6. Children/youth may eat a snack anytime necessary to prevent or treat hypoglycemia and program will ensure an appropriate snack is available at all times.

15.9.7. Children and youth with diabetes may participate in field trips. A plan for handling emergencies must be in place before the group leaves the facility (e.g. location of local medical facilities, parent's availability to administer insulin if needed, Glucagon availability, etc.)

15.9.8. For diabetic emergencies:

15.9.8.1. CYP personnel/FCC providers should call 911 or the local emergency number as soon as possible if the child/youth is experiencing a diabetic emergency. During a field trip, CYP personnel/FCC providers are to contact their local emergency personnel or take the child/youth to the nearest medical facility.

15.9.8.2. Parents will complete AF Form 1055 for CYP personnel/FCC providers to administer Glucagon.

15.9.8.3. Parents/guardians must provide a Glucagon emergency kit prescribed by the child/youth's health care provider.

Chapter 16

MARKETING

16.1. Promotion and Marketing. Each program has a current written Marketing Plan. The plan is based upon results of surveys including the needs assessment. Marketing goals are reflected in the activities offered. Events are scheduled as noted in the marketing plan. Squadron leadership is provided with an overview brief of CYP a minimum of once a year. At least quarterly, publish an article about the program or a participant in CYP in the installation or local paper (submitted through Public Affairs). (T-1)

16.1.1. CYP managers use brochures, marquees, installation web pages and presentations at new member's orientation, schools and other installation organizations to market their programs.

16.1.2. FCC must have a brochure for parents describing the program and the advantages of using FCC; the brochure includes the Expanded Child Care program options available at the installation and any other specialty program as appropriate to the location.

16.1.3. FCC may have a notebook or video available to parents to showcase their providers; such information is only provided with the AF FCC provider's consent.

16.1.4. FCC Programs must maintain documentation for the following recruitment efforts:

16.1.4.1. Providers to support the Expanded Child Care programs. These individuals must be given priority for certification, if there is a waiting list for training and approval.

16.1.4.2. Providers to care for children with special needs such as asthma, allergies, cerebral palsy and physical impairments.

16.1.4.3. A written remediation plan to increase the number of FCC homes if the installation has a need.

16.2. Program Assessments. Programs must have an established method to evaluate parent satisfaction, identify the strengths and weaknesses of CYP and set program goals on an annual basis. At a minimum, assessments must validate whether hours of operation meet installation needs. Analysis of results must be communicated with program stakeholders (e.g. leadership, parents, staff) and maintained on file.

16.2.1. YP implement the BGCA Formula for Impact which includes five key elements for positive youth development, high-yield activities, targeted programs and regular attendance. Annually, YP Directors must evaluate and establish goals to increase program membership or affiliation in YP.

16.2.2. Youth have opportunities to participate in YP planning, development, implementation, and evaluation of programs and activities. These opportunities may be provided through youth/teen councils, youth program committees or other means.

Chapter 17

PARENT INVOLVEMENT

17.1. Parent Communication. CYP personnel, FCC providers, contractors and volunteers develop positive relationships with parents in order to provide the best care and services possible to their children/youth.

17.1.1. Parents must be provided an orientation at the time of initial enrollment. Parents are given a handbook, provided a tour of the facility/home and introduced to the staff. Materials and policies will be translated upon request.

17.1.2. Parents must be notified when their child/youth is injured, exposed to a communicable disease, experiences distress, becomes ill or any other significant event impacting children/youth.

17.1.3. Each facility has a bulletin board for communicating items of interest to parents (e.g. Parent Advisory Board minutes, parent education opportunities).

17.2. Parent Participation. Programs shall involve parents as partners and encourage them to be involved in all aspects in CYP. Parents and other visitors are invited to participate in classroom opportunities (e.g. art and crafts, music, dress, storytelling, cultural experiences).

17.2.1. Provide education and information on early childhood and youth development.

17.2.2. CYP shall regularly plan and schedule programs and events with children/youth that include parents and other family members.

17.2.3. At least two events are held each year for parents using FCC.

17.3. Parent Advisory Board. In accordance with the Military Child Care Act, CYP must establish a Parent Advisory Board (PAB) to discuss program satisfaction and to provide any recommendations for improvement. In addition, PAB shall:

17.3.1. Be composed of parents of children/youth enrolled in CYP facilities and chaired by such a parent.

17.3.2. Be responsible for coordinating an annual parent participation program in conjunction with program staff.

17.3.3. Meet with CYP Program Managers and the Flight Chief quarterly to discuss program services. PAB minutes shall be forwarded to the MSG/CC for review and disposition. Documentation of the minutes will be reviewed during the annual unannounced Higher Headquarters Inspection.

