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SECRETARY OF THE AIR FORCE**

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CHILD DEVELOPMENT PROGRAMS

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This instruction supersedes AFR 215-27, Child Development Programs, and implements AFPD 34-7, Child Development Programs; DoDI 6060.2, Child Development Program; DODI 1402.5, Criminal History Background Checks; the Military Child Care Act of 1989; and the Crime Control Act of 1990. This instruction gives the requirements for operating child development programs on Air Force bases. It applies to people involved in operating child development programs on Air Force installations and for Air Force personnel. **Attachment 1** contains a glossary of terms used in this instruction. **Attachment 2** lists the specific responsibilities of personnel involved in the implementation, operation, oversight, and evaluation of Air Force child development programs. **Attachment 3** outlines the requirements for offering short-term hourly care. **Attachment 4** outlines the requirements for accepting children and staff who are HIV-positive or who have AIDS.

(30SW) AFI 34-701, 27 July 1994, is supplemented as follows:

(30SW) The Paperwork Reduction Act of 1974 as amended in 1996 and AFI 37-160, Volume 8, *The Air Force Publications and Forms Management—Developing and Processing Forms*, affects this publication.

SUMMARY OF REVISIONS

This is the first publication of AFI 34-701, substantially revising AFR 215-27, Child Development Programs. It aligns the instruction with AFPD 34-7 and implements the revisions required by the documents listed above.

(30SW) The revision of this publication is to meet the format standards required by the Air Force. No content material has changed. Some required format changes have been made to allow for the conversion process.

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Chapter 1

FACILITIES AND EQUIPMENT

1.1. Facilities and Equipment. Provide a protective physical environment that can support a child development program.

1.2. Indoor Space. Provide enough usable space indoors so children are not crowded.

1.2.1. Provide a minimum of 35 square feet of usable space per child in each activity room, with an additional minimum of 15 square feet for crawling and protected play for children 6 weeks- to 24 months.

1.2.2. Provide a minimum of 50 square feet of usable space per child in rooms in which cribs are utilized for sleeping.

1.2.3. Use a barrier at least 6 feet high to separate the space for infants under 6 months from the space for older children.

1.3. Outdoor Space. Provide outdoor playgrounds for each age group.

1.3.1. Have a minimum of 75 square feet of outdoor play area for each child playing on the playground.

1.3.2. Ensure that at least one-third of the children enrolled in the center can play in the outdoor play area at one time.

1.3.3. Provide a separate playground area for children under 2 years of age.

1.3.4. Enclose the outdoor play area with a fence at least 5 feet high.

1.3.4.1. Do not use horizontal slat fencing. After 1 October 94 install only chain link fencing.

1.3.4.2. Use gates that can be securely fastened and cannot be opened by children under 5 years of age. Unlock gates while children are in the building.

1.3.4.3. Design the playground to accommodate a variety of activities throughout the year. Make sure there are:

- Shaded areas in climates with hot temperatures.
- A variety of playground surfaces, including grass, sand, asphalt/concrete, and soil.
- A variety of age-appropriate equipment for riding, climbing, balancing, and individual play.

1.4. Support Space. Provide facilities and equipment to support the administration of the program.

1.4.1. Provide the following in all primary child development centers:

- A reception area.
- Offices.
- Kitchen.
- Laundry and janitorial closets.
- Storage closets.

- An isolation area near a lavatory and flush toilet.
- Staff work area.

- 1.4.2. Provide enclosed storage on each playground for outdoor playground equipment.
- 1.4.3. Provide individual storage space for each child's personal belongings in each activity room.
- 1.4.4. In each room children use, allocate some hard surface flooring for eating and play activities as well as carpeted areas for other play activities.

1.5. Equipment. Provide age-appropriate equipment and furnishings in activity rooms.

- 1.5.1. To create a homelike environment, use soft elements, such as:
 - Carpeting
 - Cushions
 - Rocking chairs
- 1.5.2. Use sound-absorbing materials to reduce noise levels.
- 1.5.3. Provide one chair and table space for each child over 12 months of age.
- 1.5.4. Provide a rocking chair or other rocking device for each group of children under 1 year.
- 1.5.5. Provide low shelving for storage of play materials. Shelves must be accessible to children. They must be used to divide the room into small areas.
- 1.5.6. Have a cot, crib, or mat, and tight-fitting bed linens available for each child.
- 1.5.7. Divide each room for children over 2 years into interest centers.
- 1.5.8. Divide each room for children 12-24 months and over 6 years into interest areas.
- 1.5.9. Make sure that when more than one group (two ratios) occupies a room, each group has its own clearly defined space and its own basic interest centers or areas.
- 1.5.10. Make sure there is a telephone with an off-base line so that staff members can reach emergency services and parents.
- 1.5.11. Be sure Defense Support Network (DSN) service is available so that the program administrators can contact potential employees' references and consult with other programs concerning staff and children.

1.6. Sinks and Toilets. Locate toilets and sinks within or near each activity room used by children 5 years and under.

- 1.6.1. Provide a minimum of one flush toilet for every 15 children over 2 years and a sink with running water close to all toileting areas.
- 1.6.2. Provide a platform or steps if the sink is too high for children to reach.
- 1.6.3. Provide a sink and an area for diapering and a separate area and sink for food service for each group (two ratios) of children in infant and toddler areas.
 - 1.6.3.1. Perform food-service functions in the kitchen when a separate sink is not available.

1.6.3.2. Provide an alternate water source (with catch pan) when a separate sink is not available but staff must perform some food-service functions in the area.

Chapter 2

FIRE PROTECTION

2.1. Fire Protection. Facilities used for child development programs must be built and operated to protect children and adults from fires and related hazards.

2.2. Structural Fire Certification. Air Force Civil Engineering Agency (AFCEA) or its designee must certify that all facilities used for child development programs meet the structural requirements of the National Fire Protection Act 101 Life Safety Code 1991 for the type of program for which they are being used.

2.2.1. Facilities that must be certified include those used for preschools and school-age programs that are not located in child development program facilities.

2.2.2. Program administrators must correct all identified life-threatening deficiencies immediately or close the facility.

2.2.3. Program administrators must correct other deficiencies identified in structural fire inspections within 90 days or must ask Secretary of the Air Force for Manpower and Installations (SAF/MI) to approve a waiver extending the 90-day deadline to accommodate renovation or construction schedules.

2.2.4. If program administrators do not promptly correct deficiencies or get a waiver, Air Force Director of Services (AF/SV) may close the facility.

2.3. Operational Fire Inspections. All facilities used to provide child care must comply with the operational requirements of the National Fire Protection Act 101 Life Safety Code 1991. The base fire office must conduct an annual comprehensive fire inspection of each program using the Air Force Child Development Program Fire Protection Guide.

2.3.1. A multi-disciplinary team must conduct an additional annual comprehensive fire inspection of each facility using this guide. All deficiencies identified in this inspection or that required in 2.3. must be corrected immediately if life threatening, and within 90 days, **if not, or a waiver** approved by SAF/MI.

2.3.2. The program administrators must inspect the doors, stairs, and other exits daily to make sure that the children can be evacuated.

2.3.3. A fire inspector or task-certified senior member of the staff must conduct a fire inspection, including a fire drill monthly. Post a copy of the last inspection report in the facility. Correct any deficiencies.

Chapter 3

SAFETY

3.1. Procedures. Establish and follow procedures to protect children from harm.

3.2. Safety Inspections. Center staff, trained and task-certified by safety personnel, must monitor indoor and outdoor areas and equipment daily. A general safety inspection of the facilities, grounds, and equipment is conducted monthly by a person task-certified to conduct safety inspections.

3.2.1. A safety specialist and multi-disciplinary team must conduct separate annual unannounced comprehensive safety inspections.

3.2.2. The program administrator must immediately correct life-threatening deficiencies or close the facility.

3.2.3. The program administrator must correct other deficiencies within 90 days or get a SAF/MI-approved waiver.

3.2.4. If deficiencies are not corrected or waived, AF/SV may close the facility.

3.3. Unsafe Materials and Objects. Avoid exposing children to unsafe materials and equipment.

3.3.1. Do not keep poisonous plants in the facilities or on the grounds.

3.3.2. Do not use:

- Merry-go-rounds
- Narrow, steep slides
- Trampolines
- Hard seat and animal swings
- Infant walkers
- Infant cushions and pillows
- Playpens
- Toy boxes or other hinged equipment
- Microwave ovens, crock pots, or bottle warmers to warm milk or liquids

3.3.3. Do not leave sharp objects, electrical appliances, tools, or other dangerous items in areas that children use.

3.3.4. Make sure infant and toddler toys are too large to swallow.

3.3.5. Place protective caps on electrical outlets that do not have built-in safety features unless the room is only used by children 6 years and older.

3.4. Lead-Based Paint. Check regularly for flaking or deteriorating paint. If you find such paint, have it tested by Civil Engineering (CE) for lead content.

3.4.1. If the lead content exceeds acceptable levels, remove it, perform in place management, or restrict children from the area.

