***BY ORDER OF THE SECRETARY OF THE AIR FORCE***

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# *FAMILY CHILD CARE PROGRAMS*

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction supersedes part of AFI 34-701, *Child Development Programs*, and implements AFPD 34-2, *Community Services Programs*; DoDI 6060.2, *Child Development Program*; DODI 1402.5, *Criminal History Background Checks*; the Military Child Care Act of 1989/96; and the Crime Control Act of 1990. This instruction gives the requirements for operating family child care programs on Air Force bases. It applies to licensing individuals living on base to be family child care providers and for affiliating individuals living off base with the Air Force family child care program. **Attachment 1** contains a glossary of references and supporting information. **Attachment 2** lists the specific responsibilities of personnel involved in the implementation, operation, oversight, and evaluation of Air Force family child care programs. **Attachment 3** outlines the requirements for family child care lending programs. **Attachment 4** outlines the requirements for accepting children and staff who are HIV-positive or who have AIDS. **Attachment 5** lists the requirements for licensing family child care homes. **Attachment 6** lists the requirements for designating family child care homes as developmental homes. Waivers to this instruction must be submitted through the major command to AF/ILV for approval. This instruction is affected by the Paperwork Reduction Act of 1974, as amended in 1996. Maintain and dispose of records created as a result of processes prescribed by this instruction in accordance with AFMAN 37-139, *Records Disposition Schedule*.

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**(ANG) AFI 34-276, *Family Child Care Programs*, 1 November 1999, is supplemented as follows.** This supplement applies only to Air National Guard (ANG) units and members. This supplement tailors the Air Force (AF) instruction to the ANG organizational structure.

**(ANG)** Send comments and suggested improvements to this supplement on AF Information Management Tool (IMT) 847, *Recommendation for Change of Publication*, through channels, to the Air National Guard Services Division (NGB/A1S), 3500 Fetchet Avenue, Andrews AFB, MD 20762-5157.

## *SUMMARY OF CHANGES*

This is the first publication of AFI 34-276 separating the requirements for Family Child Care Programs from AFR 34-701 (now numbered AFI 34-248), *Child Development Program*s. It establishes a new system for licensing on-base and Air Force off-based leased housing family child care providers and authorizes the affiliation of off-base providers living in civilian housing with the Air Force family child care program.

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## Chapter 1

## ESTABLISHING A PROGRAM

**1.1. Purpose.** The purpose of establishing a family child care program on an Air Force installation is to make child care available to military members so that they can more successfully perform their military mission, secure in the knowledge that their children's safety, health, and well-being are protected. Having child care available also supports the economic viability of military families by enabling spouses to seek employment and contribute to the family income. Family child care provides an alternative to child development center care for families that need evening care; weekend care; care for children with special needs, infants, and school-age children; and care during swing and midnight shifts. Family child care offers an opportunity for spouses to contribute to the family income while caring for their own children.

1.1.1. **(Added-ANG) In** January 2003, the Air Force Extended Duty Care Program authorized use of the Program by members of the Air National Guard and Air Force Reserve Command (AFR), to be serviced by contracted civilian child care providers. This ANG/AFR Home Community Care (HCC) Program, which will be referred to as the ANG HCC program in this supplement, provides free child care for ANG members during Unit Training Assemblies (UTA), therefore creating a fourth category of family child care. Care will also be provided during Rescheduled Unit Training Assembly (RUTA), Split Unit Training Assembly (SUTA), and annual two-week training (AT) if the provider is available and space and funding permit. Overnight care is not provided. Additionally, the ANG HCC Program does not include child care for deployments, whether CONUS or OCONUS.

**1.2. Requirements for a Program.** Each installation with military family housing must have a procedure for approving individuals to provide family child care in on-base quarters on the installation and for restricting individuals who do not have approval from providing child care.

1.2.1. If there is a shortage of on-base care, establish a relationship with the off-base licensing authorities to affiliate spouses of active duty and retired military members, who are approved providers, with the on-base program.

1.2.2. **(Added-ANG)** The ANG HCC Program is an off-base, local community in-home (drop-off type day care) program providing unique support to ANG members. NGB/A1S will annually assess program participation at each funded site to ensure the ANG is getting the most out of it's limited ANG HCC resources. Measures of Merit (metrics) or some other form of program participation measure will be used. If the measured usage is low, funding may be moved or considered for movement to a location (installation) where utilization may be higher. NGB/A1S will maintain a list of installations desiring a funded ANG HCC program.

1.2.3. **(Added-ANG) Because** the ANG HCC Program, which is conducted in private homes off-base, is considerably different in nature from the AF on-base licensing program, only the following sections of AFI 34-276 apply to the ANG program: **1.1.**, **1.2.**, **1.3.**, **1.5.**, **1.10.**, **1.11.**, **1.12.**, **1.13.**, **1.14.**, **2.1.**, **2.5.**, **2.9.**, **2.10.**, **2.11.**, **2.13.**, **2.17.**, **2.18.**, **2.19.**, **2.23.**, **2.24.**, **2.27.**, **2.32.** and **2.33.** In applying these elements of AFI 34-276 to the ANG HCC Program, some flexibility in interpretation may be required in order to apply the requirement in a useful and constructive manner given the different off-base nature of the ANG program. For example, where the AFI uses the term "licensing" in these sections, when applying such a provision to the ANG program, it will usually be more appropriate to

view the requirement as applying to the contract/provider agreement that ANG will have with the provider.

**1.3. Scope.** Any individuals caring for other families' children a total of more than 10 hours a week on a regular basis must be licensed to provide care in on-base quarters.

1.3.1. This does not include:

1.3.1.1. Individuals who occasionally provide care for a friend or neighbor.

1.3.1.2. Individuals providing baby-sitting on an occasional basis for other families.

1.3.1.3. Teenagers doing evening or weekend baby-sitting for families.

1.3.1.4. Child care provided in the parents' own home.

1.3.1.5. Parent cooperatives where one of the parents provides supervision for other parents' children on an exchange basis and no fees are involved.

1.3.1.6. Temporary full-time care of a child during a parent's absence for temporary duty or deployment by the person listed on the AF Form 357, Family Care Plan.

1.3.2. Compute the requirement to be licensed by multiplying the number of hours the provider offers care on a regular basis by the number of children in care. For example, if an individual provides care one afternoon a week for 4 children for 3 hours they must be licensed.

1.3.3. Determine the geographic region in which it is feasible to affiliate off-base providers. Include this information in family child care recruiting and public relations materials.

**1.4. Penalty for Not Seeking a License.** Ensure that all those who should be licensed are licensed.

1.4.1. Do not permit individuals who are not approved family child care providers to advertise in base publications or on base bulletin boards.

1.4.2. Follow-up on reports of unlicensed care. Send a written request to individuals suspected of providing unlicensed care asking them to complete the licensing procedures. Have the family child care coordinator, accompanied by the flight chief, services commander, or security forces, make an unannounced visit to individuals who are suspected of providing care on a regular basis who are not licensed. If individuals who should be licensed do not become licensed, issue a written order from the support group commander directing them to cease providing care.

1.4.3. The support group commander may revoke the housing privileges of individuals who provide child care but refuse to become licensed or who continue to provide care after their license has been suspended or revoked.

**1.5. Application and Licensing.** Provide written information to potential providers on how to become licensed and the requirements for remaining licensed.

1.5.1. Use AF Form 1928, Family Day Care License Application, to take requests from those wanting to become licensed; number each license.

1.5.2. Start processing applications within 15 working days of receiving them. When feasible, conduct screenings, pre-approval training, and pre-approval home inspections, concurrently, to expedite the process.

1.5.3. Conduct a pre-licensing orientation to help individuals decide if they are interested in becoming family child care providers.

1.5.4. Have the information on the applicant reviewed by the family child care panel before recommending approval for licensing by the support group commander.

1.5.5. Issue AF Form 1927, Family Day Care License, to license those who successfully complete the licensing process. Ensure that all of the required checks are completed, the individual has a valid insurance policy, and the commander has signed the AF 1931, Family Day Care Home Approval Record, before issuing a license. Ensure that the date on the license is no earlier than the date the commander signs the AF 1931, Family Day Care Approval Record. Issue a provisional license to all individuals receiving their first license. Make it valid for no more than 3 months.

1.5.6. If the individual successfully completes the probationary period, issue a license for 21 months after the individual has completed the probationary period.

1.5.7. Note on the license the level of standards with which the individual is in compliance: standard, developmental, or accredited. Issue a standard license to individuals who consistently comply with the standards at **Attachment 5**, Standards for Family Child Care Homes. Issue a developmental license to individuals who also consistently comply with the standards listed on **Attachment 6**. Issue an accreditation license to those providers who comply with the standards of **Attachment 5** and **Attachment 6** and who have been accredited by the National Association for Family Child Care.

1.5.8. Provide an affiliation certificate to individuals who live off base that become affiliated with the on-base family child care program. Permit affiliated providers to be approved as standard, developmental, or accredited affiliated homes.

1.5.9. Issue a window card or house/yard flag to identify homes in which the provider has been licensed to provide care on base.

1.5.10. Require that providers return their license or certificate and window card or house/yard flag to the family child care office when they cease providing care on the base or are no longer affiliated.

1.5.11. **(Added-ANG)** ANG HCC Program Application process.

1.5.11.1. **(Added-ANG)** State and local Resource and Referral (R&R) agencies are contacted by the NGB/A1S representative and asked to provide names of potential candidates that fit the ANG HCC program provider's criteria. NGB/A1S reviews the information received from the local R&R agencies and contacts each potential provider, explaining the program and determining their interest in participating in the program. Potential ANG HCC Providers must already be a state-regulated FCC provider who has operated for at least 3 months and who meets the ANG HCC Program Provider Requirements.

1.5.11.2. **(Added-ANG)** The NGB/A1S representative sends an Application Package to the potential HCC provider containing documents such as: Frequently Asked Questions for Providers, ANG/AFR-HCC Provider Application Form, ANG/AFR-HCC Provider Home Visit Pre-Service Checklist, Sample Provider Agreement, Sample Provider Timesheet and Instructions, Sample Parent Time Log and Instructions, and the National Association for Family Child Care (NAFCC) Membership Application. The HQ Air Force Reserve Command (AFR) will provide payment services to ANG/AFR providers.

