CYS Registration Checklist

If requesting childcare (Full Day, Part Day, or Before/After Kinder-5th Grade) at CDC or SAC, you must submit your request(s) for care through https://militarychildcare.com/. All offers will be sent through the Military Child Care website based on new 01SEP20 priorities and availability.
Verification of employment status will be required.

CDC/SAC/Hourly Care

- CYS Registration Form (needed at initial registration)
- Space Priorities Memo (needed at initial registration)
- CYS Health Screening Tool (needed annually)
- CYS Health Assessment (may be signed up to 3 years for childcare if no changes to medical condition – a new Health Assessment is required if there are any changes to or removal of any medical conditions)
- Copy of immunizations records for children that DO NOT attend DODEA School (i.e., not in school, home school/private school)
- PCS / Travel Orders / Command Sponsored / Pinpoint Orders / Letter of Employment (LOE)
- Family Care Plan DA Form 5305-R for Single/Dual Military Only (needed annually)
- Once offer for care is given by Military Child Care website/CYS staff, the following will be requested: Copy of most recent Leave and Earning Statement (LES) from each working parent or proof of employment with salary / LQA to calculate annual Total Family Income (needed annually – not required for hourly care)
- **Medical Action Plan Forms*** if child has any of the following documented medical conditions: dietary restrictions, allergies (food or medication), respiratory issues, or other health concerns (needed annually)

Youth Sports and Fitness (YSF) / SKIES Instructional Classes

- CYS Registration Form (needed annually to verify information)
- CYS Health Screening Tool (needed annually)
- Copy of immunizations records for children that do not attend DODEA School (i.e., not in school, home school/private school)
- FOR SKIES ONLY: CYS Health Assessment (required if medical concern is indicated on CYS Health Screening Tool)
- FOR YSF ONLY: CYS Sports Physical (needed annually as indicated on the form)
- **Medical Action Plan Forms*** if child has any of the following documented medical conditions: dietary restrictions, allergies (food or medication), respiratory issues, or other health concerns (needed annually)
- FOR SKIES ONLY: SKIES*Unlimited* Statement of Understanding (needed annually)
- FOR YSF ONLY: Parents' Code of Ethics (needed annually)

Middle School – Teen (MST) Youth Center Registration Packet may be picked up at the Youth Center Bldg. 6350

- CYS Youth Program Registration & Sponsor Consent Form (IMCOM FORM 34, JUN 2019) – (may be signed up to 4 years if no changes to information)
- Youth Center Packet: Parent Orientation Checklist / Standard of Conduct / Facility specific forms (needed at initial registration)
- Copy of immunizations records for children that DO NOT attend DODEA School (i.e., not in school, home school/private school)
- The documents below are needed annually if youth has any of the following documented medical conditions: dietary restrictions, allergies (food or medication), respiratory issues, or other health concerns:
    - CYS Health Assessment (may be signed up to 3 years for Youth Center services if no changes to medical condition – a new Health Assessment is required if there are any changes to or removal of any medical conditions)
    - CYS Health Screening Tool
    - **Medical Action Plan Forms***

***Medical Action Plan Forms:** Please contact Parent Central Services by email if you are unsure of which forms are needed for your child/youth's registration. Forms include: Allergy Medical Action Plan, Respiratory Medical Action Plan, Diabetes Medical Action Plan, Seizure Medical Action Plan, and Special Dietary Statement.

All documents and information must be complete to process your registration (new/renewal). If attending an in-person registration appointment, all documents and information must be complete and brought to your appointment with Parent Central Services. If you are unable to provide the necessary information/documents or need additional time, you may be asked to re-schedule your appointment for a later date/time.

Please contact Parent Central Services by email, or call/stop by our office (BLDG 6400) to make/cancel an appointment or for general questions/concerns. Registrations may be completed electronically by email or on WebTrac if all information and documents are provided.