3.5. Chemicals. Store chemicals, cleaning supplies, and other potentially dangerous products, such as medicines, in their original, labeled containers. (EXCEPTION: Store bleach water in a non brand-label container and clearly label the container as bleach water. Use the same type of container for bleach water throughout the facility.) All hazardous compounds must be placed in locked cabinets and closets that are inaccessible to children.

3.5.1. Make sure military public health officials approve all the cleaning products used by center staff and contractor custodians.

3.6. Water Temperature. Make sure hot water does not exceed 110 degrees Fahrenheit at faucets used by children.

3.7. Allergic Reactions. Post the names of children with allergies in every room in which these children have meals or snacks or receive primary care. Post the allergies in the same way and similar location in all rooms. If there are no children with allergies note this on the sign.

3.8. Infant Cribs. Keep the sides of infants' cribs in a locked position when babies are in them.

3.9. Medications. You must have daily written instructions from the parent before you **may** administer medication to a child. Try to have the same person administer medications each day. Use AF Form 1055, Youth Flight Medication Permission.

3.9.1. Do not use any over-the-counter medications, including aspirin, aspirin-like products, antihistamines, cough syrup, and diaper ointment, unless a medical authority has prescribed them for a particular child.

3.9.2. Don't use sunburn ointment unless the medical advisor has approved it and the parents have approved its use on their child. Get at least annual approval.

3.9.3. Have medical practitioners conduct annual training in the proper procedures for administering prescription medications for those staff who administer medications.

3.10. Animals. Make sure the base veterinarian or safety office approves all pets or other animals brought into the facility.

3.10.1. Keep the approval documents on file in the facility.

3.10.2. Do not permit ferrets, turtles, or parrots in child-care facilities.

3.11. Outdoor Safety. Make sure the outdoor play area is safe for children.

3.11.1. Playground Inspections. Conduct a comprehensive evaluation of the outdoor play areas as part of the two annual safety inspections.

3.11.1.1. Program administrators must correct any playground deficiencies identified in either of the two annual safety inspections or the commander must direct that the playground be closed.

3.11.1.2. If a playground is closed for more than six months, the program administrator must get a waiver to keep the program open from AF/SV.

3.11.2. Playground Safety. Have the playground safe for children.

- Remove sharp edges and protruding or rusty nails and replace missing parts on playground equipment.
- Protect children from hot or cold surfaces on equipment and fences and from culverts, drainage ditches, sewer accessories, and similar hazards.
- Remove glass, sharp objects, standing water, holes, trash, and animal debris before letting children on the outdoor area.
- Cover outdoor sandboxes that have an area of less than 100 square feet when they are not being used.
- Securely anchor climbing equipment, swings, and other large playground equipment.
- Install anchoring devices below the playing surface.
- Make sure that fall zones around playground equipment have impact-altering materials of sufficient depth and size to comply with the Handbook for Public Playground Safety, 1990 Edition.
- Make sure openings on playground equipment, fences, and gates are either smaller than 3.5 inches or larger than 9 inches.
- Have all areas visible for supervision.
- Have adequate space between equipment and divide the playground into areas with clear boundaries.

3.12. Indoor Safety. Provide an indoor play area that is safe for children.

- 3.12.1. Use only electrical appliances which meet the Underwriters Laboratory Guidelines or the host nation requirements.
- 3.12.2. Have kitchen equipment inspected and approved by military public health at least every three years.
- 3.12.3. Attach floor coverings to the floor or use those that are backed with non-slip coverings.
- 3.12.4. Cover stairways with non-slip materials. If the stairways are over three steps and are used by children they must have handrails.
- 3.12.5. Keep bare floors, stairs, ramps, walks, and porches usable and free of hazards.
- 3.12.6. Secure windows above the first floor and protect them with a barrier. Low exterior windows in areas used by children must be made of tempered safety glass or have a barrier to protect children.
- 3.12.7. Use hardware on doors and cabinets that is operable from either side unless the areas are kept locked or the children could not enter them.
- 3.12.8. Do not use hardware that makes a dangerous protrusion.
- 3.12.9. Remove damaged, broken, or unsafe equipment.

3.13. Emergencies. Be prepared to respond to emergencies.

- 3.13.1. Post emergency telephone numbers and instructions in each facility used for child care.
- 3.13.2. Have first-aid supplies readily available.

3.13.3. Have a person with pediatric first aid and rescue breathing or cardiopulmonary resuscitation (CPR) certification present in each facility used for child care during all hours of operation.

Chapter 4

CURRICULUM AND PROGRAM

4.1. Curriculum and Program. Offer activities that promote children's social, emotional, cognitive, and physical development.

4.2. Schedules. Post a schedule of activities in each activity room. Schedule a balance of activities, including:

- Indoor/outdoor.
- Quiet/active.
- Individual/small group/large group.
- Large muscle/small muscle.
- Child initiated/adult initiated.

4.3. Materials. Provide an adequate supply of developmentally appropriate materials for each age group. Include multiracial, nonsexist, non stereotyping pictures, dolls, and books, and other materials.

4.4. Activities. Offer a variety of developmentally appropriate activities to:

- Foster children's social skills.
- Develop a positive self-concept.
- Encourage children to think, reason, question, and experiment.
- Encourage literacy and language development.
- Enhance physical development.
- Encourage sound health, safety, and nutritional practices.
- Encourage creative expression and appreciation for the arts.
- Help children develop respect for cultural diversity.

4.4.1. Provide children with opportunities to select their own activities during part of the day.

4.4.2. Plan for smooth, unregimented transitions between activities.

4.4.3. Adjust the program to the needs and interests of the children, and changes in weather, and other unexpected situations.

4.4.4. Make sure program staff handle routine tasks, such as, diapering, eating, toileting, and sleeping in a relaxed and individualized manner.

4.5. Curriculum Plan.

4.5.1. Develop and make available a written statement that describes the program's philosophy and goals for the children.

4.5.2. Implement curriculum goals that are realistic and based on an assessment of children's individual needs and interests.

4.5.3. Post a written weekly plan in each room.

4.5.4. Limit the use of television, films, and videotapes to those that are developmentally appropriate and supportive of the written program goals.

4.5.5. Modify the environment, staffing, and activities to let special needs children participate.

4.5.6. Provide activity room staff time to do curriculum planning, at least during children's rest time.

4.6. Staff--Child Interactions. Make sure staff promote the children's well-being and development.

4.6.1. Desired Interactions. Staff should:

- Interact frequently with children, showing affection and respect.
- Be responsive to children.
- Speak to children in a friendly, courteous manner.
- Talk with individual children.
- Encourage children of all ages to speak.

4.6.2. The staff must:

- Treat children of all races, religions, and cultures equally, showing respect and consideration.
- Provide equal opportunities to children of both sexes to take part in all activities.
- Encourage independence in children; as they are ready.

4.6.3. Supporting Development. Make sure children are kept comfortable, relaxed, and happy, and involved in play and other activities.

4.6.3.1. Help children deal with anger, sadness, and frustration and encourage children to cooperate, help, take turns, and solve problems.

4.6.3.2. Make sure expectations for children's behavior are age appropriate and keyed to their individual developmental level.

4.6.3.3. Encourage children to talk about feelings and ideas instead of solving problems with force.

Chapter 5

STAFF

5.1. Staff. Make sure you have enough qualified and trained adults to protect the children and implement an appropriate developmental program.

5.2. Staff-to-Child Ratios. Never exceed the following maximum staff-to-child ratios. Use AF Form 1183, Child Care Center Staff and Child Record, to record the number of children and staff in each room each hour.

- For young infants 6 weeks to 12 months: no more than 4 children per staff member.
- For pre toddlers 12 to 24 months: no more than 5 children per staff member.
- For 2 year -olds: no more than 7 children per staff member.
- For 3- to 12-year olds: no more than 12 children per staff member.
- If the program combines children 6 months through 24 months to maintain consistency in care giving, use the ratio that is required for the youngest 20 percent of the children in the group.
- For mixed age groups, base the staff-to-child ratio on the age of the youngest 20 percent of the children in the group, but do not have more than 10 children per staff member.
- If special needs children are present, have the program medical advisor evaluate the child in the program, and determine the required staff-to-child ratio for the room in which the child will receive care.

5.2.1. Rest Time. During rest time, you may double the number of children each staff member may care for children over 24 months as long as the required staff remain in the building, are engaged in training or planning, and are available to assist with evacuations.

5.2.2. Using Volunteers and Students. Do not use volunteers and people under age 18 years to meet staff-to-child ratio requirements. People under 18 may not be left alone with children.

5.3. Group Size. Limit the number of children in a group to twice the maximum staff-to-child ratio for that age group. Children must be cared for in their primary group for most of the day.

5.4. Staff Continuity. Schedule staff so there is consistency in catering over time for a specific group of children. Make every effort to ensure that the same persons care for a given child each day and from day to day.

5.5. Management and Support Staff. Assign qualified individuals to supervise and train the staff and administer and plan the program.

5.5.1. Have a training and curriculum specialist who meets the National Academy for Early Childhood Programs requirements. There must be one specialist for every 200 children.

