

AIR FORCE YOUTH FLIGHT PROGRAM PATRON REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013; 44 USC 3101; EO 9397

PRINCIPAL PURPOSES: To provide Youth Flight Programs with authorization for medical treatment in emergency situations; authorization for field trips; identify children and sponsor, record required immunizations; record known allergies; record income data; record special needs requirements; and record special instructions.

ROUTINE USES: Form may be furnished to civilian doctors or hospitals in course of obtaining emergency medical attention for children. Information furnished may be disclosed, upon request, to other Federal, state or local governmental agencies in the pursuit of their official duties. Finally, it may be used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: Failure to furnish information, including SSN, will result in denial of admission of child(ren) to Youth Flight Programs. SSN is used for positive identification of individuals and records.

CHILD'S NAME		SPONSOR (Last, First, Middle Initial)				SPOUSE (Last, First, Middle Initial)				FEES				
HOME PHONE		RANK/GRADE				RANK/GRADE				DEROS/ID EXPIRES				
ADDRESS		DUTY PHONE				DUTY PHONE				BRANCH OF SERVICE				
		ORGANIZATION				EMERGENCY CONTACT				EMERGENCY PHONE				
MARITAL STATUS		SPONSOR'S SSN				SPOUSE'S SSN				HOSPITAL PHONE				
VACCINE / DATE RECEIVED		BIRTH	2 MOS	4 MOS	6 MOS	12 MOS	15 MOS	18 MOS	4-6 YRS	11-12 YRS	14-16 YRS	SEX (X One)	MALE	DATE OF BIRTH (Day, Month, Year)
													FEMALE	
Hepatitis B												I authorize emergency treatment for the children named hereon:		
1st	Hep B-1													
2nd														
3rd	Hep B-2	Hep B-3							Hep B					
Diphtheria-Tetanus, Pertussis												SIGNATURE		DATE (YYYYMMDD)
1st												SPECIAL INSTRUCTIONS		
2nd														
3rd		DTP	DTP	DTIP	DTP				DTP OR DTAP	Td				
4th														
5th														
6th														
H. Influenzae type b												SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES		
1st														
2nd														
3rd		Hib	Hib	Hib	Hib									
4th														
Polio												SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES		
1st														
2nd														
3rd		OPV	OPV	OPV					OPV					
4th														
Measles, Mumps, Rubella												SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES		
1st					MMR				MMR OR MMR					
2nd														
Varicella Zoster Virus Vaccine														
1st					VZV				VZV					
2nd														
OTHER IMMUNIZATIONS AS REQUIRED:					NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:					ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT				
VACCINE TYPE:		DATE:												
VACCINE TYPE:		DATE:												
VACCINE TYPE:		DATE:												
VACCINE TYPE:		DATE:												
FAMILY INCOME (Adjusted gross--most recent 1040)										AUTHORIZATION FOR FIELD TRIPS				
PROVIDE ONLY IF REDUCED FEES ARE REQUESTED. \$ _____ SINGLE / DUAL INCOME (Circle One) \$ _____														
PARENT SIGNATURE										IT IS THE RESPONSIBILITY OF EACH SPONSOR TO ENSURE IMMUNIZATIONS AND EMERGENCY INFORMATION IS UP TO DATE. FAILURE TO UPDATE MAY RESULT IN REFUSAL OF SERVICE.				

APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES*(Read Instructions on back before completing form.)*OMB No. 0704-0515
OMB approval expires
May 31, 2017

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0515). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE CHILD AND YOUTH PROGRAM REPRESENTATIVE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 8013, Secretary of the Air Force; DoD Instruction 6060.02, Child Development Programs; Army Regulation 608-10, Child Development Services; OPNAV Instruction 1700.9 series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); Air Force Instruction 34-248, Child Development Programs; and Air Force Instruction 34-249, Youth Programs, and 34-276, Family Child Care.

PRINCIPAL PURPOSE(S): To collect total family income to determine child care fees. When completed, records are covered by one of the appropriate SORNs: Department of the Army: <http://dpclo.defense.gov/privacy/SORNsIndex/tabid/5915/article/6160/a0608-10-cfsc.aspx>; Department of the Navy: <http://dpclo.defense.gov/privacy/SORNsIndex/tabid/5915/article/6527/nm01754-3.aspx>; Department of the Air Force: <http://dpclo.defense.gov/privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/5793/f034-af-sva-c.aspx>

ROUTINE USE(S): Department of the Army records may be disclosed to civilian health and welfare departments/agencies in emergencies. Department of the Navy records may be disclosed to local, state and Federal officials involved in child care services, if required, in the performance of their official duties relating to child abuse reporting and investigations. Department of the Air Force records may be disclosed to civilian health and welfare departments/agencies in emergency situations.

DoD Blanket Routine Uses 1 (Law Enforcement), 4 (Congressional Inquiries), 6 (Required by International Agreement), 9 (Department of Justice for Litigation), 12 (National Archives and Records Administration), and 15 (Data Breach Remediation) specifically apply to this system. Other DoD Blanket Routine Uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> may apply to these records. Any release under a blanket routine use will be compatible with the purpose of the collection.

DISCLOSURE: Voluntary; however, failure to furnish all requested information will result in application of the highest fee range.

SECTION I - DEPENDENT CHILDREN

1. NAME OF EACH CHILD (LAST, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. AGE	4. CARE REQUESTED (OR ENROLLED)
a.			
b.			
c.			
d.			
e.			

SECTION II - ANNUAL FAMILY INCOME

5. SPONSOR				
a. NAME (LAST, First, Middle Initial)			b. YEARS OF MILITARY/CIVIL SERVICE	
c. INCOME				
(1) Income Data	(2) Basic Allowance for Housing (BAH)	(3) Basic Subsistence Allowance	(4) Other Earned Income	(5) Total Income - Sponsor (To be completed by Program Staff)
6. SPOUSE OR OTHER ADULT LIVING IN THE HOME				
a. NAME (LAST, First, Middle Initial)			b. INCOME	
7. OTHER EARNED INCOME			8. TOTAL INCOME (Include income from Blocks 5, 6, and 7. To be completed by Program Staff.)	