17.3.4. Be established as a private organization and follow the requirements for private organizations in accordance with AFI 34-223, *Private Organizations Program*, if the parent group generates funds over which it maintains control.

17.4. MSG/CC shall meet annually with PAB to discuss program participation. The MSG/CC may not delegate this authority. (T-1)

17.5. Parent Education. Parents are provided information (e.g. brochures, training, listing of community resources) about topics such as child/youth development, child abuse and neglect, how to promote learning at home and how to promote their children's healthy development.

17.5.1. Parents are notified about parent education activities offered by the Airman and Family Readiness Center, Family Advocacy Program and other installation agencies.

17.5.1.1. Parents are encouraged to utilize the A&FRC for information, education and personal financial counseling on maintaining financial readiness and building resiliency.

17.5.2. CYP must have resources for parents that include information on prevention of child abuse and neglect, fitness and health, deployment, child and youth development, facilitating learning, appropriate activities and safety at home.

17.5.2.1. Parent education materials including online information (e.g. reading lists, books, brochures, articles, videos, tapes) are made available.

17.5.2.2. CYP is able to refer families to installation agencies, military family life consultants and/or local agencies for assistance.

17.5.2.3. At least annually, CYP facilities should offer or co-sponsor a parent education activity for parents.

CHAPTER 18

ALTERNATIVE SHORT TERM HOURLY CHILD CARE

18.1. Alternatives for Short Term Care. If offered, short term hourly child care must be designed to provide only occasional, intermittent care to children/youth (e.g. holiday parties). Before offering, determine if the requirement can be met by referring the parents to FCC providers or having another CYP program offer a special event for children/youth.

18.2. Identifying Facilities. Before offering care in a facility other than the CDC or YP, the installation Fire Prevention, Safety and Public Health offices must approve the space for use for hourly child care. Installation agencies may approve several different sites in advance so that requests for short term care can be met without delay.

18.2.1. If care for children in diapers is offered, there must be running water in the room or water is provided with a container and catch pan. For older children, a bathroom must be located nearby and children must be directly supervised when using it.

18.2.2. There must be an evacuation plan posted in the event of a fire or other emergency.

18.3. Operational Procedures. Follow these guidelines when offering care:

18.3.1. Care must be provided no longer than 1 hour before the start and 1 hour after the end of the function for which the care is being offered.

18.3.2. Fees charged must cover the cost of offering the service and may be paid by the parents or an organization. Fees must be collected in advance of care and reservations must be made in advance to ensure sufficient staffing and program supplies (e.g. food) are available.

18.3.3. Each child must be supervised by sight and/or sound at all times.

18.3.4. Staff-to-child ratios must be followed as required below. If children under 2 years of age are cared for, a fire evacuation wagon must be available or there must be one adult for every two children.

18.3.4.1. For infants 6 weeks to 11 months of age, there must be no more than 4 infants per staff member at any time and no more than 8 infants per group.

18.3.4.2. For pre-toddlers 12 months to 23 months of age, there must be no more than 5 children per staff member at any time with no more than 10 children per group.

18.3.4.3. For toddlers, 24 to 36 months of age, there must be no more than 7 children per staff member at any time (except at rest time) and no more than 14 per group.

18.3.4.4. For children/youth 3 to 12 years of age there must be no more than 12 children per staff member at any time and no more than 24 per group.

18.3.5. Staff the program with CYP employees who have a completed favorable criminal history background check and have completed orientation, CPR and first aid training. Staff with pending background checks must work under LOSS and cannot be alone with children.

18.3.6. A GS-05 or equivalent or higher-grade supervisor must be on site. This individual may be one of the employees providing care.

- 18.3.7. At least two adults must be present at all times.
- 18.3.8. With the exception of CYP playground areas, children must not be taken outside the facility except for emergency evacuations.
- 18.3.9. Only children who have the required immunizations (or a pre-approved exemption from AF/A1S) may be in care.
- 18.3.10. Children with obvious signs of illness must not be accepted into care.
- 18.3.11. Meals and snacks may be served.
- 18.3.12. Attendance must be recorded on AF Form 1182 (or equivalent).
- 18.3.13. Portable equipment, materials, supplies, and planned activities must be used to keep the children/youth engaged while they are in the program.
- 18.3.14. If available, APF may be used to purchase equipment and materials to provide short-term care.