USAG Humphreys CYS

Parent Central Services Office
BLDG 6400, 2nd Floor, Room L207
Hours of Operation: MTF 0800-1700, W 0800-1800, Th 1200-1700

Parent Central Services Email
usarmy.humphreys.imcom-hq.mbx.fmwrc-parent-central-services@army.mil

Parent Central Services Phone Numbers
DSN: 757-2250 | 757-2254 | 757-2255 | 757-2256
COMM: 0503-357-2250 | 0503-357-2254 | 0503-357-2255 | 0503-357-2256

UNITED STATES ARMY
CHILD & YOUTH SERVICES

USAG Humphreys CYS Registration Form

Indicate "N/A" for any non-applicable items	**SPONSOR** (Senior Member by years of service if DUAL) CYS employee is considered sponsor for CYS registration purposes	**SPOUSE**
Full Name	☐ M ☐ F	☐ M ☐ F
Unit / Employer / School Institution		
Household Priority Status	☐ CYS employee ☐ Combat Related Wounded Warrior ☐ Active Duty ☐ Coast Guard ☐ DoD Civilian ☐ Other Federal ☐ Eligible Contractor ☐ Reservist ☐ Retiree ☐ Student ☐ Seeking Employment ☐ Unemployed Not Seeking Employment ☐ Other:	☐ CYS employee ☐ Combat Related Wounded Warrior ☐ Active Duty ☐ Coast Guard ☐ DoD Civilian ☐ Other Federal ☐ Eligible Contractor ☐ Reservist ☐ Retiree ☐ Student ☐ Seeking Employment ☐ Unemployed Not Seeking Employment ☐ Other:
Select One	☐ Full Time ☐ Part-Time ☐ Flex	☐ Full Time ☐ Part-Time ☐ Flex
Branch or CYS program (if CYS employee)	☐ Army ☐ Air Force ☐ Marines ☐ Navy ☐ Coast Guard ☐ CDC ☐ SAC ☐ MST ☐ YS ☐ OS ☐ BASE ☐ Other:	☐ Army ☐ Air Force ☐ Marines ☐ Navy ☐ Coast Guard ☐ CDC ☐ SAC ☐ MST ☐ YS ☐ OS ☐ BASE ☐ Other:
Rank or CYS Position (if CYS employee)		
Work Number		
Work Email		
Local Cell Number		
Personal Email		
APO Mailing Address		
Physical Address (Housing/Apt Complex)		
Two Local Emergency Contacts (Must have base access)	**Local Emergency Contact #1** (Cannot be a Parent/Guardian)	**Local Emergency Contact #2** (Cannot be a Parent/Guardian)
Full Name		
Contact Number		

Child Information (Oldest to Youngest)

(Include all children in household even if not registering at this time.)

*Current Grade refers to the grade the child is currently in, or the grade most recently completed if registration occurs during summer

Full Name	Gender M / F	Age	DOB MM/DD/YYYY	*Current Grade	School	Ethnicity	Photo Release Y / N
	☐ M ☐ F						☐ Y ☐ N
	☐ M ☐ F						☐ Y ☐ N
	☐ M ☐ F						☐ Y ☐ N
	☐ M ☐ F						☐ Y ☐ N

ARMY CHILD AND YOUTH SERVICES HEALTH SCREENING TOOL

For use of this form, see AR 608-75; the proponent agency is OTSG.

PRIVACY ACT STATEMENT

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

Part A - General Information

1. Child's Name		2. Date of birth (YYYYMMDD)
3. Family member prefix		
4. Type of placement requested		5. Date (YYYYMMDD)
6. Sponsor name		
7. Spouse name		
8. Home phone	9. Duty phone	10. Cell phone

Part B - Identification of Child/Youth Condition/Restrictions

Child has any of the following conditions/restrictions: (Check yes or no)

1. Allergies
   - ☐ No ☐ Yes (explain)
   - a. Life threatening reaction
     - ☐ No ☐ Yes (explain)
   - b. Epi-pen required
     - ☐ No ☐ Yes
   - c. Other allergic reations (hives, rash, diarrhea)
     - ☐ No ☐ Yes
2. Asthma reactive airway disease
   - ☐ No ☐ Yes (explain)
   - a. Triggers exist for child's asthma attacks (stress, environmental, exercise)
     - ☐ No ☐ Yes (explain)
   - b. Child routinely (greater than 10 days per month/four months per year) uses inhaled anti-inflammatory agents and/or bronchodilators
     - ☐ No ☐ Yes (explain)
   - c. Child has taken steroids during the past year (prednisone, prednisolone)
     - ☐ No ☐ Yes (indicate number of days in past year)

d. Child has experienced unconsciousness or seizures associated with asthma attacks