1.5.11.3. **(Added-ANG)** The NGB/A1S representative will make an initial site visit to the potential HCC provider. It is recommended that someone from AF/A1SY, the Unit POC (Base Services Flight representative or Wing Family Program Coordinator), and the local R&R accompany the NGB/A1S representative on the home visits. Initial site visit evaluation will use the ANG HCC Pre-Service Checklist (**Attachment 9 (Added)**).

1.5.11.4. **(Added-ANG)** After the home visit, observations are discussed by those making the site visit and then the potential HCC provider is selected. The HCC provider candidate is given a copy of the Provider Agreement if all the candidate's required documents are complete and the candidate agrees to participate in the program.

1.5.11.5. **(Added-ANG)** To be considered for participation as an ANG HCC Provider, the candidate is required to provide documentation similar to the following, which will be spelled out in the Provider Agreement between AF/A1SY, the NGB/A1S representative, AF Reserves payment office, and the ANG HCC Provider. Additional documents may be required.

1.5.11.5.1. **(Added-ANG)** Copy of state, county, or municipal certificate of registration or license.

1.5.11.5.2. **(Added-ANG)** Original, notarized background checks (Criminal FBI or state fingerprint results) for all persons living in the household over 16 years of age. If state law prohibits the initiation of background checks on family members under the age of 16 or 18 living in the home, the provider must sign a notarized affidavit verifying that the child has not been convicted of any crime related to child abuse, domestic violence, sexual assault, or drugs. An affidavit will be provided by this office.

1.5.11.5.3. **(Added-ANG)** Copy of current first aid and infant / child CPR training certificates.

1.5.11.5.4. **(Added-ANG)** Copy of liability insurance policy at the dollar level specified by the AF program office, reflecting start and end dates, and frequency of payment, i.e., monthly, annually, etc..

**1.6. Applicants from Other Bases.**

1.6.1. If an individual has been licensed as a provider at another Air Force installation within the last 12 months, permit them to become relicensed or affiliated at their new location after:

1.6.1.1. A review of their family child care file from their previous location by the Family Child Care Panel.

1.6.1.2. A health, safety, fire, and program inspection of their home.

1.6.1.3. Obtaining approval from the support group commander.

1.6.2. If the provider was in provisional status when leaving the former base, require them to complete an additional 3 months in provisional status at their new location.

**1.7. Inactive Homes.** Permit individuals who request to become inactive providers to do so for no more than 3 months while retaining their current license.

1.7.1. Have an inspection of their home conducted by the family child care coordinator before reactivating their license.

1.7.2. During the period of their inactivity, keep their license on file at the family child care office.

1.7.3. Require providers to return the materials from the family child care lending program if they will be inactive for more than one month.

**1.8. Providing Sufficient Family Child Care.** Determine if there is a need for additional child care for families assigned to the installation including families who need infant and toddler care, evening and weekend care, care for mildly ill children, hourly care, care during midnight and swing shifts, care during TDYs, care other than in a child development center setting and care other than in a before- and after-school setting.

1.8.1. Prepare and implement a written marketing plan to increase the number of homes to the level needed to support the base population.

1.8.2. Have a brochure to recruit on-base providers and to encourage affiliation of providers living off base.

1.8.3. Brief newcomers on the opportunity to become a family child care provider and on the availability of family child care.

1.8.4. At least annually, conduct a survey to determine the satisfaction of parents using family child care with the care provided.

1.8.5. Provide an exterior sign on the family child care office which informs the base population of the location of the program.

1.8.6. Determine the number of enlisted housing units. Strive to have at least 3 percent of the homes licensed to provide family child care. Track the percent licensed monthly.

**1.9. Family Child Care Panel.** Have the support group commander appoint a panel to provide oversight of the family child care program and determine which individuals should be recommended for licensing and affiliation.

1.9.1. The support group commander must appoint the following individuals to serve on the panel: deputy support group commander, services commander or director or their deputy, and the family member programs flight chief. Do not appoint other individuals on the panel. Have the deputy support group commander chair the panel. . Have the family member flight chief serve as the recorder and the keeper of the records of the panel actions and minutes. Have the family child care program staff and the training and curriculum specialists assigned to the program attend the panel meetings in a staff/non-voting role

1.9.2. Have a representative from each of the following offices appointed to assist the panel, when needed: base legal, family advocacy, safety, fire, mental health, the program medical advisor, security forces, and Public Health.

1.9.3. Have the panel perform the following functions:

1.9.3.1. Review individuals' applications and supporting documents for initial licensing and relicensing and affiliation including results of home inspections, screenings, interviews, recommendations, etc.

1.9.3.2. Recommend approval or disapproval of applications for initial licensing and relicensing and affiliation to the support group commander.

1.9.3.3. Approve the family child care marketing plan.

1.9.3.4. Review the results of monthly home inspections for noncompliance with Air Force standards and recommend which providers should be given written warnings and have their license suspended or revoked.

1.9.3.5. Recommend to the support group commander the providers whose license or affiliation should be suspended or revoked for any reason.

1.9.3.6. Review the family child care self-assessment and inspection tool for completion.

1.9.3.7. Review the results of the annual higher headquarters inspection of the program and ensure corrective actions are accomplished.

1.9.3.8. Review the results of the annual survey of parent satisfaction with family child care.

1.9.3.9. Review each provider's training status.

1.9.3.10. Designate homes as standard, developmental, or accredited.

1.9.3.11. Designate homes as affiliated homes.

1.9.3.12. Convert homes from provisional to standard or developmental.

1.9.3.13. Convert homes from developmental to standard or from accredited to developmental or standard.

1.9.4. Convene the panel at least quarterly or when:

1.9.4.1. One or more individuals are ready for review for licensing, relicensing, or affiliation.

1.9.4.2. There is a complaint against a family child care provider.

1.9.4.3. There is an allegation of child abuse or neglect involving a family child care provider.

1.9.4.4. An individual provider fails to correct significant deficiencies identified in a monthly home inspection.

1.9.4.5. Providers fail to make satisfactory progress toward completing the required training (one module per month from the date of licensing or affiliation).

**1.10. Requirements to Become a Provider.** Accept applications from individuals to become providers only if they:

1.10.1. Are at least 18 years of age.

1.10.2. Have the ability to read, speak, and write English.

1.10.3. Are physically and mentally capable of providing care.

1.10.4. Are willing and able to complete the training required of family child care providers.

1.10.5. Are willing to agree in writing to the requirements for family child care providers.

1.10.6. Are able to obtain the required insurance coverage.

**1.11. Prohibitions against Licensing.** Do not license or affiliate individuals as family child care providers or substitutes if:

1.11.1. They have had their family child care license revoked on another military installation or in a county, state, or country unless the requirements of **1.18.** are met.

1.11.2. They or any of their household members have been arrested for or convicted of child abuse or neglect, a criminal act involving violence, or other acts which would make them unsuitable for caring for children.

1.11.3. They or any of their household members have a history of domestic violence or mental or physical illness that would suggest they are not suitable for caring for children.

1.11.4. If they or any of their household members have been the perpetrator in a substantiated case of child abuse or neglect.

1.11.5. They are active duty members.

**1.12. Number of Children.** Limit the number of children that each provider can care for at one time to no more than 6 children including the provider's own children under the age of 8.

1.12.1. A provider may not care for more than 2 children under 2 years of age including the providers' own children.

1.12.2. A provider may not care for more than 2 children or adults at one time who are not able to evacuate themselves from the home; this includes older children and adult family members of the providers.

1.12.3. Verify that there is enough space in each home so that each child can play, rest, and eat comfortably. If there is not enough space, reduce the number of children the provider may accept for care. Have the panel approve reductions in the number of children permitted. Note the maximum number of children for whom the provider can provide care at one time on the AF Form 1927, Family Day Care License.

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

1.12.5. If the provider limits the areas of the home that may be used by the children, ensure that there is at least 35 square feet of usable play space for each child in care.

1.12.6. During the hours in which the provider is offering care to children outside her own family, his/her own children under age 8 are considered family child care children and the requirements for providing care must be followed with his/her own children. This includes the requirements related to child guidance and discipline, food service and nutrition, television viewing, etc. The provider's children are considered part of the family child care children regardless of whether the other parent is present with the exception that the other parent may provide the direct supervision of their own child out of site of the provider.

1.12.7. During the hours during which the provider is providing care, other children, such as friends of the provider's children, may not be present in the home if having them present makes the provider responsible for more than the maximum number of children (6 children including her own children under age 8).

1.12.8. Permit providers to combine their households of children with those of other providers and neighbors only for special occasions and for short periods of time.

1.12.9. Reduce the number of children for whom the provider may offer care if he/she is home schooling their own children or has other employment. Consider the number of children the provider is home schooling, their age, and the amount of direct supervision/instruction required of the provider.

**1.13. County, State and Country Licensing.** If the county, state, or country in which the family day care home is located requires individuals that provide care in their home to be licensed, certified, or registered, require Air Force family day care providers to have these approvals.

1.13.1. Seek to establish a memorandum of agreement with the county, state, or country to delegate the licensing of on-base homes to the Air Force, if possible.

1.13.2. If the local authorities will not defer to the Air Force licensing requirements, then ensure providers are licensed as required.

1.13.3. If the off-base licensing requirements are more stringent, then the providers must follow the most stringent requirement whether it is the county's, state's, country's, or Air Force's.

1.13.4. Ensure that the provider's insurance policy will provide coverage if county, state, or country licensing is waived.

1.13.5. Ensure all off base homes have the required local, state, and country approvals prior to affiliating them.

1.13.6. **(Added-ANG)** Individuals selected to be ANG HCC Providers must already be a state-regulated FCC provider who has operated for at least 3 months and who meets the ANG HCC Program Provider Requirements. The individual is in good standing with the respective state regulatory agency and has no history of documented, substantiated complaints or a suspended or revoked certificate. (A copy of the state registry or certification must be attached to the application.)