18.4. Alternative child care.

18.4.1. Alternative child care may be offered in government facilities other than child development centers, school age care programs or family child care homes by non-familial providers if all three of the following conditions apply: fees will not be charged, providers will not be paid and parents are on site and in close enough proximity to assist with emergencies. Additionally, the installation Fire Prevention, Safety and Public Health offices must approve the space for short term child care use and volunteers must meet the requirements of DoDI 1402.05.

18.4.1.1. Installations seeking to establish alternative child care arrangements outside of these parameters must contact AFSVA/SVPY for assistance in determining if AF/A1S approval is required in order to ensure compliance with fire, safety, public health and child abuse prevention requirements as outlined in this Instruction.

18.4.1.2. AF/A1S approval is not required for child care provided when parents remain on site and retain primary responsibility for their own children in chapel services provided by chapel volunteers or in family support group meetings.

GINA M. GROSSO, Lieutenant General, USAF
DCS, Manpower, Personnel and Services

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Public Law 104-106, Section 568, *Revision and Codification of the Military Family Act and the Military Child Care Act*, (110 STAT.329), February 10, 1996.

DoDI 1015.10 *Military Morale, Welfare, and Recreation (MWR) Programs*

DoDI 1015.15 *Establishment, Management, and Control of Nonappropriated Fund Instrumentalities and Financial Management of Supporting Resources*

DoDI 1000.15, *Procedures and Support for Non-Federal Entities Authorized to Operate on DoD Installations*, 24 Oct 2008

DoDI 1100.21 *Voluntary Services in the Department of Defense*, 2002

DoDI 1400.25 V1407, *DoD Civilian Personnel Management*

DoDI 1400.25 V731, *DoD Civilian Personnel Management System: Suitability and Fitness Adjudication for Civilian Employees*.

DoDI 1402.05, *Background Checks on Individuals in DoD Child Care Services Programs*, September 11, 2015

DoDI 6060.02, *Child Development Programs*

DoDI 6060.4, *Youth Programs*

29 CFR 1910.1030, OSHA Bloodborne Pathogens Standard

Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations
(<http://www.cdc.gov/vaccines/hcp/aciprecs/index.html>)

AFI 34-101, *Services Programs and Patron Eligibility*, 2013

AFI 34-201, *Use of Nonappropriated Funds*

AFI 34-223, *Private Organizations Programs*

AFI 34-301, *Nonappropriated Fund Personnel Management and Administration*, 2013

AFMAN 34-310, *Nonappropriated Fund Personnel Program Management and Administration Procedures*, 2011

AFI 40-301, *Family Advocacy*, 2015

AFMAN 48-147, IP, *Tri-Service Food Code*, 2013

AFI 48-105, *Surveillance, Prevention, and Control of Disease and Conditions of Public Health or Military Significance*, 2014

AFI 48-110 IP, *Immunizations and Chemoprophylaxis for the Prevention of Infectious Disease*, 2013

AFI 48-116, *Food Safety Program*, 2013

AFI 48-117, *Public Facility Sanitation*, 2013

AFI 48-144, *Drinking Water Surveillance Program, 2014*

AFI 65-106, *Appropriated Fund Support of Morale, Welfare, and Recreation (MWR) and Nonappropriated Fund Instrumentalities (NAFIS), 2010*

AFI 90-501, *Community Action Information Board and Integrated Delivery System.*

AFI 91-207, *The US Air Force Traffic Safety Program, 2011*

American Academy of Pediatrics (AAP)

The American Academy of Pediatrics Managing Infectious Diseases in Child Care and School Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. American Public Health Association and American Academy of Pediatrics. Washington, DC.

Council of Accreditation Standards (COA)

National Afterschool Association (NAA)

National Alliance for Youth Sports. West Palm Beach, Florida.

National Association for Family Child Care (NAFCC) Standards

National Fire Protection Association (NFPA) 101, "Life Safety Code", most current edition

Public Playground Handbook for Safety, United States Consumer Product Safety Commission, Washington D.C. 20207

National Association for the Education of Young Children (NAEYC) Accreditation Criteria (current version).

