



UNITED STATES ARMY
CHILD & YOUTH SERVICES

USAG Stuttgart Family Handbook

“Support for Army Families Found Here”

Update: January 2026

CONTACT INFORMATION

Parent Central Services

**Central Registration and Enrollment for all CYS programs.*

Patch Barracks - Building 2347, 2nd Floor

DSN: 596-7480/7467/7488/7483

CIV: (49) 09641-70596-7480/7488/7467/7483

Webtrac: <https://webtrac.army.mil>

Email: usarmy.stuttgart.id-europe.mbx.parent-central-services@army.mil

Hours of Operation:

Monday/Tuesday/Wednesday/Friday....8 a.m. - 5 p.m.

Thursday....11 a.m. - 5 p.m.

CYS Base

Patch Barracks - Building 2312, 3rd Floor

Monday-Friday....8 a.m. - 5 p.m.

DSN: 596-7466

CIV: (49) 09641-70596-7466

School Liaison Officer

Patch Barracks - Building 2347, 2nd Floor

DSN: 596-9009

CIV: (49) 09641-70596-9009

Email: usarmy.stuttgart.imcom-fmwrc.mesg.slo@army.mil

Email: usarmy.stuttgart.id-europe.list.slo@army.mil

SKIES Unlimited Instructional Programs

Schools of Knowledge, Inspiration, Exploration and Skills

Patch Barracks - Building 2347, 2nd Floor

DSN: 596-6281

CIV: (49) 09641-70596-6281

Email: usarmy.stuttgart.usareur.list.cys-services@army.mil

Kelley Child Development Center I

**Temporarily Closed*

Kelley Barracks - Building 3352

DSN: 421-2541

CIV: (49) 0711-729-2541

Kelley Child Development Center II

Kelley Barracks - Building 3368

DSN: 596-2056

CIV: (49) 09641-70596-2056

Hours of Operation:

Monday-Friday....6 a.m. - 6 p.m.

Panzer Child Development Center

Panzer Barracks - Building 3169

DSN: 593-2620

CIV: (49) 09641-70593-2620

Hours of Operation:

Monday-Friday....6 a.m. - 6 p.m.

Patch Child Development Center

Patch Barracks - Building 2345
DSN: 592-2352
CIV: (49) 09641-70592-2352

Hours of Operation:

Monday-Friday....6 a.m. - 6 p.m.

Patch CYS Annex

Patch Barracks - Building 2347, 1st Floor
Monday-Friday....8am - 1pm
DSN: 596-5123
CIV: (49) 09641-70596-5123

Family Child Care (FCC)

Patch Barracks - Building 2347, 2nd Floor
DSN: 596-7464
CIV: (49) 09641-70596-7464
Email: usarmy.stuttgart.id-europe.mbx.parent-central-services@army.mil

Kelley School-Age Center

Kelley Barracks - Building 3369
DSN: 596-2975
CIV: (49) 09641-70596-2975

Hours of Operation:

Monday/Tuesday/Wednesday/Friday....2:30 p.m. - 6 p.m.
Thursday....1:30 p.m. - 6 p.m.
School Out Days/All Camps....6 a.m. - 6 p.m.

Patch School-Age Center

Patch Barracks - Building 2312
DSN: 596-4494
CIV: (49) 09641-70596-4494

Hours of Operation:

Monday/Tuesday/Wednesday/Friday....6 a.m. – 8 a.m. & 2:30 p.m. - 6 p.m.
Thursday....6 a.m. – 8 a.m. & 1:30 p.m. - 6 p.m.
School Out Days/All Camps....6 a.m. - 6 p.m.

Panzer School-Age Center

Panzer Barracks - Buildings 3163 & 3166
DSN: 593-2624
CIV: (49) 09641-70593-2624

Hours of Operation:

Monday/Tuesday/Wednesday/Friday....6 a.m. – 8 a.m. & 2:30 p.m. - 6 p.m.
Thursday....6 a.m. – 8 a.m. & 1:30 p.m. - 6 p.m.
School Out Days/All Camps....6 a.m. - 6 p.m.

Robinson School-Age Center

Robinson Barracks - Building 151
DSN: 420-7017
CIV: (49) 711-819-7017

Hours of Operation:

Monday/Tuesday/Wednesday/Friday....6 a.m. – 8 a.m. & 2:30 p.m. - 6 p.m.
Thursday....6 a.m. – 8 a.m. & 1:30 p.m. - 6 p.m.
School Out Days6 a.m. - 6 p.m.

**Closed for Extended School Breaks and Summer Break.*

Patch Youth Center (HUB)

Patch Barracks - Building 2337
DSN: 596-7204
CIV: (49) 09641-70596-7204

Hours of Operation – School Year Programs:

Monday/Tuesday/Wednesday....2:30 p.m. - 6 p.m.
Thursday....1:30 p.m.- 6 p.m.
Friday....2:30 p.m. – 8 p.m.
**School out Days (to include Fridays)....1 p.m. - 6 p.m.*

Hours of Operation – Summer

Summer Camp M-F 8 a.m. - 1 p.m.
Summer Open Rec: Monday-Friday....1 p.m. - 6 p.m.
**See the HUB for most current schedule and updates for summer 2026.*

Panzer Youth Center (Area 98)

Panzer Barracks - Building 2998 (Galaxy Bowling Center)
Monday through Friday2:30 p.m. – 6 p.m.
School Out Days, All Camps....1 p.m. – 6 p.m.
DSN: 596-5984 • CIV: (49) 09641-70596-5984

Youth Sports and Fitness

Panzer Barracks - Building 3162
DSN: 596-2616
CIV: (49) 09641-70596-2616
Email: usarmy.stuttgart.id-europe.mbx.youthsports@army.mil
Office Hours Monday-Friday.....9 a.m. - 6 p.m.

CYS Services Nurse

DSN: 596-7147
CIV: (49) 09641-70596-7147

CYS Closures:

All Weekends and Federal Holidays in addition to the following:

- **Friday, 02 January 2026 – Holiday Closure**
- **Friday, 16 January 2026 – CYS Training Day**
- **Friday, 13 February 2026 – CYS Training Day**
- **Friday, 22 May 2026 – CYS Training Day**
- **Monday, 06 July 2026 – CYS Training Day**
- **Friday, 09 October 2026 – CYS Training Day**
- **Friday, 27 November 2026 – Holiday Closure**
- **Thursday, 24 December 2026 – Holiday Closure**
- **Thursday, 31 December 2026 – Holiday Closure**
- **Friday, 15 January 2027 – CYS Training Day**
- **Friday, 12 February 2027 – CYS Training Day**
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- **Additional closures are subject to review and approval by Garrison Commander.**

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- **Consolidated care days are subject to review and approval by Garrison Commander.**

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WELCOME NOTE FROM THE COORDINATOR

Dear Parents,

Welcome to *Stuttgart*, Child & Youth Services (CYS)! We recognize the strength of our Soldiers comes from the strength of their Families; we consider it an honor and look forward to supporting your Family readiness. CYS is an Army program that provides services to all Military, Department of Defense and Contract Agencies who support the mission of our Garrisons. Our highly trained staff is committed to providing a safe, nurturing environment that meets the holistic needs of the child/youth ages four weeks to 18 yrs. old. Lastly, our programs and activities are specifically designed by early childhood and youth development specialist to meet the growing needs of 21st century military Families.

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

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

Again, thank you for considering *Stuttgart*, Child & Youth Services!

Sincerely,

Jamie M. Ruffini

Jamie M. Ruffini

Child & Youth Services Coordinator

CUSTOMER SERVICE

CAREGIVERS CREED

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



CUSTOMER COVENANT

Family and Morale, Welfare and Recreation (FMWR) is committed to providing quality through service excellence to our Soldiers and Families commensurate with the quality of their service to our Nation. We understand that we create value for our customers through predictable, consistent and efficient customer focused service.

To that end, we promise our customer they will.....

- Always be respected & treated as individuals who are valued
- Receive a prompt and friendly greeting in a professional and courteous manner
- Experience aesthetically-pleasing facilities
- Receive timely, accurate and helpful information
- Be offered high quality products and services
- Have an opportunity to provide feedback

Mission: Our Mission is Caring. We support the military lifestyle while reducing conflicts between mission readiness and parental responsibilities. When a Soldier loses duty time during deployment, mobilization or contingency situations due to a lack of childcare, it negatively impacts the military mission. CYS provides critical support services to mitigate such stressors.

Vision: CYS programs are dedicated to providing:

- Seamless delivery systems for child/youth enrolled in CYS Family Childcare Homes and Child Development Centers.
- Predictable services
- Safe, healthy family-friendly environments
- Well managed programs
- Accountability for Army, Community, CYS Staff, Child/youth and Parents
- Satisfied customers – Child/youth, Parents, Army and Community
- Maintaining status as a “Benchmark for America’s Child Care” and becoming “Benchmark for America’s Youth Programs”

Goals:

- ✓ **Availability:** Provide adequate program capacity and services with the right mix of age groups and spaces to support employment, deployment, health and fitness, youth development, instructional programs and school transition/education.
- ✓ **Affordability:** Operate efficiently within Army resource guidance. Establish fees that consider

Army Family budgets and meet Army financial goals so that the CYS Program is affordable to both the Army and the Army Family.

- ✓ **Quality:** To support the growth and developmental needs of every child/youth, regardless of age or program enrollment, in a safe and healthy environment, with trained and caring adult staff, volunteers and contractors.
- ✓ **Accountability:** To safeguard the Army's resources by efficient management oversight, good fiscal stewardship, reducing waste and protecting assets of programs and services to Soldiers and their Families.

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

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

Confidentiality: The content of each child's file is confidential. Only authorized CYS staff will have access to patron files. CYS is committed to protecting the privacy of patron information. However, the content of each child's file is immediately available upon request to administrators and teaching staff who have consent from a parent or legal guardian to access the records. Parents and legal guardians are also able to access the records upon request. Regulatory authorities have permission to access the records as well.

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

Child & Youth Services have developed a set of guidelines that emphasize the importance of universal cultural and religious values as reflected in the ten Federal Holidays. These will be observed as "core holidays" in Army CYS programs. Installation Parent Advisory Meetings can select other holidays for program observance, which are reflective of ethnic composition, and interests of the families attending child care programs. The CYS staff will plan an observance at any one of three levels depending on the age of the children, local customs of the geographical location, and the relevance of the holiday to military families. These celebrations will provide opportunities to enhance a child's learning, encourage parent participation, and foster community interactions with CYS programs. This approach to holiday celebrations recognizes that parents have the primary responsibility for teaching values. Child & Youth Services can support their efforts by introducing national and Army values in program settings and providing

continuity between program, community, and home practices.

Children's birthdays and special events may be celebrated at the program and parents are encouraged to attend. We have learned, however, that elaborate parties and fancy cakes encourage competitiveness among the children for the "best" party and take some of the joy and pleasure out of the celebration. The children enjoy planning and preparing special snacks for these celebrations. Please do not bring candy, gum, or individual party favors to the program for these occasions.

Total Army Strong: Total Army Strong institutionalizes a commitment by Army leaders to provide soldiers and families of all components with programs and services that maintain a quality of life commensurate with the quality of their service and sacrifice to the Nation.

Open Door Policy: CYS program level staff members are approachable and accessible to parent/guardians during the center's operating hours. Parents/guardians can voice their concerns, complaints and/or compliments regarding their customer service experience. CYS offers a family friendly environment that encourages parents/guardians to drop in to visit or observe their child/youth. Although we strive for excellent customer service and do not anticipate any issues, we do value your opinions and feedback. If you would like assistance in negotiating difficulties or differences with anyone on our staff, there are procedures in place to work towards resolution. The first recommended step is to speak with the manager on duty and express your concerns or questions. A manager is on duty at every CYS facility during all hours of operation. If you are not comfortable speaking with the manager on duty, the next step is to contact the CYS Administrator in the Garrison who provides oversight for those CYS programs. The CYS Coordinator is the next in command for all CYS programs and is the next point of contact. It is our goal to resolve any issues in a timely manner.

Communication & Feedback: Parents/guardians who wish to post questions, comments or concerns regarding Morale Welfare and Recreation (MWR), CYS programs may do so by using "Contact US" on our Webtrac website at:

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

If you do not have access to email, write your questions, comments or concerns and place them in the drop box designated by the Parent Central Services' office. You have the option of remaining anonymous or, should you desire feedback, you may include your name and address. You may also complete an Interactive Customer Evaluation (ICE) survey on your garrison's website

https://ice.disa.mil/index.cfm?fa=service_provider_list&site_id=44&service_category_id=15&dep=*DoD.

Inclement Weather Procedures: USAG Stuttgart Child & Youth Services will observe the following procedures during inclement weather. On days when a delay is authorized and/or unscheduled leave status, CYS will make every effort to open with the following conditions:

- A delay provides management an opportunity to determine the number of children that can be accommodated based on the number of staff available.
- Patrons should visit the USAG Stuttgart Facebook page or the USAG Stuttgart Mobile App: On-Post Roads/Weather before bringing in their child (ren) for care.

When the CDC is already open, parents may be asked to pick their child (ren) up early. On days when a closure is authorized because of inclement weather, CYS will also be closed.

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

- Primary Program Assistant (Classroom Lead Teacher)/FCC Provider Assistant Facility Director/FCC:
- Facility Director:
- Program Operations Specialist
- Program Operations Specialist
- Chief, Child & Youth Services Division
- Director, Family and Morale Welfare & Recreation (FMWR)
- Deputy Garrison Commander
- Garrison Commander

CHAPTER 1- SAFETY & RISK MANAGEMENT

Child Abuse and Neglect: DOD defines reportable child abuse and neglect as follows: Child abuse and neglect includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations of these, by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person. A "child" is a person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility or any staff person providing out of home care is legally responsible. Any staff member accused of abusing or neglecting a child/youth in a CYS program, will immediately be removed from direct contact with children. This is to protect both the rights of the accused staff person and the children in the program. The appropriate authorities will investigate all allegations and make the determination as to whether or not the case is substantiated. Confirmed cases of child abuse or neglect will result in disciplinary measures up to and including separation and may result in criminal charges by authorities.

Child Abuse Reporting: All CYS personnel are knowledgeable and considered "mandated reporters" who are required by law to report suspicions of child abuse or neglect. If CYS personnel notice suspicious bruises, cuts or burns on a child, they must:

- Report incident to the installation Reporting Point of Contact (RPOC). The RPOC# is: Military Police at DSN: 110 or CIV: (49) 7031-15-3102.
- Notify the appropriate CYS program director after notification to RPOC.