SECTION III - CERTIFICATION OF SPONSOR/DESIGNEE*(Required for Category I - IX. Please read the following statement carefully before signing.)*

I certify that all of the above information is true and correct and that all family income of the spouse and sponsor is reported. I understand that this information is being given in order to determine child care fees to be paid and that Federal funds are used to subsidize the cost of child care. I also understand that the installation commander may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws. See 18 U.S.C. Section 1001.

9. SIGNATURE OF SPONSOR	10. SIGNATURE OF SPOUSE	11. DATE SIGNED (YYYYMMDD)
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SECTION IV - FOR CHILD DEVELOPMENT PROGRAM USE ONLY

12. CATEGORY OF APPROVAL	13. AUTHORIZED FEES	14. DATE OF APPROVAL (YYYYMMDD)	15. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL
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INSTRUCTIONS

Per Department of Defense Instruction 6060.02, Child Development Programs, this form is utilized to determine fees for DoD Child Care Programs.

To determine child care fees for your child(ren), or and child(ren) you legally claim as dependents, this form must be completed, signed and returned to the facility for which your child is enrolling.

Fees are determined based on your Total Family Income (TFI) as defined below. If you choose not to disclose your family income, your rate for child care will be set at the highest fee level.

Total Family Income (TFI) - For the purpose of determining child care fees in DoD Child Development Programs, total family income is defined as all earned income including wages, salaries, tips, special duty pay (flight pay, active duty demo pay, sea pay) and active duty save pay, long-term disability benefits, voluntary salary deferrals, retirement or other pension income including SSI paid to the spouse and VA benefits paid to the surviving spouse before deductions for taxes. TFI calculations must also include quarters subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind.

DO NOT INCLUDE alimony, and child support received by the custodial parent, SSI received on behalf of the dependent child, reimbursements for educational expenses or health and wellness benefits, cost of living (COLA) received in high cost areas, temporary duty allowances, or reenlistment bonuses.

For households in which unmarried couples or pairs are living as a family, the income for both adults should be used to determine Total Family Income (TFI).

Sections I, II, and III are to be completed by the sponsor or their designee.

Section I.

1. Provide the last name, first name and middle initial for each child who is receiving care in a DoD child care program.
2. Provide the date of birth for each child who is receiving care in a DoD child care program.
3. Provide the age of each child on the date of application who is receiving care in a DoD child care program.
4. Provide the type of care being request or in which each child is currently enrolled.

Section II.

When completing Section II, include all military and civilian income for both the sponsor and spouse or other adult living in the home.

- 5.a. Provide the sponsor's last name, first name and middle initial.
- 5.b. Provide the total years of military/civilian service as applicable.
- 5.c.(1) Provide your most recent income data and indicate if income is received weekly, biweekly, monthly or twice per month.
- 5.c.(2) Provide the current year BAH RT/C. For dual military living in government quarters include BAH RC/T of the senior member only; in locations where military members receive less than the BAH RC/T allowance, use the local BAH rate; for Defense civilian OCONUS include either the housing allowance or the value of the in-kind housing.
- 5.c.(3). Provide the basic subsistence allowance or in-kind equivalent.
- 5.c.(4) Provide any other earned income.
- 5.c.(5) To be completed by program staff.
- 6.a. Provide the last name, first name and middle initial of the spouse or other adult living in the home, who contributes to the welfare of the child.
- 6.b. Provide the income of the spouse or other adult living in the home, who contributes to the welfare of the child.
7. Provide any additional income.
8. To be completed by program staff.

Section III.

9. Provide the sponsor's signature.
10. Provide the spouse's or other resident adult's signature.
11. Provide the date of signatures.



OSAN AIR BASE, ROK
PARENT AGREEMENT
School Year (SY) 2018-2019

Child's Name (Last, First MI)

_____/_____/_____
Date of Birth MM/DD/YYYY

TYPE OF CARE REQUESTED: (check the box)

FULL TIME PART DAY (May Not Be Available) HOURLY

Family's Last Name: _____

Fee Category: _____

E-mail Address: _____

Weekly Fee: _____

The practices of the Child Development Center are based on current knowledge of child development and early childhood education. We are responsible for supporting the development of the whole child; all areas of development are considered inter-related and equally important. Our program acknowledges that children learn through active, hands-on involvement with their environment, peers, and caring adults. We respect each child's unique interests, experiences, abilities, and needs, thus allowing us to be responsive to and appropriate for each child. Children are valued as individuals and as part of a group. Our program respects and supports the ideals, culture, and values of families in their task of nurturing children. We advocate for children, families, and the early childhood professionals within our programs.

_____ 1. **ELIGIBILITY:** Child care eligibility is contingent on the status of the sponsor. Eligible patrons include active duty military, DoD civilian employees either NAF or APF, Air National Guard or Air Force Reserve military personnel on active duty or inactive duty training status, active duty Coast Guard members, combat related wounded warriors, surviving spouses of military members who died from a combat-related incident, those acting in loco parentis for the dependent child of an otherwise eligible patron, eligible employees of DoD contractors, and others may be authorized on a space available basis. In the case of unmarried, legally separated parents with joint custody or divorced parents with joint custody, children/youth are eligible for child care only when they reside with the eligible sponsor at least 25 percent of the time in a month. Reference DoDI 6060.02, Child Development Programs and AFI 34-144; 11.8.

_____ 2. **Enrollment:**

Documents Required:

- AF Form 1181, Air Force Youth Flight Program Patron (annually updated)
- DD Form 2652, Application for DoD Child Care Fees (annually updated)
- ⊖ Copy of Orders or Letter of Employment
- ⊖ Proof of income for the total family (Total Family Income; TFI) with LES, Pay Stub, or letter of employment indicating salary

- Current Immunization Record with Flu Shot
- Completed Health Assessment within 6 weeks from Orientation
- Allergy/Asthma Action plan current from 51st Medical Group
- Other documents as specified by the Child Development Center to include, but not limited to: Parent Agreement, Child Information Survey, etc.