Unified Construction Criteria UFC 1-200-01 *General Building Requirements*

Unified Construction Criteria UFC 3-600-01 *Fire Protection Engineering for Facilities*

Unified Facilities Criteria UFC 4-740-06 *Youth Centers*

Unified Facilities Criteria (UFC) 4-740-14 *Child Development Centers*

Prescribed Forms

AF Form 88, *Youth Program Application*

AF Form 847, *Recommendation for Change of Publication*

AF Form 1109, *Visitor Record Log*

AF Form 1023, *Youth Flight Record of Injuries*

AF Form 1055, *Youth Flight Medication Permission*

AF Form 1181, *Air Force Youth Flight Patron Registration*

AF Form 1182, *Youth Flight Register*

AF Form 1183, *Child Development/Enrichment Program Hourly Record of Attendance*

AF Form 1187, *Youth Flight Accident Report*

AF Form 1930, *Youth Flight Daily Attendance Record*

AF Form 2043, *Recreation Daily Attendance and Program Record*

AF Form 3403 *Family Child Care License*

AF Form 3404, *Family Child Care Affiliation Certificate*

AF Form 3405 *FCC Application*

AF Form 3406, *FCC Approval Record*

AF Form 3408, *FCC Family Interview*

AF Form 3410, *FCC Individual Pet Assessment*

AF Form 3411, *FCC Provider Agreement*

AF Form 3412, *FCC Daily Sign In and Out*

AF Form 3414, *FCC Home Verification of Detailed Bi-Monthly Self-Assessment*

AF Form 3415, *FCC Home Program Inspection Tool*

AF Form 3416 *CYP Glucose Chart*

AF Form 3417 *CYP Diabetes Care Plan*

AF Form 3424 *Reportable Incident*

AF Form 3427, *NAEYC 72 Hour Notification*

AF Form 3429, *Request for Installation Records Check*

AFPAM 36-106, *Air Force Pamphlet, Supervisor's Employee Work Folder Checklist for Maintenance and Filing*

Adopted Forms

DD Form 2606, *DoD Child Development Program Request for Care Record*

DD Form 2636, *DoD Certificate to Operate*

DD Form 2652, *Application for Department of Defense Child Care Fees*

DD Form 2793, *Volunteer Agreement for Appropriated Fund Activities/Nonappropriated Fund Instrumentalities*

DD Form 2981, *Basic Criminal History and Statement of Admission*

Optional Form 178 *Certificate of Medical Examination*

Abbreviations and Acronyms

AIS—Directorate of Services

AISOC—Air Force Child and Youth Programs

AFAS—Air Force Aid Society

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFSVA/SVPY—Air Force Material Command Child and Youth Programs

APF—Appropriated Funds
ASTM—American Society for Testing and Materials
BGCA—Boys and Girls Clubs of America
CACFP—Child and Adult Care Food Program
CDC—Child Development Center
CNACI—Child Care National Agency Check and Inquiries
COA—Council on Accreditation
CPR—Cardiopulmonary Resuscitation
CPSC—Consumer Product Safety Commission
CYPA—Child and Youth Program Assistant
CCTV—Closed Circuit Television System
DoDI—Department of Defense Instruction
DCII—Defense Central Index of Investigations
DSN—Defense Switched Network
FCC—Family Child Care
IRC—Installations Records Check
LOSS—Line of Sight Supervision
MCCA—Military Child Care Act
MTI—Multidisciplinary Team Inspection
MWR—Morale, Welfare and Recreation
NAC—National Agency Check
NACI—National Agency Check with Inquiries
NAEYC—National Association for the Education of Young Children
NAF—Nonappropriated Funds
NAYS—National Association for Youth Sports
NFPA—National Fire Protection Association
NYSCA—National Youth Sports Coaches Association
OSD/MC&FP —Office of the Deputy Assistant Secretary of Defense for Military Community & Family Policy
SCHR—State Criminal History Repository
SIDS—Sudden Infant Death Syndrome
TFI—Total Family Income
UL—Underwriter’s Laboratory

USCPSC—United States Consumer Product Safety Commission

USDA—United States Department of Agriculture

Terms

Accreditation—Verification that a CDC/SAC has been assessed by an appropriate, external national accrediting body and meets the standards of quality established by that body.

Accredited Home—A Family Child Care provider who has been accredited by an external accrediting agency such as the National Association for Family Child Care. A home in which the quality of child care is better than in standard home.

Adjudication —The evaluation of pertinent data in a background check, as well as any other available information that is relevant and reliable, to determine whether an individual is suitable for work.