DOD Child Abuse and Safety Violation Hotline Posters are placed in visible and high traffic areas throughout all CYS facilities and FCC homes should a parent/guardian/staff need to report incidents of suspected abuse.

Background Clearances: All individuals who regularly interact with children under 18 years of age in Army-sponsored and sanctioned programs are required to undergo detailed initial background checks as well as periodic reinvestigations.

Until all background checks are satisfactorily completed, individuals must volunteer/work within "Line of Sight Supervision" (LOSS) of a cleared staff member.

Staff under LOSS will be identified by nametags with first and last names and will wear a RED uniform (red polo shirts). Staff who have completed background checks will be identified by nametags with first and last names and wear a GREEN uniform (green polo shirts). Management staff will wear nametags with first and last names and appropriate business attire.

Sign In/Out of Facilities: To maintain a safe and secure environment, all visitors are required to sign in/out at the facility's front desk and obtain a visitor's identification badge. Parents/guardians simply dropping off or picking up their child/youth do not have to sign in. Parents/guardians visiting the facility or a classroom greater than 15 minutes must sign in at the classroom and at the front desk.

Child Accountability Procedures: Parents are responsible to notify the program if their child will not be in attendance by 0900 for full day programs (CDC/SAC School Out/Camp) and 1300 for SAC. SAC families reasonable for making proper notifications to changes to the student's routine to their respective school.

Cell Phone and Device use within Child and Youth Facilities: All visitors and parents of the facilities are asked to refrain from using their cell phones within program areas. Use of phones during pick up can be disruptive to the welcoming and inclusive environment and to avoid conversations not meant for little ears. Taking photos, videos and use of "Facetime" within all program areas are prohibited

Child Guidance and Touch Policy: Helping a child/youth understand and make appropriate choices is the basis for child guidance. When a child/youth misbehaves, CYS staff works along with the Parent/Guardians using Positive Guidance (POSITIVE DISCIPLINE, POSITIVE PARENTING, and GENTLE AND SUPPORTIVE GUIDANCE) to identify the problem and find strategies that enable the child/youth to respond appropriately. Positive Guidance is a belief that children should be treated with respect, free from fear of violence and shame, and guided with gentle encouragement. ***Corporal punishment is not allowed in the CYS programs under any circumstances, even with parent approval.***

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

*Parents and Visitors of a facility are not permitted in School Age Care and Youth Center child/youth restrooms. Within CDC facilities parents are required to follow center specific practices. Please inquire with your program Director for specifics within your respective facility.

Concerning & Unsafe Behaviors: The National Association for the Education of Young Children defines challenging behaviors as those that 1) interfere with children's learning, development and success at play; 2) is harmful to the child, other children, or adults; 3) puts the child at high risk for later social problems or school failure. (Examples: Physical aggression such as hitting, biting, or shoving, bullying, tantrums, refusal to follow directions or classroom rules). These behaviors warrant additional observations and additional opportunities for the children to learn more positive ways of relating to one another. Members of our management team will implement the CYS Operational Guidance for Behavior Support. This includes conducting classroom and child observations to assess the function of the behavior, identifying possible triggers, and partnering with families and other community professionals to develop individualized, positive support strategies to address these behaviors.

Active Supervision: At Child and Youth Services (CYS) active supervision is a foundational safety practice that ensures all children and youth are continually monitored in a safe, developmentally appropriate, and intentional way. Active supervision is defined as the focus, initial and continual observation of children by staff to ensure their safety and engagement in learning environments.

At our Child Development Centers, the safety and well-being of every child is our highest priority. Staff implement *active supervision* at all times across all activity settings, both indoors and outdoors. Active supervision means that staff are intentionally engaged, alert, and responsive - constantly observing, interacting, and positioning themselves to ensure that children are safe, supported, and accounted for.

Educators use active supervision practices during:

- ✓ **Indoor play:** Staff move throughout the classroom, engage in learning activities, and monitor each area to prevent safety risks or conflicts before they occur.
- ✓ **Outdoor play:** Staff are strategically positioned around the playground to keep children within sight and sound, moving as needed to maintain line-of-sight supervision.
- ✓ **Mealtimes:** Staff sit with children, model safe and healthy eating habits, monitor food allergies, and foster engaging social conversations.
- ✓ **Transitions and rest times:** Staff maintain consistent child counts, guide children safely from one area to another, and remain alert and responsive even during quiet periods like nap time.

At the CDC, we do not rely on passive observation (e.g., sitting in one place or reacting only after incidents happen). Our staff are trained to prevent issues before they arise and to ensure every child is seen, heard, and supported throughout the day. Active supervision is one of the many ways we maintain a safe, nurturing, and developmentally appropriate environment for your child.

Biting: Policies will focus on modifying the child's behavior within the existing environment rather than "suspending" the child. When this is not possible, the Child Administrator will assist parents in obtaining care in another CYS facility if available.

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

CYS defines bullying as follows: A mean and one-sided activity intended to harm where those doing the bullying get pleasure from the intended target's pain and/or misery.

Bullying can be verbal, physical, and/or relational to the target's race, ethnicity, religion, gender (including sexual orientation), physical, or mental attribute. It includes all forms of hazing and cyber bullying and can be and often is continuous and repeated over time. However, once is enough to constitute bullying.

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

Call for Pick-Up: Calls for pick up maybe required due to atypical situations. Parents are required to pick up their child within one hour of notification. Parents may make arrangements with a designee to meet the one-hour requirement.

Suspension, Expulsion and Exclusionary Measures: Our goal is to limit or eliminate the use of suspension, expulsion and other exclusionary measures. The CYS Operational Guidance for Behavior Support outlines the circumstances under which types of behaviors may warrant exclusion. It outlines the steps that must be followed before a decision is made. Exclusionary measures are not considered until all other possible interventions have been exhausted. If there is an agreement that exclusion is in the best interest of the child, we will offer assistance to the family in accessing services. Our policies comply with the American Disabilities Act, federal and state civil rights laws.

Ongoing Communication with Families: At CYS we recognize that strong, ongoing communication with families is essential to build meaningful relationships and supporting each child's growth and development. We are committed to keeping families informed, engaged, and involved through multiple communication methods that are consistent, accessible and responsive to families' needs. Below are three primary ways we maintain ongoing communication with families across CYS programs.

1. **Electronic Distribution:** (CDC) Newsletters are emailed directly to all families at the beginning of each month to ensure timely and direct delivery. The newsletter is also placed on the parent board by the classroom, every month.
2. **Physical Posting at Entryways:** CYS reinforces communication by placing key reminders and updates on signage at the entrance of our center. These may include event reminders and urgent notices (e.g., weather-related closures) or policy updates.
3. **Additional Channels:** As needed, CYS uses phone calls, individual emails, and in-person communication to provide individualized updates or address family questions or concerns.

Closed Circuit Television (CCTV): All CYS program facilities utilize a comprehensive video surveillance system. CCTV is designed to deter and reduce the risk of child abuse in CYS facilities; protect staff from unwarranted allegations of child abuse, provide parents with "peace of mind" and support CYS management staff in the exercise of program oversight. The cameras record video and sound in most activity areas in the interior. The exterior of the building do not have the capabilities to record sound. Due to confidentiality reasons, copies of these recordings are not authorized to be given to parent/guardians. Recordings are released only to authorized personnel such as the MP's and CID for official business. Local CYS guidance outlines parameters for viewing video IAW CYS CCTV SOP. All other requests for copies of CCTV recorded images and audio, including requests from parents/legal guardians, should be referred to the garrison FOIA office. This will ensure the orderly release while respecting the privacy rights of employees and patrons. CYS does not redact video or audio. Redaction must be arranged by the FOIA Office.

*Parents are encouraged to view live footage on the Parent Viewing Monitors (PVM) located in the facility lobbies.

Adult/Child Ratios: Staff-to-child/youth ratios must be maintained at all times of the day except under rare conditions caused by compensatory enrollment as outlined in guidance (see AR 608-10 for more information). The intent is to always be at ratio and not over or under ratio. Ratios will not be decreased to accommodate children/youth with special needs. Vetted volunteers or other non-CYS staff not paid with CYS funding may be used to supplement the ratio. Multi-age groupings allow for children to be enrolled in the same classroom with the same teaching staff for longer periods of time. Teaching staff are assigned to work with each class of children consistently over time to create stability, predictability and to foster stronger relationships.

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

In the Sports and Fitness Program, appropriate youth/adult ratios are maintained 100% of the time during all sports and fitness program operating hours. The adult/youth ratio is 1:15 at all times indoors and outdoors. The National Governing Body rules determine adult staff/youth ratio for specific activities. Please consult the sports director for additional information.

Adult/Child Ratios:

CDC/SAC Facilities		
Classroom	Age Range	Ratio
Infants	6 weeks to 12 months	1:4
Pre-Toddlers	13 to 24 months	1:5
Toddlers	24 to 36 months	1:7
Kindergarteners	5 to 6 years	1:12
School Age	1 st grade to 12 th grade	1:15

Family Child Care		
Classroom	Age Range	Ratio
Multi Age	4 weeks to 12 years	1:6
Infant/Toddlers	4 weeks to 3 years	1:3
Infants	Birth to 12 months	1:3
School Age	5 years to 12 years	1:8

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

Parent Involvement: Parent /Guardians are encouraged to participate in the planning and evaluation of programs through annual Garrison Multi-Disciplined Team Inspection (MDTI) program surveys, NAEYC / COA Accreditation and Family Advisory Meetings. These processes help ensure the safety of children/youth while improving administrative policies and programming issues geared toward program quality. ***Moreover, parent/guardians who participate in the program may earn points toward fee reduction on their childcare.*** For detailed information on the various ways parent/guardians can participate in CYS programs and activities, contact your facility director regarding the SOP outlining earning parent participation points.

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

Army Higher Headquarters Inspection
Installation Level Child Youth and School Services Inspections
IM 608-10-1, Child and Youth Services
AR 608-10, Child Development Services
AR 215-1, Military Morale, Welfare and Recreation Activities and Non-Appropriated Fund
IMCOM Regulation Instrumentalities
DODI 1015.2 MWR Programs
DODI 6060.2, Child Development Programs
DODI 6060.3, School-Age Programs
DODI 6060.4, Youth Services Programs
DODI 1402.5, Criminal History Background Checks on Individual in Childcare Settings
DODI 6025.18-R Privacy of Health Information
PL 101-647 Crime Control Act
PL 106-104 Youth Sponsorship
PL 104-106 – Military Child Care Act
PL 104-201, Sec 1044: Cities concern for lack of support for DoD Youth Programs
PL 106-65, Sec 584, Expanded Child Care and Youth program services
PL 106-79, Conference Report – DoD Report on Family Childcare Subsidy/Access to Military Child Care
PL 101-366 American with Disabilities Act
TB MED-530 Tri-Service Food Code

Accreditation: Accreditation is an activity, not a status. The benefits of accreditation are the external mark of quality, high standards, process improvements and support. CYS programs undergo a rigorous accreditation process. The Child Development Centers and School Age Centers as well as many of our FCC Homes are fully accredited programs through the following entities:

- National Association for the Education of Young Children (NAEYC)** - sets professional standards for early childhood education programs age (age 0-5 years) and helps families identify high-quality programs for their young children.
- The Council on Accreditation (COA)** - Afterschool Program Standards include Child and Youth Development (CYD-AM), Human Resources (HR), and After School and Youth Development (AYD). The Administration Standards cover practices related to continuous quality improvement, financial management, risk prevention and management and ethical practice. The Human Resources Standards address recruitment and selection, training and professional development, support and supervision. The Standards set forth additional recommended practices for working with children and youth in out-of-school time.
- National Association for Family Child Care (NAFCC)** - Awarded to family childcare providers who meet the eligibility requirements and the Quality Standards for NAFCC Accreditation. Accreditation reflects a high level of quality through a process that examines all aspects of the family childcare program, i.e. relationships, the environment, developmental learning activities, safety and health, and professional and business practices. Once family childcare providers become accredited, they agree to abide by the standards set forth and to be measured against those standards with periodic integrity and compliance reviews.

CHAPTER 2- REGISTRATION PROCESSES & PROCEDURES

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

Patron Eligibility: CY5 accepts children as young as four weeks in Family childcare homes and through eighteen years old in CY5 programs. Eligible patrons of Department of Defense (DOD) Child Development Programs (CDP) include active-duty military personnel, DOD civilian personnel paid from both appropriate funds (APF) and non-appropriate funds (NAF), reservists on active duty or during inactive duty personnel training and DOD contractors. The Eligibility Priority System for patrons is established IAW Department of Defense (DOD) policy.

The purpose of the CDP and School Age Center (SAC) programs offered by the DOD Components is to assist DOD military and civilian personnel in balancing the competing demands of family life and the accomplishment of the DoD mission, and to improve the economic viability of the family unit. Child Care and SAC is not considered an entitlement. (Reference: DODI 6060.2 and 6060.3, #4 Policy.)

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

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

Retiree's eligibility is limited to the use of SKIES, and YS and Sports and Fitness programs. Fees are not based on TFI. For childcare programs on a space available basis. Visit www.militarychildcare.com to make a request for childcare.

Definition of Parent:

- A parent or legal guardian is defined as the biological mother or father of a child; a person who by order of competent jurisdiction has been declared the mother or father of a child by adoption or the legal guardian of a child; or the legal guardian of a child or a person in whose household a child resides at least 25% of the time in any month, provided that such person stands in loco parentis to that child and contributes at least one-half of the child's support.
- In Loco Parentis - When an individual acts "in loco parentis" as the parent, this can only exist when the individual undertakes care and control of another (child/ren) in ABSENCE of such supervision by the natural parents and in absence of formal legal approval. When the parent is still in picture no such "in loco parentis" relationship exists. This guidance has been provided by the IMCOM Office of Staff Judge Advocate.

Parent Central Services (PCS): Parent Central Services, commonly referred to as the "Gateway to CY5," is the first place a Family visits at a new installation to obtain information and register for CY5 programs.

CY5 Parent Central Services:

- ✓ Verifies a patron's eligibility using the DOD ID Card (Military, Civilian, DOD contractor assigned to the Garrison, Reservist/National Guard, Active Duty soldier on orders)

- ✓ Determines services patrons needs (Waitlist, hourly, part day, full day, SAC, MS/T, SKIES, Sports, etc.)
- ✓ Explains age-appropriate programs associated with patron's children.
- ✓ Conducts a search for care in CYS for immediate openings.
- ✓ Conducts initial and re-registration of patrons into all CYS programs
- ✓ Explains Waitlist polices and assists with wait list placement.
- ✓ Determines patron fee category IAW with the latest fee policy.
- ✓ Schedules new patrons for program orientations.
- ✓ Sends eNews publications and messages and contributes to websites of interest to parents.