5.5.2. Have administrative and clerical staff to provide patron service and maintain the required records.

5.5.3. Provide APF custodial support during the hours of operation to ensure sanitation and cleanliness of child development program facilities.

5.5.4. Managers must communicate frequently with staff and parents about the care of the children.

5.6. Supervision. A GS 5 or CD 5 supervisor must be present in each facility at all times children are present.

5.6.1. If both the child development center director and assistant director positions are vacant or if the directors are on leave, assign the youth flight chief or another administrator of equal or higher grade to the facility to ensure adequate supervision and protection of the children.

5.7. Staff Compensation. Compensate child development program assistants using the Air Force Child Development Program Assistant Pay Program.

5.7.1. Include all full- and part-time program staff in the pay program.

5.7.2. To promote staff continuity and decrease staff turnover, make sure regular employees who receive benefits provide at least 75 percent of the child care.

5.8. Employee Work Files. Maintain confidential employee work files for all employees. Include copies of Standard Form 171s Application for Federal Employment or equivalent, results of reference calls, records of experience, high school and college transcripts, training records, performance evaluations, results of physical examinations and tests, immunizations, and criminal history background check results in the files.

5.9. Staff Breaks. Schedule staff who are scheduled to work more than four hours continuously with children at least 15 minutes (or longer) away from children during the work period.

5.10. Staff Qualifications. Make sure staff members have the qualifications required to perform their duties.

5.10.1. Administrative Staff. Facility and program directors hired after 3 March 1989 must have as a minimum a four-year degree from an accredited college in child development, early childhood education, or a related field, including but not limited to education, social work, sociology, home economics, or psychology.

5.10.2. Training and curriculum specialists must have a bachelor's degree in early childhood education or child development and at least 3 years of full-time teaching experience with young children or a graduate degree in early childhood education or child development.

5.10.3. Child Development Program Assistants (CDPA). Child development program assistants must:

- Be at least 18 years of age.
- Hold a high school degree or the equivalent.
- Be physically and mentally capable of providing care.
- Be free of communicable diseases.
- Be able to speak, read, and write English
- Be able to complete required training.

5.11. Physical Examinations. Staff members must have a physical examination and renew it at least every three years. They must also get have the immunizations required by the medical advisor.

5.12. Staff Screening. Screen staff members to determine their suitability for working with or around children. Such members include custodial staff, cooks, and desk clerks.

5.12.1. Conduct an Installation Records Check, fingerprint check, and a State Criminal History Review for each staff member.

5.12.2. Require volunteers and staff to sign a statement indicating whether or not they have been arrested for or convicted of any crime involving children, drug abuse, alcohol abuse, or driving under the influence of alcohol or drugs.

5.12.3. Contact the last two employers of each employee or regular volunteer before selecting them to provide child care or work in the vicinity of children.

5.13. Staff Training. Regularly train staff to perform their duties and responsibilities.

5.13.1. Management Training. Provide all management staff with at least 12 hours of annual training on supervision, curriculum development, administration, child abuse prevention, disease control, and other related topics.

5.13.2. Direct Service Staff Training.

5.13.2.1. Provide all administrative staff with at least 6 hours of annual training on administrative procedures, customer service, child abuse prevention, and related subjects.

5.13.2.2. Schedule food service staff for at least 6 hours of annual training on sanitation, nutrition, food preparation, and food service.

5.13.3. CDPA Training.

5.13.3.1. Make sure CDPAs and regularly scheduled volunteers complete eight hours orientation training and four hours of observation before working with children. Include a review of this instruction in the training.

5.13.3.2. During the first 6 months of employment, have the CDPAs complete at least three of the Air Force Child Development Program Assistant Training Modules, food handlers' training, and complete training in pediatric first aid, including rescue breathing, or first aid and CPR. They must complete at least 36 hours of training.

5.13.3.3. During the first 6 months of employment, the director or director's designee must observe the CDPAs and discuss the results of the observations with the individuals.

5.13.3.4. Program assistants must complete the Air Force Child Development Program Assistants Training Modules within 18 months of initial employment as a condition of employment. New employees must sign a statement indicating that they are aware of this requirement at the time of initial employment.

5.13.4. Training for CDPAs at CC- 03 Level. Provide CDPAs who are at the CC-03 or higher level with at least 12 hours of training annually, including training on disease control and child abuse prevention, to help them qualify for the Child Development Associate credential or CDPA leader level.

5.13.5. Ensure all care giving staff receive annual training on positive guidance techniques including training on acceptable and unacceptable ways of touching, talking to, and handling children.

5.13.6. Document all staff training on AF Form 971, Supervisor's Employee Brief ,or AF Form 1098, Special Task Certification and Recurring Training.

5.14. Training Plans. Develop an individual training plan for each staff member at the time of initial employment.

5.14.1. Conduct staff evaluations at least once a year.

5.14.1.1. Tell the staff before they start working what criteria you will use when evaluating their performance. Give them opportunities to assess their own performance as part of the evaluation process.

5.14.1.2. Use observations of the person working with children as part of the staff evaluations.

5.14.1.3. Prepare written evaluations, keep them confidential, and discuss them in private with the employee.

5.14.2. Use the results of staff evaluations to develop a training plan for the program.

5.14.3. Hold monthly staff meetings for training and to discuss program improvements. You may hold small group meetings to meet this requirement.

Chapter 6

FOOD SERVICE AND NUTRITION

6.1. Food Service and Nutrition . Serve meals and snacks in a sanitary, pleasant way to meet children's nutritional needs and promote good eating habits.

6.2. Nutritional Requirements. Follow USDA Child and Adult Food Program guidance to provide meals and/or snacks which meet children's nutritional requirements. In addition:

- Have a dietitian or the MAJCOM child development specialist approve all menus.
- Record substitutions on the menu posted for parents before serving them.
- Serve all children present for meals or snacks.
- Do not allow children access to vending machines.
- Purchase only foods that USDA will credit.
- Periodically, serve foods indicative of different cultural groups, particularly of the cultural groups of the children in care.

6.3. Food Service Providers. Serve or permit to be served only food prepared at or for the program by an organization approved to provide food service. This requirement also applies to foods used for special celebrations, such as, birthdays.

6.4. USDA Child and Adult Food Program. Participate in the USDA Child and Adult Care Food Program, if it is available.

6.4.1. Obtain and retain parent-income forms as required by USDA.

6.5. Serving Food:

6.5.1. Do not allow more than 3 hours or less than 2 hours to pass between meals or snacks.

6.5.2. Make sure children wash their hands immediately before meals and snacks.

6.5.3. Adults must also wash their hands immediately before serving food or assisting with meals and snacks.

6.5.4. Provide chairs, tables, and eating utensils suitable for the size and developmental levels of the children.

6.5.5. Adults eating with the children must eat the same food that the children are eating.

6.5.6. Use family-style dining to serve food.

6.5.7. Make meal and snack time a pleasant social and learning experience for children.

6.5.8. Make sure one adult sits with each group of children during meal and snack time.

6.5.9. Encourage toddlers and older children to serve and feed themselves and assist with cleanup.

6.5.10. Allow time for socializing during meals and snacks.

6.5.11. Offer second helpings of vegetables, fruits, bread, and milk.

6.5.12. Do not use food or drinks as a punishment or reward.

6.6. Bottle Feeding. Make sure staff do bottle feeding in such a way as to minimize disease.

6.6.1. Hold infants for bottle feeding when they are not able to feed themselves.

6.6.2. Do not prop bottles or permit infants to carry them around.

6.6.3. Remove bottles when babies fall asleep.

6.7. Preparing Food. Follow Air Force and USDA Child and Adult Food Program (CAFP) food preparation, serving, and storage requirements.

6.7.1. Prepare, handle, and serve food to ensure sanitation and disease control.

6.7.2. If food is prepared at another facility, transport it to the program in appropriate, sanitary containers and at appropriate temperatures.

6.8. Water. Ensure children are provided with water and other liquids.

6.8.1. Provide children with water and other liquids throughout the day.

6.8.2. Serve water in single service cups or by fountain.

6.8.3. Test water every 3 years for chemical contaminants and annually for bacterial contaminants. Keep test results in the child development office.

6.9. Menu Planning.

6.9.1. Use seasonal cycle menus.

6.9.2. Date menus and keep them on file for at least 1 year or as required by USDA.

Chapter 7

ADMINISTRATION

7.1. Funding. Allocate appropriated funds to operate centers that promote the health, safety, and development of children.

7.2. Appropriated Fund Support. In order to minimize NAF subsidy provide direct appropriated funds to the child development centers at least equal to the amount of parent fees collected in accordance with AFI 65-106 APF Support of MWR & NAFIs.

7.2.1. Have parent fees cover the nonappropriated (NAF) costs of operating the centers.

7.2.2. Provide additional appropriated funds to administer the family day care program in accordance with AFI 65-106 APF Support of MWR & NAFIs.