**1.14. Relicensing.** Relicense individuals when their license expires.

**1.14. (ANG) Relicensing.** For ANG HCC program, this is the criteria for renewal of provider agreements.

1.14.1. Do not relicense individuals who have not completed the training modules until they complete them.

1.14.2. Do no relicense individuals who have shown a pattern of non-compliance with Air Force requirements.

1.14.3. Repeat the inspections and approvals required for initial licensing for relicensing.

1.14.4. Relicense individuals only if they are in compliance with the standards on **Attachment 6**, Standards for Developmental Family Child Care.

**1.15. Transferring Providers to a New Installation.** Help licensed or affiliated providers transfer to other military installations when their spouse is reassigned.

1.15.1. Make a copy of the individual's family child care file and express mail a copy of it to the family child care office at the new installation. This is required whether or not the individual requests it at the time of departure.

1.15.2. Assist the receiving base in completing the installation records check at the losing installation.

**1.16. Converting an Affiliated Home to a Licensed Home.** When an individual who has been an affiliated home moves on base, require them to become licensed if they want to continue to provide family child care.

1.16.1. Conduct a health, safety, fire, and program inspection of their new quarters before licensing them.

1.16.2. Give them a provisional license for 3 months. If they continue to meet the program requirements during the 3-month provisional period, license them for 21 additional months.

1.16.3. Count the months that they were an affiliated home in determining the number of months they have left to complete the DoD Family Child Care modules.

**1.17. Changing Residences on Base.** When an individual who is licensed to provide child care on base moves to another residence on base, conduct an inspection of their new quarters and issue them a license with their new address. Ensure their insurance policy reflects the new address. If they are not in compliance with the Air Force standards in their new quarters, revoke their license and recommend that they reapply for a license.

**1.18. Reapplying After Revocation.** When a provider's license has been revoked, have the individual's request for relicensing reviewed by the family child care panel prior to their completing any of the steps required for licensing. Do not permit such individuals to reapply for licensing unless there is evidence to suggest that the reasons why their license was revoked would not be a factor in their operation of a family child care home in the future.

**1.19. Time Permitted to Complete the Required Training.** Individuals who wish to continue to be licensed or affiliated must make satisfactory progress toward completing the DoD Family Child Care modules. Satisfactory progress is defined as completing at least one module per month or no fewer than 15 modules in 18 months. The months when a provider is in inactive status should not be counted in determining whether the provider is making satisfactory progress. When a provider is more than 1 month behind in completing a module their license must be suspended. When a provider is more than 3 months behind in completing a module their license must be revoked. The family child care panel must review the training status of all providers at least quarterly and determine which providers must have their license suspended or revoked.

**1.20. Converting Licenses.** Require new providers to remain in provisional status for at least 3 months before granting them a standard, developmental, or accredited license. When a provider who has a standard license wishes to apply for a developmental license ensure that he or she is in compliance with the standards on both **Attachment 5** and **Attachment 6** for at least three consecutive months before converting their standard license to a developmental license. When a provider desires to have an accredited license ensure that he/she provides written proof of being accredited as a family child care home by the National Association for Family Child Care (NAFCC) and is in compliance with the *Quality Standards for NAFCC Accreditation* before granting them an affiliated license.

**1.21. Change in Licensing Status.** If a provider who has a developmental license fails to maintain compliance with the standards listed on **Attachment 5** and **Attachment 6**, notify them in writing that they have 60 days to return to compliance with the standards. If they fail to do so, convert their developmental license to a standard license. If a provider who has been accredited by the National Family Child Care

Association becomes unaccredited, convert his/her affiliated license to a developmental or standard license within 30 days.

**1.22. Special Requirements for Individuals with Provisional Licenses.** During the time individuals have a provisional license:

1.22.1. Restrict the number of children for whom they may provide care to no more than 4 unless they have successful previous experience as a provider.

1.22.2. Encourage them not to accept children with special needs.

1.22.3. Assign an experienced family child care provider to serve as a mentor to them.

1.22.4. Discourage them from taking children on off-base field trips.

1.22.5. At least 2 weeks prior to the end of the provisional period have the individual reviewed by the panel and determine whether a standard, developmental, or accredited license should be granted for 21 months.

## Chapter 2

## PROGRAM ADMINISTRATION

**2.1. Publicizing Family Child Care.** Make the availability of family child care known to parents who need care.

2.1.1. Have a brochure which describes the family child care program and the advantages of using family child care.

2.1.2. Provide written materials to new arrivals on the base about the availability of family child care or provide a verbal briefing. Include a list of the licensed and affiliated providers in the housing packets.

2.1.3. Prepare a list of the currently licensed family child care providers; update the list at least monthly. Dispose of outdated lists. Ensure it is posted in all child development centers and school age programs.

2.1.4. Provide an updated list of the currently licensed family child care providers at least monthly to the family support center, presidents of the spouses clubs, civilian personnel office, human resources office, base housing office, security forces, family advocacy, lodging, and other appropriate base offices. Dispose of the outdated lists when new ones are provided.

2.1.5. Send a list of providers who will offer shift, weekend, and temporary duty (TDY) care to all squadron commanders at least monthly. Dispose of the outdated lists when new ones are provided.

2.1.6. Organize the list of currently active providers to indicate the age of children for whom they will provide care; the number of current vacancies by age; whether the individual will provide late afternoon, evening, shift, TDY, or week-end care; whether the individual will accept children with special needs; and the level of licensing (provisional, standard, developmental, accredited).

2.1.7. Permit individuals who do not have any current vacancies to be excluded from the list.

2.1.8. At least quarterly, send parents on the child development center waiting list a list of family child care homes with current vacancies.

2.1.9. At least annually, conduct a survey of parents on the child development center waiting list who are not in family child care to find out why they are not interested in using family child care. Dispose of the survey results as soon as the next higher headquarters and installation multi-disciplinary team inspections of the program are conducted.

2.1.10. If there is an installation web site or base television channel, use it to provide information about the family child care program and the availability of family child care providers.

2.1.11. **(Added-ANG)** Each ANG unit with a funded ANG HCC Provider is responsible to ensure program availability is publicized and / or marketed to the target audience. The NGB/A1S representative will work with each Unit POC to ensure a strong marketing plan is in place and is in use. Unit marketing strategies for the ANG HCC Program may include the base paper, use of the Intranet, marketing flyers placed in the BX, base fitness center, Headquarters building, Unit Orderly Rooms, etc., and mention at wing / group staff meetings and Commander's Calls. The NGB/A1S representative may provide marketing materials if funds are available.

**2.2. Assistance to Parents.** Help parents find several family child care alternatives to meet their needs.

2.2.1. Post a copy of the currently licensed providers on the exterior of the facility for parents needing information at night or on the weekends. On these and other lists include only the information about each provider that she has approved for public distribution.

2.2.2. Maintain some office hours each weekday for parents needing help in finding care.

2.2.3. Provide parents with a list of the currently licensed individuals with vacancies. Dispose of these lists after they are updated.

2.2.4. Do not recommend a specific provider. When recommending individuals offer at least three choices.

2.2.5. With the individual providers' permission, make a notebook available to parents with more detailed information about each provider.

2.2.6. Provide a map showing the location of each provider. Have copies available for parents.

2.2.7. Have an answering machine to provide information to parents who are not able to contact the family child care coordinator because he or she is out of the office.

2.2.8. At the parents' request, make copies of the provider's last three inspection reports available to individuals looking for child care.

**2.3. Program Oversight.** Have adequate staff to ensure that quality family child care is available to parents.

**2.3. (ANG) Program Oversight.** Members of the Air Force office responsible for the ANG/AFR-HCC Program (AF/A1SP or AFSVA) and / or the NGB/A1S representative may conduct one announced visit each year. The visit will occur while ANG/AFR children are in care to ensure compliance with program requirements. The NGB/A1S representative will provide a copy of the ANG HCC Home Visit Checklist and Pre-visit Checklist to providers prior to the selection process. See **Attachment 9 (Added)** and **Attachment 10 (Added)**. The checklists are posted to the NGB/A1S portal website.

2.3.1. Employ at least one appropriated (APF) family day care coordinator for every 40 family day care homes approved or in training to ensure oversight of each home.

2.3.2. When the number of homes assigned to an individual exceeds 40, assign the other homes to another individual. If a coordinator is responsible for fewer than 40 homes, assign them to additional duties within the flight.

2.3.3. Individuals responsible for monitoring homes that were hired after 1 Oct 93 must have a degree in a field related to their position. These fields may include home economics, child development, early childhood education, social work, psychology, adult education, nursing, and health education. If individuals hired before this date do not have a degree in a related field, encourage them to complete the requirements for the current core document or reassign them to another position within the flight or squadron.

2.3.4. Family child care coordinators are in the General Schedule (GS) 1701 series. Convert qualified incumbents to this series.

2.3.5. Do not assign individuals hired to administer the United States Department of Agriculture (USDA) Child and Adult Food Program (CAFP) to monitor homes for compliance with Air Force standards in lieu of monitoring by a family child care coordinator.

**2.4. Training and Curriculum Specialists.** Provide support to family child care providers in planning and conducting activities, completing the required training, and guiding children with special needs.

2.4.1. Assign the flight training and curriculum specialists to assist with the family child care program based on the number of children served in the child development centers, school age program, and family child care.

2.4.2. If additional assistance is needed, use funds from the child care APF program element to contract with individuals to provide additional help.

2.4.3. Have the training and curriculum specialists or consultants help:

2.4.3.1. Conduct pre-licensing and other training.

2.4.3.2. Prepare training materials for providers.

2.4.3.3. Conduct monthly or quarterly training sessions for providers.

2.4.3.4. Conduct in-home training with providers.

2.4.3.5. Conduct module training.

2.4.3.6. Conduct module observations/assessments.

2.4.3.7. Prepare curriculum guides or materials for providers.

2.4.3.8. Provide additional training to providers with children with special needs.

2.4.3.9. Conduct training to assist providers in becoming accredited.

2.4.3.10. Conduct training to assist providers in becoming Child Development Associates (CDAs).

2.4.3.11. Help providers conduct developmentally appropriate activities for children.

2.4.3.12. Train providers to use appropriate guidance techniques.

**2.5. Lending Program.** Have a family child care lending program that helps providers offer quality care at a reasonable cost and reduces the cost for individuals to become providers.