Items Required for Child/Youth Registration: Children/Youth must be fully registered before they can use any CYS programs. Contact our Parent Central Services Office to set up an appointment to complete your registration. Appointments are required for registration and re-registration. Limited "walk-in" services and same day appointments may be available.

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

- Identification Card** (Sponsor or Spouse)
- Proof of Child Eligibility** (i.e. Legal Guardianship papers, Child Military ID Card, or Tricare card or DEERS printout from Soldier's AKO, or copy of child's birth certificate).
- Immunization Record or transcription** (birth-5 years and school age children who are not enrolled in a local DoDEA school, i.e. homeschooled, enrolled in a private school).
- Proof of Income:** (i.e. Leave and Earning Statements/Pay Vouchers or proof of full-time/part-time school enrollment) *Required for all households enrolling in CDC/FCC full/part-time care, part-day care, before or after school, and MST before schools and camps.
- Health Assessment/Sports Physical Statement or Well Baby Check Up** (due within 30 days of registration).
- TWO Local Emergency Contacts: one must be an Emergency Release Designee.** Other than parents.
- Family Care Plan** (Dual/Single Military Only due within 30 days of enrollment into a care program and updated annually).
- Local contact information:** Parent(s) must provide duty/work phone and cell phone (it is highly recommended for families to secure a local phone number prior to registering their children for care).

Immunizations:

Documentation of immunization records for children under age 6 or enrolled in Child Development programs are required at registration. Updated documentation will be required IAW CDC/ACIP immunization schedules and immunization status maintained on file. Children and youth enrolling in, or who are currently enrolled in School Age Care (SAC) and Youth Programs (to include sports and fitness, and summer camp), and who are not enrolled in a school system requiring immunizations per local/state regulations, must provide documentation of receipt of all immunization.

Documentation of the annual influenza vaccine must be provided annually by 1 December, or as adjusted by Army Public Health officials based on vaccine availability. However, to maintain optimal health and prevent illness, children are encouraged to be immunized each year as soon as vaccines are available.

Children registering or enrolling in activities after the 1 December deadline, but before the end of the flu season, or until the flu shots are no longer available (i.e. registration between 1 December – 31 May) are required to provide flu vaccination documentation. Documentation of the annual/seasonal flu vaccine is not required for children and youth enrolling in and attending summer camp.

Immunization Waivers:

A waiver request for an immunization exemption may be submitted for medical or non-medical reasons. Philosophical exemptions are not permitted.

All medical waiver requests must include a written statement from the child's health care provider specifying the immunization that is requested to be waived and the medical condition that exempts him or her from being immunized. Children/youth will be excluded from childcare in the event of an outbreak of a vaccine preventable disease and families will still be responsible for payment during exclusion.

Health Assessment/Sports Physical (HASP):

Health Assessments:

- A current Health Assessment is required upon initial enrollment and is updated annually (every 12 months) thereafter for children 4 weeks of age through school age. If a current health assessment is not available at initial registration, it is to be completed and submitted within 30 days of registration. Health Assessments are good for three (3) years, as long as the child has not had a health status change.
- A change in health status is defined as any new condition or diagnosis that may affect the child's health and well-being, and that may require accommodation to fully participate in their current program placement.
- A school, state well-baby, or other health assessment/sports physical forms that possess similar medical information identified on the Army's HASP are acceptable in place of the Army's HASP form and will be attached to the Army's HASP. In cases where other health assessment forms are used and if found significantly incomplete or missing critical information pertaining to the child's health status, additional information or a new physical may be requested from the parent.

Sports Physical:

- Children of all ages enrolled in CYS sports and fitness team, and individual sports programs must have a Sports Physical completed by the parent and Part B and C completed by a licensed independent practitioner. The licensed independent practitioner will check "All Sports-yes" or sports applicable under Part B, Participation Recommendation. The HASP will be considered valid for 12 months from the date of the physical exam and signature of the HCP. If a Sports Physical expires during the season, a grace period of one month will be granted for continued participation if parents show proof of a Sports Physical appointment. If there is no current Sports Physical, the child/youth may be allowed to register, receive uniforms, and observe practices/games, however, a current Sports Physical must be provided prior to the first practice, or the child/youth will not participate in practice or games until it is provided.

Special Needs Identification: Parents will complete the Army CYS Services Program Health/Developmental Screening Tool (HST) at initial registration, annually, and/or as requested by CYS. Civilian screening forms that include the same information as the Army form will be accepted in place of the Army form. Annual screening for Middle School/Teens is not required unless there is an identified special need. Upon identification of a special need, the following documentation will be required:

(1) Food Allergy requires a Special Diet Statement (SDS) and Allergy Medical Action Plan (MAP) (if rescue medications are required) both signed by a HCP outlining the specific food allergy and nutrient equivalent CACFP component substitution.

(2) Food Intolerance requires a SDS signed by a licensed independent practitioner. Intolerance” of foods does not include food preferences such as vegan meals or organic food. CYS programs do not have capability to provide or prepare food based on preference.

(3) SDS for religious beliefs is based on written documentation from the parent who specifies prohibited food.

(4) Respiratory Diagnosis (Asthma or Reactive Airway Disease) – requires Respiratory Medical Action Plan signed by licensed independent practitioner.

(5) Seizure Disorder (Epilepsy, Seizures, or Febrile Seizure) – requires Seizure Medical Action Plan signed by licensed independent practitioner.

(6) Diabetes – requires Diabetes Daily and Emergency Medical Action Plan completed and signed by licensed independent practitioner. Medical Action Plans (MAPs) are valid for one year (based on the date signed by a licensed independent practitioner) or less if there is a health status change.

(7) All other conditions requiring accommodation – require relevant documentation of the medical condition and a detailed description of the required accommodations.

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

Multidisciplinary Inclusion Action Team: The Multidisciplinary Inclusion Action Team (MIAT), is a diverse team of subject matter experts within the garrison. The MIAT is responsible for exploring installation childcare and youth supervision options for children and youth with medical diagnoses that reflect life threatening conditions, functional limitations, and behavioral/psychological/cognitive conditions. The MIAT represents an installation-wide partnership that is working toward the inclusion/accommodation of all children and youth accessing CYS. The MIAT is responsible for exploring installation childcare and youth supervision options to ensure the most appropriate placement of children and youth with special needs. The MIAT recommends childcare and youth supervision placement and determines reasonable accommodations and availability of services to support a child/youth’s special needs.

The parent input provided is crucial to the appropriate placement and care of the child. In order to assist the team, parents may be asked to bring specific information, such as:

- Medical documentation detailing the family member’s condition and treatment.
- Current IEP, IFSP, or other current educational evaluations.
- EDIS information regarding developmental evaluations or screenings.

Waitlist: Because of the high demand for childcare, it is not unusual for families to be placed on a waiting list. Placement on this list is determined by sponsor priority and the date of request for

care in MilitaryChildCare.com (MCC). MCC uses the assigned DOD priority, along with the request for care date to determine sequence on the waitlist. A request for care can only be submitted through MCC. Patrons are welcomed to call or visit Parent Central Services for assistance with MCC.

Alternative Viable Option: Care to meet the patron's schedule that reflects the necessary program type (full day, hourly, part day, etc.) and the appropriate age group (infant, toddler, preschool and school-age) for the child. To support military readiness and ensure families have the care they need, MilitaryChildCare.com (MCC) was updated to make better use of an installation's total childcare capacity as a strategy to more quickly meet families' needs. As a result, alternative viable options (AVOs) will be turned on at all Army installations in MCC. Families may receive childcare offers for programs or providers they did not request but could meet their needs.

DoD Military Childcare Priorities: Please refer to Page 42 and 43 in the Appendix Section.

Note: It is the responsibility of the parent/guardian to confirm interest in remaining on the waitlist by logging onto the **MilitaryChildCare.Com** website, every 30 days, to update their request for care. Failure to do so will result in the MCC website automatically removing your request from the waitlist. The MCC website does this automatically and does not notify CYS staff when it removes a request.

When you receive a child care offer:

When a child care space is offered (CDC, SAC, FCC, etc.) parents/guardians have forty-eight (48) hours to accept the offer on MilitaryChildCare.com, and visit Parent Central Services to complete the necessary arrangements to finalize the offer. All messages regarding the offer will be sent to the email provided in the Household Profile in MCC. If MCC does not receive a response from the parent/guardian within this forty-eight (48) hour period, the offer expires and made available to the next eligible child/youth on the waitlist. Visit MilitaryChildCare.com or Parent Central Services to discuss waitlist options.

Middle School/Teen Registration: Middle school/teens may self-register as a guest for CYS programs by completing the one-page registration form. Forms are available at youth services facilities. Youth may attend the regular Youth Programs (not field trips or special events until registration is finalized) as a guest member immediately upon receipt of completed form. CYS staff will validate the registration form. If registration is not validated within 5 working days from receipt of form, youth's guest membership will be cancelled. Once registration is validated (and, if required, DA 7625-1 is completed and returned), an annual pass will be issued to youth.

Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate. To enroll in a team sports program, a sports physical is required in addition to this registration. Sports fees may also apply.

CHAPTER 3 - DAILY OPERATIONS

Daily Admission & Release - Arrival & Departure Procedures: Under no circumstance will a child/youth be released to any person who is not authorized to pick up the child/youth. Positive control of child/youth will be maintained at the classroom level. Each morning, your family will be warmly greeted by our team. As you swipe your child into the CYMS computer at the front desk, you may notice a pop-up notice on your account. This is a communication tool that may be in regard to some paperwork that is needing completed or a reminder from the classroom. The Administrative Assistant at the front desk will be able to assist you. It is imperative that families swipe their children in the facility upon arrival.

When families arrive to the classrooms, they can expect to be greeted by the familiar faces of our staff who work in the mornings. You'll have a chance to let the staff member know about any special situations that may impact your child's day, ask questions about programming for the day and anything else that may enhance the quality of your child's day. Before saying goodbye to your child, please ensure their personal belongings have been put away, they've washed their hands, and you've manually signed them into the room. We are happy to help set up a successful goodbye routine for children who have a hard time separating from you in the mornings.

At the end of the day, parents or authorized alternate pick-up designees will sign their children out of the CYMS computer and again in the classroom. When possible, allow for a few minutes at the end of your day to observe your child participating in the classroom environment. Although the teachers cannot give you their undivided attention for very long while they are supervising the group, you can always expect to hear about the highlights of your child's day, can expect to know how well they ate, slept and played with their peers.

School age children may be swiped in by their parent/designated representative or the child/youth will key their personal identification number (PIN) into CYMS and the parent/designated representative will then sign the child/youth in, as above.

Middle School/Teens (MST) youth participate in an open recreation program, which means they are allowed to enter and depart the facility without a parent/designated representative. MSTs will swipe their key fob or enter their PIN and sign in before they may participate in the CYS program.

For pickup of child(ren), parents/emergency release designees will follow the same procedures listed below.

Parents must notify each time an emergency contact or alternate release designee will be picking up their child.

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

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

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

School-age children may not leave a program unaccompanied without written permission from the parent.

If your child is transported to and from another program, such as Developmental Preschool or other DoDEA programs, it is the parent's responsibility to establish a transportation plan and communicate with the program.

Viewing the child holistically will further foster family-staff interaction. We ensure all children are accounted for before, during and after transportation. Please let us know if your child will not be arriving to the center prior to their participation in an off-site program or returning to the program as expected afterwards. Parents of children/youth determined to be a "No-Show" will be contacted to account for their whereabouts.

No parent may be denied access to a child, including the right to pick up a child from a CYS program or FCC home, unless a copy of the custody agreement or court restraining order that relinquishes such parental rights is on file at the care giving site.

Child Illness Screening: CYS takes all reasonable precautions to offer a healthy environment for children/youth. CYS personnel and FCC Providers will screen each child daily to identify potential health concerns. Screening will be done at time of transfer of care from the parent to CYS, immediately upon child's arrival, and prior to the parent's departure. Children who show visible signs of illness are excluded based on the following symptoms:

(1) Temperature greater than 100.5° F axillary (armpit) for children under three months and greater than 101° F axillary for children over three months of age. Exclusion criteria for children/youth and adults who become ill during the influenza season (1 October – 31 May) include having a temperature $\geq 100^\circ$ F axillary and at least one (1) symptom such as runny nose, cough, congestion, sore throat, vomiting, diarrhea, or intestinal upset.

(2) Inability to participate comfortably in daily activities. This can include but is not limited to: change in behavior such as lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.

(3) Vomiting: Two or more episodes of vomiting during the previous 24 hours or one occurrence in the childcare program accompanied by other indicators such as low grade fever or inability to participate in the program.

(4) Diarrhea – defined by watery stools or decreased form of stool that is not associated with changes of diet or medication. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing soiled pants or clothing. In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two (2) or more stools above normal for that child while in attendance in the program; or loose or watery stools associated with fever; or if the child's ability to participate in program activities is affected. NOTE: Breast-fed infants may have loose stools that may not always be contained in the diaper; they are not to be excluded unless there is a significant change in their normal stool pattern. Children that are on antibiotics will sometimes have loose stools; they should not be excluded unless they meet the criteria above.

(5) Symptoms as outlined per the Communicable Disease chart (see IMCOM_608-10-1 Communicable Disease Chart at back of Parent Handbook). If any of the above symptoms are noted or reported, and the care provider determines that the child needs to be temporarily denied service, parents will be advised to:

1. Care for the child at home until symptoms have subsided and the child is able to participate in daily activities or

2. Consult their primary source of medical care for further instructions.

When a child has been absent, CYS personnel will inquire whether the child has had:

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

If a child becomes ill while in care, he/she will be immediately placed in the isolation area until the parent arrives.

In cases of sudden, serious illness or injury – staff will immediately call emergency services and the parent. If the parent cannot be reached immediately, the child will be taken to the designated Medical Treatment Facility (MTF) by ambulance. A representative from CYS will accompany the child to the MTF and continue to make efforts to contact the parents or emergency contacts on file. Conditions that require immediate medical care includes, but are not limited to the following:

- (1) Convulsions.
- (2) Marked difficulty breathing.
- (3) Unconsciousness.
- (4) Laceration (either significant in size or amount of bleeding).
- (5) Injury to an extremity with obvious deformity.
- (6) Head trauma associated with vomiting or altered consciousness.
- (7) Medication errors such as giving medications to the wrong child or giving the wrong dosage.