7.2.3. Offer a resource-lending program and training to encourage individuals to become family day care providers.

7.2.4. Use fee income only to pay for CDPA wages, benefits, and training and consumable supplies.

7.3. Fees. Set fees for full-day and part-day programs that are consistent with the current DoD uniform child care fees. In addition:

- Do not charge for meals and snacks.
- Set the fees for hourly care at an amount equal to or greater than the per hour charge for full-day care and to cover the APF and nonappropriated cost of offering it.
- Charge for weeks when the child is not present or prorate the cost across the weeks that will be charged.
- Centers may require parents to indicate the 10 hours their child will be present within the daily operating hours.
- Do not set fees to generate a profit or pay for other expenses.

7.4. Inspections. The Military Child Care Act of 1989 establishes very specific requirements for inspection of child development programs.

7.4.1. The Act requires four inspections per year.

7.4.2. In addition to annual, unannounced comprehensive fire, safety, health, and headquarters inspections, the Act requires an unannounced program evaluation conducted by an installation multi-disciplinary team. The team must include individuals with expertise in each of the areas of the standards and parents from all programs offered.

7.4.2.1. The team reviews the results of the annual comprehensive operational fire protection, safety, and health inspections as part of its inspection.

7.4.2.2. The dates of this inspection should not be known in advance by the program staff or their direct supervisors.

7.4.2.3. If life-threatening deficiencies surface during any these inspections, the program must correct the deficiencies immediately or the close the facility.

7.4.2.4. The program must correct nonlife-threatening deficiencies within 90 days of their identification or get a SAF/MI-approved waiver.

7.5. Certification. Higher headquarters inspects programs at least once a year using an Air Force checklist.

7.5.1. Inspectors ensure that each program complies with the items on the Air Force Child Development Program Inspection Checklist.

7.5.2. The major command reinspects programs that get a score of less than 85 percent within 120 days of the initial inspection.

7.5.3. The program forwards verification that it has corrected each identified deficiency within 90 days after receiving the headquarters or command inspection report.

7.5.3.1. The installation commander forwards the verification to AFSVA through the major command.

7.5.4. If the program cannot correct any deficiency within 90 days, it must submit a request for a waiver within 60 days of receiving the inspection report, through the major command, to AF/SVP for forwarding to SAF/MI for approval.

7.5.4.1. If the program does not correct identified deficiencies within 90 days or forward a waiver to SAF/MI, AF/SV may close the facility.

7.5.5. DoD certifies all facilities annually. Programs must retain current certification.

7.5.5.1. Managers must post a copy of the most recent certificate in the reception area of the primary child development facility.

7.6. Records. Programs must carry out the following information-gathering and record keeping functions:

- Have parents complete and sign AF Form 1181, Air Force Youth Flight Program Patron
- Registration, annually for each child accepted for care and AF Form 1182, Youth Flight Register, whenever the child attends the program.
- Record injuries on AF Form 1023, Youth Flight Record of Injuries, on the day they occur.
- Complete an AF Form 1187, Youth Flight Accident Report, for any injury requiring medical treatment and any fatality in any program.
- Collect and record information daily from parents of children under 24 months to aid in continuing carrying out daily routines.
- Submit AF Form 1194, Semi-Annual Child Development Program Report to AF/SV and Air Force Services Agency (AFSVA) on 25 April and 25 October of each year. This reporting requirement is required for the following DoD reports: RCS: DD-FM&P(A)1884, DoD Child Development Programs (AFFM 1194); and RCS: DD-FM&P(Q)1878, DoD Child Development Obligations and Staffing Levels.

7.7. Waiting Lists. When a program has no space available, parents requesting full-day or part-day care must complete DD 2606 DoD Child Development Program Request for Care Record. The program must:

7.7.1. Contact parents every 2 months to update the need for care.

7.7.2. Maintain two separate waiting lists: one for children who are in care but whose parents desire a different place for them and one for children who do not have affordable child care in a licensed family day care home or accredited child development center.

7.7.2.1. Define affordable as no more than 120 percent of what the parents would be paying if they were using the Air Force child development center.

7.7.3. Do not include unborn children in providing information about the number of children on the waiting list.

7.8. Coordination with Other Agencies. The youth flight chief consults with on- and off-base agencies and organizations to provide child care information, obtain resources, and coordinate services.

7.9. Confidentiality. Keep information about children, families, and other staff confidential. Ensure that staff do not comment about children, families, or other staff in the presence of other adults or children.

7.10. Meeting Child Care Need. Provide a program of sufficient size and scope to support the mission of the installation. If there is a waiting list for full-time and part-time day care:

- Give active duty and DoD civilian employed parents higher priority than other parents.
- Develop a plan for meeting the needs of employed active duty personnel, and DoD civilians.
- Reserve no more than 5 percent of the center spaces for use by family service volunteers.
- Require that fees be collected for the space for 50 hours per week.
- Require other organizations purchasing space for volunteers who are not eligible users of the center to pay the full (APF and NAF) cost of care.
- Use [Attachment 5](#) to project the need for child care.
- If there is a waiting list of children without affordable, comparable quality care, use no more than 5 percent of child development center space for before- and after- school care or for part-day pre-school programs or hourly care. Move these part-time programs to the youth center or other appropriate facility.
- Provide referrals of families needing full day, part-day, or hourly care to other licensed programs and family day care homes.

7.10.1. If the space which is being used for part-day preschool or before- and after-school care does not meet or cannot meet the facility requirements for full-day care without major alterations, the program may continue to use it for these purposes.

7.10.2. Hours of Operation During Special Situations. Survey parents at least once a year to determine if the hours of operation and opening of the main facility during deployments, exercises, and inspections is adequate.

7.10.3. Short Term Care. Provide short-term hourly care in other than child development facilities to meet the needs of groups needing hourly care on an intermittent basis. (Follow [Attachment 4](#) in offering this care.)

7.10.4. Other Organizations. Other organizations may provide child care on an intermittent basis in other facilities without following this instruction as long as the children of the parents remain in the

facility in which the children receive care and they do not pay for the care, and volunteers (not employees) are used to provide the care.

7.10.5. Hourly Care. Provide hourly care by using short-term vacancies (created by absences) in the centers and homes, unfilled family day care spaces, part-day preschool spaces, and short-term care. Give priority for hourly spaces to parents during their first and last two weeks on the base and those needing care for respite and to volunteer on base. Organizations purchasing care for volunteers may be given priority for part-day preschool spaces. Part-day preschool spaces may be shared by any eligible users. Part-day child care spaces may be shared by employed parents.

7.10.6. Reservations. Use AF Form 1929, Child Development Center Daily Reservation Log, to take reservations for care.

7.11. Accreditation. The Air Force requires that all child development centers and annexes, including preschools in other facilities, be accredited by the National Academy of Early Childhood Programs.

7.11.1. Any center not accredited by 1 June 1994 must get a waiver approved by AF/SV. Once accredited, centers must retain current accreditation or obtain a waiver from AF/SV.

7.11.2. AFSVA must preapprove centers seeking accreditation or reaccreditation.

Chapter 8

CHILD ABUSE AND NEGLECT

8.1. Child Abuse and Neglect. Operate programs to protect children from child abuse and neglect.

8.2. Supervising Children. A specific adult must care for each child, and that adult must know where the child is at all times.

8.2.1. Staff members must supervise children at all times, including when they leave the group for toileting or other reasons.

8.2.2. Programs must use AF Form 1930, Youth Flight Daily Attendance Record, to assign children to adults and update the form throughout the hours of operation.

8.2.3. Program personnel must supervise volunteers, interns, and students while they are interacting with children.

8.2.4. Have all employees and volunteers wear a name tag or other apparel that identifies them as program staff.

8.3. Facilities and Equipment for Child Abuse Protection. Design and use buildings to permit visual monitoring of child care.

8.3.1. Install closed-circuit television in each activity room except in annexes with a capacity less than 49 children.

8.3.2. Locate closed-circuit television monitors at the front desk and monitor them when children are in the building.

8.3.3. Provide viewing access into each room used for child care through a window in the doors or walls.

8.3.4. Keep closets or other areas locked if it is not possible to view into them.

8.3.5. Leave the lights on in all rooms, including closets with windows, toilets, offices, and storage areas, when the building is in use.

8.3.6. Do not place anything over windows in doors or interior walls to prevent viewing into activity rooms, toilets used by children, or in closets in activity rooms or hallways.

8.3.7. Remove doors on toilet stalls and toilet rooms for children under 5 years of age.

8.3.8. Do not remove stall doors if the toilet is for children 5 years or older, adults use it, or it opens onto a public hallway or entrance.

8.3.9. Make sure diapering areas are visible to other adults.

8.4. Unauthorized Access. Minimize unsupervised and unapproved access to children.

8.4.1. Offer evening and weekend care near the front entrance.

8.4.2. Place alarms on all exterior doors that do not open onto fenced play areas, with the exception of the front entrance and exterior kitchen doors.

8.4.3. Assign two adults to each group of children at all times; but, if, due to limited room capacity or use, this is not feasible, maintain closed-circuit surveillance of the room.

8.4.4. Require visitors to any facility used for child care to sign in and out. Staff members must accompany visitors while they are in the building.

8.4.5. Other than parents of enrolled children, permit only those persons who are on official business to be in child care facilities.