**2.5. (ANG) Lending Program.** For the ANG HCC program, there is no AF funded Lending Program. However, ANG HCC Providers may have access to lending programs operated by most state and local R&R agencies.

2.5.1. Have the required items on **Attachment 3**, List of Required and Optional Family Child Care Lending Program Materials.

2.5.2. Have other materials needed to encourage individuals to become licensed providers at this location. See **Attachment 3**, List of Required and Optional Family Child Care Lending Program Materials.

2.5.3. Have enough shelving in the lending program to display at least 2 of each of the required items in the lending program with the exception of large equipment such as cribs, cots, etc. Have enough

space available to display at least one of each of the types of large equipment. If there is not enough space to display at least one of all of the types of large equipment items, have at least an 8” x 11” picture available of each.

2.5.4. Have a picture catalog describing all of the items in the lending program available in the family child care office. For each item, include the age or ages for which it is appropriate and its intended use or the areas of development that would be promoted by a child playing with the item. Make black and white copies of the catalog available to each provider.

2.5.5. Prepare a materials start-up kit for new providers that includes all of the items asterisked on **Attachment 3**, List of Required and Optional Family Child Care Lending Program Materials. Have enough kits available for the providers who will be licensed in the next month in CONUS and next 3 months OCONUS.

2.5.6. Divide the lending program space into sections. Include these sections:

2.5.6.1. Health/Sanitation.

2.5.6.2. Safety.

2.5.6.3. Fire Safety.

2.5.6.4. Food and Nutrition.

2.5.6.5. Business Operations.

2.5.6.6. Provider References.

2.5.6.7. Training Materials.

2.5.6.8. Infants.

2.5.6.9. Toddlers

2.5.6.10. Preschool.

2.5.6.11. Younger School Age (6-9).

2.5.6.12. Older School Age (10-14).

2.5.6.13. Art/Craft Supplies*.

2.5.6.14. Homework Materials*.

2.5.6.15. Small Outdoor Play*.

2.5.6.16. Large Outdoor Play*.

2.5.6.17. Multi-cultural Materials*

2.5.6.18. Science/Mathematics*.

2.5.6.19. Music*.

2.5.6.20. Reading/Literacy*.

2.5.6.21. Parent Education Resources.

2.5.6.22. Manipulatives*.

2.5.6.23. Games*.

2.5.6.24. Dramatic Play*.

2.5.6.25. Other*.

*If for more than one age group.

**2.6. Lending Program Administration.** Administer the lending program to protect the program's assets and help providers use and return materials in a responsible manner.

2.6.1. Have a computerized inventory list of all the materials in the lending program that are not consumable supplies (supplies consumed as used, such as construction paper).

2.6.2. Include the original purchase price of each non-consumable item in the inventory.

2.6.3. Have each non-consumable item in the lending program numbered and labeled in some way related to the inventory.

2.6.4. Maintain a list of the items each provider has checked out and their value and give them a copy of the list of the materials each time they check out a new item.

2.6.5. Do not charge providers for using lending program materials.

2.6.6. If providers lose or damage items beyond normal wear-and-tear, have them provide a replacement item of similar value.

2.6.7. Have procedures for ensuring that when a provider stops providing care that the lending program materials are returned to the family child care program.

2.6.8. When requested by the provider, deliver large equipment items to the provider's home.

2.6.9. Have the lending program open at least one hour per day or five hours per week, two hours after 1800 per month, and two hours during a weekend per month.

**2.7. Funding.** Provide APF needed to operate the program and to establish and maintain the family child care lending program.

2.7.1. Use APF, including USDA CAFP, funds to operate the program.

2.7.2. Do not charge family child care providers for:

2.7.2.1. Applying.

2.7.2.2. Training.

2.7.2.3. Training materials.

2.7.2.4. Cardiopulmonary resuscitation (CPR) and first aid training or materials.

2.7.2.5. Licensing.

2.7.2.6. Background checks.

2.7.2.7. Normal wear-and-tear on equipment.

2.7.2.8. Lost equipment.

2.7.3. If charges are imposed by other agencies or organizations for health and safety training or fulfilling other requirements related to becoming licensed or affiliated, use APF to pay for these fees.

2.7.4. Serve as the USDA CAFP sponsor for family child care providers if the installation is located in a state or territory.

2.7.5. Family child care providers are private entrepreneurs; base officials may not regulate the fees they charge for their services.

2.7.6. **(Added-ANG)** HQ Air Force Reserve Command will provide payment services to ANG HCC Providers.

**2.8. Approval Procedures.** Establish procedures for screening and approving family child care providers.

2.8.1. License only the most qualified to provide child care in government quarters and on Air Force installations.

2.8.2. Require applicants to complete the Air Force Family Child Care Orientation Module or at least one of the DoD Family Child Care Modules as part of the pre-approval training process. Have a knowledge assessment completed in a group setting under the supervision of the family child care coordinator. This is to help ascertain whether the applicant can read and write simple statements in English.

2.8.3. Obtain a written statement from the active duty members' supervisor or commander that he or she has no information about the active duty member which would suggest that the individual's spouse should not be licensed to provide child care in their home.

2.8.4. Require at least two professional or educational references on each applicant.

2.8.5. If there are children over 12 living in the home, have the applicant provide a statement from the child's school (principal or guidance counselor) that they know of no reason why the applicant should not be approved to provide child care in their home.

**2.9. Pre-approval Process.** Conduct an inspection of the applicant's home prior to giving them a provisional license.

2.9.1. Have a safety inspection of the home conducted by a person task-certified to conduct safety inspections. Use the safety items on the current family child care home inspection checklist to conduct this inspection. If the home is off the base or the individual is applying for relicensing have the safety inspection conducted by a family child care coordinator who has been task-certified to conduct safety inspections.

2.9.2. Have a fire safety inspection of the home conducted by the base fire office at the time of initial licensing if the home is on base. If the home is off the base or the individual is applying for relicensing have the fire safety inspection conducted by a family child care coordinator who has been task-certified to conduct fire safety inspections. Use the Air Force Civil Engineering and Services Agency checklist for family child care homes for these inspections.

2.9.2. **(ANG)** The child care providers authorized under the ANG HCC program are licensed by their respective State and local communities. The ANG will accept the fire safety certification of the facilities involved, based on the inspection process required by the original licensing agency and the local fire departments that support the jurisdiction in which the care provider resides.

2.9.3. Conduct an interview of the applicant in the home with all family members present. Discuss the requirements for family child care and the impact on the family.

2.9.4. Inspect the home to ensure that it is compliance with all of the requirements on **Attachment 5**, Standards for Air Force Family Child Care Homes, that can be ascertained prior to the individual accepting children for care.

2.9.5. Have the applicant complete the required orientation training including at least one of the family child care training modules.

2.9.6. Complete an installation record check (IRC) including a check of the Air Force Central Services Registry (CSR) on each applicant and their family members at least annually. Review their on-base police, mental health, family advocacy, medical, and housing records.

2.9.6.1. Use AF Form 1931, Family Day Care Home Approval Record, to obtain and record the results of the screenings. Keep written documentation of each individual's approval if their names are transferred to the form instead of the form being signed by the individuals.

2.9.7. Have a Defense Criminal Investigation Index (DCII) check completed for the applicant and their household members before the provider begins providing care and every 5 years, thereafter.

2.9.8. Have all of the information reviewed by the family child care panel and a recommendation for approval or disapproval for licensing or affiliation made by the panel.

2.9.9. Ensure all the requirements are met before recommending the individual for licensing or affiliation.

2.9.10. Do not permit individuals to provide care until they are licensed.

**2.10. Monitoring by Agencies after Licensing or Affiliation.** Provide base agencies a list of the providers who are licensed or affiliated and have them contact the family child care coordinator if any information becomes known about a family child care provider or their family members that might impact on their suitability for providing family child care.

**2.10. (ANG) Monitoring by Agencies after Licensing or Affiliation.** The NGB/A1S representative will maintain all required data / documents on each ANG HCC Provider. The NGB/A1S representative may make unannounced home visits after the initial Provider Agreement is awarded. Each Unit POC for the ANG HCC Program is invited on these visits.

2.10.1. Provide a written request for information to security forces, mental health, family advocacy, housing, the schools providers' children over 12 attend, and the Wing/Base Command Chief Master Sergeant along with a list of the licensed providers.

2.10.2. Provide an updated list of providers to these offices or individuals at least monthly.

2.10.3. Repeat the request for information at least annually.

2.10.4. Convene the family day care panel to review any negative pertinent information reported by one of these agencies or individuals.

**2.11. Change in Household Composition.** Require providers to notify the family child care office when the persons living in or staying in their home changes.

2.11.1. Conduct and IRC and DCII on any individuals who join the household if they will be present in the home for more than 30 days.

2.11.2. Require providers to notify the family child care office when they have guests whom will be present in the home for more than 72 hours.

2.11.3. Have the providers notify the family child care office when the active duty spouse will be deployed or on temporary duty or away from the home for any other reason for more than 15 days.

2.11.4. Have the provider notify the family child care office of any family events or situations, which could impact on the provider's ability to provide family child, care.

**2.12. Substitutes.** When providers are not able to provide care and must use a substitute have them notify the parents and the family child care office in advance.

2.12.1. Require that they use substitutes who have been approved as substitutes by the family child care program.

2.12.2. Do not permit providers to use family members as substitutes.

2.12.3. Only approve individuals as substitutes if they:

2.12.3.1. Are at least 18 years of age.

2.12.3.2. Have the ability to read, speak, and write English.

2.12.3.3. Are physically and mentally capable of providing care.

2.12.3.4. Have completed the orientation training required of providers and CPR and first aid

2.12.3.5. Are willing to serve as substitutes for more than one family child care provider.

2.12.3.6. Are covered by the provider's insurance policy or have their own insurance policy.

2.12.4. Require the family child care provider to list the substitutes they will use on the AF Form 1931, Air Force Family Day Care Approval Record.

2.12.5. Require them to post the names of their substitutes in their home and inform parents when they are going to use a substitute.