Affiliated Home—Off-base providers and those in proprietary/partial privatized housing jurisdictions that are in compliance with the Air Force Family Child Care standards and voluntarily submit to the same screening, training and inspection requirements as on-base certified providers.

Alternative child care—On/off-installation child care programs and services which augment and support Child Development Center and Family Child Care Home programs to increase the availability of child care for military and Department of Defense civilian employees (e.g. , resources and referral service, parent co-ops, off-installation consortium or interagency initiatives).

Amusement Machines—Coin-operated mechanical or electronic recreation gaming systems without a cash or other payout feature (e.g. video games, pinball machines).

Annualized CDC/SAC Fees—to calculate for (or as if for) an entire year. Utilized when users are authorized vacation weeks in which payment will not be required. For example, the cost of care for 52 weeks is divided into 50 weekly payments to allow for two weeks of vacation.

Appropriated Funds — Federal Funds appropriated by the Congress recorded in the books of the Treasury to operate and maintain facilities and services.

Capacity—The number of child spaces available for care within a facility, home, program, or system at any one time.

CDP—Child care services for children of DoD personnel from birth through 12 years of age. Includes Child Development Center, Family Child Care, School Age Care and expanded/outreach child care programs.

Center-based setting—Child Development Centers or Supplemental Programs housed in a centralized facility (excluding family housing units).

Central Services Registry Check—A check of the military services' records of individuals who have been involved in child abuse and neglect.

Certified FCC providers—providers that are certified to provide in-home child care.

Child and Adult Care Food Program (CACFP)—The U.S. Department of Agriculture's Child and Adult Care Food Program, a federally sponsored program whose child care component

provides nutritious meals and snacks to children enrolled in CDC/SAC/FCC in the states and territories.

Child Abuse and Neglect—The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities or other maltreatment of a child/youth. The term may apply to both acts and omissions on the part of a responsible person.

Child Development Program Assistant—Child Development Center— staff position responsible for providing direct services to children.

Children with Special Needs—Children/youth with special needs are children/youth who may need accommodations to make care or participation in CYP accessible or may otherwise require more than routine and basic care; including children/youth with or at risk of disabilities, chronic illnesses and physical, developmental, behavioral, or emotional conditions that require health and related services of a type or amount beyond that required by children/youth in general.

Combat related wounded warrior— A term referring to the entire population of wounded, ill and injured Service members and veterans who have incurred a wound, illness, or injury for which the member was awarded the Purple Heart or whose wound, illness, or injury was incurred as a direct result of armed conflict or while engaged in hazardous service or in the performance of duty under conditions simulating war, or through an instrumentality of war.

Communicable Disease—A disease caused by a microorganism that can be transmitted from person to person via infected body fluid or respiratory spray, with or without an intermediary agent (e.g. mosquito) or environmental object (e.g. table surface).

Competitive Activities—Events that allow youth to demonstrate their skills and abilities and compare them to their previous performance and that of others. A competitive activity should incorporate a skill-development program conducted by a qualified instructor. Such activities may include team and individual sports, contests, shows, debates and tournaments.

Completed Investigation — Indicates all investigations (based on the type of CYP role) are complete (e.g. pre-employment documentation, IRC, advanced FBI fingerprint check, CNACI). It does not indicate suitability has been determined.

Concurrent Jurisdiction—The state, in granting, the Government exclusive legislative jurisdiction over an area, has reserved to itself the right to exercise the same authority at the same time. This rare case currently exists in Alaska because of the special provisions in the Alaska Statehood Act.

Contractors—An expert, consultant, licensee, certificate holder or grantee, including all subcontractors (personal services contractor or any other category), who performs work for or on behalf of the Department of Defense (but not a federal employee).

Cultural Events—Opportunities for youth to develop an appreciation of the fine arts and an increased understanding of the world's cultural groups.

CYP—Programs of Child Development, School Age and Family Child Care and Youth Programs.

CYP Personnel— Includes individuals working in CDC/SAC/YP to include managers and Training & Curriculum Specialists.

Day Camps—Supervised activities offered to children and youth during school holidays. Day camps may last all day or for only a few hours and may run for a few days or for one or more weeks. They are sometimes held outdoors, with the youth center as their home base. Some day camps focus on special activities or skills, such as, basketball, technology or dance.

Defense Central Index of Investigations (DCII)—The central Department of Defense record of investigative files and adjudicative actions such as clearances and access determinations, revocations, and denials concerning military, civilian, and contract personnel.