8.4.6. Have a staff member at the main entrance of the building during all hours of service. (In multi-use facilities, this is not required.)

8.5. Releasing Children. Release children only to persons to whom their parents or guardians have authorized in writing for them to be released. Staff members must:

- Not release children to siblings or other children under age 14 years.
- Not permit children under age 5 to leave the program unaccompanied.
- Permit children over age 5 to leave only with written parental permission.
- Contact parents when children do not arrive at the program when expected.

8.6. Guidance and Discipline. Staff and volunteers must use only positive techniques of guidance with children. Establish and implement a guidance policy as follows:

- Put the guidance policy in writing and distribute it at least annually to parents, providers, and staff, or post it in each facility used for child care.
- Make sure each staff member reads and signs a statement that they understand the policy.
- Do not permit staff or volunteers who violate the child guidance policy to have access to children until they have been retrained.
- Assign violators to a nonchild-care position or place them on administrative leave until they are retrained or terminated.
- Terminate staff who display a pattern of violating the child guidance policy or assign them to a position outside child care.

8.7. Child Guidance Training. Provide, at a minimum, annual training in guidance and discipline techniques to staff members who work with children. Training should include guidance on acceptable and unacceptable ways of touching, talking to, and handling children.

8.8. Child Abuse Training. Give staff written information on identifying, reporting, and preventing child abuse at the time of employment, and at least annually, thereafter.

8.9. Reporting Violations. Report both in writing and telephonically all violations of the child guidance policy to the youth flight chief or their supervisor.

8.9.1. Report by telephone and in writing all suspected child abuse and neglect to the family advocacy office.

8.10. Child Abuse and Safety Hotline. Post the number of the DoD child abuse and safety hotline in all facilities used for child care and all youth flight offices. Also post the number of the base family advocacy office.

8.11. Parent Access. Be sure parents have access to the areas in which their children receive care at all times.

Chapter 9

PARENT INVOLVEMENT

9.1. Parent Advisory Board. Establish a parent advisory board.

- 9.1.1. All members of the advisory board must be parents of children eligible to be enrolled in child care programs.
- 9.1.2. The chairperson must be the parent of a child enrolled in one of the programs.
- 9.1.3. Board minutes and recommendations must go to the support group commander or installation commander.
- 9.1.4. The board meets with the youth support flight chief at least quarterly and with the support group commander at least annually.
- 9.1.5. The board acts only in an advisory capacity, providing recommendations for improving services.

9.2. Parent Involvement Plan. Prepare a parent involvement plan for each year. Have the parent advisory board, with the advice of staff, develop, coordinate, and oversee the implementation of the plan.

- 9.2.1. Assign a staff member to help parents develop and implement the parent involvement plan.

9.3. Parent Participation. Make parents welcome in the program at all times.

- 9.3.1. Provide parents information about the program, the care of their children, child abuse prevention, and child rearing.
- 9.3.2. Post the menus for parents to read.
- 9.3.3. Inform parents in advance about policy or regulatory changes and any other issues that affect their children.
- 9.3.4. Notify parents of the date, time, and destination of field trips that require the use of a vehicle.
- 9.3.5. Notify parents when their child is exposed to a contagious disease.
- 9.3.6. Inform parents immediately if their child has a physical injury, any significant emotional distress, or becomes ill.

9.4. Staff and Parent Interaction. Reinforce with staff the importance of communicating positively with parents.

- 9.4.1. Offer parent conferences at least once a year.
- 9.4.2. Talk with parents about child-rearing practices to minimize potential conflicts and confusion for children.
- 9.4.3. Orient children and parents to the program.
- 9.4.4. Communicate daily with parents to ensure smooth transitions during the day and from year to year.

9.4.4. (30SW) The Child Development Center caregiving staff will use 30 SW Form 98, *Child Development Center - Parent Information Sheet*, to record daily information concerning their child(ren)'s medication, toileting and behaviors and ensure smooth transition during the day and from year to year.

9.4.5. Make sure parents take their child to and pick up their child from the child's assigned room.

9.4.5.1. Make sure parents sign their children in and out of the assigned room on the daily attendance roster.

9.4.5.2. Do not permit children to attend if the parents will not sign them in and out of the rooms.

Chapter 10

HEALTH AND SANITATION

10.1. Prevent Disease and Maintain Sanitation. Operate the program to protect the health of the children, maintain cleanliness, and reduce exposure to disease.

10.2. Preventing Disease.

10.2.1. Do not accept for care children who lack the current immunizations required by American Academy of Pediatrics for children of their age unless it is an emergency.

10.2.2. Do not admit children with an illness or after an illness when their presence will endanger the health of other children.

10.2.3. Have the child's primary caregiver screen the child at the time of entry for signs of illness.

10.2.4. Accept children with special health problems only with the concurrence of the center director and the program medical advisor.

10.2.5. Do not permit adults with contagious diseases to be in contact with children.

10.2.6. When children are resting or sleeping on cribs and cots, place them at least 1.5 feet apart, unless they cribs or cots have closed sides.

10.2.7. Place screens on doors and windows that are left open.

10.2.8. Do not permit smoking inside the facilities or in outdoor areas used by children.

10.2.9. Have adults and children wash their hands after handling animals and wiping noses.

10.3. Maintaining Cleanliness and Sanitation.

10.3.1. Keep rooms and furnishings clean and equipment and furnishings sanitized to reduce the spread of disease.

- Sanitize wall surfaces surrounding toilets and diaper-changing areas daily.
- Sanitize cribs and cots before use by another child and at least weekly.
- Launder bed linens before they are used by another child and at least weekly.
- Keep dirty linen, mops, brooms, and buckets out of reach of children.
- Vacuum all other carpets each day and shampoo them at least quarterly (or when soiled).
- Sanitize tables and chairs used for meals and snacks each day.
- Have APF custodial staff sweep and sanitize hard-surface floors daily and after lunch service.
- Wash and sanitize all infant equipment each day.
- Wash and sanitize toys that are mouthed before they are used by another child.
- Sanitize training-chair receptacles after each use and ensure they are emptied in a toilet not a sink.

10.4. Diapering and Toileting. Follow the diapering and toileting procedures prescribed for day care centers by the Centers for Disease Control:

- Use only disposable diapers.
- Use disposable, water-resistant pads to cover the diaper-changing surface.
- Place each wet or soiled diaper or garment in a plastic bag and tie the end.
- Change children on a surface that you can sanitize.
- Help children wash their hands after diapering and toileting, before eating, and before water play.
- Adults must wash hands immediately after changing a diaper or wet or soiled garment, after helping-children with toileting, and have as little contact as possible with surfaces that could be contaminated.
- Immediately sanitize the changing table after each use.
- Keep food out of the diaper-changing area and keep all diapers and other toilet articles out of the food area.

10.5. Heating and Ventilation. Keep areas used by children well-lighted, ventilated, and at a temperature between 68 and 85 degrees Fahrenheit. Use only rooms with window ventilation, air conditioning, or a ventilation system.

10.6. Health Inspections. The program director or his/ or her designee should monitor hand washing and sanitation procedures on a frequent basis to ensure staff are complying with requirements.

10.6.1. A person knowledgeable about health protection must conduct an unannounced annual comprehensive health inspection.

10.6.2. The annual multi-disciplinary team inspection must also include a comprehensive health inspection.

10.6.3. Have a person task-certified to conduct health inspection conduct a daily and monthly inspection of the facility.

10.6.4. Programs must immediately correct life-threatening deficiencies identified in health inspections or close the facility.

10.6.5. Programs must correct other health deficiencies within 90 days of identification or get a SAF/MI-approved waiver. If deficiencies are not corrected AF/SV may close the facility.

10.7. HIV-Positive Staff and Children. Follow [Attachment 4](#) in enrolling children who are HIV-positive or who have AIDS and in having individuals who are HIV-positive or who have AIDS provide child care in centers or family day care homes.

Chapter 11

FAMILY DAY CARE

11.1. Family Day Care. Each installation with military family housing must have a procedure for approving individuals to provide family day care in on-base quarters and on the installation and for restricting individuals who do not have approval from providing child care.

- Any individuals caring for children more than 10 hours a week on a regular basis must get approval.
- The installation commander may revoke the housing privileges of individuals who provide child care but refuse to become licensed or who continue to provide care after their license has been suspended or revoked.
- Use AF Form 1928, Family Day Care License Application, to take requests from those wanting to become licensed.
- Issue AF Form 1927, Family Day Care License, to license those who successfully complete the licensing process.

11.1. (30SW) Family Day Care Center personnel will use 30 SW Form 100, *Unlicensed Family Day Care Report*, to document contract with reported unlicensed family day care homes.

11.2. Providing Sufficient Family Day Care. Approve at least 5 percent of the enlisted housing units as family day care homes to support families who need infant and toddler care, evening and weekend care, care for mildly ill children, hourly care, care during evening and swing shifts, care during TDYs, and who are not able to use the child development centers. Develop and implement a marketing plan to increase the number of homes to the level needed to support the base population.