Call for Pick-Up: Parents are required to pick up their child within one hour of notification. Parents may make arrangements with a designee to meet the one-hour requirement.

Readmission after Illness:

After treatment of symptoms of a communicable disease by a Health Care Provider (HCP), the parent/guardian must provide CYS with a signed, preferably stamped note in English, that states the child is cleared to return to care. A note is especially necessary if there is any question that the child is still contagious or is not well enough to return for care. In addition, any specific recommendations for limited activity or observations should be specified on the medical clearance note.

CYS staff must ensure that the following criteria are met:

- The child is well enough to participate in normal activities for their developmental and cognitive ability.
- The child's presence will not endanger the health of other children.
- Fever has been absent for 24 hours without the use of a fever-reducing agent or the parent provides a note from the child's healthcare provider clearing them to return to CYS care the next day.
- If an antibiotic was prescribed, the appropriate number of doses has been given over a 24 hour period.
- Certification from a provider that the child may return to the program is required when the following diseases are diagnosed (list is not all inclusive):

- (1) Giardia Lamblia.
- (2) Shigella.
- (3) Salmonella.

- (4) Hepatitis A.
- (5) Hemophilus Influenza B (HIB).
- (6) Tuberculosis.

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|---------------------------------|----------------------------------------------------------|
| (7) Pertussis (whooping cough). | (16) Ringworm (skin/scalp). |
| (8) Polio. | (17) Measles/Mumps. |
| (9) Diphtheria. | (18) Rubella. |
| (10) Rashes (unknown origin). | (19) Methicillin-resistant Staphylococcus Aureus (MRSA). |
| (11) Conjunctivitis. | (20) Rotavirus. |
| (12) Impetigo. | (21) Viral Gastroenteritis. |
| (13) Scabies. | (22) Pinworms. |
| (14) Scarlet Fever. | (23) Monkeypox. |
| (15) Strep Throat. | |

Children wearing casts, slings, have concussions/head injuries, or that have stitches must have a written statement from a healthcare provider with the level of participation allowed upon return to care.

Basic Care Items: Acceptable basic care items are limited to non-medicated topical items to prevent sunburn, diaper rash, teething irritation, lip balm, insect repellants and lotions. An authorization form (IMCOM Form 33) must be obtained from the parent/guardian in order for such items to be applied. Basic care items will be in their original. Each item should have the child's first and last name legibly written on it. Aerosol products are not authorized to be used within CYS programs and facilities. Please contact your Program Management Team for an Approved List of Basic Care items and the Authorization Form. Additional restrictions apply to insect repellants, powders and teething gels. Host nation products may require approval from the Army Public Health Nurse. The approval process may take up to five business days.

Administration of Medication: Medication administration will be confined to situations where no other reasonable alternative exists (e.g., meds given three or more times a day or with specific hourly increments, such as every 8 hours). When a medication is to be administered once per day, the parents will administer the one dose at home unless medical documentation is provided from the HCP that the medication schedule cannot be altered, and it must be administered while the child is in care.

All medication will:

- ✓ Be in the original container with a child-proof cap.
 - ✓ Have a pharmacy generated labeled in English with child's name, name of medication, dosage strength, route of administration, healthcare provider's name, instructions for use, and date. Please contact Parent Central Services for a Host Nation Form if a prescription will be filled outside of an Army Medical Treatment Facility.
 - ✓ Be stored at the appropriate temperature and secured out of the reach of children.
 - ✓ Be available as prescribed to include dispensing device.
- The healthcare provider or parent will administer the first dose of any medication. Child must have completed at least 24-hours of an oral medication before dosage is given by CYS personnel.
 - Expiration dates on long term routine medications will be checked weekly by designated CYS staff. Prescriptions are valid for one year from the original prescription date prescribed by the HCP and must therefore be updated annually. In the event that the medication container identifies a manufacturer's expiration date that occurs before the prescription expiration, the manufacturer's expiration date takes precedence, and a new prescription and medication must be obtained.
 - Over-the-counter medications will not be given by CYS personnel/FCC provider unless they are ordered by a healthcare provider and meet all criteria as previously specified.

Rescue Medication: Rescue medications, such as Benadryl, Epinephrine auto injector, Albuterol inhaler, are given to prevent or lessen potential life threatening reactions of a medical condition. Children/youth that require rescue medication are not allowed to participate in the program without their rescue medication and Medical Action Plan (MAP) being onsite. In the event that a child/youth already participating in a CYS program is diagnosed with a condition that requires a rescue medication, the family will be given a locally determined grace period to get the required MAP. The child/youth can remain in their current program while the MAP is obtained as long as the rescue medication, with a valid prescription, is on-site and staff have been trained on administration of the medication. CYS will consult with the APHN/Health Consultant to ensure the safety of the child until a MAP can be obtained.

All rescue medication will be:

- ✓ In the original container with a prescription label, child-proof cap, and available as prescribed to include dispensing device.
 - ✓ Dated with the healthcare provider's name and clear instructions for use.
 - ✓ Labeled with child's name, name of medication, and route of administration.
 - ✓ Stored with the appropriate dispensing device, the MAP and the Medication Dispensation Form DA 2552-R.
 - ✓ Stored in a secure cabinet or backpack, out of the reach of children but easily accessible in the event of an emergency.
- Prescriptions are valid for one year from the original prescription date prescribed by the HCP and must therefore be updated annually. In the event that the medication container identifies a manufacturer's expiration date that occurs before the prescription expiration, the manufacturer's expiration date takes precedence, and a new prescription and medication must be obtained.
- Rescue medications will only be administered as per prescription label and as directed by the Medical Action Plan.

Self-Medication: Older children and youth may carry and administer their own rescue medicines (inhalers and auto-injectors) with permission from their licensed independent practitioner and parent. Documentation that they accept the responsibilities as per the MAP will be kept on file. Medication will only be taken in the presence of CYS staff if at all possible. If staff is not in the immediate area when a youth needs to self-administer a rescue medication, youth should notify staff immediately after self-administering. CYS staff will document the self-administration on a Medication Dispensation Card.

- If a youth who self-carries arrives at the program without their rescue medication, the parents are contacted for guidance.
- Parents are asked if they can bring their youth's rescue medication or if they want us to send the youth home to get the medication.

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

Personal Items from Home:

- Clothing:** Children should come to the center dressed appropriately for the weather (e.g.) jackets and hats for fall and spring; coats, boots and snow pants, gloves/mitten for winter).

Children should come in "play clothes" so that they feel free to participate in indoor and outdoor activities. Long dresses are not permitted for safety reasons. Washable clothing is recommended as children may be involved in messy developmental activities (e.g. art, cooking, and water and sand play). At minimum two changes of clothing for all children under school-age are required. All clothing and accessories should be labeled with your child's full name.

- Shoes:** Children's footwear should have rubber soles and be suitable for running, climbing and jumping. For safety reasons, opened-toed shoes, flip-flops, thongs, heels without straps or wedged heels are not allowed.
- Jewelry:** Accessories such as earrings, rings, bracelets, necklaces, and barrettes are not permitted for children under three or children who are in multiage rooms with children under three.
- Comfort Items:** If your child is over 12 months of age and has a special soft toy or blanket that he/she naps with, it may be brought to the program. The toy or blanket will be put in the child's cubby and be made available for use during naptime. These items will need to be taken home for weekly laundering. Please ensure all personal items (i.e., book bags, books, school supplies, clothing, and blankets) are labeled with your child's full name. It is not allowed for children younger than 12 months to sleep with soft toys or blankets.

Diapering/Toileting Training:

- Diapers:** For health and sanitation reasons, only disposable diapers are permitted in our programs. Cloth diapers are only allowed when the use of disposable diapers creates a health risk for the child and the parent/guardian submits a health care provider's statement to that effect. Diapers are checked and changed promptly if they are wet or soiled. Diapers and baby wipes should be labeled with the child's first and last name and provided by the family.
- Toilet Training:** Toilet training is a natural developmental process. Peak readiness is typically at 2 ½ years, but will vary with each child. We will not force children to use the toilet, nor will we punish a child for lapses in toilet training. Planning a consistent toilet routine for home and center will go a long way in helping your child accomplish this developmental milestone. Families must provide sufficient changes of clothing and training pants.

Transitions: Children are supervised closely at all times and the environment facilitates staff visibility and access to children. Extra vigilance is given during transition periods, i.e., arrival, departure, employees shift changes. Supervision and practices will vary based on age and facility type.

Celebrations:

- Birthday and Holidays:** CYS recognizes that religious, ethnic and seasonal celebrations are a part of valuable traditions. Parents/guardians are encouraged to coordinate plans with the program director and staff in advance of the event. Coordination is necessary as appropriate items for celebration vary based on age and developmental stages of children/ youth. All food items must be store bought (e.g. cake or cake mix, or other treats in the original sealed package and receipt) and approved in advance by the director and/or dietician prior to serving to children to avoid potential health related actions. Food items may not be prepared at home or in unapproved facilities.
- Special Events:** Throughout the year, CYS sponsors special events and awareness

campaigns such as Month of the Military Child and Army Birthday. Senior Commanders from Active Army, Guard, and Reserve and other branches of service; congressional delegates, local district officials and other key stakeholders plan and engage in observance of these events. Openings for childcare are available during other special events such as balls and meetings that occur after normal operating hours. This type of care must be coordinated in advance through Parent Central Services.

Emergencies Closures/Evacuation/Mobilization: In the event of emergency, mobilization or other contingency in which the facility needs to be evacuated, CYS staff will follow a written Mobilization and Contingency Plan. Children/youth may be moved to the designated evacuation sites for safety and supervision if the emergency is not post-wide and only affects one facility. Parents/guardians and military police will be notified. Specific information can be obtained from your local CYS program. Childcare will be provided only for emergency essential personnel during post closures at the CDC, SAC, FCC programs or pre-approved Kids on Site location. Hazardous road conditions dictate bringing in only sufficient staff to cover the communities' needs. In the event of illness, emergency or facility closure, CYS will make every attempt to contact the parent/guardian. If the parent/guardian cannot be located to pick up the child/youth, the following procedure will be put into action:

- The emergency release designee on record will be called. If the center is unable to contact him/her, the next designee listed will be called.
- If none of the designees can be contacted, the military police will be notified and their procedure will be followed in reference to locating the parent and custody of the child/youth.
- Family Care Plans, all single and dual military members are required to have a current Family Care Plan on file. This plan is signed by the service member's Commander (s) and updated annually.

Minor Accident /Emergencies: In cases of sudden, serious illness or injury – staff will immediately call emergency services and the parent. If the parent cannot be reached immediately, the child will be taken to the designated Medical Treatment Facility (MTF) by ambulance. A representative from CYS will accompany the child to the MTF and continue to make efforts to contact the parents or emergency contacts on file. Conditions that require immediate medical care includes, but are not limited to the following:

- (1) Convulsions.
- (2) Marked difficulty breathing.
- (3) Unconsciousness.
- (4) Laceration (either significant in size or amount of bleeding).
- (5) Injury to an extremity with obvious deformity.
- (6) Head trauma associated with vomiting or altered consciousness.
- (7) Medication errors such as giving medications to the wrong child or giving the wrong dosage.

Transportation Policy: CYS utilizes contracted carriers to safely transport children/youth for CYS Sponsored Field Trips. Our safe passenger rules must be adhered to at all times; please review them with your child/youth. Failure to follow these safety rules may result in the suspension of a child's/youth's transportation privileges. The CYS program does not provide/ utilize bus monitors to and from school at CYS expense.

- Seat belts must be worn at all times. Buses will not move until everyone is buckled up.
- Everyone must remain seated and facing forward on buses. Buses will not move until everyone is properly seated.

- Inside voice is to be used at all times in vehicles.
- Eating, chewing gum and drinking are prohibited in vehicles.
- No objects (including body limbs and head) shall be extended out a window.
- Littering is prohibited. Trash should be placed in designated trash containers.

Idling vehicles are bad for the environment. Idling is linked to increases in asthma, allergies, heart and lung disease. Kids are especially vulnerable when idling happens near schools and child development centers. Letting your engine run idle is also against the law in Germany, even during extreme heat or cold temperatures. We encourage families, bus drivers, and maintenance vehicle operators to turn off their engines in our parking lots.

Children under the age of 10 years are not allowed to be left unattended in vehicles per the Garrison Child and Youth Supervision Guidelines.

Field Trips: As part of the curriculum, field trips and nature walks are scheduled to Family and Morale, Welfare and Recreation (FMWR) sites and other local sites to augment the developmental program. Input from families, child/youth and staff to offer planned activities in conjunction with community service projects is welcomed. Field trip sites are visited by staff prior to the scheduled trip parents/guardians will be informed in advance of the date and destination of each trip and will be required to sign a permission form for each child/youth participating in the trip. Ratios must be maintained by paid staff supplemented with adults such as parents or volunteers. Ratios for high-risk activities must follow guidance. Please consult the program director for additional information on high-risk activities. Parents may be charged fees to cover the cost of occasional program enhancing special events. Events may include optional trips to amusement parks, water parks, carnivals, concerts, and other activities determined to be outside the program operating budget. **This is applicable to all programs.** All field trips which utilize a mode of transportation will adhere to the safe passenger rules listed above in the Transportation Policy.

Food and Nutrition: FCC homes and CDC programs provide all infant jar food, cereal and teething biscuits. FCC homes and CDC programs offer on-site ready to feed iron-fortified formula for infants in full- and part-day programs. These specific USDA CACFP approved formulas are free of cost and parents/guardians have the option to decline. Parents/guardians are responsible for preparing bottles and providing an adequate number of bottles labeled with the date and child's first and last name.

Glass bottles are allowed, so long as the bottle is protected by a silicon sleeve to prevent breakage. All bottles must have caps. Medications or cereal may not be mixed with formula, unless otherwise indicated in the MIAT care plan due to a medical reason. Bottles for infants (under 12 months) may only contain formula or human milk. Whole milk is allowed for children over 12 months. Human milk may be provided to children over 12 months based on parental preference. Any human milk that has been out of refrigeration for more than one hour, may not be used in the center but can be placed in the child's cubby for the parent(s) at the end of the day.

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

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

after meals. Meals and snacks are never withheld. Children and youth are able to choose if they eat or not. If staff have concerns they will notify management and families.