☐ No ☐ Yes (explain)

e. Child required an urgent visit to emergency room or clinic for acute asthma within the last 12 months

☐ No ☐ Yes (indicate number of visits in the past year)

f. Child has been hospitalized for asthma related condition in the past six months

☐ No ☐ Yes (explain)

3. Attention Deficit Disorder (ADD)

☐ No ☐ Yes

a. ADD with hyperactivity

☐ No ☐ Yes

b. Is not well controlled with medication

☐ No ☐ Yes (not well controlled)

c. Behavioral/conduct concerns

☐ No ☐ Yes (explain)

4. Autism

☐ No ☐ Yes

5. Behavioral/conduct concerns (for example, oppositional defiant disorder, anxiety disorder, school phobias)

☐ No ☐ Yes (explain)

6. Blindness/visual problems

☐ No ☐ Yes (explain)

7. Diabetes

☐ No ☐ Yes (explain)

8. Emotional problems that require care by a psychiatrist, psychologist or social worker

☐ No ☐ Yes (explain)

9. Epilepsy

☐ No ☐ Yes (explain)

10. Hearing problems

☐ No ☐ Yes (explain)

11. Heart problems

☐ No ☐ Yes (explain)

12. Kidney problems

☐ No ☐ Yes (explain)

13. Speech/language delay

☐ No ☐ Yes (explain)

14. Physical disability

☐ No ☐ Yes (explain)

15. Dietary restrictions

☐ No ☐ Yes (explain)

16. Assistance with activities of daily living

☐ No ☐ Yes (explain)

17. Other conditions

☐ No ☐ Yes (specify and explain)

Part C - Medications

Child is on medications on a regular basis

☐ No ☐ Yes (If yes, please list medications and indicate which require administration during child care hours.)

Part D - Early Intervention and Special Education

Child has an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP) or 504 plan

☐ No ☐ Yes

Part E - Exceptional Family Member Program (EFMP) Enrollment

Child is enrolled in the EFMP

☐ No ☐ Yes (specify for what condition)

I authorize BDAACH (name of Medical Treatment Facility or physician's practice) to release any medical information regarding my child _____ (name of child) to the USAG Humphreys (name of installation) Child Youth Services (CYS)/Special Needs Accommodation Process (SNAP) personnel and their staff that is necessary to conduct SNAP review. This authorization will remain in effect for one year. I understand I may revoke this consent in writing at any time before expiration, but any action taken by the CYS/SNAP in reliance on this authorization prior to revocation is valid and will remain in effect.

I understand that information disclosed pursuant to this authorization is For Official Use Only (FOUO) and may be subject to redisclosure. I understand that information redisclosed is no longer protected by DoD 6025.18-R; however, confidentiality of this information will remain protected by the Privacy Act of 1974, 5 U.S.C. section 552a.

The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

_____ _____

Signature of Parent or Personal Representative of Child Date (YYYYMMDD)

HEALTH ASSESSMENT/SPORTS PHYSICAL STATEMENT (HASPS)
for CYS SERVICES
ENROLLMENT, Renewal & SPORTS PHYSICAL Requirements

Revised 08Jan 09

DATA REQUIRED BY THE PRIVACY ACT OF 1994

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

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

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

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

CHILD HEALTH INFORMATION

Name of Child	Birth Date	Sex ☐ Male ☐ Female

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

☐ Yes ☐ No

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

☐ Yes ☐ No

MEDICAL HISTORY

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

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

Ongoing Medications

Name	Dosage	Frequency

Allergies – All Types (Foods, Medicines and Insect Bites)

Type	Reaction

PART B: Physical Exam

Medical Staff Assessment (Completed by licensed independent practitioner: Doctor-Dr., Nurse Practitioner-NP, Physician's Assistant-PA)