- Special Needs Documentation
 - *The CDC must be made aware of any challenges or special needs your child may have (speech delays, asthma, allergies, physical limitations, etc.) prior to your child's attendance in the program. We are required to coordinate with our medical advisor and/or Inclusion Action Team to ensure children receive the specialized care & attention they may need. Also see Children with Special Needs #17.*

____2a. In accordance with AFI 34-144, parents are expected to provide the Center with information regarding updated immunizations, changes in telephone numbers of parents and/or emergency contacts, children's allergies and special needs. Parents are also responsible for keeping their child(ren)'s immunizations up-to-date. Failure to adhere to Osan CDC expectations regarding required information may result in the suspension and/or termination of childcare services.

____2b. **ENROLLMENT PRIORITY/NOTIFICATION TO LOWER PRIORITY OF CARE PATRONS:** Priority will be given IAW DoDI 6060.02, AFI 34-144 and any local approved policy. Parents must notify the CDC when their employment status changes. The enrollment of children in families where the spouse is no longer employed/full-time student will be terminated within 30 days of change in status if there is a waiting list of higher priority patrons for that child's age group. If there is no waiting list, the slot may be retained until a waiting list patron with higher priority requests care. In such instances when there is a waiting list with higher priority for care families, a 30 day notice will be given to those families using space available slots to terminate care.

3. **TOTAL FAMILY INCOME:** The Military Child Care Act of 1989, Public Law 101-89, requires that the Department of Defense establish uniform fees for child care based on total family income. Total Family Income includes all earned income including wages, salaries, tips, long-term disability benefits, voluntary salary referrals, quarters allowances and in-kind quarters and subsistence received by a military member; pay for service in a combat zone; and anything else of value, even if not taxable, that was received for providing services. Parents using care are required to bring in a copy of their most recent LES, pay stub, or letter of employment indicating salary to determine appropriate fee category for their family income. Income categories will be validated at least annually. All family income must be reported. For active duty military, Department of Defense (DoD) civilians, contractors, and NAF employees, a copy of the most recent (within last 30 days) LES or pay stub or letter of employment in English verifying pay is required. Those who do not present their LES, pay stubs, or verification of pay will be placed in the highest category (Category 9) until the proper documentation is submitted.

____4. **Hourly Care:** The hourly care rate is \$5.00. Reservations may be made 72 hours in advance for up to 3 consecutive days per reservation. Reservations are on a space available basis, and loss of service may result to accommodate full-time care.

Parents will be informed a minimum of twenty-four (24) hours prior to the loss of service. Reservations are only accepted via email at 51FSS.FSYC.CDC@us.af.mil. Cancellations must be made via email at least twenty-four (24) hours prior to the reservation time. Patrons who fail to inform the program that they will not utilize care, will be charged the full amount of the first day. Repeated no shows may result in denial of services. Refer to Fees #8a in reference to our late pick-up payment policy. Hourly payments are due ~~on~~ at the beginning of the first hour of care for the reserved time. Care is based on one (1) hour increments and unused portions will not be refunded.

_____ 5. **Base Down Days:** The program is subject to close at the discretion of the 51 Fighter Wing Commander. Fees will be prorated for the base down days.

_____ 6. **Holidays:** The Child Development Center will be closed on all Federal Holidays and other Command designated United States Forces Korea (USFK) Holidays and closures.

_____ 6. **Exercises:** Parents will be notified in advance if/when the CDC will extend hours for a base exercise. Parents may be asked to provide verification that they will participate in a base exercise and they need extended care.

_____ 7. **Inclement Weather Closings/Regional or Base Emergencies:** The CDC will notify parents in the event that opening is delayed or the closing time will change due to inclement weather or regional/base emergencies.

_____ 8. **Fees:** All weekly payments are due on Fridays prior to service for the next week. Parents must provide a credit card or debit card for auto-draft of all payments. Cash, checks, and cashier's checks will not be accepted as forms of payment for child care services. If the credit card or debit card declines, a \$5.00 per day, per child late fee will be assessed. Late fees will be assessed on all accounts not paid by 0900 on the second business day after payment's due date. Lack of payment could result in loss of child care services. MasterCard/Visa credit cards are accepted forms of payment. A receipt verification of payment will be issued to the email address on file. **Cash registers close daily at 1600 unless prior arrangements have been made with the Director.** Please keep all receipts for tax purposes.

_____ a. Late Pick-Up Fee: Full-time children not picked up by 1800 and Hourly children picked up after reserved time, will be assessed \$2.00 for every minute late or any portion thereof, per child. Hourly fees must be paid on the day of service. Full-time late fees will be charged to the card on file on the following business day. For example: If a child is picked up at 1807, a \$14.00 late fee will be assessed. If a child is left at the Child Development Center for more than thirty (30) minutes after closing, Security Forces, Family Advocacy, the First Sergeant or Commander will be contacted per regulations. The program reserves the right to suspend services to those parents who are continually late picking up their children.

_____ b. Credit/refunds will not be given for days missed for illness, disciplinary suspensions and Federal/Command designated holidays. The Force Support Squadron Commander will approve on a case-by-case basis credit or refunds for inclement weather, natural disasters, and real world incidents. No credits or

refunds will be given for absences due to leave. The front desk is not authorized to provide refunds from the cash register.

____c. For leave (emergency or leisure), patrons may lease their slot to another family in need of child care for the time of the absence. The lessor will continue to make regular payments to the CDC and will collect the same payment of equal amount from the lessee. The CDC is not responsible for securing a family to lease the slot, nor is the CDC responsible for non-payment from the lessee. All payments will be handled between parents outside of the CDC. The lessor must not charge an amount higher than their fee amount charged by the CDC. Families wishing to lease a slot must provide proper documentation for child care services. If a lessee fails to comply with the requirements of the CDC, the CDC is not responsible for any payments lost to the lessor.

____d. There is no credit or reduction for TDY. If a child will be absent from the program due to parents' extended TDY/deployments (dual or single military parents only), two options are available. Parents may choose to pay in full to hold the child's slot, lease the slot, or withdraw the child from the program. If the child is withdrawn from the program, it is the responsibility of the parent to put the child back on the waitlist.

____e. Days/hours missed or partial attendance due to holidays, illness, appointments, etc. will not be prorated or refunded.