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

- Parent Education:** Classes are offered quarterly during the CYS Orientation Training and through Army Community Service. Regularly scheduled classes include some of the following (1) child growth and development (2) special needs awareness, (3) character counts, (4) baby sign language and (5) child guidance techniques.
- Parent Advisory Committee (PAC):** The PAC is a parent/guardian forum that meets at least quarterly to discuss current issues and offer recommendations for CYS program and service improvements. Parent/Guardians concerns are channeled through the program director to the installation commander for review and disposition.
- Family Conferences:** Provide parents and guardians with a formal means of communicating with those who provide direct care to their children on a regular basis. It offers a great opportunity for parent/Guardians to learn up to date community news and program information while discussing their child's/youth's developmental progress. The Creative Curriculum provides resources to engage family members with family observations, family-facing learning resources, and two-way communication. Teachers can seamlessly integrate family observations into their documentation to inform developmental assessment and support individualized planning.
- Teaching Strategies App:** CDC families are invited to download the free Teaching Strategies Family App to facilitate communication with teaching staff and access curriculum resources.
- Family Involvement in the Learning Environment – CDC, SAC and Youth Centers:** CYS programs believe that strong family partnerships are essential to children's learning and development. Whether enrolled in a Child Development Center (CDC), School Age Center (SAC), or Youth Center (YC), families are offered meaningful opportunities to engage in their child's learning environment and contribute to program experiences.

Families are invited to participate in a variety of ways, including:

- Classroom or Program Visits:** Parents and guardians can visit their child's classroom or activity space to observe, read stories, assist with learning centers, or participate in special activities.
 - Sharing Culture and Careers:** Families are encouraged to share their cultural traditions, special family practices, or information about their jobs—especially during curriculum units like "All About Me," "Community Helpers," or themed study weeks.
 - Family Events and Celebrations:** Each program hosts events throughout the year where families are invited to attend and take part, such as curriculum showcases, holiday events, family nights, open houses, and talent shows.
 - Activity Planning Input:** Families may be invited to contribute ideas or materials to support ongoing projects or interest areas (e.g., art displays, science fairs, cooking projects, etc.).
- Youth-Led Projects and Clubs (SAC/YC):** Older children and youth often plan and lead group projects and community service efforts. Families are welcome to attend presentations, participate in volunteer events, and support club initiatives.

By opening our doors to family involvement, we strengthen the connection between home and program, enhance children's learning, and build a supportive, inclusive community for all.

Late Pick Up: Children/youth must be picked up by posted closing time.

- Within the first 15 minutes past closing, when a Child/youth is left at the site past closing, staff will attempt to contact the parent/guardian using all telephone numbers provided, to include the emergency release designees.
- After 30 minutes, if there are no positive responses to these calls, and the child/youth has not been picked up the MPs will be contacted for assistance.
- After 1 hour of posted closing time, CYS and the MPs will contact FAP Clinical for potential placement of child/youth. CYS will complete a Report of Unusual Incident (RUI).
- Repeated incidents (3 or more times) may be reported to CYS Leadership and above.

CHAPTER 4: PAYMENTS AND REFUNDS

Tax Liability: All civilian families using on-post childcare are required to register with the designated DOD Third Party Administrator and complete an online parent enrollment form to determine the tax value of their childcare subsidy. Each year DOD must determine the value of the childcare subsidy. This net value is the amount that is considered potentially taxable income associated with the DOD childcare subsidy. Only childcare subsidies that exceed the \$5,000 (\$2,500 for married individuals filing separately) exclusion and taxable and reportable. Sponsors are responsible for considering any Dependent Care Flexible Spending Accounts (DCFSA) to determine if the net value plus the DCFSA value exceeds the \$5,000 or \$2,500 amount.

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

- TFI calculations must include quarter's subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind.
- For dual military living in government quarters, include Basic Allowance for Housing with Dependents Rate (BAH RC/T) of the senior member only; for DOD civilian OCONUS, include either the housing allowance or the value of the in-kind housing provided.
- The BAH RC/T chart is located at <http://www.defensetravel.dod.mil/site/bah.cfm>. Open the website. On right side of the screen under "Quick Links and Resources" click on "Non- Locality Rates." To locate the BAH RC/T chart, find the appropriate calendar year.
- Fees for Legally Separated Families are contingent on a legal separation document, a signed separation agreement, or a notarized statement explaining that the parents are separated and unable to reconcile their marital relationship, civil union, or domestic partnership. Military must have the Battalion Commander co-sign the document.
- Fees for Blended Married Families will be based on the TFI of the household.

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

DOCUMENTATION NEEDED TO DETERMINE TFI:

- Military Sponsor's current Leave and Earnings Statement (LES).
- Civilian Sponsor's current LES.
- Spouse/Partner's LES, W-2 forms, and/or other income documentation.
- Schedule C (IRS return) from previous year to demonstrate wages from self-employments.
- Letter from employer if Spouse/Partner has not worked one full month. The letter must include rate of pay and anticipated average number of employment hours in order to calculate an annual pay estimate. Pay stub **must** be submitted following the first month of employment.

Income Verification:

Parent fees are determined during the CYS enrollment process for regularly scheduled CDC, FCC, SAC or YPs before school or camp programs and during annual registration/re-registration thereafter. Parent fees are re-verified during the re-registration process for Families. All patrons with children/youth enrolled in regularly scheduled care programs (i.e. full day/part day CDC, before and/or after school SAC, before school MST, and FCC), regardless of income Category, must provide income documentation. Families are not permitted to automatically elect to enroll in the highest fee Category. Failure to provide the required information will delay the processing and approval of childcare services as well as will result in denial of childcare. OSD requires a summary of TFI information be reported on the Annual Fee Review Report.

TFI is not applicable to Sports, SKIES, or hourly care programs.

Annual TFI **will not** be adjusted unless:

- Unemployed spouse/partner finds paid employment.
- Family is granted a Financial Hardship/Extenuating Circumstances Reduction
- Annual Internal Review Audit documents inaccurate documentation of TFI or Fee changes
- Special circumstances (Furlough)

Parent fees **will be** adjusted when:

- The family moves to a new TFI Category.
- Child/youth transition between programs with different fees, e.g., full day care to kindergarten, Full Day to Part Day, After School to Summer Camp, Child Development Center to Family Child Care, etc.
- Army Fee policy directs a fee change.
- A Financial Hardship Waiver is approved.
- The Family relocates to another installation with different fees
- Special circumstances (Furlough)

Program Fees: Are generated semi-monthly on the 1st and the 15th of the month. Parents can pay monthly fees for regularly scheduled Full Day, Part Day and Part Time Care in monthly or semi-monthly installments. Incoming families make their initial payment for care at the time they accept the child care space offered by the CYS Parent Central Services Office. Services will be terminated if full payment plus late fee charges for the month are not received by the last working day of the month unless a command approved financial hardship waiver has been initiated.

- Hourly Care fees:** The Standard Army-wide hourly care rate is \$8 per hour per child for ALL CYS programs regardless of Total Family Income (TFI) category. **Multiple Child Reductions do not apply to hourly care.** Hourly care payment is due at the time of pick-up. Failure to make the payment will result in termination of availability of child care services. Same day or walk-ins may be accepted on a space available basis. Reservations for childcare can be made in advance, check with your installation for further details. Kelley CDC I is a dedicated hourly care program but other CDC programs may have hourly care availability upon request.
- CYS WEBTRAC Payments:** Some CYS programs allow patrons to make online payments. Please contact your local Parent Central Services for availability of Webtrac payment options (***Please note that WEBTRAC has frequent connectivity issues**).

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

*Auto Debit coming soon.

- **Late Pick-Up Fee:** CDC and SAC programs are authorized to charge a late pickup fee of \$1.00 per minute up to 15 minutes per Family per site regardless of the number of children in care at that site. After 15 minutes, the charge is \$8.00 per child/per site for the next 45 minutes. CYS emergency procedures will be followed when the child (ren) is (are) left at the program one hour after closing the program.
- **Late Payments:** For services billed twice a month (1st and 15th), a one-time \$10.00 per child late payment fee will be assessed on the 6th business day of each missed payment cycle. Late payments for full or part-time, part day care will result in a notice of suspension of services when fees are not paid in full by the 2nd billing date of the month. Services will be suspended on the last day of the month until the fees are paid in full or a hardship waiver/payment plan is approved by the Garrison Commander. Services may be terminated when fees are not paid in full or a financial hardship waiver is not approved.

When late or non-payments have been identified, Families will receive a late payment notice outlining the procedures for payment and possible termination if fees are not paid.

“Non-Payment of Child Care Fees, Collection of Delinquent Accounts and Denial of Services” will be followed which include:

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

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

Financial Hardship Waiver: Families must demonstrate a need for a childcare fee reduction due to financial hardship based on a review by an ACS financial counselor or a certified financial professional external to CYS. The counselor will provide a recommendation for a fee reduction to the Garrison Commander. Fee Adjustments for Financial Hardships must be re- evaluated at least every six months by the counselor or Garrison Commander. **Families whose childcare fees are 25% or more of their Total Family Income (TFI) may request a hardship review.** Please see CYS Hardship Waiver SOP for more details.

Leave/Vacation Options: Family Child Care Fees are annualized during registration for a 2 week Leave/Vacation which reserves the child’s space. CDC has the option for a 2-week or 4-week vacation. The option chosen must be used during the registration year and cannot be carried over into the next year. Families who opt for 4 weeks of Leave/Vacation pay a higher monthly fee

than families who chose the 2 weeks fee option. Family Leave/Vacation must be taken in a minimum increment of five consecutive workdays. Families must provide two-week advance notice prior to taking leave/vacation, to the FCC Provider or Program Director. **Leave vacation options are available to patrons enrolled in CDC/FCC programs ONLY. Leave options must be selected during Initial Registration and Annual Registration Renewal.**

Withdrawal:

Full Day CDC and School Age Before and After Programs:

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

Part Day and Part Time Programs:

- Parents are required to provide a minimum of 2 weeks' notice in writing prior to withdrawal. This notice should be given to the Center Director, Assistant Director or clerical staff. Failure to submit written notification will result in on-going assessment fee (ten percent withdrawal discount is not applicable for Part Day or Part Time programs).

Absenteeism: *No credits or refunds are issued for child/youth absenteeism due to:* (a) regular childhood illnesses or injuries (two weeks or less) (b) CYS program closures due to inclement weather, staffing training, or special installation circumstances determined by the Garrison Commander (GC), (c) withdrawal except in situations approved by the CYS Coordinator where the child/youth has not started the class and for (d) unused leave/vacation. Sponsors requesting refunds for circumstances outside the scope of this policy must submit their justification in writing through the program director to the garrison commander.

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

Families provided with a 45-day supplanting notice that have paid beyond their departure date, will receive a full refund for any time not used. This includes time not used when the Family leaves prior to their 45-day supplanting notification time frame.

Refunds are authorized for:

- Program closures for repair or renovation when an alternate care setting is not provided.
- Unexpected prolonged (over 2 weeks with Garrison Commander's approval) child

- absence due to family emergency or extended illnesses.
- Withdrawal from regularly scheduled childcare programs upon receipt of PCS orders or other extenuating circumstances at the Garrison Commander's discretion.
 - Withdrawal from a Youth Sport (occurring before midseason of the sport) upon receipt of PCS orders. Refund Forms are available at Parent Central Services.

PARENT FEE REDUCTIONS/INCENTIVES:

Deployment Support Services: Deployment Support Services are only authorized for eligible Army Families. Please contact Parent Central Services for additional information regarding Deployment Support Services.

Parent Participation Fee Reduction: Parents may earn a fee reduction for participating for a minimum of 10 hours in CYS programs. A 10% reduction on one month's fee for one child/ youth may be awarded for each 10 hours of parent participation. Reductions are limited to 10% per child/youth per month.

Parent participation hours may accumulate month to month and may not be shared with other Families. The CYS Coordinator may approve Military Units or formal organizations such as Family Readiness Groups (FRG) to "adopt" Families who are unable to accumulate participation hours due to deployment or other extenuating circumstances. Families **must be identified and approved prior** to the accumulation of points. Members of units or organizations are not required to have children or youth enrolled in CYS. Adopted Families **may not** use hours accumulated on their behalf when the deployment or extenuating circumstance ends.

Parent participation points may only be used for regularly scheduled programs (e.g., full-day care, part-time care, part-day toddler/preschool, before/after school age care, school break camps and MST Before care and MST camps). Parent participation points will not be used to reduce hourly care fees.

Multiple Child Reductions (MCR): A 15% MCR is applied when more than one child is enrolled in regularly scheduled childcare programs or seasonal youth sports offered by CYS. MCRs for childcare and youth sports are determined separately and may not be combined. **MCRs are not applied to Hourly Care, SKIESUnlimited fees, or School Age occasional user fees.**

Regularly scheduled childcare programs (Full Day, Part Day, FCC home, Before and After School Age, etc.): MCR applies to families with more than one child enrolled in ongoing childcare programs. The child enrolled in the highest cost care option is considered the first child and pays full fee. The Standard Army-wide Multiple Child Fee Reduction is applied to the second child and all subsequent children enrolled in regular ongoing childcare program.

DoD Contractors and specified space available patrons enrolled in CDC, FCC full-day care, part-time care, part-day toddler/preschool, SAC before/after school age care, school break camps and MST Before care and MST camps are not eligible to receive fee reductions (e.g., MCR, Family financial hardship waivers, etc.)

Seasonal Youth Sports: MCR applies to families with more than one child enrolled in a

seasonal youth sport. The Standard Army-wide Multiple Child Fee Reduction is applied to the second child and all subsequent children enrolled in a youth sport occurring in the same season.

Family Child Care Fee Incentive: FCC Parent Fee Assistance represents a savings to Families over Army CDC and SAC fees for designated Total Family Income Categories. This savings is an efficiency incentive to encourage more Families to use FCC Homes as their primary source of child care. Contact Parent Central Services for additional information on FCC Parent Fee Assistance. Parent fees are 15 percent below the installation fee (this reduction is not applicable for CAT 9A patrons i.e. DOD contractors and specified space available).

****Army Fee Policy subject to change.**

****Families will be provided with a 30-day notice when a new Army Fee Policy is published.**

CHAPTER 5 - CURRICULUM AND PROGRAMS

Introduction

At Army Child and Youth Services (CYS), we recognize that children and youth thrive when learning is active, engaging, and meaningful. All CYS programs—Child Development Centers (CDC), School Age Centers (SAC), and Youth Centers (YC)—embrace a play-based learning approach that supports the physical, cognitive, social, and emotional development of every child and youth.