Age YRS MOS	**Height** _____ cm. (_____ %ile)	**Weight** _____ kgs. (_____ %ile)
BP: / **P:**	**Visual Acuity** Right / Left / Tested with / without glasses	

	NORMAL	ABNORMAL	N / A	COMMENTS
1. Eyes				
2. Ears, Nose & Throat				
3. Hearing				
4. Mouth & Teeth				
5. Neck (Soft tissues)				
6. Cardiovascular				
7. Chest & Lungs				
8. Abdomen				
9. Genitalia – Hernia				
10. Skin & Lymphatics				
11. Spine – Scoliosis				
12. Extremities				
13. Neurological				
14. Wears braces / plates				

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

Immunizations are current and up to date: ☐ Yes ☐ No

PARTICIPATION RECOMMENDATIONS

☐ All sports _____Yes _____ No ☐ Normal physical activity to including PE

☐ Additional comments: ☐ Restrictions:

Sports Physical is valid for 1 year from date indicated below

PART C

Special Medical Considerations: Describe any special program needs, considerations or restrictions which the child requires in order to participate in CYS programs (to include Sports).

Child / Youth is able to participate in normal CYS programs? ☐ Yes ☐ No

Date **Licensed Health Care Professional Stamp** **Licensed Health Care Professional; Dr., NP or PA Signature**

Initial Date **Type or print name of Parent or Guardian** **Signature of Parent or Guardian**

HASPS Renewal (Not Part of the Sports Physical)

Year 2 Date	**Health Status Changed**	**Signature of Parent or Guardian**
	☐ Yes ☐ No	
Year 3 Date	**Health Status Changed**	**Signature of Parent or Guardian**
	☐ Yes ☐ No	

Sponsor:

Parents' Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this PAYS Parents' Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.

I will place the emotional and physical well-being of my child ahead of a personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.

I will remember that the game is for youth - not for adults.

I will do my very best to make youth sports fun for my child.

I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

_____ _____

Sponsor Signature Date

_____ _____

Spouse Signature Date

2050 Vista Parkway
West Palm Beach, FL 33406
(800)729-2057 / FAX (561) 684-2546 pays@nays.org

Sponsor:

HUMPHREYS.ARMYMWR.COM

UNITED STATES ARMY CHILD & YOUTH SERVICES

SKIES*Unlimited*
Schools of Knowledge, Inspiration, Exploration & Skills

Statement of Understanding
SKIES*Unlimited* Instructional Programs

Enrollment & Fees:
Fees for the following month's lessons must be paid in full by the 25th of the current month. If payment is not received by the 25th, your child's space in class will be lost if there is a wait list. You may request to be added to the bottom of the wait list if this occurs.

Refunds:
Refunds will not be authorized unless a family is PCSing, deploying, or the student is unable to participate in classes due to medical illness or injury. Documentation will be required to be provided to Parent Central Services (PCS).

Supervision:
All children & youth under the age of 10 years, must be accompanied by a parent or legal guardian during SKIES Instructional classes. Accompanying guardians will be expected to wait in the Parent Waiting Area while student is receiving instruction. If siblings or other guests are present, they will be expected to also sit in the waiting area and behave in a manner so as not to disrupt classes.

Food & Drinks:
Due to the fact that there are students with severe allergies and dietary restrictions, food and drinks are not allowed in the classroom, with the exception of water.

SKIES Class Information:
Please ask a Parent Central staff for the SKIES class brochure for specific information about the program that you are interested in.

Class Cancellations:
Please check for class cancellations on our USAG Humphreys CYS Facebook page. Also, please remember to read the "Special Comments" section to also check for projected class cancellations.

Release & Hold Harmless:
I hereby release the USAG-Humphreys Child, Youth and School Services and the United States Government from any liabilities or claims arising from my child's participation in a SKIES*Unlimited* program. I agree to release, waive, indemnify, promise not to sue, hold harmless the U.S. Army, its agents and employees, for any loss, damage, or injury to my person or property that may occur as a result of taking part in this activity. I also agree that I may be held liable for any damage or loss to government property that is caused by negligence, willful misconduct or fraud. I understand that if my child is enrolled in the CDC or SAC programs, it is my responsibility to ensure that my child is signed in/out and transported to and from SKIES classes.