**2.13. Suspensions and Revocations.** Suspend or rescind the licensing or affiliation of family child care providers to protect the health, safety, and well being of children.

**2.13. (ANG) Suspensions and Revocations.** For ANG HCC providers, these trigger criteria will result in contract suspension or revocation.

2.13.1. Suspend the license or affiliation of family child care providers who:

2.13.1.1. Are under investigation for child abuse or neglect.

2.13.1.2. Have a household member who is under investigation for child abuse or neglect.

2.13.1.3. Are under investigation for a criminal act or have a household member under investigation for a criminal act.

2.13.1.4. Have life-threatening deficiencies in their homes.

2.13.1.5. Do not correct deficiencies identified in monthly inspections.

2.13.1.6. Have a long-term communicable illness that could affect the health of children.

2.13.1.7. Are experiencing extreme stress as a result of some unexpected personal or family situation.

2.13.2. Revoke the license or affiliation of family child care providers who:

2.13.2.1. Have committed substantiated child abuse or neglect.

2.13.2.2. Have a household member who has committed substantiated child abuse or neglect.

2.13.2.3. Have been found to have a history of substantiated child abuse or neglect.

2.13.2.4. Exhibit a pattern of using inappropriate guidance techniques.

2.13.2.5. Exhibit a pattern of non-compliance with Air Force requirements for family child care homes.

2.13.2.6. Have committed a criminal act or have a household member who has committed a criminal act that impacts on their ability to provide in-home child care.

2.13.2.7. Do not correct life-threatening deficiencies.

2.13.3. Have the family child care panel meet, review the information related to suspension or revocation, and make a recommendation to the support group commander. If the children are at immediate risk, conduct a telephone poll of the majority of the panel members and obtain verbal approval from the support group or wing commander to suspend the provider. After approval to suspend the provider is obtained, notify the parents of children in care and help the parents who had been using the home to find another source of care. When a provider's license is suspended or revoked for any reason, help the parents who had been using the home to find another source of care.

2.13.3. **(ANG)** Does not apply to the ANG HCC program.

2.13.4. The support group commander or wing commander has the final authority and responsibility for suspending and revoking family child care licenses and affiliation of family day care providers. Do not permit family child care coordinators or Services commanders to suspend or revoke family child care licenses or affiliation.

2.13.4. **(ANG)** Does not apply to the ANG HCC program.

**2.14. Ongoing Monitoring.** After approving providers, make monthly, unannounced visits to each home.

2.14.1. If the provider is not at home at the time of the initial visit, continue visiting the home until a visit can be conducted.

2.14.2. If the provider appears to be evading visits by the family child care coordinator, conduct a visit at the time parents are arriving and picking up children. Schedule the provider for review by the panel.

2.14.3. Complete the Family Child Care Home Inspection Checklist as part of each monthly inspection.

2.14.4. Identify areas where the provider is out of compliance with Air Force requirements for family child care homes; follow-up on any deficiencies by conducting repeat home visits until the deficiencies are corrected.

2.14.5. Give the provider a copy of the completed checklist within 48 hours of completing the inspection; list the deficiencies that need to be corrected and the deadline for correcting each. Require the providers to post a copy of their most recent inspection report or give a copy to parents using their services.

2.14.6. Send the provider a letter from the flight chief notifying him/her of repeat deficiencies and the need to correct these deficiencies.

2.14.7. If the same deficiencies are identified in a third inspection, have the individual's compliance reviewed by the family child care panel and a recommendation made for retraining, suspension, or revocation.

2.14.8. If life-threatening deficiencies are identified in these visits or in any inspections, have them corrected immediately or have the commander close the home. Do not leave children in a life-threatening situation.

2.14.9. Prepare a summary of the results of home visits for review by the family child care panel. Have them reviewed monthly or at least quarterly. Use the scores on the monthly inspections to determine which homes should be reviewed or have their licenses or affiliation suspended or revoked.

2.14.10. Have the family member programs flight chief monitor the conduct of monthly home inspections to ensure that thorough and accurate inspections are being conducted.

2.14.11. Take disciplinary action against family child care coordinators who do not identify deficiencies in family child care homes during inspections.

2.14.12. During home visits, all areas of the home are subject to monitoring.

2.14.13. Vary the hours of the day, days of the week, and days of the month when home visits are conducted.

2.14.14. If the provider is offering evening or weekend care, conduct at least one-sixth of the home visits during these hours.

**2.15. Annual Inspections of Overall Program.**

2.15.1. Conduct an inspection of the family child care program administration as part of the multi-disciplinary team inspection of the child development centers. Have a sample of at least 10 percent, but no fewer than two homes, inspected as part of this inspection. To conduct the fire safety inspections of the homes, use the most recent copy of the AFCESA/DEM fire inspection checklist for family child care homes. To conduct the health and safety inspections of the homes use **Attachment 5** of this instruction or DoDI.6060.2, Enclosure 8.

2.15.2. Have the fire, health, and safety offices conduct a separate inspection of at least 10 percent, but no less than two family child care homes each year. The purpose of these inspections is to verify that children's health, safety, and well being are protected and that the family child care staff are conducting thorough and accurate monthly inspections. To conduct the fire safety inspections of the homes, use the most recent copy of the AFCESA/DEM fire inspection checklist for family child care homes. To conduct the health and safety inspections of the homes use **Attachment 5** of this instruction or DoDI.6060.2, Enclosure 8.

**2.16. Files.** Maintain a file or notebook on each family child care provider.

2.16.1. Retain the files in accordance with AFMAN 37-139.

2.16.2. Include in the file a copy of:

2.16.2.1. AF Form 1928, Family Day Care License Application.

2.16.2.2. AF Form 1931, Family Day Care Home Approval Record and backup documentation.

2.16.2.3. AF Form 1927, Family Day Care License or affiliation certificate.

2.16.2.4. Summary of initial home interview.

2.16.2.5. Summary of initial and subsequent panel evaluations.

2.16.2.6. Inspections completed in the last 24 months.

2.16.2.7. List of training completed in last 24 months and modules completed.

2.16.2.8. Insurance policies.

2.16.2.9. Names of approved substitutes.

2.16.2.10. Use of substitutes.

2.16.2.11. Names and ages of household members.

2.16.2.12. Names of children in care each month for the last three years.

2.16.2.13. Correspondence to and from provider.

2.16.2.14. Other relevant materials.

**2.17. Child Abuse and Neglect.** Protect children from child abuse and neglect while they are in family child care homes.

**2.17. (ANG) Child Abuse and Neglect.** For ANG HCC program, individual state / municipal laws and regulations apply.

2.17.1. Require providers to report any suspected abuse or neglect to the family advocacy office and family child care coordinator.

2.17.2. Suspend the license of providers who are being investigated or who have household members who are being investigated for child abuse or neglect or who have been found to have committed child abuse or neglect.

2.17.3. Revoke the license of providers who exhibit a pattern of using inappropriate guidance techniques.

2.17.4. Program staff must report any incidents of use of inappropriate guidance to their supervisors both in writing and by telephone.

2.17.5. Program staff must report any suspected child abuse or neglect to their supervisors by telephone immediately and in writing within 24 hours to the family advocacy office.

2.17.6. Have the number of the base family advocacy office and the DoD Child Abuse and Safety Hotline posted in each family day care home and family day care office.

2.17.7. Permit providers to use only positive child guidance techniques including:

2.17.7.1. Redirection.

2.17.7.2. Use of natural consequences.

2.17.7.3. Anticipation of problems.

2.17.7.4. Ignoring undesirable behavior that does not harm the child or others.

2.17.8. Do not permit providers to use negative punishments such as harsh verbal direction, shaming, belittling, spanking, hitting, arm-twisting, or withholding food or drink.

2.17.9. Report any accidents requiring hospitalization of the child, suspected child abuse or neglect involving providers and their family members, fatalities in family child care homes, or any other unusual incidents involving the family child care program or providers to the major command and HQ USAF/ILVY and AFSVA/SVPAC within 24 hours.

**2.18. Liability Insurance.** Each family day care provider must have at least $300,000 personal liability insurance before accepting children for care and automobile liability insurance if children are transported in a vehicle.

2.18.1. Retain a copy of the each provider's insurance coverage in his or her provider file. Ensure the copy of the insurance policy is in English.

2.18.2. Ensure the provider's policy is in effect before permitting them to begin accepting children for care. Ensure the policy is in effect at all times the provider accepts children for care.

2.18.3. Maintain a list of when each current provider's insurance expires. Have the list reviewed quarterly by the family child care panel. Dispose of the list after it has been reviewed.

2.18.4. Provide applicants and providers information on potential sources for family child care insurance. Make information on at least three insurance carriers and information on insurance coverage available. Do not recommend only one insurance company.

2.18.5. Have each provider have his/her insurance policy reviewed by the base legal office for adequacy.

**2.19. United States Department of Agriculture Child and Adult Food Program (USDA CAFP).** Where it is available, serve as a sponsor for family day care homes in the USDA CAFP.

**2.19. (ANG) United States Department of Agriculture Child and Adult Food Program.** ANG HCC Providers will participate in the Child and Adult Food Program sponsored by the U.S. Department of Agriculture (USDA).

2.19.1. Ensure each provider serves meals and snacks that meet the USDA CAFP requirements.

2.19.2. Have the providers submit their menus to the program USDA advisor, if applicable, or the family child care coordinator prior to the start of each month and review them for compliance with USDA standards.

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

2.19.4. At least quarterly inform providers who are not enrolled in the USDA CAFP, that the program is available.

2.19.5. Use the funds obtained from sponsoring the program to employ a NAF program monitor, provide food and nutrition training, and ensure the required reports and files are maintained.

2.19.6. If the program is not serving as the USDA CAFP sponsor, seek a waiver form HQ USAF/ILVY explaining the reasons why the base cannot serve as the sponsor.

2.19.7. Ensure that the providers follow the USDA CAFP standards, regardless of whether or not they are enforced by the sponsor.

**2.20. Caring for Children with Special Needs.** Recruit individuals to provide care for children with special needs including children with asthma, allergies, cerebral palsy, physical impairments, etc.

2.20.1. Note on the list of licensed family child care providers, those providers who will accept children with special needs.