CHILD DEVELOPMENT CENTERS (CDC & FAMILY CHILD CARE (FCC) HOMES)

The Creative Curriculum is the authorized curriculum used in CDCs/FCC for children ages 0–5. The Teaching Strategies (TS) Gold developmental assessment, *Checkpoints*, will be used to document the progress of children. All activities will be developmental in nature and recognize children’s individual differences by providing an environment that encourages self-confidence, development of self-help and life skills, curiosity, creativity, and self-discipline as outlined in the Creative Curriculum. Concrete experiential learning activities encompass the following six domains: Social, Physical, Language/Literacy, Cognitive/Intellectual, Emotional and Cultural.

In our CDCs, guided play (child-directed and teacher supported) is learning that is joyful (hands-on and minds-on play); meaningful as children follow their own interests and thoughtful as teachers support with responsive interactions. The Creative Curriculum includes Intentional Teaching Experiences that are playful and engaging experiences along with guidance to help educators individualize each activity to meet the unique needs of each child.

Mighty minutes are transitional activities that include rhymes, songs and chants that engage children in joyful learning.

Interest areas also enable children to play with one another, make choices, decisions and solve problems, while pursuing their own interests. While playing children are increasing language, literacy, and math skills, exploring art, science, social studies and creative expression.

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

Evaluating Children’s Development and Learning: Teachers observe children during daily routines and play, documenting their behaviors, skills, and interactions in the online Teaching Strategies system. These observations are tied to developmental objectives and domains (e.g., Social-Emotional, Physical, Language, Cognitive, Literacy, and Mathematics.) Color-coded progressions guide teachers toward selecting and adapting activities that support each child’s development and learning, including those with disabilities. Meaningful reports inform classroom practices and individualized instruction. The SmartTeach platform enables educators to search for activities based on developmental areas and automatically integrate them into individualized lesson plans. The data collected from teacher and family observations, informs individualized planning and ensures decisions are aligned with each child’s developmental needs

SCHOOL AGE CARE (SAC)

Curriculum and programming centers around the school age five services areas: Sports & Fitness, The Arts, Leadership & Service, Health & Wellness, and Education & STEM. Children will have input into activity choices to ensure the activities meet their needs and interests.

Documentation of child input into activities is on file in the program. Program choices are designed and implemented to meet a variety of child interests to cover a wide variety of skill, ability and interest levels.

Daily schedules/lesson plans will be flexible, provide stability without being rigid, allow children to meet their physical needs (e.g., water, food, restrooms) in a relaxed way, allow children to move smoothly from one activity to another, usually at their own pace, and facilitate transitions when it is necessary for children to move as a group. A variety of clubs and committees will be available to expand children's interpersonal, speaking, and leadership skills. Program choices will be offered to help children develop skills in independent living and life planning such as cooking, swimming, etc.

MIDDLE SCHOOL/TEENS (MST)

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

Program opportunities will be offered in life skills, citizenship and leadership in the following program areas:

- Youth Councils, which will provide opportunities for youth to actively participate in planning and conducting youth programs.
- Volunteer Community Service will provide opportunities for youth to actively learn through service to their community.
- Workforce Preparation provides opportunities for youth to prepare for successful entry into the workforce.
- Youth Technology Lab. Provides opportunities for youth to explore interests, enhance technology skills, and research information.

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

CHILD AND YOUTH SPORTS AND FITNESS PROGRAM

The Child and Youth Sports and Fitness Program utilizes a comprehensive framework to ensure the physical, cognitive, social and emotional needs of youth are addressed:

- The system is comprised of Four Service Areas to meet the core requirements:
 - Team Sports
 - Individual Sports
 - Fitness and Health
 - Outreach
- Team Sports are offered for all children ages five and above in the following sports:
 - Baseball/T-Ball
 - Soccer
 - Basketball
 - A minimum of two additional team sports offered at any time of the year (volleyball, dodge ball, cheerleading, tackle football, etc., based on community needs and interests).

- Individual Sports are offered in at least three locally selected sports. A minimum of one Fitness and Health option is offered anytime during the year such as healthy lifestyles, healthy eating, personal hygiene, etc.
- Fitness and Health programs focus on nutrition education/counseling and health promotion. These programs are implemented throughout the CYS system.
 - Nutrition, Counseling or Health activities/event.
 - At least one other locally determined option i.e. aerobics, swimming laps, weightlifting, biking, fitness trails, challenge courses, walking, jogging, hiking, etc.

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

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

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

CORE PROGRAMS:

Child Development Centers (CDCs) (Ages 6 weeks - 5 years): Offer on-post full-day, part-day, hourly childcare, and the *Strong Beginnings* Pre-Kindergarten program. May also include standalone CDC annexes and satellite sites. Care is provided by trained staff and operations are subject to Department of Defense (DoD) Certification.

Family Child Care (FCC) Homes (Ages 4 weeks - 12 years): Offer full-day, part-day, and hourly childcare to include extended duty day, weekend care, 24-hour care as needed in a home environment. Care for up to eight children (depending on mix of ages) is provided by trained, certified, and monitored Family Child Care Providers in their own homes (government owned or leased housing) and is subject to DoD Certification.

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

Youth Centers (YCs) (6th - 12th grade): The Youth Program offers comprehensive, supervised program options and affordable, quality, predictable services that are easily accessible for eligible youth in grades 6 through 12 who are generally 11 – 18 years of age.

Youth Sports & Fitness Programs (Ages 3 - 18 years): Offer developmentally appropriate opportunities for children and youth to be engaged in individual and team sports, competitions, skill building clinics, and nutrition and health classes that foster development of life-long healthy habits. Provided by trained CYS employees and volunteer coaches in a variety of settings including Youth Centers, MWR Facilities, Schools, community fields and facilities. DODI 6060.4, AR-215-1, AR-608-10.

Parent and Outreach Services Programs

- Parent Central Services (Ages 0-18 years):** Offers registration, enrollment, records transfer, parent education classes, and babysitter training and referral services for Families. Includes CYS *Parent Advisory Meeting*, non-traditional outreach services, and *Parents on*

Site volunteer program. Provides program information, sends eNews publications and messages and contributes to web sites of interest to parents.

- ❑ **Kids On Site/Short Term Alternative Child Care (Ages 6 weeks - 12 years):** Offers short term hourly childcare for Families using/attending Command Sponsored events, e.g., Strong Bonds, Family Readiness Groups, Memorial Services, Yellow Ribbon Events etc. Provided by CYS employees in a variety of on and off post settings that may include Family and Morale, Welfare and Recreation facilities, Chapels, Armed Forces Recreation Centers, Hotels, Schools, Armories, etc. Parents remain on site or are immediately available in an adjacent facility. ***Subject to availability.**
- ❑ **CYSitters/Trained Babysitters (Ages 6 weeks - 12 years):** Offers formal training for teens and adults who provide short-term hourly childcare in Families' own homes. Training covers skills needed to safely and appropriately care for children and includes First Aid and CPR, program activities and the "business" of babysitting. Trained CYSitters receive a certificate of completion and a wallet card and may be placed on the CYS Services' babysitter referral list.

Deployment Support Services:

- ❑ **Youth Technology Labs (YTLs) (Ages 6 - 18 years):** Provide a safe, secure, and age-appropriate place where children and youth can engage in technology-based activities and programs; both key to linking youth with their deployed parents and serving as a vital component of CYS Home Work Centers and Mobile Tech Labs that support geographically dispersed children and youth through Operation Military Kids.
- ❑ **Child Behavior Consultants (MFLC-Military Family Life Consultant):** Provide on-site counselors in child and youth programs to offer non-medical, short term, situational, problem-solving counseling services to staff, parents, and children within CYS facilities, garrison schools and summer camps.

School Support Services:

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

- ❑ **School Liaison Officers (SLOs):** Have strong educational backgrounds and are located on each Army garrison. SLOs provide support to Garrison Commanders, Families and school districts. SLOs advise garrison command staff on matters related to schools; assist Families with school issues; communicate information and support services to Families and schools; support Families during school transitions; collaborate with school districts to build positive relationships and address issues that impact students; facilitate training for parents, schools, and garrisons; foster reciprocal transition practices among school districts and increase school transition predictability for Families.
- ❑ **Home School Support:** Provided to families who choose to homeschool their children. SLO's gather and share policies and resources to help families overcome unique challenges and barriers.
- ❑ **School Youth Sponsorship Programs:** Ease school transitions in CONUS and OCONUS schools.
- ❑ **Tutor.Com:** Offers free, online tutoring services for all military connected families.

Community Resources:

Army Community Service (ACS)

DSN 596-3362 / CIV 09641-70-596-3362

www.stuttgart.armymwr.com

*Information hub for Arts and Crafts, Auto Services, Community Events, Child and Youth Services, Financial Support, Libraries, Recreation, Service Members, Social and Dining, Sports and Fitness, Theatre and Travel & Lodging.

Educational & Developmental Intervention Services (EDIS)

DSN 314-590-1613 / COMM 06371-9464-1613

Monday – Friday, 07:30 – 16:30

*Developmental Screenings, Developmental Evaluations, Individualized Family Service Plan, Early Intervention Services, Transition Assistance.

Family Advocacy Program (FAP)

DSN 596-3362 / CIV 09641-70-596-3362

Panzer Kaserne Building 2915, 2nd Floor

*The Family Advocacy Program (FAP) is dedicated to the prevention, education and prompt reporting, investigation, intervention, and treatment of spouse and child abuse.

Exceptional Family Member Program (EFMP)

DSN 596-3362 / CIV 09641-70-596-3362

Panzer Kaserne Building 2915, 2nd Floor

*The EFMP is a mandatory enrollment program that works with other military and civilian agencies to provide comprehensive and coordinated community support, housing, educational, medical, and personnel services to Families with Special Needs.

Stuttgart WIC Overseas Program

DSN: 596-3351 / CIV 09641705963351

Panzer Kaseme Building 2915, Room 311

The Women, Infants, and Children Overseas Program provide military family members with several important benefits such as nutritious foods, tips on how to prepare balanced meals, nutrition and health screenings and other resources that help family members lead healthier lives.

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Childcare Payment Date Reminder:



CYS Payment Reminder: 2026 CHILDCARE PAYMENT DATE REMINDER

Full Day, Part Day, Part Time, Before and After school Fees only.

BILL DATE	5 th Business Day Last Day to Pay <u>Before</u> Late Fees are applied.	Termination of Services due to Non-Payment -Close of Business-
January 1, 2026	January 8, 2026	January 31, 2026
January 15, 2026	January 22, 2026	
February 1, 2026	February 9, 2026	February 28, 2026
February 15, 2026	February 23, 2026	
March 1, 2026	March 9, 2026	March 31, 2026
March 15, 2026	March 23, 2026	
April 1, 2026	April 8, 2026	April 30, 2026
April 15, 2026	April 22, 2026	
May 1, 2026	May 8, 2026	May 31, 2026
May 15, 2026	May 22, 2026	
June 1, 2026	June 8, 2026	June 30, 2026
June 15, 2026	June 22, 2026	
July 1, 2026	July 8, 2026	July 31, 2026
July 15, 2026	July 22, 2026	
August 1, 2026	August 10, 2026	August 31, 2026
August 15, 2026	August 24, 2026	
September 1, 2026	September 8, 2026	September 30, 2026
September 15, 2026	September 22, 2026	
October 1, 2026	October 8, 2026	October 31, 2026
October 15, 2026	October 22, 2026	
November 1, 2026	November 9, 2026	November 30, 2026
November 15, 2026	November 23, 2026	
December 1, 2026	December 5, 2026	December 31, 2026
December 15, 2026	December 19, 2026	

USAG Stuttgart CYS bills twice a month (1st and 15th), a one-time \$10.00 per child late payment fee will be assessed on the 6th business day of each missed payment cycle. If full payment (to include late fees) is not received by COB on the last business day of each month the account becomes delinquent and services will be terminated. Delinquent accounts are denied services for all CYS programs and FMO will initiate a DD 139 to process the account for collection. All delinquent fees must be paid in full to be eligible to use any programs in CYS.

PAY YOUR CHILD CARE BILL ONLINE!

<https://webtrac.mwr.army.mil/webtrac/Stuttgartcys.html>

If you have any questions, please contact us or call Parent Central Services at CIV: 09641-70596-7467/7488/7480/7483

DSN: (314) 596-7467/7488/7480/7483

We will assist you each step of the way!

Military Family Types and DoD Priority- Supplanting Matrix:

Military Family Types and DoD Priority – Supplanting Matrix

The chart below contains a complete list of all DoD priorities, if the priority is subject to supplanting, and by what priorities.