My signature below certifies that I have read, understand, and agree to abide by the above SKIES Unlimited Instructional Program's policies and expectations.

_____	_____	_____
(Printed Name)	**(Signature)**	**(Date)**

Sponsor's Name: _____ **Spouse's Name: _____**

SUBJECT: Child, Youth & Services Space Priorities Memo

1. **You are identifying your family priority as (CHOOSE ONE):**

X	Military Family Type	Priority
Child Development Program Staff		
	Child Development Program Staff	1A
Active Duty Combat Related Wounded Warrior		
	Combat Related Wounded Warrior	1B.2
Active Duty Military/Active Duty Coast Guard		
	Single/Dual Active Duty Military/ Coast Guard	1B.2
	With Full-Time Working Spouse	1B.4
	With Part-Time Working Spouse	1C.1
	With Spouse Seeking Employment	1C.1
	With Full-Time Student Spouse	1D.1
	With Non-Working Spouse	3A
Guard/Reserve on Active Duty or Inactive Duty Training Status		
	Single/Dual Guard/Reserve on Active Duty or Inactive Duty Training Status	1B.3
	With Full-Time Working Spouse	1B.5
	With Part-Time Working Spouse	1C.2
	With Spouse Seeking Employment	1C.2
	With Full-Time Student Spouse	1D.2
	With Non-Working Spouse	3A

X	Military Family Type	Priority
DOD/Coast Guard Civilian		
	Single/Dual DoD or Coast Guard Civilian	2A
	With Full-Time Working Spouse	2B
	With Spouse Seeking Employment	3B
	With Full-Time Student Spouse	3C
	With Part-Time Working Spouse	3F
	With Non-Working Spouse	3F
Gold Star Spouse (Combat Related)		
	Gold Star Spouse (Combat Related)	3D
DOD Contractor		
	Single/Dual DoD Contractor	3E
	With Full-Time Student Spouse	3E
	With Spouse Seeking Employment	3E
	With Full-Time Student Spouse	3E
	With Part-Time Working Spouse	3F
	With Non-Working Spouse	3F
Other Eligible		
	Deactivated Guard/Reserve Personnel	3F
	Other Federal Employees	3F
	Military Retirees	3F

2. **Supplanting Notification**
   In accordance with the Department of Defense Instruction 6060.02 incorporating Change 2, effective September 1, 2020, at the time of enrollment, CDPs must notify patrons in Priority 1C and lower, in writing, that they may be supplanted if a patron in a higher priority requires child care. The CDP must also provide notice of discontinued child care to patrons affected a minimum of 45 days before child care termination. _____ (Sponsor's and Spouse's Initials)

3. **Spouse Status: Seeking Employment**
   Spouses actively seeking employment must submit verification every 30 days once the child is enrolled in care. The child may be removed from care if the spouse has not gained employment after 90 days. The installation commander may authorize an extension of care beyond 90 days as long as higher priority patrons are not impacted. Requests for extensions must be submitted at the 60 days verification to allow time for proper routing and review. Verification of seeking employment must be verified every 30 days. If verification day falls on a non-business day, verification must be provided by the previous business day. Care will not exceed 90 days unless otherwise approved. _____ (Spouse's Initials as applicable)

4. **<u>Spouse Status: Enrolled in a post-secondary institution on a full-time basis</u>**
   Spouses enrolled in a post-secondary educational program on a full time basis must verify educational admission or enrollment as a full time student every 90 days once the patron is enrolled in care. If, at the time of verification, the spouse is not currently enrolled, they must show proof of resumption of full time student status within 30 days or the child may be removed from care. If verification day falls on a non-business day, verification must be provided by the previous business day. _____ (Spouse's Initials as applicable)

5. **Verification will be due every 30 or 90 days based on identified priority (as applicable):**

   30 Days: _____ 60 Days: _____ 90 Days: _____

Sponsor's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent Central Services Signature: _____ Date: _____

ENCLOSURE 3

PROCEDURES

1. CHILD CARE REQUEST AND WAITLIST MANAGEMENT

a. Request for Care. Families will apply for and request child care through MilitaryChildCare.com (MCC) for all military-operated child care.

b. Waitlist Management. Installation CDPs will utilize MCC as the method to manage child care spaces, active care options, and offerings.

c. Declining Care. In the event that a family declines care at an installation where they have requested care through MCC, they will be removed from all current waitlists and must re-request care through MCC.