11.3. Referral Services. If the waiting list for center care is more than 20 percent of the total capacity of the child development centers, implement a procedure for referring families to on- and off-base licensed family day care homes and other licensed centers.

11.4. Program Oversight. Employ at least one APF family day care coordinator or outreach worker for every 40 family day care homes approved or in training to ensure oversight of each home.

11.4.1. Program coordinators hired after 1 October 93 must have a degree in a field related to their position. These fields may include home economics, child development, early childhood education, social work, psychology, adult education, nursing, and health education.

11.5. Funding. Provide appropriated funds for the staff needed to oversee the program and for a lending program to provide equipment and supplies to family day care providers.

11.5.1. Offer training to providers without charge. Use only appropriated funds, including USDA CAFR funds, where available, to operate the program.

11.5.2. Do not charge a licensing fee.

11.5.3. Have a lending program for providers. Provide equipment and supplies and other materials to help reduce the cost of care to parents. Provide space and shelving for the lending program.

11.5.3.1. Have a control and distribution system for the lending program.

11.6. Approval Procedures. Establish procedures for screening and approving family day care providers. Approve only the most qualified to provide child care in government quarters and on Air Force installations.

11.6.1. Panel. Use a panel of representatives from base agencies to recommend individuals as family day care providers.

11.6.1.1. Select individuals for the panel with expertise in child development, health, safety, fire protection, mental health, and family advocacy.

11.6.1.2. Convene the panel at least quarterly to review the results of screenings, interviews, home visits, and inspections.

11.6.2. Preapproval Inspections. Before approving any individual as a family day care provider, conduct a fire, safety, and health inspection of each home.

11.6.3. Screen each individual before you approve them as a provider. Review the records of each individual and their household members over age 12 years.

- Review their security police, mental health, family advocacy, medical, and housing records. Use AF Form 1931, Family Day Care Home Approval Record, to obtain and record the results of the screenings.
- Ask agencies to forward to the panel any new information that becomes available after approving an individual.
- Conduct a review of the records of the new household members if the composition of a household changes.
- Have a Defense Criminal Investigation Index and Central Services Registry check completed for the applicant and their household members.

11.6.4. Interview the applicant in their home with all household members present.

11.6.5. Approve people as providers and substitutes only if they:

- Are at least 18 years of age.
- Have the ability to read, speak, and write English.
- Are physically and mentally capable of providing care.
- Are willing and able to undergo the training that is required of providers.
- Have obtained insurance coverage.

11.6.6. The support group commander or wing commander has the final authority and responsibility for approving or relicensing individuals as family day care providers.

11.6.7. Approve family day care providers for 1 year or less.

11.6.8. Conduct a fire, safety, health and sanitation, and program inspection of each home prior to relicensing a provider.

11.6.8.1. Get the family day care panel recommendation on whether a provider should be relicensed.

11.7. Ongoing Monitoring.

11.7.1. After approving providers, make monthly unannounced visits to each home and conduct a health inspection as part of the visit.

11.7.2. Each quarter as part of the monthly visit, also conduct a safety inspection and a fire inspection.

11.7.3. These visits must be unannounced.

11.7.4. If life threatening deficiencies are identified in these visits or in any inspections, have them corrected or close the home.

11.7.5. If other deficiencies are identified, have them corrected within at least 90 days.

11.8. Annual Inspections of Overall Program. Include a sample of at least 10 percent of the homes as part of the comprehensive fire, health, safety, and multi-disciplinary team inspections.

11.9. Files. Maintain a file on each family day care provider.

11.9.1. Retain the files for 3 years after the individual stops being a provider.

11.9.2. Include in the file a record of all screenings, interviews, home visits, inspections, panel evaluations, training, insurance coverage, names of approved substitutes, use of substitutes, names and ages of household members, names of children in care each month, and a copy of the current license to operate.

11.10. Liability Insurance. Each family day care provider must have at least \$300,000 personal liability insurance before accepting children for care.

11.10.1. Retain a copy of the insurance coverage in the provider's file.

11.11. United States Department of Agriculture Child and Adult Food Program (USDA CAFPP).

Where it is available, serve as a sponsor for family day care homes in the USDA Child and Adult Food Program.

11.11.1. Maintain the records required to serve as a sponsor.

11.11.2. Inform providers if the program is available.

11.12. Number of Children. Limit the number of children for each provider to no more than 6 children under age 8, including the provider's own children under 8.

11.12.1. A provider may not care for more than 2 children under 25 months of age including the provider's own children. **EXCEPTION:** If the provider has a crib or wagon with 4 inch or larger wheels that can be used for evacuation and an exit that is at ground level (without steps), he or she may accept 3 children under 25 months of age.

11.12.2. Verify that there is enough space in each home so that children can play, rest, and eat comfortably.

11.12.2.1. If there is not enough space, reduce the number of children the provider may accept for care.

11.12.3. Do not permit providers to accept more children than their insurance policy permits or than the county, state, or country in which the base is located allows.

11.13. Quality of Care. Require family day care providers to offer care that promotes children's development.

11.13.1. Have the training and curriculum specialist oversee and assist with the training program for family day care providers.

11.14. Physical Environment. Providers must have a place for children to play and materials and equipment for them to play with. Providers must:

- Have low shelves to display toys.
- Have a variety of appropriate toys and play materials.
- Have an outdoor area where children can play. The area must be away from any streets that have traffic or be enclosed by a fence. In hot climates there must be a way for children to get out of the sun. If there is no fence and the play area is near a street, have the providers supervise the children at all times and reduce the ratio of children to provider to no more than 4:1.
- Have or have access to outdoor play equipment.
- Have a bulletin board to post information for parents.
- Have a rocking chair or other way of rocking children under 1 year of age.

11.15. Activities. Providers must:

- Offer a variety of play activities including outdoor activities.
- Handle routines in a relaxed and individual manner.
- Limit television and video viewing to children's programs and to no more than 1 hour per 4 hours of attendance.

11.16. Health. Family day care providers must protect children's health while they are in the provider's care. Providers must:

11.16.1. Accept only children who have the required immunizations.

11.16.2. Put children to sleep on separate cots or mats at least 1.5 feet apart.

11.16.3. Provide bed linens for comfort and warmth.

11.16.3.1. Launder bed linens before other children use them and at least weekly.

11.16.4. Sanitize toys after children mouth them.

11.16.5. Keep the home clean.

11.16.6. Follow the Centers for Disease Control (CDC) diaper-changing procedures.

11.16.7. Separate diaper-changing and food activities. Use different sinks for these activities if there are two on the main floor.

11.16.8. Maintain a temperature between 68 and 85 degrees Fahrenheit.

11.16.9. Not permit smoking in the home while children are present.

- 11.16.10. Wash children's hands after toileting, before eating, and when soiled.
- Provide a step stool or platform so children can reach the hand washing sink.
 - Wash their own hands after toileting, doing household cleaning, handling animals, changing diapers or soiled clothes, and before preparing food.
 - Use individual or disposable towels.
- 11.16.11. Eliminate flaking or lead-based paint or lead-contaminated soil.
- 11.16.12. Cover sandboxes less than 10 ft x 10 ft in diameter.
- 11.16.13. Have screens on windows or doors that are left open.

11.17. Safety. Family day care providers must protect children's safety while they are in the provider's care. Providers must:

- 11.17.1. Not allow children access to pet food, smoking materials, poisonous plants, medicines, cosmetics, pets, chemicals, cleaning materials, tools, appliances, or other objects that could cause them harm.
- 11.17.2. Keep infant walkers; toy boxes or other large, hinged items; steep slides; infant cushions; trampolines; guns; and hard-seat swings away from areas used by children.
- 11.17.3. Maintain hot water at outlets used by children at no more than 110 degrees Fahrenheit.
- 11.17.4. Post a list of children's allergies.
- 11.17.5. Give medications to children only at the direction of parents. Have parents complete AF Form 1055, Youth Flight Medication Permission, daily, and at the time medications are given record it on this form.
- 11.17.5.1. Give only prescribed medications.
- 11.17.6. Have all pets approved by the base veterinarian.
- 11.17.7. Remove wading pools, standing water, sharp edges, protruding or rusty objects, broken glass, trash, animal debris, or broken or unsafe objects in outdoor areas.
- 11.17.8. Anchor equipment that could fall over.
- 11.17.9. Conduct a fire drill each month and correct all fire hazards.
- 11.17.10. Directly supervise children under 6 at all times. Know where children over 6 are at all times and check on them frequently.
- 11.17.11. Have children under 1 year sleep within their sight.
- 11.17.12. Place infants on their backs or sides to sleep and not place them on soft cushions, comforters, or similar bedding.
- 11.17.13. Release children only to persons whom the parents have authorized and only to persons 14 years and older.
- 11.17.14. Not let children under 6 years leave without an adult or person over 14 years of age.
- 11.17.15. Have a phone to reach parents and emergency help.

11.17.16. Remove toys that are not large enough to prevent swallowing by infants and toddlers and any toys not recommended by the Consumer Product Safety Commission.