Military Family Type	Priority	Supplanted By
Child Development Program Staff	1A	Cannot be supplanted
Active Duty Combat-Related Wounded Warrior	1B.1	Cannot be supplanted
Single/Dual Active Duty Military	1B.2	Cannot be supplanted
Single/Dual Guard and Reserve on Active Duty	1B.3	Cannot be supplanted
Active Duty Military With Full-Time Working Spouse	1B.4	Cannot be supplanted
Guard and Reserve on Active Duty With Full-Time Working Spouse	1B.5	Cannot be supplanted
Active Duty Military With Part-Time Working Spouse	1C.1	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Active Duty Military With Spouse Seeking Employment	1C.1	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Guard and Reserve on Active Duty With Part-Time Working Spouse	1C.2	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Guard and Reserve on Active Duty With Spouse Seeking Employment	1C.2	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Active Duty Military With Full-Time Student Spouse	1D.1	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5, 1C.1, 1C.2
Guard and Reserve on Active Duty With Full-Time Student Spouse	1D.2	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5, 1C.1, 1C.2
Single/Dual DoD Civilian/Coast Guard Civilian	2A	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
DoD Civilian/Coast Guard Civilian With Full-Time Working Spouse	2B	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Active Duty Military With Non-Working Spouse	3A	Supplanted by all priority 1 or 2
Guard and Reserve on Active Duty With Non-Working Spouse	3A	Supplanted by all priority 1 or 2
DoD Civilian/Coast Guard Civilian With Spouse Seeking Employment	3B	Supplanted by all priority 1 or 2
DoD Civilian/Coast Guard Civilian With Full-Time Student Spouse	3C	Supplanted by all priority 1 or 2
Gold Star Spouse (Combat-Related)	3D	Cannot be supplanted
Single/Dual DoD Contractor	3E	Supplanted by all priority 1 or 2
DoD Contractor With Full-Time Working Spouse	3E	Supplanted by all priority 1 or 2
DoD Contractor With Spouse Seeking Employment	3E	Supplanted by all priority 1 or 2
DoD Contractor With Full-Time Student Spouse	3E	Supplanted by all priority 1 or 2
DoD Civilian/Coast Guard Civilian With Part-Time Working Spouse	3F	Supplanted by all priority 1 or 2

Military Family Types: Supplanting

Military Family Type	Priority	Supplanted By
DoD Civilian/Coast Guard Civilian With Non-Working Spouse	3F	Supplanted by all priority 1 or 2
DoD Contractor With Part-Time Working Spouse	3F	Supplanted by all priority 1 or 2
DoD Contractor With Non-Working Spouse	3F	Supplanted by all priority 1 or 2
Other Federal Employees	3F	Supplanted by all priority 1 or 2
Deactivated Guard/Reserve Personnel or Inactive Guard/Reserve in a Training Status	3F	Supplanted by all priority 1 or 2
Military Retirees	3F	Supplanted by all priority 1 or 2

1. At no time will the child of a Direct Care CDP staff member be removed from the program to accommodate another eligible patron.
2. At no time will a Priority 1B patron be removed from the program to accommodate any other patron, including 1A patrons.
3. At no time will a Gold Star Spouse dependent be removed from the program to accommodate any other patron. In addition, surviving spouses of Active Duty Service members, who die while their dependents are enrolled in an installation-based child development program, will not be subject to supplanting by higher priority patrons. Additionally, surviving spouses of Active Duty Service members may maintain their space in the program until they withdraw from the program or the child(ren) age out of the DoD Child Development Programs.
4. Priority 1C patrons may only be supplanted by an eligible patron in Priority 1A or 1B.
5. Priority 1D patrons may be supplanted by an eligible patron in Priority 1A, 1B, or 1C.
6. DoD civilian patrons (Priority 2) may only be supplanted from care by an eligible Priority 1A or 1B patron.
7. Space Available (Priority 3) patrons may be supplanted by an eligible Priority 1 or a Priority 2 patron.

Parent Participation:

Parents are the first and most influential teachers in their child's life.

Research shows the single most important factor that determines a child's success in school and throughout life is parent or family involvement. Parental involvement refers to the amount of participation a parent (e.g. sponsor or legal guardian) has in a child's schooling.

Parents are an indispensable and a valuable resource. The Military Child Care Act requires the establishment of a parent participation program at each DoD installation. CY5 view parents as assets rather than liabilities because of the level of knowledge and expertise they possess. As parents, they have firsthand knowledge of their own children's strength and weakness, as patrons they have firsthand experience with CY5 programs.

Category	Activity	Point Value
Program Evaluation	Completion of selected surveys such as COA, NAFCC, or NAEYC Accreditation.	1 point per hour spent or 1 point per completed survey.
Parent Education	Attend parent education session or PAC meeting.	2 points per parent education session or PAC meeting.
Community of Special Events	MOMC programs, Seasonal Parties- assisting in some way (does not include points for attendance alone).	1 point per hour spent
Classroom Activities	Participation in program activities-i.e. FCC Home, CDC, SAC, or MST facilities, Participate on field trips, assist with lunchtime, Share talent or assist with homework.	1 point per hour spent
Program Wide Projects	Repair toys and equipment, prepare newsletter, and laminate classroom or program materials.	1 point per hour spent
Individual Projects	Make games, record books on CD, create prop boxes, sew or make classroom materials.	TBD in advance. Range is 1-3 points per project. Consideration given to time spent.

Parent Advisory Meeting Dates:



UNITED STATES ARMY
CHILD & YOUTH SERVICES

PARENT ADVISORY COMMITTEE (PAC) MEETING

2 0 2 6

📍 MS TEAMS

Quarterly Parent Advisory Committee (PAC) Meetings are open to all USAG Stuttgart Families with an interest in Child and Youth Services Programs to include full day care, part-day preschool and Strong Beginnings programs, School Age Care (school year and summer programs), Youth Programs (middle and high school), sports and SKIES.

Feb. 4, 12 p.m.
(MS Teams)

Apr. 8, 5:30 p.m.
(In-Person Family Event)

Sep. 2, 12 p.m.
(MS Teams)

Nov. 4, 12 p.m.
(MS Teams)

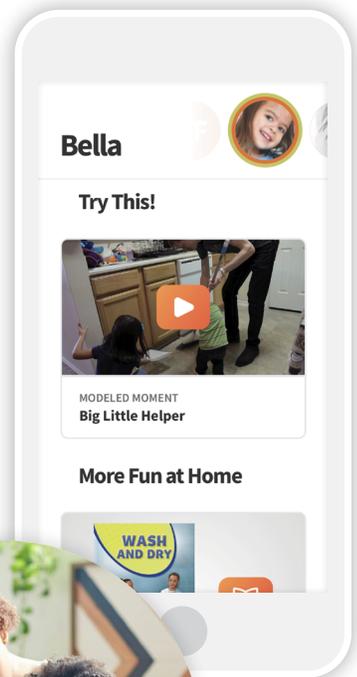
Representatives from each program will attend the PAC meetings hosted by Parent & Outreach Services to share upcoming events/activities, friendly reminders and the highlights of the previous quarter.



CYS Parent & Outreach Services
BLDG. 2347, Patch Barracks
DSN: 596-7480/7467/7483/7488
CIV: 0964170-596-7480/7467/7483/7488

STUTTGART.ARMYMWR.COM

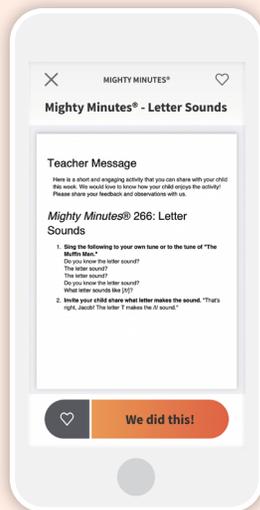
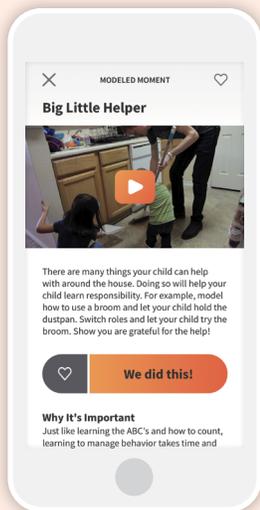
FAMILY



Introducing Teaching Strategies Family

Family involvement in learning is key to your child's success. We want to help you stay connected and support learning at home. The free **Teaching Strategies Family** app will help you support your child's learning. This tool offers two-way communication between school and home; rich, interactive playlists filled with family-friendly activities you can do with your child; and a digital children's library with over 200 titles.

Get **Teaching Strategies Family** for Free Today



How It Works

After you accept the email or text message invitation, each week you will:

1. Watch videos modeling games and conversations that support what we are learning in school.
2. Do the activities with your child and have fun learning together! Mark "We did this!"
3. Share your experiences and expertise with me as I partner with you in your child's journey!

Watch our video!

Make sure to scan the QR code to the right to learn more about Teaching Strategies Family.



English



Spanish

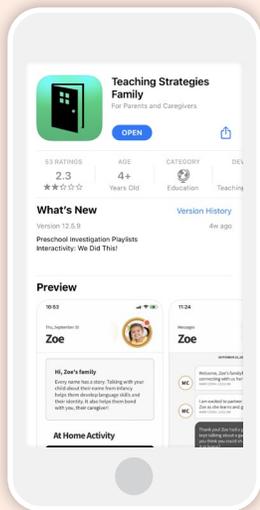
FAMILY



Accept Your Invitation Today!

You will receive an email that says
"Teaching Strategies Family invitation for the family of [Your Child]."

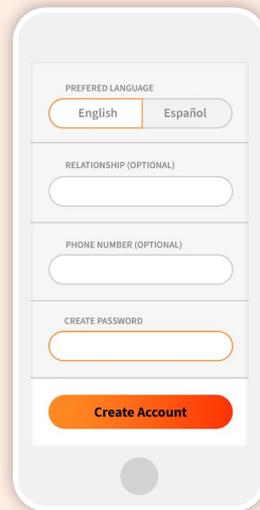
Registration Is Easy!



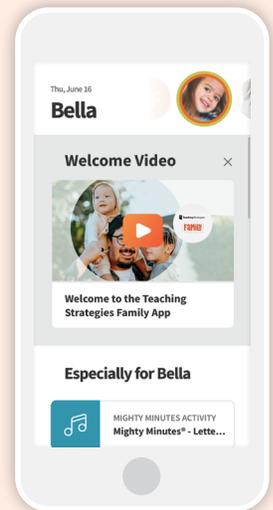
Step 1
Download the free Teaching Strategies Family app.



Step 2
Tap **"Get Started Now"** in the email or text message invitation to open the app.



Step 3
• Choose your language,
• set a password, and
• tap **"Create Account."**



Step 4
You are in!
Now you'll receive playlists and activity ideas.

If you provided your phone number in order to sign up for Teaching Strategies Family, a text message invite will be sent. No other messages will be sent unless you sign up for Teaching Strategies Family and agree to receive important notifications and curated playlists and other informational alerts. If you are not willing to receive this initial text from Teaching Strategies Family, please contact your child's teacher. Message & data rates may apply. Frequency varies.

Having trouble getting started?

Check out the [Teaching Strategies Family support page](#) for resources to help you get connected.



Join the Team:

Child & Youth Services (CYS)

Now Hiring, Starting Pay: \$18.52

Full-time & Part-time employees receive an annual compensation package including 401(k) & pension!

- Retirement & 401K
- Medical, Dental, Vision & Life Insurance Benefits ***
- Flexible Work Hours
- Paid Time Off (Vacation & Sick)
- Career Progression & Paid Training
- Tuition Reimbursement Possibilities
- Priority Childcare Placement
- Tax-free Shopping Privileges at AAFES
- Job transfer program worldwide through CEAT

REWARDING JOB? ✓ GREAT BENEFITS? ✓ MAKE A DIFFERENCE IN THE WORLD? ✓

COME WORK WITH CYS



SCAN TO LEARN MORE

* Higher on average than in the private sector and varies on locality and position
** Annual value based on full-time employment
*** Conditions apply

Apply Now: armymwr.com/cyscareers



Child & Youth Services RECRUITMENT FAIR

10 a.m. - 1 p.m.



Apply now!

Jan. 13 Patch Barracks, Bldg. 2312, 2nd Floor
Mar. 10 Panzer Kaserne, Bldg. 2915, 4th Floor
May 12 Patch Barracks, Bldg. 2312, 2nd Floor
Jul. 14 Panzer Kaserne, Bldg. 2915, 4th Floor
Sep. 8 Patch Barracks, Bldg. 2312, 2nd Floor



Parent Central Services
Patch Barracks Building 2347, 2nd Floor
DSN: 596-7480/7467/7483/7488
CIV: 09641-70-596-7480/7467/7483/7488

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CHILD AND YOUTH SERVICES READMISSION RECORD

Data required by the Privacy Act of 1974

Authority: 10 USC 3013

Purpose: To provide readmission guidance for children who have been excluded from care due to illness.

Routine Use: In addition to those disclosures generally permitted under 5 USC 552a(b) of the Privacy Act, these records and information may specifically be disclosed outside DoD as a routine use pursuant to 5 USC 552a(b)(3) as follows: Information from this system may be disclosed to civilian health and welfare departments and agencies in emergency situations. The "Blanket Routine Uses" set forth at the beginning of the Army Compilation of Systems of Records Notices also apply.

Disclosure: Voluntary, but if information is not provided, individuals may not be able to participate in Child & Youth Services activities.

Child's Printed Name:

Date:

Your child is being excluded from Child & Youth Services due to the following symptom(s):

SYMPTOM	READMISSION CRITERIA
<p>___ Fever of 101° F axillary (100.5° F for 0-3 months of age). During flu season, 01 October-31 May, fever of 100° F and at least one additional symptom (i.e. runny nose, cough, congestion, sore throat, intestinal upset, and diarrhea).</p>	<ol style="list-style-type: none"> May return to the program when fever has been absent for 24 hours without the use of a fever-reducing agent. 24 hours begins at midnight following pickup from program. A note from the child's healthcare provider clearing the child to return to care IS NOT required for readmission; however, a child may return early with a note from the child's healthcare provider clearing the child to return the next day.
<p>___ Inability to participate comfortably in daily activities (i.e. change in behavior such as lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, or having a quickly spreading rash).</p>	<ol style="list-style-type: none"> May return to the program when well enough to participate in normal activities. A note from the child's healthcare provider clearing the child to return to care IS NOT required for readmission.
<p>___ Vomiting. Two or more episodes of vomiting during the previous 24 hours or one occurrence and at least one additional symptom (i.e. fever, inability to participate).</p>	<ol style="list-style-type: none"> May return to the program when vomiting has been absent for 24 hours. 24 hours begins at midnight following pickup from program. A note from the child's healthcare provider clearing the child to return to care IS NOT required for readmission; however, a child may return early with a note from the child's healthcare provider clearing the child to return.
<p>___ Diarrhea. Loose, watery stools or decreased form of stool not associated with diet changes, breastfeeding, or antibiotics. Diapered Child. 2 or more stools above normal for the child, loose stool not contained within the diaper, or loose, watery stools associated with fever. Toilet-Trained Child. Soiled pants or clothing.</p>	<ol style="list-style-type: none"> May return to the program when diarrhea has been absent for 24 hours. 24 hours begins at midnight following pickup from program. A note from the child's healthcare provider clearing the child to return to care IS NOT required for readmission; however, a child may return early with a note from the child's healthcare provider clearing the child to return.
<p>___ Red, watery eye with thick, yellow discharge.</p>	<ol style="list-style-type: none"> May return when discharge and symptoms of infection have cleared. A note from the child's healthcare provider clearing the child to return to care IS required.
<p>___ Rash (unknown origin) / Itching / Open and/or weeping sores</p>	<p>Head Lice: May return to the program upon treatment with a prescription containing pediculicide or an over-the-counter medication containing Permethrin or Pyrethrum extract.</p> <p>Impetigo: May return to program when lesions are no longer weeping OR medical treatment has begun and a note from the child's healthcare provider clearing the child to return to care is provided.</p> <p>Pinworm: May return to the program after 24 hours of treatment and a note from the child's healthcare provider clearing the child to return to care is provided.</p> <p>Ringworm: May return to the program after 24 hours of medication treatment and a note from the child's healthcare provider clearing the child to return to care is provided.</p> <p>Open/Weeping Sores: May return when there are no weeping sores.</p> <p>All Others: Refer to the CYS Communicable Diseases Chart.</p>
<p>___ Other:</p>	