Developmental programming— Promote the cognitive, social, emotional, cultural, language and physical development of children/youth through programs and services recognizing their differences and encouraging self-confidence, curiosity, creativity, self-discipline and resiliency while providing experiential learning for literacy, mathematics, science, social studies, life skills, healthy lifestyles, the arts and technology.

Direct Care Personnel—All individuals providing actual child care services to children/youth are counted in the required adult/child ratios (e.g., caregivers, program assistants, teaching staff).

DoD CDC/SAC Employee Wage Plan—The wage plan uses a NAF pay banding system to provide direct service personnel with rates of pay substantially equivalent to other employees at the installation with similar training, seniority, and experience. Pay increases and promotions are tied to completion of training. Completion of training is a condition of employment. This wage plan does not apply to CDC/SAC constructed and operated by contractors under DoDI 1015.15.

DoD Certificate to Operate—Certification issued to each CYP after the program has been inspected by Higher Headquarters and found to be in compliance with this instruction.

DoD Child Abuse and Safety Hotline — A hotline required by section 1794 of Reference (f) that enables parents and program visitors to anonymously report suspected child abuse or safety violations at a military CDP or home.

Early childhood—Encompasses growth and development of children birth through 8 years of age or third grade.

Eligible employee of a DoD contractor — An employee of a DoD contractor or subcontractor, or individual under contract or subcontract to DoD, who requires physical access to DoD facilities. eligible patrons.

Eligible patron — Patrons who qualify for CDP services, to include active duty Military Service members, DoD civilian employees paid from APF and NAF, Reserve Component Military Service members on inactive duty training, combat related wounded warriors, surviving spouses of military members who died from a combat related incident, eligible employees of DoD contractors, other Federal employees, and those acting in loco parentis of the aforementioned.

Exclusive Jurisdiction—The Government has acquired, by state statute, all of the state's authority in an area, and the state concerned has not reserved the right to exercise any of that authority except the right to serve state civil or criminal process.

Expanded Child Care — AF Expanded Child Care (ECC) provides a diverse array of approaches to support Airmen and their families with nontraditional child care outside of typical duty schedule and specialized child care needs.

Family Child Care (FCC) Home—A home on base, in Air Force-privatized housing or in the local community approved by the MSG/CC to provide child care following the requirements of this instruction.

FCC Coordinator — Responsible for FCC program management, training, inspections, and other services to assist FCC providers.

FCC provider — An individual 18 years of age or older who is certified to provide child care for 10 hours or more per week per child on a regular basis in his or her home and has responsibility for planning and carrying out a program that meets the children/youth's needs at their various stages of development and growth.

Financial hardship — A significant hardship that results in changes to a family's economic well-being 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; extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the patron.

Fitness Activities—Events designed to educate youth about health and fitness (e.g. fitness challenges, fitness clinics, nutrition and cooking activities, instruction in individual sports, special fitness events).

Flight Chief —the individual responsible for oversight of Child and Youth programs on the installation.

Full—day program—Center—based developmental services for children 6 weeks to 5 years of age, that meet the needs of working parents requiring child care on a regularly scheduled daily basis (typically 5 to 12 hours per day).

Fund-Raising Activities—Opportunities for youth to help obtain funds for the youth program. These activities may also be conducted by parents or volunteers on behalf of a youth program.

Government Owned Housing— Homes owned by Air Force. (OCONUS only; excluding Alaska and Hawaii).

High—Adventure Activities - Opportunities for youth to participate in adventure programs and events that require close adult supervision. Examples of high-adventure activities include, but are not limited to, skiing, rappelling, rock climbing, water sports, white water rafting, off-site tours, and overnight trips. Adult and staff supervision ratios shall be adjusted to minimize risk and help ensure youth participants' safety and well-being. High-adventure activities require the presence of experienced personnel who specialize in the implementation of the specific high-adventure activity.

Inclusion Action Team—. A multidisciplinary team that supports families of children with special needs that consider the needs of the child/youth, the disability, and the environment of group care in child development facilities or home-based care, staffing needs and training requirements, and the resources of the program.

Installations Records Check — A query of records maintained on an individual by programs and entities at the military installation where the individual lives, is assigned, or works, including military law enforcement and installation security records, drug and alcohol records, mental

health, government housing, FAP, OSI records for a minimum of 2 years before the date of the application.

Instructional Classes — Sessions designed to teach and develop skills and abilities of participants. These include regularly scheduled classes and one-time clinics/events that reflect the interests of the targeted market, and are generally offered on a fee basis.