_____9. **Signing In/Out:** While your child(ren) is/are signed into the Center, the staff is accountable for their well-being and their safety. The parent/designee must sign child(ren) "in" and "out" at the front desk using the kiosk and on the AF Form 1930 in each classroom. Parents are responsible to ensure their children do not run ahead and/or out of the facility into possible danger. If you have multiple children in the center, the oldest child must be dropped-off first and picked-up last to ensure the safety of younger children in the center. Older siblings must be dropped off first and picked up last to ensure the safety of younger children.

_____10. **Youth Supervision Policy:** The Osan Youth Supervision Policy states that no child nine (9) years of age or younger may be left unattended in a vehicle. With this understanding, it is not permissible to leave a child in a vehicle at the Center, asleep or otherwise, while you pick up siblings or make a payment. Parents who ignore this policy will be reported to Security Forces.

_____11. **Vehicle Safety:** Vehicles may **not** be left unattended with the engine running in the drop-off/pick-up zone. Vehicles that are left unattended with the engine running will be reported to Security Forces.

_____12. **Emergency Contact Information:** Parents must provide an emergency contact number at the front desk, which corresponds with a name left as the emergency contact on the child's AF Form 1181 registration form. It is critical that we are able to locate the sponsor, spouse, or emergency contact in the event of an emergency. Only person(s) listed on the AF Form 1181 will be authorized to pick up the child(ren). Emergency contact must be someone in the local area other than the parents. This person must be at least fourteen (14) years of age and be able to produce proper identification. The emergency contact person must be someone in the local area and is not the parent.

_____ 13. **Child Illness:** Health checks will be conducted daily on children entering the Child Development Center. Children with temperatures of 101 degrees or higher with another symptom such as: nausea, vomiting, diarrhea, matter in the eyes or oozing eyes, undiagnosed rashes, severe pain, open sores or other symptoms of illness will not be admitted into the Center. If a child develops signs of illness or does not feel well enough to participate in activities or play after being admitted, their parents will be contacted immediately and asked to pick up the child within one (1) hour.

_____ 14. **Exclusion of Ill Children:** Children exhibiting the symptoms of illness noted in para 13 of this contract may be required to be isolated from the large group and parents contacted to pick them up from the program within one (1) hour. If parents cannot be reached or for some reason are unable to pick up a child within a reasonable amount of time, the emergency contact person will be contacted. If the emergency contact is not available, the sponsor's First Sergeant or Commander will be contacted for assistance.

_____ 15. **Emergency Medical Treatment:** On the above mentioned AF Form 1181, I grant my permission to the Center staff to authorize and obtain any emergency medical treatment at the Base Hospital or medical clinic should my child become ill or injured while participating in the program, when neither parent, emergency contact, or the Sponsor's First Sergeant or Commander can be reached.

_____ 16. **Topical Lotion Application Policy:** I have been provided a copy of and grant permission to apply sunscreen according to the Topical Lotion Application policy.

_____ 17. **Medication Policy:** I have been provided a copy of the Medication Policy for dispensing medication while my child is in care.

_____ 18. **Children with Special Needs:** Special Needs are defined as conditions that require special services beyond those usually necessary to promote a child's growth and development. Included are speech impairments, developmental delays, physical handicaps, and medical conditions (including chronic health conditions such as allergies and asthma). The Child Development Center accepts children with special needs when the program can provide reasonable accommodation to support the child. Prior to being accepted into the program, concurrence of the Inclusion Action Team is required. The IAT will make recommendations to the Center to allow maximum participation and provide a quality experience. If the recommendation is for inclusion into the Center, a reasonable period of time will be determined to allow for possible staffing adjustments and training to meet the child's needs. *It is important that parent/parents identify children's special needs during the time of enrollment to the center.*

_____ 19. **Dress:** No open-toed or open-back shoes are permitted. Children should be dressed in play clothes that they can easily be manipulated for toileting purposes. In addition, all children **must** have a change of clothing daily and appropriate clothing for various weather conditions. **All items must be labeled** with the child's first name and last name.

_____ 20. **Lost/Damaged/Stolen Property:** The Child Development Center is not responsible for any misplaced, lost, stolen, and/or damaged personal belongings. Parents are strongly encouraged to clearly label all clothing, backpacks, sunscreen, etc. Please dress your child for "messy play" and keep valuable keepsakes at home.

_____ 21. **Borrowed CDC Clothing:** I the event that your child's clothes get soiled, we will do our best to provide CDC clothing for your child's comfort. If we allow your child to borrow clothes, the clothes must be washed and returned to the CDC the following day.

_____ 22. **Photographs:** Photographs and video taping of children may be taken for classroom use, staff training, parental programming, and the publication of the 51st Force Support Squadron Magazine on Osan Air Base. If you do not want your child(ren) photographed or videotaped please write, "No photos or videotaping authorized" in the Photography Agreement statement section (para 22).

_____ 23. **Photograph Agreement:** I give permission to the Child Development Center to photograph or video tape my child for official classroom use, brochures, newspapers, or displays in the Child Development Center or other promotional considerations. If you do not want your child photographed or videotaped, please write, "No photos or videotaping authorized" in the space provided.

Parents Remarks: _____

_____ 24. **Parent Involvement:** Parents are welcome to visit their child (ren) in the program at any time. They are encouraged to attend and actively participate in the Child Development Center's quarterly Parent Advisory Board (PAB) meeting. Parents are welcome to express and share their interests, talents, careers, or hobbies with the children at the Center. Please contact the front desk if you would like to share with the Center.

_____ 25. **Curriculum:** The Child Development Center provides an environment rich in experiences to enhance the social, emotional, cognitive, and physical developmental areas of children. A strong emphasis is placed on child-initiated play experiences to enhance learning through discovery methods. Daily activities are tailored to fit the needs and interest of the children. The curriculum is sensitive to individual learning styles and respects the range of differences within a single child. Quarterly Parent/Teacher conferences are offered. Parents and/or staff may arrange for conferences on an "as needed" basis.

_____ Special Activities (field trips, walks, etc.) are planned for the entire class.

_____ 26. **Meals:** Meals and snacks served in the Child Development Center are in accordance with the USDA Child and Adult Care Food Program (CACFP) requirements. Children will be served according to a posted menu. The Child Development Center uses "cyclic menus" that have been approved by DOD. Established meal times are posted in each classroom.