2.20.2. Maintain a file of information on how to care for children with different special needs to help providers. Include books in the family child care lending program on how to care for children with special needs.

2.20.3. Require the providers to notify the family child care office when they have been selected to care for a child with special needs.

2.20.4. Provide those offering care for children with special needs with training on the specific condition of the child or children in their care. This training should be done in the family child care home and should be in addition to training offered all providers.

2.20.5. Require the providers to confirm with their insurance carrier that their policy includes coverage for children with the special needs for whom they are considering providing care.

2.20.6. Use APF funds to hire consultants to provide training for individuals caring for children with special needs if this training is not available on the base or in the community.

**2.21. Parent Involvement** . Provide parents using the family child care program the same opportunities to be involved as those using the child development center or school age program.

2.21.1. Invite parents using family child care to participate on a parent advisory board. There may be one board for all of the child care programs or individual ones for each program. If there is one overall board, establish sub-committees for each specific program. If there are separate boards, have all of the boards meet together when they meet with the support group commander.

2.21.2. The parent advisory board should meet at least quarterly with the family member programs flight chief and the program staff. They should meet at least annually with the support group commander. Forward minutes of all meetings to the support group commander.

2.21.3. Ensure parents are aware of the opportunity to serve on the parent advisory board and to attend parent advisory meetings. Post the meeting dates in any parent newsletters. Provide written notices for providers to give to the parents. Use other means to inform parents of the meetings.

2.21.4. Plan and conduct activities that involve parents using family child care. These activities may be conducted jointly with the other flight parent activities or separately.

**2.22. Parent Education.** Make information available that will help parents in their role as parents.

2.22.1. Inform parents of parent education activities offered by Family Support, Family Advocacy, and other base agencies.

2.22.2. Have a file of parent education information available in the family child care lending program including reading lists, books, brochures, articles, videos, tapes, etc.

2.22.3. Display copies of brochures, articles, and other parent information in the family child care office where it can be picked up, taken, and read by parents.

2.22.4. Prepare and distribute to providers multiple copies of a parent education folder they can give to new parents using their service. Include in the folder information about the family child care program, family child care, child abuse prevention and reporting, and relevant parent education topics.

2.22.5. At least quarterly, distribute a newsletter for parents using family child care. Distribute these newsletters through the family child care providers or mail them to the homes.

2.22.6. Offer or co-sponsor parent education activities for parents in cooperation with the other child care programs, the community center, Family Support, Family Advocacy, and other base agencies.

**2.23. Waiting Lists.** Have parents requesting family child care fill in DD Form 2606, DoD Child Development Program Request for Care Record. Contact parents every two months to update the information.

2.23.1. Maintain a list of parents waiting to find family child care.

2.23.2. As new homes become licensed or vacancies occur in existing homes, inform parents on the waiting list hat child care spaces are available.

2.23.3. Coordinate the waiting list with the child development centers and the school age program and have them inform parents when space becomes available in these programs.

2.23.4. If space is not available in the family child care program, refer parents to the child development center, school age program, other military programs nearby, resource and referral agencies in the area, and off-base licensed child development centers and family child care homes.

2.23.4.1. Ensure they have a list of at least five centers/homes with current vacancies, if any are available. Follow up to ensure the family was able to find care or provide them additional assistance.

**2.24. Annual Survey.** Survey the family child care providers annually to provide information to AF/ILV. This reporting requirement is required for DoD Report: Report Control Symbol DD-P&R(A) 1884, "*Department of Defense Child Development Programs*".

2.24.1. Survey the family child care providers at least annually to determine:

2.24.1.1. The number of children in care.

2.24.1.2. The characteristics of the children in care: their ages, the rank of their parents, how many have special needs, and other related information.

2.24.1.3. The fees charged for care.

2.24.1.4. The number of vacancies they have.

2.24.1.5. If they are willing to provide hourly care, extended day care, special needs care, weekend care, shift care, care for mildly ill children, and infant care.

2.24.1.6. The cost of their annual insurance premium and the company with which they have insurance.

2.24.1.7. If they are in the USDA CAFP and the average monthly reimbursement.

2.24.1.8. The number of training modules completed.

**2.25. Shift and Evening Care.** Recruit individuals to provide care during swing and evening shifts. Give priority to these individuals for licensing, if there is a waiting list for training and approval.

2.25.1. Note the individuals that will provide shift and evening care with a special designation on the list of family child care providers.

2.25.2. Alter the licensing requirements for providers when they are providing care after 1800 and before 0600 in the following ways:

2.25.2.1. Permit children to sleep upstairs if the provider is sleeping upstairs and there are no more than three children including the provider's own children under age 8 in care.

2.25.2.2. Permit the children to watch television with family members if the programs being watched are appropriate for children's viewing.

2.25.3. Do not permit the provider to leave children under the care of the provider's spouse or other family members.

2.25.4. Require the providers to inform parents if they will be taking them from the home while they are in care.

2.25.5. Do not permit the children to sleep in family beds unless a separate bed is designated for the child and clean linens are provided. Cots or mats may be used.

2.25.6. If children arrive before the family child care home opens, for example, at 0500 and the provider's own child/children under age 8 are sleeping upstairs or below ground level, have the provider take the child with them and remain there with her children and the family child care child until the family child care home opens at 0600. At no time may there be more than 3 children under age 8 upstairs or below ground level unless their are two exits to ground level from the upstairs or downstairs.

**2.26. Extended Care.** Permit providers to provide extended care to children for families that need care during temporary duty away from the base.

2.26.1. Ensure providers have a copy of the AF Form 357, Family Care Plan, on file for each child of single or dual military parents and that the form has been updated within the last 12 months.

**2.27. Emergencies.** Ensure providers are prepared to deal with health emergencies of children.

2.27.1. Ensure the emergency medical treatment authorization on the AF Form 1181, Air Force Youth Flight Program Patron Registration, is signed for each child. This emergency medical treatment authorization permits the provider to take the child for emergency medical care. It does not authorize the medical authorities to perform other than emergency care except when necessary to save a child's life.

2.27.2. In the event of a medical emergency that requires more than emergency treatment, the medical treatment facility or the provider must contact the parents or the individuals listed on the AF Form 1181, Air Force Youth Flight Program Patron Registration, or AF Form, 357, Family Care Plan, to obtain permission for more evasive procedures.

2.27.3. Do not require parents to give family child care providers medical power of attorney for their children. They may elect to do so, but this is not a requirement for using family child care. Encourage parents to give medical power of attorney to the individuals listed on their AF Form 357, Family Care Plan, or as the emergency contact on the AF Form 1181, Air Force Youth Flight Program Patron Registration

**2.28. Affiliation of Off-base Homes.** If Status of Forces agreements permit and it is feasible, affiliate family day care providers who live off base with the base family child care program.

2.28.1. Only affiliate individuals who are spouses of active duty military members or retired military members.

2.28.2. Only affiliate providers who meet the qualifications for becoming licensed on base.

2.28.3. Have the same requirements for individuals to be affiliated with the family child care program as for individuals to be licensed on base.

2.28.4. Provide the affiliated providers the same opportunities for training, use of the lending program, etc. that are provided to licensed providers if they are providing care for at least one child eligible to be served by the on-base child care program or are willing to accept children of active duty members or DoD civilians for care.

2.28.5. Give providers who meet the requirements for being affiliated, a certificate of affiliation. Do not give them a license or refer to them as an Air Force licensed home. Require them to be licensed by the local authorities if there is a local licensing requirement.

2.28.6. Have the family child care staff conduct all of the required inspections of affiliated homes. On-base fire, health, and safety staff may not conduct these inspections.

2.28.7. List the affiliated homes on the list of installation providers under a separate designation as affiliated homes. Explain on the list the definition of affiliation.

**2.29. Quality of Care.** Require family day care providers to offer care that promotes children's development. Ensure they comply with the standards at **Attachment 5**.

2.29.1. Provide special recognition and licensing for providers who meet a higher level of standards toward ensuring children's development.

2.29.2. Require these providers to meet the standards at **Attachment 6** and consistently demonstrate compliance with these standards for at least three months before issuing them a Developmental Family Child Care License.

2.29.3. Convert an individual provider's developmental license to a standard license if he or she does not maintain compliance with the higher levels of standards.

**2.30. Family Child Care for Volunteers** . If funding is available from the Air Force Aid Society (AFAS), offer the Family Child Care for Volunteers program.

2.30.1. Solicit family child care providers to offer care for volunteers.

2.30.1.1. If necessary, increase the pay per hour to ensure that an adequate number of child care hours are available for volunteers.

2.30.2. If possible, provide the organizations using volunteers with several options for homes to utilize.

2.30.3. Ensure that the AFAS procedures for implementing the program are followed.

2.30.4. Help publicize the availability of the child care to volunteers and organizations recruiting volunteers.

**2.31. Family Child Care for Permanent Change of Station (PCS) Moves** . If funding is available from the AFAS offer the Child Care for PCS Program.

2.31.1. Solicit family child care providers to offer child care for families making Permanent Change of Station moves.

2.31.1.1. If necessary, increase the pay per hour to ensure that an adequate number of child care hours are available for PCS families.

2.31.2. If possible, provide PCS families with several options for homes to utilize.

2.31.3. Ensure that the AFAS procedures for implementing the program are followed.

2.31.4. Help publicize the availability of program to departing and arriving families.

**2.32. Religious Instruction and Practices** . Require providers who plan to include religious instructions and practices, such as saying grace or prayers or including religious lessons as part of the curriculum, to inform parents in writing of their intentions in advance of accepting their child for care.

**2.33. Health.**

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

2.33.2. Ensure family child care program staff, family child care providers and their household members, and children using family child care have the immunization required by Air Force Joint Instruction 48-110, Immunizations and Chemoprophylaxis.

2.33.3. Ensure providers find out whether each child has allergies prior to accepting them for care, record this information on the child's AF Form 1181, and follow the parent's guidance on protecting the child's.

2.33.4. Use *Caring for Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* as a reference for administering the health and safety aspects of the family child care program.