11.18. Parent Interaction. Family day care providers must work cooperatively with parents in providing care.

- 11.18.1. Contact parents if a child is injured or becomes ill.
- 11.18.2. Inform parents of changes in their household composition.
- 11.18.3. Inform parents if tobacco products are used in the home.
- 11.18.4. Post the menus for daily meals or snacks that will be served.
- 11.18.5. Post the daily schedule of activities.
- 11.18.6. Notify the parents when there is going to be a substitute provider.
- 11.18.7. Obtain parental permission to transport their child by vehicle.

11.19. Management. Family day care providers must operate their homes in a business-like manner. They must:

- Require parents to sign a contract.
- Keep a file on each child.
- Keep information about children and families confidential.
- Have the phone numbers of the parents.
- Require parents to sign their child in and out of the home each day.
- Have a copy of the family-care plan of single and dual military active-duty parents.

11.20. Parent Involvement. The family day care program must involve parents:

- Provide opportunities for parents to serve on the parent advisory board and develop the parent involvement plan.
- Provide parents with information about the program, child-rearing, and child abuse prevention.

11.21. Child Abuse and Neglect. Family day care providers must minimize the risk of children being abused and neglected while they are in care.

- 11.21.1. Require providers to report any suspected abuse to the family advocacy office.
- 11.21.2. Suspend the license of providers who are being investigated or who have household members who are being investigated for child abuse or neglect or who have been found to have committed child abuse or neglect.
- 11.21.3. Revoke the license of providers who exhibit a pattern of using inappropriate guidance techniques.
- 11.21.4. The program staff must report any incidents of use of inappropriate guidance to their supervisors in writing and by telephone.
- 11.21.5. Have the number of the DoD Child Abuse and Safety Hotline posted in each family day care home and family day care office.

11.22. Food and Nutrition. Family day care providers must serve children nutritious food in a sanitary manner. They must:

- 11.22.1. Follow USDA CAFPP guidelines.
- 11.22.2. Follow food sanitation guidelines.
- 11.22.3. Make mealtime a pleasant time for children.
 - 11.22.3.1. Not use food as a reward or punishment.
 - 11.22.3.2. Serve all children who are present.
- 11.22.4. Refrigerate food brought by parents if it requires refrigeration.
- 11.22.5. Encourage children to feed and serve themselves.
- 11.22.6. Avoid propping bottles.
 - 11.22.6.1. Remove bottles from infants' mouths when they finish.
- 11.22.7. Provide children with water and liquids throughout the day.

11.23. Provider-Child Interaction. Family day care providers must relate to children to promote their development and use positive techniques of guidance and discipline. They must:

- Not use corporeal punishment.
- Receive training on appropriate and inappropriate guidance techniques when initially approved and when recertified.
- Interact frequently with children, show them affection and respect, and speak to them in a friendly, courteous manner.
- Encourage children to cooperate, help each other, take turns, and solve problems.
- Help children develop self-help skills.
- Keep children comfortable, relaxed, and happy.
- Have appropriate expectations for children's behavior.
- Hold infants for bottle feeding.

11.24. Emergencies. Family day care providers must be ready to respond to emergencies. They must:

- Post emergency numbers near the phone.
- Have a plan for evacuating the home.
- Practice evacuating the home at least once a month.
- Have an emergency contact for each child.
- Use only other licensed providers when they cannot provide care.
- Have a backup provider for emergencies.
- Have the first aid supplies recommended by the medical facility.
- Be currently certified in CPR and first aid.

11.25. Training.

11.25. (30SW) Family Day Care providers will maintain 30 SW Form 99, *Instructional Fire Evacuation Plan*, and record dates and times fire evacuation drills are conducted.

11.25.1. Ensure the program staff receive at least annual training on administration of the program and child abuse identification, prevention, and reporting.

11.25.2. Have each provider complete at least 24 hours of training annually. The DOD family day care modules, CPR, and first aid training may be included as part of this training.

11.25.2.1. At least 12 hours of this training must be formal (small group or group) training.

11.25.3. Include information on child abuse identification, reporting, and prevention and appropriate guidance.

11.25.4. Provide training for individuals willing to provide care for children with special needs. Have them complete this training before they accept special needs children for care.

11.25.5. Require the providers to make satisfactory progress toward completing the DoD family day care modules as a condition of continued approval as providers. Require that all of the modules be completed within the first two years of being providers. Accept completion of the modules on other installations.

11.26. Correcting Deficiencies. Providers must immediately correct life-threatening deficiencies identified in any inspection or the commander must direct that the home be closed.

11.26.1. Providers must correct non-life-threatening deficiencies within 90 days.

11.26.2. If the provider does not correct deficiencies within 90 days, have the family day care panel review the provider's status and make a recommendation to the commander concerning continued approval.

11.26.3. The program staff must correct any deficiencies in the operation of the overall program within 90 days or obtain a waiver from SAF/MI.

11.27. (Added-30SW) Forms Prescribed: 30 SW 98, *Child Development Center - Parent Information Sheet*, 30 SW 99, *Instructional Fire Evacuation Plan*, 30 SW 100, *Unlicensed Family Day Care Report*.

NORMAND G. LEZY, Brig Gen, USAF
Director of Services

Attachment 1**GLOSSARY OF TERMS*****Terms***

Child Abuse and Neglect.—The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child. The term may apply to both acts and omissions on the part of a responsible person.

Contractors.—Individuals employed by a contractor or contracted with individually to provide child care services.

Defense Clearance and Investigations Index (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.

Installations Records Check (IRC).—An investigation conducted through the records of all installations of an individual's identified residences for the 2 years before the date of the application. This record check must include police (base and/or military police, security office, criminal investigations, or local law enforcement) local files check, Drug and Alcohol Program, Family Housing, and Medical Treatment Facility for Family Advocacy Program, to including Service Central Registry records, and mental health records, and any other record checks as appropriate, to the extent permitted by law.

Preschool.—A regularly scheduled facility-based activity and educational program for children 3 to 5 years of age that lasts 4 hours or less per day.

School-Age Children.—Children, aged 6 years through 9, who attend kindergarten through third grade. May also include children aged 9 to 12 who are enrolled in a school-age care program.

School-Age Programs.—Structured activity programs for school-age children who are 6 to 12 years of age, 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. These programs are also called school-age child care programs, school-age care programs, and latchkey programs.

Special Needs Child.—A child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Meets the definition of a handicapped person in DoD Directive 1020.1.

Specified Volunteer.—An individual occupying a Specified Volunteer Position.

Specified Volunteer Position.—A position, designated by the installation commander, that requires an installation record check because of the nature of the volunteer work.

Staff-to-Child Ratio.—The number of children for whom one staff member may be responsible or supervise.

State Criminal History Repository (SCHR).—A state's central record of investigative files.

Supervision.—Refers to having temporary responsibility for children and temporary or permanent authority to exercise direction and control by an individual over an individual whose required background

checks have not yet been initiated but not completed.

Temporary Employees.—Includes non status appointments to a competitive service position for a specified period of less than a year. Includes summer hires and student interns.

Volunteers.—Individuals who help out with programs on an unpaid basis.

Attachment 2**WHAT PEOPLE DO**

A2.1. SAF/MI guides, directs, and oversees the formulation, review, and execution of plans, policies, programs, and budgets relative to SV programs, including child development programs.

A2.2. Secretary of the Air Force for Appropriated Fund Policy (SAF/FMB) establishes appropriated fund policies for operating child development programs.

A2.3. HQ USAF/SV establishes policies and direction for Air Force child development programs.

A2.4. HQ USAF/SVP:

- Establishes policy directives and instructions for Air Force child development programs.
- Advocates for resources for the Air Force child development programs.
- Monitors child development program compliance with congressional guidance, DoD policies, and Air Force policies.
- Serves as the liaison with the Department of Defense, the other services, child care organizations, and other federal agencies.
- Collects and compiles data to develop child development program policy and perform oversight functions.
- Conducts tests of innovative child care services for possible implementation in Air Force programs.

A2.5. HQ Air Force Services Agency (AFSVA):

- Assesses the need for and conducts training for child development program personnel.
- Provides technical guidance and information to assist installation child development programs.
- Reviews child development program construction projects and designs.
- Obtains and distributes written and other resources to help installations set up and operate child development programs.
- Conducts headquarters inspections of child development programs.
- Monitors equipment requirements and makes changes to the table of allowances.

A2.6. Major Commands:

- Provide technical guidance and support to command child development programs.
- Assess the need for and conduct training for command child development program personnel.
- Review child development program project designs.
- Budget and advocate for command resources to support command child development programs.

A2.7. Installation Commanders:

- Establish child development programs on the installation to provide child care for employed active duty and DoD civilian parents of children 0 to 6 years of age.

- Make resources available to make child care services affordable to all parents.
- Ensure that children's health, safety, and well-being is protected while they are in child development programs.

A2.8. SV Squadron Commanders:

- Ensure that child development programs operate in compliance with Air Force policy directives, instructions, and standards.
- Coordinate child development programs with other SV programs.
- Budget, plan for, and obtain nonappropriated and appropriated fund resources for child development programs.
- Plan for and seeks funding for facilities to offer child care services.