_____ a. All food and beverages are provided by the Center. Parents/children will not be allowed to bring food into the Center. Variations in meals will be provided for existing conditions that are supported **in writing by the base medical provider.**

_____ b. Enrollment includes breakfast, lunch, and snacks that comply with USDA guidelines. Meal times are as follows: Breakfast 0800-0830, Lunch 1100-1130, Afternoon Snack 1400-1430, P.M. Snack 1700-1730. Meals are not served outside of meal times.

____c. Parents are invited to enjoy meals with their children. Please inform the front desk staff when you will attend. Personal birthday parties *and food* are not authorized.

____d. The Child Development Center provides Similac formula for infant feeding. If the parent/guardian chooses to provide the IFIF, the parent/guardian may bring pre-made bottles or provide IFIF in a factory sealed container to be prepared by the CDC. Bulk preparation of IFIF will be prepared in a clean and sanitized work space in the facility kitchen. Please bring empty plastic/glass bottles labeled with the child's name daily. The number of bottles required each day depends on the length of time the child will be at the Child Development Center. A fresh bottle is required for each feeding. When your child is ready for first foods, a note from the pediatrician is required to ensure that your child's nutritional health needs are being met.

_____ 26. **Diapers:** Parents of Infants, Pre-toddler, and Toddlers are responsible for providing diapers and wipes as needed for their child. Due to the risk of allergies, children will not be allowed to wear another child's diaper and the CDC does not provide diapers.

_____ 27. **Toileting:** Toilet training is a family and Center joint effort. Both parties must be in agreement and working concurrently toward the same goal. . During toilet training, at the Center, children may need to wear diapers or pull-ups while in attendance. Parents should provide enough training pants and extra complete sets of clothing as needed, daily. Please continue to provide pull-ups until your child is completely trained.

_____ 28. **Group Care:** Some children have difficulty adapting to a large group environment and exhibit signs such as inconsolable crying (45 minutes or longer), continuous biting, hitting, etc. Every effort will be made to help children adjust to their surroundings. The program staff and/or Training & Curriculum Specialist may be in contact with you to initiate an intervention plan to navigate steps for improving negative/challenging behavior. Repeated behaviors that jeopardize the safety of your child, other children or staff may result in your child being temporarily suspended from the program or require that your family seek additional, specialized support services. Parents will be consulted for their assistance and informed of their child(ren)'s progress. If continued hurtful or damaging behaviors persist, your child(ren) may be removed from the program upon unsuccessful completion of the intervention plan. Should your child(ren) not adapt and/or the MSG Commander determines your child would do better in a different environment; either party may cancel this contract.

_____ 29. **Field Trips:** Parents will be informed of all field trips in advance. Advance written parental consent is required for all field trips, which can be found on the AF Form 1181, Air Force Youth Flight Program Patron Registration. The Child Development Center reserves the right to restrict a child from attending field trips for incidents of unruly behavior or actions that endanger the child or others. The Center will not allow children who display a pattern of running away from the group to attend field trips and will require the parent to attend the trip with the child.

_____ 30. **Child Abuse Prevention Program:** If you suspect child abuse, child neglect or safety violations in your Child Development Center, report them to the Child Development Director, Family Advocacy Officer, Safety Officer, or call the Department of Defense Child Abuse/Safety Violation Hotline.

Child Development Director: 784-4966
Safety Officer: 784-1842

Family Advocacy: 784-5010
DOD Hotline (Collect): 571-372-5348

_____ 31. **Parent Handbook:** I have received an electronic copy of the Parent Handbook.

_____ 32. **Cancellation of Contract:** A written notice must be provided to the Center two (2) weeks in advance for withdrawal or cancellation of this contract to avoid penalty. Either party may cancel this contract with two (2) weeks written notice. Refunds will not be given if the parent chooses not to use child care within that two (2) week time frame.

_____ 33. **Revisions:** This agreement is subject to revisions and modifications. Notification of all changes will be made public.

_____ 34. **Professionalism:** Professional behavior is expected at all times by both parents and staff. Cooperation and teamwork from parents, caregivers and center management is needed to ensure program success. Parents are encouraged to communicate concerns regarding the care of their children to the classroom staff. If parents are not satisfied with the response they receive they should talk to the CDC Director, Assistant Director, or Supervisor on Duty. Communicating concerns in a respectful manner and in private is preferred as opposed to talking in front of other adults and children. ***Profanity at any time in the center is unacceptable.*** If parents need a private area to hold a discussion there are places in the center that can be used to accommodate these situations. Please see the CDC Director for further guidance.

I have read, initialed, and I understand this agreement and agree to abide by all conditions and restrictions above. I further acknowledge that failure to comply with the terms of this agreement will result in termination of my child(ren)'s care.

First Sergeant's Name and Telephone number:

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____

CDC Official: _____ Date: _____

Tax ID Number: 94-2673862 NOTE: It is the responsibility of the parents enrolled in the programs to retain their receipts for tax purposes.

**Osan Child Development Center
Authorization Form**



Credit Card Recurring Payment

Dear CDC Parents,

The Osan CDC will now be utilizing the **Orbital Automatic Billing** plan. This online program will automatically deduct your scheduled payments, eliminating the current system of manually inputting the automatic charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, or MasterCard. You will be charged each billing period (according to your pre-chosen payment plan) for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under the amount authorized below. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ (full name on credit card) authorize Osan Child Development Center to charge my credit card indicated for dues and fees. I understand that my dues will be charged to this account, unless I specify differently. I understand that this number is protected by the Privacy Act.

PAYMENT OPTIONS: WEEKLY = 52 equal annual pmts, TWICE MONTHLY = 24 equal annual pmts, MONTHLY = 12 equal annual pmts

***CHECK ONE PAYMENT OPTION: Hourly:** (payments due day on care)

Weekly (every Friday) **Twice monthly** (1ST and 15TH of month) **Monthly** (1ST of month).

In the amount of (to be determined by CDC base upon Total Family Income): \$ _____

I understand that I will only receive advance notice of the charge if it exceeds an amount different than authorized.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

***Please fill out reverse side**

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.



CHILD DEVELOPMENT CENTER CHILD HEALTH ASSESSMENT FORM

To be completed within 6 weeks after the child begins the program, and at least annually thereafter, to show the child is current for routine screening tests/preventive health services and immunizations according to the schedule recommended by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the Academy of Family Practice.