Line of Sight Supervision (LOSS) —is defined as supervising employees that have complete and favorable preliminary investigation findings, but the entire background check has not yet been completed. Supervisor refers to the person supervising individuals who are permitted to perform duties only under LOSS, and is not necessarily the same as an employee's supervisor for employment purposes, (e.g., ratings, assignment of duties). The supervisor is a person who: (1) Has undergone a complete criminal history background check and received a favorable fitness or suitability determination, as applicable for position. (2) Has complied, as required, with the periodic reverification requirement for a recurring criminal history background check. (3) Has not previously exhibited wanton or reckless disregard for an obligation to supervise an employee, contractor, or volunteer.

Managerial Checklist—a document to record dates of various pre-employment actions (e.g. installation records IRC, CNACI, physical), suitability decisions and re-investigations.

Nonappropriated Funds (NAFs)—Federal Funds that are not appropriated by the Congress and that are separate and apart from funds recorded in the books of the Treasury. Within the DoD, NAFs come primarily from the sale of goods and services to military and civilian personnel and their family members, and are used to support Air Force Services, billeting, and certain religious and educational programs.

Operational capacity—Maximum number of children/youth space/facility can accommodate at any one time based on total square footage.

Outdoor Activities—Experiences that allow children/youth to participate in recreational, educational, and social activities in an outdoor environment. These activities are offered to help children/youth develop an appreciation of environmental resources as well as to expand the range of the child/youth's activities. YP outdoor activities may include tours of recreational sites, camping, hiking, gardening, environmental programs, and events coordinated with adult outdoor education activities.

Parent/Guardian —The biological father or mother of a child/youth; a person who, by order of a court of competent jurisdiction, has been declared the father or mother of a child/youth by adoption; the legal guardian of a child/youth; or a person in whose household a child resides, provided that such person stands in loco parentis to that child/youth and contributes at least one-half of the child's support.

Parent Advisory Board—A committee composed of parents whose children/youth attend Air Force Child and Youth Programs. The committee acts in an advisory capacity, providing recommendations for improving services. The committee is also responsible for developing the parent involvement plan for CDC/SAC/FCC. Examples include activities for children/youth, staff appreciation and family day activities.

Parent participation plan — A planned group of activities and projects established by the Parent Board to encourage parents to volunteer in CYPs, including special events and activities

(such as field trips, community or special events, and special curriculum programs), small group activities, special projects (such as playground improvement, procurement of equipment, and administrative aid) and parent education programs and training workshops to include child abuse prevention education for parents.

Part-day Preschool—A regularly scheduled, facility based activity and education program for children 3 to 5 years of age that lasts 4 hours or fewer per day.

Partial Jurisdiction—The state has granted the Government some of its authority to legislate but has reserved the right to exercise, alone or with the Government, some authority beyond the right to serve criminal process in the area (e.g. the right to tax private property).

Pre-employment Background Checks—Screening conducted prior to first day of work. Checks include a review and interim suitability determination made based on the following documents: Application, OF Form 306 (APF, NAF and contract personnel only), DD Form 2981, IRC, review National Sex Offender Public Website search and advance FBI fingerprint check results, as well as results of two professional, personal or educational references.

Private Organization —A non-governmental entity authorized by the Air Force or the DoD to perform services with youth on Air Force property, as defined in DoD Instruction 1000.15, Private Organizations on DoD Installations, 2008. Examples include Boy/Girl Scouts, Big Brothers and Big Sisters, Campfire Girls, etc.

Privately Owned Housing—Homes owned by FCC providers.

Privatized Housing—Homes owned by contractors.

Proprietorial (or Proprietary) Jurisdiction—The Government has acquired some right or title to an area in a state but has not obtained any of the state's authority to legislate over the area. Because of its functions and authority under various provisions of the Constitution, the Government has many powers and immunities in acquired land area that ordinary landowners do not have. Further it holds its properties and performs its functions in a Governmental rather than proprietary or business capacity.

Reasonable Accommodation — A modification or adjustment made to accommodate a child/youth with a disability that does not fundamentally alter the nature of the service, program, or activity. This may include making facilities readily accessible to and useable by otherwise qualified children/youth with disabilities and eliminating restrictive admission policies that discriminate against children/youth with disabilities.

School Age Care—Structured activity program for school-age youth who are 5 to 12 years of age (may include Kindergarten), which offer supervision while their parents are working. Programs may be offered before school, after school, before and after school, during school holidays and during summer vacations.