A2.9. Youth Support Flight Chiefs:

- Coordinate child development programs with other services for children, youth, and families.
- liaison and cooperate with other base agencies providing services for children, including the chapel, school, medical facility, family support center, and family advocacy.
- Serve as a member of the child advocacy committee at the request of the family advocacy office.
- Involve parents and volunteers in child development programs.
- Ensure that all child care programs operate in accordance with DoD and Air Force policies.
- Plan and conduct recognition programs for parents and volunteers assisting with programs for children and youth.
- Submit requests for additional child development program facilities.
- Ensure certification of the child development program.

A2.10. Child Development Center Directors:

- Oversee the management of a child development center.
- Conduct orientation and training for staff, parents, and volunteers.
- Maintain child development center equipment and facilities in an attractive, clean, and safe manner.
- Protect children from harm, illness, and child abuse and neglect while they are in child care programs.
- Manage resources (funds, supplies, personnel, facilities) allocated to the child development center.
- Communicate with parents about their children and the program activities offered.
- Offer a program of activities that help children develop physically, socially, intellectually, and emotionally.
- Ensure accreditation of the child development center by the National Academy of Early Childhood Programs.

A2.11. Family Day Care Coordinators:

- Ensure that individuals providing child care on Air Force installations and in Government-leased housing are screened, trained, and approved to provide child care.

- Establish and maintain a resource-lending program to enhance the quality of family day care and reduce its cost to parents.
- Manage the resources (funds, supplies, personnel, facilities, and so on) allocated to the family day care program.
- Establish and implement a child care referral program to help families find child care.
- Monitor and inspect family day care homes and offer ongoing training and support to family day care providers.

Attachment 3**SHORT-TERM HOURLY CARE**

A3.1. Alternatives to Short-Term Care. Before offering short-term hourly care determine if the requirement can be met by referring the parents to family day care providers or having another Services program, such as, the Youth Program, offer a special event for children.

A3.2. Identifying Facilities. Before offering short-term care in a facility other than the child development center, have the base fire department, safety office, and military public health approve the space for use for hourly child care. Have the base agencies approve several different sites in advance so that requests for short-term can be met without delay.

A3.3. Operational Procedures: Follow these guidelines in offering care:

A3.3.1. Provide care no longer than one hour before the start and one hour after the end of the function for which the care is being offered.

A3.3.2. Charge hourly fees to cover the APF and NAF cost of offering the service. The fee may be paid by the parents or an organization. Collect the fees at the child development center.

A3.3.3. Ensure that each child is supervised at all times including when going to the toilet.

A3.3.4. If care for children in diapers is offered, make sure there is running water in the room or water is provided with a container and catch pan.

A3.3.5. Have a plan for evacuating the children in the event of a fire or other emergency.

A3.4. Follow the staff-to-child ratios required in the child development center. If children under 2 are cared for either have a fire evacuation wagon or 1 adult for every 2 children.

A3.5. Staff the program with employees of the child development or youth program who have cleared criminal history background checks and have completed orientation, CPR, and first aid training.

A3.6. Have a GS-5 or CD-5 or higher grade supervisor on site. This individual may be one of the employees providing care.

A3.7. Have at least two adults present at all times.

A3.8. Do not reduce service to employed parents to offer this short-term hourly care.

A3.9. Do not take the children outside the facility except for emergency evacuations.

A3.10. Accept only children who have the immunizations required to attend the child development center.

A3.11. Do not accept children with obvious signs of illness.

A3.12. Provide meals and snacks if children are present during the time they would usually be eating.

A3.13. Record attendance on AF Form 1182, Child Care Center Register.

A3.14. Ensure that there are enough reservations in advance to cover the cost of the service unless central welfare funds have been designated to cover the cost of the care.

A3.15. Provide portable equipment and materials and supplies and conduct activities to keep the children happy and involved while they are in the program.

A3.16. APF may be used to purchase equipment and materials to provide short-term care.

A3.17. Inform organizations that may need short-term hourly care that the service is available.

A3.18. Report the number of times hourly care is provided and the number of children served on AF Form 1194, Semi-Annual Child Development Program Report.

Attachment 4**HIV-POSITIVE CHILDREN AND STAFF**

A4.1. Enrollment. Comply with these procedures in enrolling HIV-positive children, employing HIV-positive individuals, and approving HIV-positive family day care providers:

A4.1.1. Establish a committee composed of the program medical advisor, youth flight chief, child development center director or family day care coordinator, and judge advocate representative to review any cases and make a recommendation to the support group commander.

A4.2. Permit the enrollment of HIV-positive children when it is appropriate for their health, neurological development, behavior, and immune status.

A4.3. Inform only those with a need to know about the child's condition. This does not usually include other staff in the center or the parents of the other children enrolled.

A4.4. Include a statement that the program accepts children with chronic health problems, including HIV-positive children, for care and employs persons and approves as family day care persons individuals with chronic health problems, including HIV-positive individuals, in the parent handbook.

A4.5. Notify all parents when cases of measles or chickenpox (or other viral infections as determined by the center medical advisor) are occurring in the child care population. Provide individual notification to parents of HIV-positive children. Also notify the medical advisor.

A4.6. At all times, require caregivers and family day care providers to wear gloves when contact with blood or feces is possible and ensure that the hand washing procedures recommended by the Centers for Disease Control are followed.

A4.7. Employment. Permit the employment of HIV-positive individuals in child care programs and approve HIV-positive individuals as family day care providers unless their providing care would endanger their health or that of others.

A4.7.1. Do not employ persons in child care or approve as family day care providers persons with symptoms of AIDS (Acquired Immune Deficiency Syndrome).

A4.8. Do not approve individuals as family day care providers if other household members have the symptoms of AIDS.

A4.9. Limit communication about the HIV-status of family day care providers and their household members to the youth flight chief and family day care coordinator.

A4.10. Require frequent medical examinations of HIV-positive individuals employed in child care, approved as family day care providers, or who are living in households approved to provide family day care.

A4.11. Screening. Do not require routine screening of children for HIV prior to program entry. Limit testing of child care employees to those situations where it is required by a host nation in connection with DoD employees performing official duties in an overseas location.

Attachment 5

PROJECTING CHILD CARE NEED

Part I. Need for Full Day Care for Children 0-5

0A. Number of Children 0-5 of Military Supported by the Base:

B. Multiply Line A x .033:

C. Divide Line B by 3:

D. Multiply Line C by 1.33:

E. Multiply Line A x .055:

F. Divide Line E by 4:

G. Multiply Line F by 1.33:

F. Divide Line G by 2:

G. Add Line D and F. Subtract Total from Line A.

H. Multiply Line G x .60:

I. Multiply Line H by .45:

J. Multiply Line G by .55

K. Divide Line J by 2:

L. Number of DoD Civilians Supported by the Base:

M. Multiply Line L by .0125

N. Add Lines D, F, H, K, and M:

Part II. Need for School Age Care for Children 6-12

a. Number of Children 6-12 of Military Supported by the Installation:

b. Using Part II. A. repeat Part I. B-K.

c. Add Part I.M. to B:

Part III. Total Number of Spaces Needed for Full Day Care and School Age Care

a. Add Part I. Line N: and Part II. Line C.

Attachment 6**SUPERVISION REQUIRED**

A6.1. To ensure there is adequate supervision of facilities in which children are receiving child care comply with these requirements:

A6.1.1. Have a GS-5 or higher level supervisor in each facility at all times.

A6.1.1.1. If there are 24 or less children present in the facility, a CD-05 or GS-05 child development program assistant or GS-05 desk supervisor may be the supervisor.

A6.1.1.2. If the program is being operated in another facility, such as, a chapel or youth center, and other adults are in the facility, and there are 48 children or less, the GS-5 supervisor may also be responsible for a ratio of children.

A6.1.1.3. If there are 99 or more children in a facility, the facility must have a director responsible for the child care program.

A6.1.1.4. Individuals who are employed as training and curriculum specialists and are responsible for 150 children or more may not be used to provide facility supervision more than 10 hours per week. Their primary function is to provide training and help the caregivers plan the curriculum. Adjust the number of hours of supervision permitted the training and curriculum specialist based on the number of children (center and family day care home) for whom he or she is responsible.

A6.2. Have the name of the supervisor currently on duty posted at the parent entrance to the facility.

A6.3. When the facility is being supervised by a CD-05 or GS equivalent during evening hours, a higher grade supervisor must make an unannounced visit during the hours of operation.

A6.4. When the facility supervisor is on leave or the position is vacant supervision must be provided by the youth flight chief or another child development center director.

A6.5. Use closed circuit television surveillance to reduce the potential for child abuse in child development centers.

A6.5.1. If a facility has a capacity for 49 or more children, closed circuit surveillance is required.

A6.5.2. If the child care program is being conducted in other than a child care facility, e.g., a chapel, and other adults are in the building during the hours of child care operation, closed circuit television surveillance is not required.

A6.5.3. Ensure that the monitors for the closed circuit system are closely observed.

A6.5.4. Ensure that the closed circuit system is fully functioning and the rooms can be clearly viewed on the monitors.