2. PRIORITY SYSTEM

2. PRIORITY SYSTEM. Priority for care is administered by MCC based on the eligibility requirements defined in paragraph 4.d. of the front matter of this instruction. Individual priority is verified at the time of enrollment and annually thereafter.

a. Priority 1. CDP Direct Care Staff, Service Members. The children of CDP Direct Care Staff and Service members will be placed into care utilizing the following guidance:

(1) Priority 1A. CDP Direct Care Staff. The children of Direct Care CDP staff will be placed into care ahead of all other eligible patrons. At no time will the child of a Direct Care CDP staff member be removed from the program to accommodate another eligible patron.

(2) Priority 1B. Single or Dual Active Duty Members; Single or Dual Guard or Reserve Members on Active Duty or Inactive Duty Training Status; and Service Members With a Full-time Working Spouse. The children of patrons that fall under Priority 1B will be placed into care ahead of all other eligible patrons except Priority 1A. At no time will a Priority 1B patron be removed from the program to accommodate any other patron, including 1A patrons. The following order of precedence will be utilized:

(a) Single or Dual Active Duty members.

(b) Single or Dual Guard or Reserve Members on Active Duty or Inactive Duty training status.

(c) Active Duty with a full-time working spouse.

(d) Guard or Reserve Members on Active Duty or Inactive Duty training status with a full-time working spouse.

(3) Priority 1C. Active Duty Members or Guard or Reserve Members on Active Duty or Inactive Duty Training Status with Part-Time Working Spouse or a Spouse Seeking Employment. The children of patrons that fall under Priority 1C will be placed into care ahead of all other eligible patrons except for Priority 1A and 1B patrons. Priority 1C patrons may only be supplanted by an eligible patron in Priority 1A or 1B when the Anticipated Placement Time of the Priority 1A and 1B patron exceeds 45 days beyond their Date Care Needed (as indicated in MCC). The following order of precedence will be utilized:

(a) Active Duty members with a part-time working spouse or a spouse seeking employment.

(b) Guard or Reserve Members on Active Duty or Inactive Duty training status with a par-time working spouse or a spouse seeking employment.

(4) Priority 1D. Active Duty Members or Guard or Reserve Members on Active Duty or Inactive Duty Training Status with a Spouse Enrolled in a Post-Secondary Institution on a Full-Time Basis. The children of patrons that fall under Priority 1D will be placed into care ahead of all other eligible patrons except for Priority 1A, 1B, and 1C patrons. Priority 1D patrons will be supplanted by an eligible patron in Priority 1A, 1B, or 1C when the Anticipated Placement Time of the Priority 1A, 1B, and 1C patron exceeds 45 days beyond their Date Care Needed (as indicated in MCC). The following order of precedence will be utilized:

(a) Active Duty members with a spouse enrolled in a post-secondary institution on a full-time basis.

(b) Guard or Reserve Members on Active Duty or Inactive Duty training status with a spouse enrolled in a post-secondary institution on a full-time basis.

b. Priority 2. DoD Civilians. The children of DoD civilians will be placed into care utilizing the following guidance:

(1) Patrons in Priority 2 will utilize the following order of precedence for placement:

(a) Single or dual DoD Civilian Employees.

(b) DoD Civilian Employees with a full-time working spouse.

(2) DoD civilian patrons may only be supplanted from care by an eligible Priority 1A or 1B patron when the Anticipated Placement Time of the Priority 1A or 1B patron exceeds 45 days beyond their Date Care Needed (as indicated in MCC).

c. Priority 3. Space Available. When all Priority 1 and 2 patrons have been placed into care, CDPs may place additional eligible patrons not identified in Priority 1 and 2 into Space Available care.