FOR OFFICIAL USE ONLY. This form may contain personal medical information protected by the Privacy Act of 1974 (see AFI 33-332) and the Health Insurance Portability and Accountability Act (HIPPA) (see DoD 6025.18-R) not intended for disclosure outside government channels and exempt from mandatory disclosure under the Freedom of Information Act, 5 U.S.C., 552. Exemption 6 may apply. Title 5, U.S.C. 552a, The Privacy Act of 1974, as amended, which affords individuals the right to privacy in records maintained and used by Federal agencies. NOTE: 5 U.S.C. 552a includes Public Law (PL) 100-503, The Computer Matching and Privacy Act of 1988.

PART A: TO BE COMPLETED BY THE CHILD'S SPONSOR

CHILD'S NAME: Last, First, MI.	DATE OF BIRTH: MM/DD/YYYY
SPONSOR'S NAME: Last, First, MI.	GENDER: (circle) Male or Female

Note: Immunization information is maintained at the Program in child's records.

Health history and medical information pertinent to routine child care and emergencies (describe, if any):	Allergies:				
<input type="checkbox"/> None	<input type="checkbox"/> None				
Is the above mentioned child covered by TRICARE for health emergencies?	Y N				
Does the above mentioned child have health and accident insurance other than TRICARE?	Y N				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Insurance Carrier</td> <td style="width: 50%;">Policy/Group#</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Insurance Carrier	Policy/Group#		
Insurance Carrier	Policy/Group#				

I give permission for the authorized personnel at the _____ Child Development Center to have access to my child's health assessment information necessary for child care (to include this form).

Sponsor's Signature: _____	Date: _____
----------------------------	-------------

PART B: TO BE COMPLETED BY THE CHILD'S HEALTH CARE PROVIDER

HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE: (e.g., asthma, chronic illness, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems. (Attach additional documentation if necessary)

None

HEALTH CARE PROVIDER'S STATEMENT: I have examined the above named child and/or reviewed their records and find that he/she is current for age-appropriate routine screenings, immunizations and medically able to participate in the program.

NAME OF MEDICAL CARE PROVIDER:	SIGNATURE OF MEDICAL CARE PROVIDER:
ADDRESS:	PHONE:
	DATE FORM SIGNED:



DEPARTMENT OF THE AIR FORCE
51ST FORCE SUPPORT SQUADRON (PACAF)
UNIT 2065
APO AP 96278-2065

MEMORANDUM FOR: CHILD DEVELOPMENT PATRONS

FROM: 51FSS/FSYC

SUBJECT: MEDICATION POLICY

In accordance with AFI 34-144, the Child Development Center will adhere to the following guidelines when administering medication:

1. The center will administer only current medications prescribed by a medical authority.
2. Prior to administering medication, the parent or guardian must complete an AF Form 1055 Medication Permission. Parents must provide specific instructions, signature and initial daily on the permission verification.
3. The center will not administer the first dose of medication due to the possibility of a reaction. Parents must administer the first dosage wait twenty (20) minutes before the child may be signed in.
4. Prescription medication shall be the original container, stored according to instructions labeled with specific child's name, name of the medication and dosage strength, dosage schedule, with instructions for use and physician's name and date of prescription. The prescription must be current (within 6 months), **NOT EXPIRED** and the measurement instruments must be provided.
5. No "over the counter" medications, including aspirin, aspirin-like products, antihistamines, cough syrup, and oral gels for teething will be administered unless a medical authority has prescribed them for a particular child. If over-the-counter medication is prescribed, the guidelines in item "3" above are required to administer the medication. Diaper cream will only be applied if signed authorization is on file.
6. The center will provide sunscreen lotion approved by the program medical advisor. Parents must authorize the use of sunscreen lotion, lip balms, and hand/body lotions annually.
7. Children's Tylenol or Motrin (Motrin for children older than 6 months) will only be given for fever or pain related to specific diagnoses that have been determined by a medical provider. Tylenol or Motrin will not liberally be administered for an isolated fever of unknown origin without further guidance.
8. "As needed" medication will require an expiration date and re-verification by a physician in writing after each 6 month period.

9. Medication times:

- a. If the medication schedule is twice a day, the center will not administer the medication.
- b. If the medication schedule is 3 times a day, the medication will be administered at 1130.
- c. If the medication schedule is 4 times a day, the medicine will be administered at 1130 and 1530.
- d. Medication will only be administered at 1130, or 1530, Monday through Friday. Time may only be altered with a justification from a medical authority

Christopher E. Kitt, GS-12, DAFC
Chief, Airman and Family Services
Osan Air Base, Korea

Jacob Eby, Capt, USAF
Pediatrician, MD
51 MDOS/SGOP, Osan AB
Medical Advisor

***Parents please sign and date understanding of Osan CDC medication policy and procedures:**

Signature: _____

Date: _____

MEMORANDUM FOR: Osan CDC Parents

FROM: Osan CDC

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Behavioral Military & Family Life Counseling (CYB-MFLC) Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to Service members, families, children, and staff of Child and Youth Programs (CYP), Department of Defense Education Activity (DODEA) Schools, Local Education Agencies (LEA), DoDEA/CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps.
2. With the exception of mandatory state, federal, and military reporting requirements (i.e., domestic violence, child abuse, and duty to warn situations), as well as oversight review by DoD of the service you received should an adverse or harmful event occur. MFLC support is private and confidential to encourage the widest level of participation.
3. The CYB-MFLC may support staff and work with children and families in the following ways:
 - Observe, participate, and engage in activities with children and youth
 - Provide direct intervention with children
 - Model behavioral management techniques and provide feedback to staff
 - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
 - Outreach to parents
 - Facilitate psycho-educational groups
 - Conduct training for staff and parents
 - Recommend referrals to military social services and other resources as needed.
4. CYB MFLCs may assist parents, teachers, staff, and children with the following issues:
 - Communication
 - Resolving conflicts
 - Managing anger
 - Bullying
 - Self-esteem/self-confidence
 - Behavioral management techniques
 - Sibling/parental relationships
 - Deployment and reintegration issues

The counselor is available to accommodate appointments and meeting/activities after hours and on the weekend with advance notice.