ACKNOWLEDGEMENT

Parent's Signature:

Director's Signature:

HEALTHCARE PROVIDER'S STATEMENT

Child is diagnosed with the following illness/condition:

Medication / Treatment:

Child may return to Child & Youth Services program on:

Comments:

Healthcare Provider's Name (Printed) & Stamp:

Healthcare Provider's Signature:

Date:

CYS COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	SIGNS OR SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
CHICKEN POX*	13 to 17 days	1 to 2 days before onset of rash and up to 6 days after lesions first appear (until blisters dry)	Fever, runny nose, cough, headache, and a rash that progresses from red bumps to itchy pustules (may appear on chest, back, and face before spreading over the entire body)	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Inhalation of respiratory droplets (sneezing, coughing), and direct contact with a shingles or chickenpox rash	Exclude until all pustules are dry and crusted and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
COMMON COLD	1 to 6 days	12 hours before onset of symptoms and up to 5 days after onset of symptoms	Runny nose, sneezing, malaise, and sore throat	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing), and contaminated surfaces or objects	Exclude if accompanied by a temperature of 100°F during flu season or inability to participate in daily activities
CONJUNCTIVITIS (Pink Eye)	Time frame from exposure to onset of signs or symptoms is unknown	Until eye discharge and symptoms have cleared or after 24 hours of antibiotics	Redness/burning of the eye, tearing, feeling like a foreign body is in the eye, urge to rub the eye, and purulent discharge	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with eye discharge and contaminated surfaces or objects	Exclude until discharge and symptoms of infection have cleared and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
CORONAVIRUS 2019 (COVID-19)*	Up to 14 days, with a median time of 4-5 days from exposure to symptoms onset	2 days before onset of symptoms (possibly earlier) and at least 10 days after onset of symptoms	Symptoms range from mild to severe illness. Symptoms can include, but are not limited to: fever, chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing, talking), person to person contact (within about 6 feet)	Follow the most up to date public health guidance/recommendations released from the Centers for Disease Control and Prevention (CDC), Department of Defense (DoD), Department of Army, and installation public health Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

CYS COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	SIGNS OR SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
DIARRHEAL DISEASES* Campylobacteriosis, E.coli, Giardiasis, Salmonellosis, Shigellosis	Campylobacteriosis: 2 to 5 days E. coli O157:H7: 1 to 8 days, average 3 to 5 days Giardiasis: 1 to 7 days, average 1 to 3 days Salmonellosis: 1 to 6 days, average 1 to 3 days Shigellosis: 1 to 7 days, average 1 to 3 days	As long as the organisms are present in the stool	Sudden onset of fever, abdominal pain, abdominal cramps, diarrhea, nausea, vomiting, and bloody stools in severe cases of Shigellosis, Campylobacteriosis, and E. coli O157:H7. In Giardiasis, persons may be asymptomatic or have decreased appetite and weight loss	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Fecal-oral route	Exclude from care until cessation of acute diarrhea for 24 hours. E. coli and Shigellosis require 2 negative stool cultures and review for return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
FIFTH DISEASE	4 to 21 days	Until rash appears. Not contagious after onset of rash	Fever, body aches, headache, and a red "slapped face" rash, which disappears and reappears on the face after exposure to heat	Observe for signs and symptoms. Emphasize universal precautions	Direct contact with respiratory droplets (sneezing, coughing), contaminated surfaces or objects, and contaminated blood/blood products	Exclusion from care is not indicated unless a fever is present or unable to participate in daily activities
GERMAN MEASLES (RUBELLA)*	2 to 3 weeks	Up to 1 week before the rash appears and 7 days after rash begins	Fever, swollen glands behind the ears, headache, cough, runny nose, and a red/pink rash (appears on the face and spreads downward over the body) that disappears in 2 to 3 days	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing), and contaminated surfaces or objects	Exclude for 7 days after rash begins and a medical provider's note clearing return to care. Keep the child away from women in their first trimester of pregnancy Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
HAEMOPHILUS INFLUENZAE Type b (Hib)*	Time frame from exposure to onset of signs or symptoms is unknown	Until antibiotic treatment has begun	Fever, vomiting, irritability, stiff neck, rapid onset of difficult breathing, cough, swollen joints, and swelling/ discoloration of the skin; particularly of the cheeks and around the eyes	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing), and contaminated surfaces or objects	Exclude for at least 24 hours after antibiotic therapy is completed Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

CYS COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	SIGNS OR SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
HEPATITIS A*	15 to 50 days, average 28 days	2 weeks before onset of signs and symptoms; transmission is minimal 1 week after onset of jaundice	Fever, loss of appetite, nausea, abdominal discomfort, dark brown urine, clay-colored stool, weakness, and jaundice	Observe for signs and symptoms. Stress importance of proper handwashing	Fecal-oral route	Follow the advice of the child's physician Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
HEPATITIS B*	45 to 160 days, average 90 days	As long as the virus is present in the blood	Flu-like symptoms (e.g., fever, muscle aches), jaundice, joint pain, abdominal pain, and clay-colored stools	Observe for signs and symptoms. Emphasize universal precautions	Direct contact with infected blood or body fluids	Follow the advice of the child's physician Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
IMPETIGO*	Variable (bacteria that causes impetigo may live harmlessly on the skin)	Until lesions have cleared or after 24 hours of antibiotics	Blister-like lesion which develop into pustules (most common on hands and face) and form "honey crusted" scabs	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Contact with discharge from lesions or contaminated surfaces and, bacteria entering an opening on the skin	Exclude until lesions are no longer weeping or treatment has begun and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
INFLUENZA* (1 October to 31 May)	1 to 4 days	3 to 4 days after illness begins	Sudden onset of signs or symptoms, such as fever, chills, headache, muscle aches, runny nose, sore throat, diarrhea, and vomiting	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing), and contaminated surfaces or objects	Exclude until fever is resolved and the child can tolerate normal activities Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

CYS COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	SIGNS OR SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
HAND-FOOT-and-MOUTH DISEASE (HFMD)	3 to 6 days	May shed for several weeks to months in the stool after the infection starts; shedding via respiratory droplets is usually limited to 1 to 3 weeks	Tiny blisters in the mouth and on the fingers, palms of the hands, buttocks, and soles of feet that last a little longer than a week (one, few, or all of these may be present). May see common cold signs or symptoms (e.g. fever, sore throat, runny nose, and cough). The most troublesome finding is blisters in the mouth, which make it difficult for the child to eat or drink. Hand-foot-and-mouth disease caused by enterovirus 71 can cause neurologic symptoms	Observe for signs and symptoms. Stress importance of proper handwashing	Direct contact with respiratory droplets (coughing, sneezing), person to person contact, and fecal-oral route	Exclusion from care is not indicated unless a fever is present or unable to participate in daily activities Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
HEAD LICE (pediculosis capitis)	1 to 2 weeks	Until live lice are no longer present	Severe itching of the scalp (can cause open sores), tickling feeling in the hair, difficulty sleeping (lice is most active in the dark), irritability, and nits behind the ears or nape of the neck	Observe for signs and symptoms; direct inspection of hair and scalp	Direct head to head contact and sharing contaminated clothing, bedding, and carpet	Parents will be notified upon identification; however, the child may complete the day. The child may not return to care until treated (hair shampooed with pediculicide). CYS in accordance with CDC approves of two methods to treat head lice for children to return to care: prescription medication (e.g. Benzyl alcohol lotion, Ivermectin lotion, Malathion lotion, Spinosad topical suspension) or OTC medications containing Permethrin or Pyrethrum extract Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

CYS COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	SIGNS OR SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
MEASLES* (Rubeola, Red Measles)	8 to 12 days	1 to 2 days before the first signs or symptoms until 4 days after appearance of rash	Runny nose, red watery eyes, high fever, cough, blotchy rash (that spreads downward over the body), and Koplik spots (small white spots in the mouth)	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing), and contaminated surfaces or objects	Exclude for 4 days after appearance of rash and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
MENINGITIS, BACTERIAL (H.influenza*, Meningococcal*, Pneumococcal)	H. influenzae: Time frame from exposure to onset of signs or symptoms is unknown Meningococcal: 3 to 4 days Pneumococcal: 1 to 4 days	Until treated with antibiotics for at least 24 hours	Sudden onset of fever, headache, nausea, stiff neck, and photophobia; blood-red rash may occur in cases of meningococcal disease	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing), and contaminated surfaces or objects	Exclude from care until on appropriate antibiotic treatment for 24 to 48 hours Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
MRSA (Methicillin-resistant Staphylococcus aureus)	Time frame from exposure to onset of signs or symptoms is unknown	Actively draining sores; MRSA is present in many children and adults who do not have symptoms (carriers)	Symptoms depend on the site of infection. When MRSA causes skin infections, there may be red bumps that progress to pus-filled boils or abscesses. Boils may spontaneously drain pus. Boils and abscesses may progress to cellulitis. The infection can also spread from the skin into the deeper tissues, called fasciitis	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Close skin-to-skin contact, crowded conditions, direct contact with discharge from open sores or boils, and contaminated surfaces or objects	Having a MRSA infection or harboring MRSA bacteria (carrier) is not a reason for exclusion, unless sores/boils cannot be covered and other exclusion criteria are met Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
MUMPS*	12 to 25 days	Several days before to 5 days after onset of swelling of glands	Puffy/painful cheeks (which increase with chewing), swelling under the jaw and in front of the ears, fever, earache, headache, decreased appetite, and tiredness	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing), and contaminated surfaces or objects	Exclude until all swelling has disappeared and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

CYS COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	SIGNS OR SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
RINGWORM (OF SKIN)	4 to 10 days	As long as fungus is found in the lesions or until on medication for 24 hours (lesions will begin to shrink)	Flat ring-like lesions with reddish-brown edges that can form small blisters or pustules; lesions may be dry and scaling or moist and crusted	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Contact with lesions of an infected person, animals, or by touching contaminated surfaces or objects	Exclude until on medication for 24 hours and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
RINGWORM (OF SCALP)	10 to 14 days	As long as fungus is found in the lesions or until on medication for 24 hours (lesions will begin to shrink)	Small red bumps, that spread and leave itchy scaly patches of baldness	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Contact with lesions of an infected person, animals, or contaminated surfaces or objects	Exclude until on medication for at least 24 hours and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
ROTAVIRUS*	2 to 4 days	Present for several days before diarrhea begins and can persist for up to 3 weeks after the illness	Non-bloody diarrhea, nausea, fever, vomiting, and dehydration in severe cases (generally lasts 3 to 7 days)	Observe for signs and symptoms. Stress proper handwashing and sanitize all contaminated objects	Fecal-oral route	Exclude from care until cessation of acute diarrhea for 24 hours Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
ROSEOLA	5 to 15 days	Time frame is unknown	High fever (may cause seizures), diarrhea, irritability, and a raised red rash, that starts on the chest, back, and abdomen and spreads to the neck and arms. Rash appears at the end of the illness	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing) and contaminated surfaces or objects	Exclude until fever and rash are resolved Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

CYS COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	SIGNS OR SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
NOROVIRUS*	1 to 2 days	May be present and shed prior to onset of diarrhea or vomiting and can persist for up to 2 weeks after recovery	Sudden onset of vomiting and/or diarrhea, abdominal cramps, nausea, muscle aches, and dehydration	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Fecal-oral route, contact with contaminated surfaces or objects, and direct contact with vomit of an infected person	Exclude from care until 24 hours after symptoms resolve Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
PERTUSSIS*	9 to 10 days	From beginning of symptoms until 3 weeks after cough begins	The initial stage begins with cold- like symptoms. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high-pitched inspiratory whoop and vomiting. Convalescence may require many weeks	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing) and contaminated surfaces or objects	Exclude from care until a physician advises return (usually 5 days after initiation of appropriate antibiotic therapy) Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
PINWORM	10 to 22 days	As long as the worms are discharging eggs and anal area remains itchy	Itching of the anal area, especially at night, difficulty sleeping, and decreased appetite	Observe for signs and symptoms. Check child's anal area at night about 1 hour after the child goes to sleep for white, thread-like worms. Stress the importance of proper handwashing and sanitize all contaminated objects	Fecal-oral route, inhalation of worm eggs, and sharing clothing, bedding, and toys	Exclude until after 24 hours of treatment completed and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

CYS COMMUNICABLE DISEASES CHART

DISEASE	INCUBATION	CONTAGIOUS	SIGNS OR SYMPTOMS	CONTACTS	METHOD OF SPREAD	EXCLUSION CRITERIA
RSV (Respiratory Syncytial Virus)	1 to 10 days	3 to 8 days	Fever, runny nose, coughing, sneezing, congestion, pneumonia, and bronchiolitis (e.g., wheezing)	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing) and contaminated surfaces or objects	Exclude until fever resolved and the child can tolerate normal activities
STREPTOCOCCAL SORE THROAT OR SCARLET FEVER	2 to 5 days	10 to 21 days, if untreated, or until antibiotic treatment is started	Sore throat and tonsils, fever, headache, a "strawberry" (red and bumpy) tongue, and a red "sandpaper-like" rash, that can appear before illness or up to 7 days later	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Direct contact with respiratory droplets (sneezing, coughing) and contaminated surfaces or objects	Exclude until on antibiotics for 24 hours and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis
VIRAL GASTRO-ENTERITIS**	1 to 2 days	During diarrhea and vomiting	Nausea, vomiting, diarrhea, abdominal pain, low-grade fever, headache, muscle aches, and dehydration in severe cases	Observe for signs and symptoms. Stress the importance of proper handwashing and sanitize all contaminated objects	Fecal-oral route, water and food-borne	Exclude until acute illness is resolved and a medical provider's note clearing return to care Health Consultant/APHN to be notified within 24 hours of suspected or confirmed diagnosis

Note:

***Reporting requirement:**

- 1) Local health department (Health Consultant/APHN) may include multiple cities/counties
- 2) IMCOM Directorate (CYS Coordinator or designee)
- 3) IMCOM G9 (ID CYS Program Specialist)
- 4) DCS G9

**** Reporting required if two or more children in the same room are affected, or multiple children within a facility**

LAST PAGE