Self-directed Activities—Activities for children/youth that require minimal supervision and involvement by adults. Such activities may include listening to music, art, playing table games, reading and doing homework.

Social Activities —Opportunities for children/youth to enjoy the companionship of others of the same or a similar age group in a positive, relaxed atmosphere. These activities may include , family dining, plays, games, and field trips,

Special Interest Activities—Opportunities for youth to develop special skills and hobbies and to relate to others with similar interests through participation in clubs, groups and special events.

Special needs —Children/youth with special needs who may need accommodations to make child care and recreational activities more accessible or may otherwise require more than routine and basic care; including children with or at risk of disabilities, chronic illnesses and physical, developmental, behavioral, or emotional conditions that require health and related services of a type or amount beyond that required by children/youth in general.

Specialty Camp — Camps focusing on specific educational, sports, or recreational skills that may be offered for children and youth in kindergarten through 12th grades. Usually offered during vacation periods, these camps shall be complementary to, not competitive with, the installation full-day and part-day CDC and SAC programs.

Specified Volunteers —Individuals ages 12 years and above who could have extensive or frequent contact with children over a period of time. They include, but are not limited to, positions involving extensive interaction alone, extended travel, or overnight activities with children or youth. Coaches and long-term instructors fall in this category, as well as tutors and regular recurring chaperones. Other positions will be identified in writing by the Mission Support Group Commander.

Staff-to-Child Ratio—The number of children for whom one staff member may be responsible or supervise.

State Criminal History Repository Check (SCHR)—A check of the state’s central record of investigative files for child abuse and neglect and sex offender registries.

Supervision—Refers to having temporary responsibility for children/youth and temporary or permanent authority to exercise direction and control by an individual over an individual whose required background checks have been initiated but not completed.

Suitability —A person’s identifiable character traits and conduct sufficient to decide whether an individual’s employment or continued employment would or would not protect the integrity or promote the efficiency of the service.

Suitability Determination—A decision that a person is suitable or is not suitable for a position which is based on a review and adjudication of investigative documents.

Teaching Staff—Direct care personnel whose main responsibility is to provide care to children and youth.

Teen Clubs —Groups of preteens and teens which meet formally or informally to assist in planning youth program activities for their age group.

Term Employee—This type of appointment is not expected to last indefinitely. It is used to meet seasonal or nonrecurring one-time requirements, and summer employment; to fill a continuing position when the incumbent is absent due to temporary duty (TDY), extended leave, temporary promotion, etc.; or to fill a vacancy that is programmed for cancellation within a specific timeframe.

Total Family Income (TFI) —All earned income including wages, salaries, tips, special duty pay (flight pay, active duty demo pay, sea pay), active duty save pay, long-term disability benefits, voluntary salary deferrals, retirement or other pension income including Supplemental

Security Income (SSI) paid to the spouse and Veterans Affairs (VA) benefits paid to the surviving spouse before deductions for taxes listed on the member's most recent Leave and Earnings Statement (LES).

Volunteers—Individuals who donate their services, talents or skills to enhance CYP programs and activities. Volunteers do not include parents who, on an irregular basis, are assisting in a parental role. Volunteers must complete the appropriate portion of DD Form 2793, Volunteer Agreement for Appropriated Activities or Nonappropriated Fund Instrumentalities. Volunteer services must be accepted by the appropriate authority and volunteers must be properly trained before related CYP duties and services can be performed.

Volunteer Activities—Activities where individuals offer unpaid assistance. Examples of activities for which individuals may volunteer include youth sports, field trips, social events and contests.

Youth Programs—Air Force sponsored activities, events, services, opportunities, assistance, and information campaigns designed to meet the recreational, developmental, social, psychological and cultural needs of eligible children and youth.

Youth Program Facilities—The buildings and facilities, such as, the youth center, used for youth programs. Examples include ball fields, soccer fields, rooms in the DoDDS school or public school and other spaces used for youth programs. These facilities may be operated by Force Support Squadrons and/or loaned for use by Youth Programs.

Youth Sponsorship Program. —A requirement for each military installation to facilitate the integration of dependent youth of DoD military personnel into new surroundings when moving to that military installation as a result of a parent's permanent change of station. The Youth Sponsorship Program shall provide for involvement of dependent youth of members stationed at the military installation and shall be directed primarily toward youth in their preteen and teenage years.