OSD approved CYB-MFLC Parent Information Letter Sample MFLC II updated 9_26_14

At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.

- The counselor may use only materials for trainings, groups, and other activities that have been approved by DoD.

I acknowledge that a CYB-MFLC is available and authorize my child, _____, to receive CYB-MFLC support.

PARENT OR GUARDIAN SIGNATURE

I acknowledge that a CYB-MFLC is available and DO NOT authorizes my child, _____, to receive CYB-MFLC support.

PARENT OR GUARDIAN SIGNATURE

You may reach the MFLC at _____

is the CYB-MFLC POC who may be contacted at _____.



Memorandum for 51FSS/FSFC/FSYC

Parent/Guardian name: _____ Child name: _____

Reference: Use of over-the-counter products

I give the staff of _____ permission to apply the following over-the-counter
(Facility name)

products on my child _____.
(Child's name)

1. The Child Development Center will provide the following pre-approved over-the-counter products on children on an as needed basis. These products have been approved by the Osan Medical Advisor for CYP programs. **Parents/Guardians may no longer provide the following over-the-counter products:**

Please initial by the products you would like your child to use.

- ____ Sunscreen lotion
- ____ Hand sanitizer
- ____ Insect repellent

*Any exceptions must have a detailed note from a health care provider and be updated annually.

2. Parent/Guardians **are** permitted to provide the following non-medicated over-the-counter products:
 - ____ Hand lotion
 - ____ Lip balm
 - ____ Diaper cream (non-aerosol)
3. The Caregivers will maintain all over-the-counter products in child's classroom. The products must not have exceeded the expiration date indicated on the package.
4. Parent/Guardian must label all products with child's first name, last name, and today's date.
5. If the product is medicated and prescribed by a doctor, the parent/guardian must complete AF form 1055. All prescribed medication must be kept at the front office.
6. Hand sanitizer can only be used when soap and water is not available. Hand sanitizer will only be used for children 2 years and older.
7. The permission statement is valid for one calendar year from the date signed.

Guardian Print Name

Guardian Signature

Date

Dear CDC Parents,

Please provide us with the below information so we may contact you in case of emergency or changes to the day's events. Additionally, the CDC regularly emails parents on important CDC events, news, upcoming down days, no school days, and other important information.

Child (ren) Name: _____

Sponsor's Information

Sponsor Name: _____

Work Email: _____

Home Email: _____

Cell Phone: _____

Work Number: _____

Spouse's Information

Spouse's Name: _____

Work Email: _____

Home Email: _____

Cell Phone: _____

Work Number: _____

Emergency Information

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Photo Consent and Release

The U.S. Department of Defense (DoD) web-based Request for Care system called MilitaryChildCare.com (MCC), provides a single online gateway for military families seeking child care, which allows parents to locate child care options at installations or geographic locations from any place at any time. This project will dramatically improve and simplify the child and youth care search process for U.S. military families and is scheduled for release in 2015.

To fulfill the MCC mission, we are in need of photographs that depict high quality early childhood development experiences. Photographs may include inside and outside classroom/learning environment and related areas, interactions (between staff/providers and children; between children and parents; and between parents, children and staff/providers); and a variety of outdoor and indoor activities (to include drop off and pick up times, meal and snack times, small group and one on one activities, etc.). Photographs may be selected for display on the MCC website and included on MCC marketing materials.

In consideration of the opportunity to participate in the MCC, please review and sign below indicating your consent to the following:

1. As a Child and Youth Program (CYP) staff member, Family Child Care / Child Development Home provider, or volunteer, or as a participating family member in DoD Child and Youth Programs (CYPs), I hereby give consent to the DoD and its licensees and assignees (hereinafter referred to as "DoD CYPs") to capture my likeness (and/or my child's likeness) on photographic, digital, electronic, print or any other medium.
2. DoD CYPs may use any photographs taken of me (and/or my child) for any purpose consistent with the mission of MCC and for purposes that support DoD CYPs.
3. All photographs taken of me (and/or my child) shall remain the property of DoD CYPs. I understand that I will receive no compensation and that I will have no right of control over the use of the photographs for promotional, commercial or any other purpose.
4. I hereby release and indemnify DoD CYPs from any and all claims, demands, actions and costs arising from my participation in MCC.

Consent

YES, I have read this document and give permission for myself to be included in photographic, digital, electronic, print or any other medium for MCC.

NO, I do not agree to the release described above. I acknowledge that all reasonable effort will be made to prevent the recording of my likeness. I understand that by declining to sign this consent and release form shall have no effect upon the consideration of my child(ren) participation in child care services.

Printed Name: _____

Signature: _____

Date: _____

CHILD INFORMATION SHEET

Child's Name(First, Last)	
Birthday (Day/Mo/Yr)	
Parents Names (First, Last and Rank)	
Siblings' names and Ages	
Allergies (Please describe)	
Favorite Foods	
Play Habits (Please describe)	
Takes nap (Yes/No)	
Bedtime Routines (Please describe)	
Potty Trained (Yes/No)	
CDC experience (How long)	
Other information you wish to share	
Family's cultural/ethnic heritage	
Family customs and traditions (Please describe)	
Home language	
Comments	



Dear Parents,

This letter is to ensure you have an understanding of “Space available” placement. If a family of higher priority requires enrollment, we may be required to issue you a notice of disenrollment.

This is in accordance with AFI 34-144-Child and Youth Programs which states:

11.8.4. Space available. After meeting the needs of patrons in priorities 1, 2, and 3, CDC/SAC support the need for full-time care for other eligible patrons such as active duty Military Service members with non-working spouses, DoD civilian employees paid from APF and NAF with non-working spouses or same-sex domestic partners, eligible employees of DoD Contractors, Federal employees from non-DoD agencies, Non Command sponsored families, and military retirees on a space available basis. In this category, CDC/SAC may also authorize otherwise ineligible patrons in accordance with 10 U.S.C. 1783, 1791 through 1800, 2809 and 2812 to enroll in CDC/SAC to make more efficient use of DoD facilities and resources.

11.8.4.1. Space available patrons are notified at the time of enrollment that their space must be vacated if a higher priority patron requires child care; parents must receive a 30 day written notice if their CDC/SAC space is needed.