(1) Space Available patrons will be supplanted, within 45 days' written notice, by an eligible Priority 1 or a Priority 2 patron when the Anticipated Placement Time of the Priority 1 or a Priority 2 patron exceeds 45 days beyond their Date Care Needed (as indicated in MCC).

(2) The following order of precedence will be followed when placing eligible patrons into Space Available.

(a) Active Duty with non-working spouse.

(b) DoD Civilian Employees with spouse seeking employment.

(c) DoD Civilian Employees with a spouse enrolled in a post-secondary educational program on a full time basis.

(d) Gold Star spouses.

(e) DoD contractors.

(g) Other eligible patrons.

3. PRIORITY DETERMINATION. The following factors will be applied when making priority determinations for eligible patrons.

a. Deactivated Guard or Reserve Members. When a currently enrolled Guard or Reserve member is no longer in an Active Duty status, they must inform the appropriate CDP. The CDP will make a new priority determination for possible continued enrollment. If the member falls to a lower priority category and the child care space is needed for a higher priority patron, the Guard or Reserve member will be given 45 days' written notice regarding their removal from the program.

b. U.S. Coast Guard. For the purpose of this instruction, Coast Guard Service members (Active Duty and Reserve Component) and civilian employees will hold the same priority as equivalent DoD Service members and civilian employees, as detailed above, regardless of the Department in which the Coast Guard is operating.

c. Combat-Related Wounded Warriors in an Active Duty Status. When Service members designated as combat-related wounded warrior in an Active Duty status requires hospitalization, extensive rehabilitation, or significant care from a spouse or care provider and requires full-time child care, they may be placed into Priority 1B. This designation requires installation commander approval (this authority cannot be delegated).

d. Exceptions. Exceptions to the priority system described in this enclosure will only be authorized, in writing, for unique mission-related requirements. Authority for these exceptions lies with the installation commander responsible for the management of the CDP at the installation level.

4. VERIFICATION REQUIREMENTS. The following methods will be utilized to determine eligibility:

a. A working spouse must provide verification of employment such as a Pay/Leave and Earning Statement, Form 1099-MISC, Schedule C (Form 1040 or 1040 SR), or a self-certification statement with an estimated number of hours worked on a weekly or monthly basis. In the event that specific employment situations are not sufficiently documented by these forms, an exception to policy may be granted at the installation commander level.

b. Spouses actively seeking employment must submit verification every 30 days once the child is enrolled in care. The child may be removed from care if the spouse has not gained employment after 90 days. The installation commander may authorize an extension of care beyond 90 days as long as higher priority patrons are not impacted.

c. Spouses enrolled in a post-secondary educational program on a full time basis must verify educational admission or enrollment as a full time student every 90 days once the patron is enrolled in care. If, at the time of verification, the spouse is not currently enrolled, they must show proof of resumption of full time student status within 30 days or the child may be removed from care.

5. NOTIFICATION TO PATRONS. At the time of enrollment, CDPs must notify patrons in Priority 1C and lower, in writing, that they may be supplanted if a patron in a higher priority requires child care. The CDP must also provide notice of discontinued child care to patrons affected a minimum of 45 days before child care termination.

6. TYPES OF CARE. The types of care offered for children from birth through 12 years of age include 24/7 care and care provided on a full-day, part-day, short-term, or intermittent basis.

a. Military-Operated CDPs. Military-operated (on and off installation) CDPs generally include:

(1) CDCs. Reference Table 1 of Enclosure 3 of this Instruction for standards of operation for CDCs. CDCs primarily offer care to children from birth to 5 years of age, but may also be used to provide SAC programs.

(2) SAC Programs. Reference Table 1 of Enclosure 3 for SAC standards of operation. SAC programs primarily offer care to children from 6 to 12 years of age. Care may be offered in CDCs and other installation facilities, such as youth centers and schools.

(3) FCC. Reference Table 2 of Enclosure 3 for FCC standards of operation. Child care services are available to children from infancy through 12 years of age and are provided in government housing or in state licensed/regulated homes in the community.

(4) Supplemental Child Care. Services include short-term alternative child care options in approved settings on and off installation.