**2.34. Forms Prescribed.**

2.34.1. AF Form 1927, Family Day Care License

2.34.2. AF Form 1928, Family Day Care License Application

2.34.3. AF Form 1931, Family Day Care Home Approval Record

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**(ANG)**

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Director, Air National Guard

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

***References***

AFI 65-160, Appropriated Fund Support to Morale, Welfare and Recreation Activities

AFPD 34-2, Community Programs

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. American Public Health Association and American Academy of Pediatrics. Washington, DC. 1992

DoD Directive 1020.1, *Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense. March 31, 1982*

DoDI 1402.5, *Criminal History Background Checks on Individuals in Child Care Services, January 19, 1993*

DoDI 6060.2, *Child Development Programs (CDPs)***,** January 19, 1993

Public Law 104-106, Section 568, *Revision and Codification of the Military Family Act and the Military Child Care Act*, (110 STAT.329), February 10, 1996.

*Quality Standards for NAFCC Accreditation*, National Association for Family Child Care and the Family Child Care Accreditation Project, Wheelock College, December 1997.

*Public Playground Handbook for Safety*, United States Consumer Product Safety Commission, Washington, DC 20207.

***Abbreviations and Acronyms***

**AFSVA—**Air Force Services Agency

**APF—**Appropriated funds

**CACFP—**Child and Adult Care Food Program

**CDC—**Child Development Center

**CDPA—**Child Development Program Assistant

**CCTV—**Closed circuit television system

**DoDI—**Department of Defense Instruction

**DCII—**Defense Criminal Invesitgations Index

**DSN—**Defense switched network

**FCC—**Family child care

**ILV—**Directorate of Services

**ILVY—**Family Member Programs, Directorate of Services

**IRC—**Installations Records Check

**NAC—**National Agency Check

**NACI—**National Agency Check with Inquiries

**NAEYC—**National Association for the Education of Young Children

**NAFCC—**National Family Child Care Association

**NAF—**Nonappropriated funds

**OI—**Operating instruction

**SCHR—**State Criminal History Repository

**SIDS—**Sudden Infant Death Syndrome

**UL—**Underwriter's Laboratory

**USCPSC—**United States Consumer Product Safety Commission

**USDA—**United States Department of Agriculture

***Terms***

**Accredited Home—**A family child care provider who has been accredited by an external accrediting agency such as the National Association for Family Child Care. A home in which the quality of child care is better than in a developmental or standard home.

**Affiliated Home—**Off-base providers that are in compliance with the Air Force family child care standards and voluntarily submit to the same screening, training, and inspection requirements as on-base licensed providers. Must be spouses of active duty or retired military members.

**Bleach Solution—**One-quarter (1/4) cup of household liquid chlorine bleach (sodium hypochloride) in 1 gallon of water, prepared fresh daily.

**Central Services Registry Check—**A check of the military services' records of individuals who have been involved in child abuse and neglect.

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

**Defense Clearance and Investigations Index (DCII)—**The central Department of Defense record of investigative files and adjudicative actions such as clearances and access determinations, revocations, and denials concerning military, civilian, and contract personnel.

**Developmental Home—**Licensed or affiliated homes that are consistently in compliance with at least 75% of the standards listed on **Attachment 6**. Homes in which the quality of care is better than that in standard homes.

**Family Child Care Home—**A home on base or in Air Force-leased housing approved by the commander to provide child care following the requirements this instruction.

**Installations Records Check (IRC)—**An investigation conducted through the records of all installations of an individual's identified residences for the 2 years before the date of the application. This record check must include police (base and/or military police, security office, criminal investigations, or local law enforcement) local files check, Drug and Alcohol Program, Family Housing, and Medical Treatment

Facility for Family Advocacy Program, to including Service Central Registry records, and mental health records, and any other record checks as appropriate, to the extent permitted by law.

**Multi-Disciplinary Team—**The Military Child Care Act of 1989, recodified in 1996, requires that each child development program be inspected annually by a representative of the installation. *DoDI 6060.2, Child Development Programs (CDPs)*, requires that each program be inspected annually by a multidisciplinary team with expertise in the various standards prescribed in the instruction. The categories of standards are outlined in Enclosure 8 of the instruction; they include operational standards, safety standards, fire standards, health standards, child abuse standards, program standards, and staff standards. The multi-disciplinary team appointed to inspect the administration of the family child care program and a sample of approved homes must include a representative from the base safety office, fire department, public health, family advocacy, and personnel, as well as parents and a person knowledgeable about child care.

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

**School-Age Programs—**Structured activity programs for school-age children who are 6 to 12 years of age, which offer supervision while their parents are working. Programs may be offered before school, after school, before and after school, during school holidays, and during summer vacations. These programs are also called school-age child care programs, school- age care programs, and latchkey programs.

**Special Needs Child—**A child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Meets the definition of a handicapped person in DoD Directive 1020.1., Non-discrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense.

**Standard Family Child Care Home—**A licensed family child care home which is consistently in compliance with the Air Force requirements for family child care homes as listed in **Attachment 5**.

## Attachment 1 (ANG)

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

***Abbreviations and Acronyms***

**AF—**Air Force

**AFR—**Air Force Reserve Command

**ANG—**Air National Guard

**AAFES—**Army and Air Force Exchange Service

**AT—**Annual Training, two week annual requirement that may be meet in a two week cluster or taken over the period of one year.

**ATCH—**Attachment

**CONUS—**Continental United States

**HCC—**Home Community Care

**IMT—**Information Management Tool

**NGB/A1S—**Air National Guard Services Division (former office symbol ANG/SVX)

**OCONUS—**Outside the Continental United States

**Unit POC—**Unit Point of Contact

**RUTA—Rescheduled** Unit Training Assembly.

**SUTA—**Split Unit Training Assembly

**UTA—**Unit Training Assembly. (colloquially known as drill weekend.)

## Attachment 2

## WHAT PEOPLE DO

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

**A2.2.** Secretary of the Air Force for Financial Management and Comptroller establishes appropriated fund policies for operating child development programs.

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

**A2.4.** HQ USAF/ILVY:

A2.4.1. Establishes policy directives and instructions for Air Force child development programs.

A2.4.2. Advocates for resources for the Air Force child development programs.

A2.4.3. Monitors child development program compliance with congressional guidance, DoD policies, and Air Force policies.

A2.4.4. Serves as the liaison with the Department of Defense, the other services, child care organizations, and other federal agencies.

A2.4.5. Collects and compiles data to develop child development program policy and perform oversight functions.

A2.4.6. Conducts tests of innovative child care services for possible implementation in Air Force programs.

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

A2.5.1. Assesses the need for and conducts training for child development program personnel.

Provides technical guidance and information to assist installation child development programs.

A2.5.2. Obtains and distributes written and other resources to help installations set up and operate child development programs.

A2.5.3. Conducts headquarters inspections of child development programs.

A2.5.4. Monitors equipment requirements and makes changes to the table of allowances.

**A2.6.** Major Commands:

A2.6.1. Provide technical guidance and support to command child development programs.

A2.6.2. Budget and advocate for command resources to support command child development programs.

**A2.7.** Installation Commanders:

A2.7.1. Establish child development programs on the installation to provide child care for employed active duty and DoD civilian parents of children 0 to 12 years of age.

A2.7.2. Make resources available to make child care services affordable to all parents.

A2.7.3. Ensure that children's health, safety, and well being is protected while they are in child development programs.

A2.7.4. Have the deputy support commander chair the family child care panel.

A2.7.5. Ensure that family child care providers comply with the Air Force standards for family child care.

**A2.8.** Services (SV) Squadron Commanders and Directors:

A2.8.1. Ensure that child development programs operate in compliance with Air Force policy directives, instructions, and standards.

A2.8.2. Coordinate child development programs with other SV programs.

A2.8.3. Budget, plan for, and obtain nonappropriated and appropriated fund resources for child development programs.

A2.8.4. Plan for and seeks funding for facilities to house family child care programs.

A2.8.5. Serve on the family child care panel or designate their deputy to do so.

**A2.9.** Family Member Program Flight Chiefs:

A2.9.1. Coordinate child development programs with other services for children, youth, and families

A2.9.2. Liaison and cooperate with other base agencies providing services for children, including the chapel, school, medical facility, family support center, and family advocacy.

A2.9.3. Serve as a member of the child advocacy committee at the request of the family advocacy office.

A2.9.4. Involve parents and volunteers in child development programs.

A2.9.5. Ensure that all child care programs operate in accordance with DoD and Air Force policies.

A2.9.6. Plan and conduct recognition programs for parents and volunteers assisting with programs for children and youth.

A2.9.7. Submit requests for additional child development program facilities.

A2.9.8. Ensure certification of the child development programs.

**A2.10.** Family Child Care Coordinators:

A2.10.1. Ensure that individuals providing child care on Air Force installations and in Government-leased housing are screened, trained, and approved to provide child care.

A2.10.2. Establish and maintain a resource-lending program to enhance the quality of family child care and reduce its cost to parents.

A2.10.3. Manage the resources (funds, supplies, personnel, facilities, and so on) allocated to the family child care program.

A2.10.4. Establish and implement a child care referral program to help families find child care.

A2.10.5. Monitor and inspect family child care homes and offer ongoing training and support to family day care providers.

**A2.11.** Safety Offices**:**

A2.11.1. Provide consultation and advice related to safety issues when requested by the family child care panel and child development program personnel.

A2.11.2. Designate an individual to serve on the multi-disciplinary team inspection of a sample of family child care homes.

**A2.12.** Fire Prevention Offices**:**

A2.12.1. Provide consultation to the family child care panel and the family child care coordinators on fire safety issues identified in family child care homes

A2.12.2. Assist with orientation and ongoing training of family child care providers

A2.12.3. Designate an individual to serve on the multi-disciplinary team inspection of a sample of family child care homes

**A2.13.** Public Health**.**

A2.13.1. Provide consultation to the family child care panel and the family child care co

ordinators on health issues identified in family child care homes

A2.13.2. Assist with orientation and ongoing training of family child care providers

A2.13.3. Designate an individual to serve on the multi-disciplinary team inspection of a sample of family child care homes

**A2.14.** Medical Treatment Facility**.**

A2.14.1. Appoint an individual to provide consultation to the family child care staff

## Attachment 2 (ANG)

## WHAT PEOPLE DO

Delete for ANG. See Attachment (Atch) 7 (Added) for ANG HCC Program.