Please print, sign, and date below acknowledging your understanding.

Print Name

Signature

Date

ENCLOSURE 3

PROCEDURES

1. PRIORITY SYSTEM. To the extent possible, CDPs shall be offered to the qualifying children of eligible patrons.

a. Priority 1. The highest priority for full-time care shall be given to qualifying children from birth through age 12 years of age of combat related wounded warriors, child development program direct care staff, single or dual active duty Military Service members, single or dual DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons. With the exception of combat related wounded warriors, ALL eligible parents or caregivers residing with the child are employed outside the home.

b. Priority 2. The second priority for full-time care shall be given equally to qualifying children from birth through 12 years of age of active duty Military Service members, DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons, where a non-working spouse, or in the case of a DoD civilian employee with a same-sex domestic partner, is actively seeking employment. The status of actively seeking employment must be verified every 90 days.

c. Priority 3. The third priority for full-time care shall be given equally to qualifying children from birth through 12 years of age of active duty Military Service members, DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons, where a non-working spouse, or in the case of a DoD civilian employee with a same-sex domestic partner, is enrolled in an accredited post-secondary institution. The status of post-secondary enrollment must be verified every 90 days.

d. Space Available. After meeting the needs of parents in priorities 1, 2, and 3, CDPs shall support the need for full-time care for other eligible patrons such as active duty Military Service members with non-working spouses, DoD civilian employees paid from APF and NAF with non-working spouses or same-sex domestic partners, eligible employees of DoD Contractors, Federal employees from non-DoD agencies, Non-command sponsored, and military retirees on a space available basis. In this category, CDPs may also authorize otherwise ineligible patrons in accordance with 10 U.S.C. 1783, 1791 through 1800, 2809, and 2812 to enroll in the CDP to make more efficient use of DoD facilities and resources.

e. Priority Determination. Individual priorities will be determined based on the date of application with the DoD Component. Components may only establish sub-priorities if unique mission related installation requirements are identified by higher headquarters.



DEPARTMENT OF THE AIR FORCE
51ST FORCE SUPPORT SQUADRON (PACAF)
UNIT 2065
APO AP 96278-2065

21 February 2019

MEMORANDUM FOR CHILD DEVELOPMENT CENTER PARENTS

FROM: 51 FSS/FSY

SUBJECT: Program Fees/Ranges for SY 2018-2019

1. According to AF and DoD policy, each program must verify Total Family Income (TFI) annually and adjust annual fees accordingly. Installations set fees within the DoD fee policy guidelines using the weekly fee range per category. IAW DoD fee policy guidelines using the weekly fee range per category. IAW DoD guidelines, weekly child care fee ranges continues to narrow with the goal to move to a single fee per category.
2. The chart below lists the weekly fees per category for full day and before/after school care. New fees will go into effect 1 February 2018.
3. If you have any questions pertaining to individual fees for your child(ren), please contact the CDC at 784-4966.

<i>Category</i>	<i>Total Family Income</i>	<i>Weekly Fee Per Child</i>
I	\$0 - \$32,525	\$60
II	\$32,526 - \$39,491	\$75
III	\$39,492 - \$51,108	\$93
IV	\$51,109 - \$63,884	\$108
V	\$63,885 - \$81,310	\$124
VI	\$81,311 - \$94,032	\$136
VII	\$94,033 - \$110,625	\$140
VIII	\$110,626 - \$138,330	\$145
IX	\$138,331+	\$150
IX Contractors	\$138,331+	\$210
Standard Hourly Care Rate		\$5.00

CHRISTOPEHR KITT, DAFC, USAF
Chief, Airman and Family Services

Recommended Immunization Schedule for Ages 0–6 Years UNITED STATES • 2007

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹	HepB	HepB	HepB	see footnote 1	HepB	HepB Series							Range of recommended ages
Rotavirus ²			Rota	Rota	Rota								Catch-up immunization
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP		DTaP					DTaP	Certain high-risk groups
Haemophilus influenzae type b ⁴			Hib	Hib	Hib ⁴	Hib	Hib						
Pneumococcal ⁵			PCV	PCV	PCV	PCV					PCV PPV		
Inactivated Poliovirus			IPV	IPV		IPV						IPV	
Influenza ⁶						Influenza (Yearly)							
Measles, Mumps, Rubella ⁷						MMR						MMR	
Varicella ⁸						Varicella						Varicella	
Hepatitis A ⁹							HepA (2 doses)				HepA Series		
Meningococcal ¹⁰											MPSV4		

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children through age 6 years. For additional information see www.cdc.gov/nip/recs/child-schedule.htm. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components

of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACIP statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is HBsAg-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mothers' negative HBsAg laboratory report documented in the infant's medical record.

Following the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of 3 or more doses in a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose of HepB:

- It is permissible to administer 4 doses of HepB when combination vaccines are given after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose between 6 and 12 weeks of age. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by 32 weeks of age. Do not administer a dose later than age 32 weeks.
- There are insufficient data on safety and efficacy outside of these age ranges.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHiBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in ≥12 months olds.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for Pneumococcal Conjugate Vaccine (PCV); 2 years for Pneumococcal Polysaccharide Vaccine (PPV))

- Administer PCV at ages 24–59 months in certain high-risk groups. Administer PPV to certain high-risk groups aged ≥2 years. See *MMWR* 2000; 49(RR-9):1-35.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine (TIV); 5 years for live, attenuated influenza vaccine (LAIV))

- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006; 55(RR-10):1-41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered prior to age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered prior to age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If second dose was administered ≥28 days following the first dose, the second dose does not need to be repeated.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for all children at 1 year of age (i.e., 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children including in areas where vaccination programs target older children. See *MMWR* 2006; 55(RR-7):1-23.

10. Meningococcal polysaccharide vaccine (MPSV4). (Minimum age: 2 years)

- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups. See *MMWR* 2005;54 (RR-7):1-21.

The Childhood and Adolescent Immunization Schedule is approved by:

Advisory Committee on Immunization Practices www.cdc.gov/nip/acip • American Academy of Pediatrics www.aap.org • American Academy of Family Physicians www.aafp.org

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