## Attachment 3

## REQUIRED AND OPTIONAL FAMILY CHILD CARE LENDING PROGRAM MATERIALS

| | Required | Optional |
|---|---|---|
| A. References: | | |
| Books to help providers plan activities for children (STL) | x | |
| Books to help providers with guidance issues (STL) | x | |
| Books to help providers work with parents (STL) | x | |
| Communicable disease charts | x | |
| Emergency first aid charts | x | |
| CPR charts | x | |
| Books on children's health and safety (STL) | x | |
| Cookbooks and books on nutrition (STL) | x | |
| Cookbooks for children (STL) | | x |
| Copies of the FCC training modules | x | |
| Copies of monthly home inspection checklists | x | |
| CPR and first aid manuals | x | |
| Modules/books/ or other training materials on each of the special conditions that children in care may have (asthma, ADD, cerebral palsy, epilepsy, etc.) | x | |
| B. Administration | x | |
| AF 357/1055/1181/1187 forms | x | |
| Bulletin boards* | x | |
| Brochures on the FCC program for providers to hand out* | x | |
| Current immunization requirement charts | x | |
| Disaster plans for area | x | |
| Emergency numbers cards/lists/boards* | x | |
| File boxes | x | |
| File folders or notebooks* | x | |
| Folders of materials on child development and care for providers to give to their patrons | x | |
| Form for notifying FCC staff of presence of guest | | x |
| Forms for pet approval | | x |
| Frames for displaying licenses | | x |
| Posters or other printed material with the DoD Hotline Number | x | |
| Sample activity plans | | x |
| Sample contracts | x | |
| Sample forms for acquiring daily information from parents (0) | | x |
| Sample daily schedules (0) | | x |
| Sample form for notifying parents that smoking occurs in home during non-business hours | x | |
| Sample sign in/sign out forms* | x | |
| Steps in diaper changing charts | x | |
| Sunscreen permission forms | x | |
| USDA forms | x | |
| Window/lawn cards or flags noting home is a FCC home | x | |
| C. Physical Environment/Supplies/Equipment | | |
| Bed linens for cots | x | |
| Bed linens for cribs | x | |
| Bed linens for mats | x | |
| Bed linens for portable/infant beds | x | |
| Booster chairs | x | |

| | Required | Optional |
|---|---|---|
| Cots* | x | |
| Cribs* | x | |
| Double strollers | x | |
| Fencing (portable, if appropriate, access to a fencing contractor, or arrangements through civil engineering) | | x |
| High chairs | x | |
| Indoor animal cages or cats and dogs) | | x |
| Infant seats | x | |
| Low shelving or equivalents, such as, plastic crates | x | |
| Mats | x | |
| Mechanical swings for infants | x | |
| Outdoor animal cages for cats and dogs | | x |
| Outdoor riding equipment (tricycles, wagons, push toys, etc.) | x | |
| Portable carts for temporary toy display | | x |
| Portable infant beds | x | |
| Portable outdoor play structures (slides, play houses, etc.) | x | |
| Portable sheds or outdoor storage | | x |
| Safety and animal gates | x | |
| Small outdoor play equipment (balls, hula hoops, sand and water tools, etc.) | x | |
| Step stools | x | |
| Single strollers | x | |
| Umbrellas, tarps, or other materials to provide shade | | x |
| D. Daily Activities | | |
| At least six different types of small/muscle materials (e.g., puzzles, legos, thread spools and shoelaces, nested measuring cups, squeeze toys, busy boxes, large snap beads) | x | |
| At least six different types of music materials (e.g., musical toys, sandpaper block cymbals, aluminum plate tambourines, can shakers, xylophone, music boxes, tape cassettes/story tapes) | x | |
| At least six different types of language materials (e.g., hard and soft covered books, telephones, sock puppets, speaking toys, magnetic letters, flannel boards and accessories, tape cassettes/story tapes) | x | |
| At least six different types of art materials (e.g., crayons, paper, chalk, play dough, craft sticks, tempera paint, paste, scissors, brushes) | x | |
| At least six different types of dramatic play/self awareness materials (e.g., dress-up clothes, toy dishes, blocks, puppets, unbreakable mirrors, play hats, dolls, play telephones, cars, planes, etc. | x | |
| At least six different types of small outdoor equipment (e.g., jump ropes, balls, bats, jacks, marbles, hula hoops, etc.) | x | |
| A variety of toys for infants (e.g., rattles, balls, mobiles, crib boxes, plastic books, jack-in-the-box, squeeze toys, etc.) | x | |
| A variety of toys for toddlers (e.g., balls, push-pull toys, blocks, dolls, stuffed toys, cardboard books, puzzles, riding toys, indoor climbing equipment, tunnels, etc.) | x | |
| A variety of toys for preschoolers (e.g., puzzles, unit blocks, books, dolls, cars, trucks, planes, manipulatives, easels, simple games, lego tables, small sand and water tables, tricycles, wagons, etc.) | x | |
| A variety of toys for schoolagers (e.g., craft materials, table games, homework materials, books, sewing materials, cook books and appliances, woodworking tools, computer games, outdoor play equipment, legos, etc.) | x | |

| | Required | Optional |
|---|---|---|
| A variety of children's media (e.g., educational videos, stories on video, and other non-cartoon character videos, computer software, etc.) to encourage language development | x | |
| E. SELF-HELP SKILLS | | |
| Child-sized cups, plates, and utensils | | x |
| Coat hooks or racks | | x |
| One- and two-cup plastic measuring cups with spouts or small pitchers for providers to use to have children pour their own beverages | x | |
| Small brooms and dust pans for children to help with clean up | | x |
| Posters encouraging children to wash their hands, clean up after themselves, etc. | | x |
| Reusable or disposable charts for providers to use for helpers | | x |
| Storage containers for children's personal items (comb, sheet, etc.) | | x |
| Mirrors for children to use to comb own hair, etc. | | x |
| F. NUTRITION AND FOOD SERVICE | | |
| Water coolers to use to take water outside | | x |
| Plastic mats to place under tables | | x |
| Small tables and chairs | x | |
| Small white boards for posting menus | | x |
| USDA requirements and portion charts | | x |
| Sample menus | | x |
| G. SAFETY | | |
| A variety of types of scald guards* | x | |
| Battery-operated smoke detectors* | x | |
| Carbon monoxide detectors | | x |
| Car seats if not available for loan elsewhere on base | x | |
| Choking tubes | x | |
| Cord shorteners | x | |
| Corner protectors for sharp corners | | x |
| Covers for barbecues, lawn mowers, and other outdoor equipment | | x |
| Door guards | x | |
| Door knob covers | | x |
| Document protectors for posting fire evacuation plans and other materials | x | |
| First aid kits with required supplies* | x | |
| Flashlights | | x |
| Supports to keep infants on their sides while they are sleeping (commercially available SIDS prevention tools) | | x |
| Padlocks | | x |
| Safety gates for large and small openings | x | |
| Safety locks for cupboards, medicine chests, closets, etc. | x | |
| Safety plugs | x | |
| Small plastic tool boxes with locks for medications | | x |
| Swing anchors | | x |
| Swing replacement kits to replace hard swings | | x |
| Tarps or other materials to cover sandboxes when not in use | | x |
| Thermometers for checking water temperature (STL) | x | |
| VCR locks | | x |
| Waist packs with first aid supplies for field trips and walks | | x |
| H. HEALTH | | |
| Bleach bottles* | x | |
| Carpet cleaners and supplies (STL) | | x |

| | Required | Optional |
|---|---|---|
| Changing mats (preferably the type that provide protection from rolling off changing surface)* | x | |
| Disposable gloves | x | |
| Disposable water-resistant paper for diaper changing/wax paper* | x | |
| Door knob covers for closet/basement doors/water faucets | x | |
| Hose/sprinklers for water play | | x |
| Indoor thermometers | | x |
| Netting for windows without screens if base windows do not have screens | | x |
| Outdoor thermometers | | x |
| Paper cups | | x |
| Paper towel dispensers | | x |
| Plastic bag dispensers | x | |
| Plastic bags for diaper disposal | | x |
| Plastic containers for sanitizing toys/individual water play | x | |
| Plastic fence netting for making some parts of backyard off limits | | x |
| Soap dispensers | | x |
| Thermometers for taking children's temperature | x | |
| Thermometers for refrigerators and freezers | x | |
| Training chairs | x | |
| Water coolers and catch pans if no sinks on first floors | | x |

## Attachment 4

## HIV-POSITIVE CHILDREN AND STAFF

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

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

A4.1.2. Permit the enrollment of HIV-positive children in family child care when it is appropriate for their health, neurological development, behavior, and immune status.

A4.1.3. Inform only those with a need to know about the child's condition. This does not usually include the parents of the other children enrolled.

A4.1.4. Notify all parents when cases of measles or chickenpox (or other viral infections as determined by the program medical advisor) are occurring in the child care population. Provide individual notification to parents of HIV-positive children. Also notify the medical advisor.

A4.1.5. At all times, require family child care providers to wear gloves when contact with blood or feces is possible and ensure that the hand washing procedures recommended by the Centers for Disease Control are followed.

**A4.2. Employment.** Permit the employment of HIV-positive individuals in family child care programs and approve HIV-positive individuals as family child care providers unless their providing care would endanger their health or that of others.

A4.2.1. Do not approve persons as family child care providers or employ individuals as family child care staff with symptoms of AIDS (Acquired Immune Deficiency Syndrome).

A4.2.2. Do not approve individuals as family child care providers if other household members have the symptoms of AIDS.

A4.2.3. Limit communication about the HIV-status of family child care providers and their household members to the family member programs flight chief and family child care coordinator.

A4.2.4. Require frequent medical examinations of HIV-positive individuals employed in family child care, approved as family child care providers, or who are living in households approved to provide family child care.

**A4.3. Screening.** Do not require routine screening of children for HIV prior to program entry. Limit testing of family child care employees to those situations where it is required by a host nation in connection with DoD employees performing official duties in an overseas location.

## Attachment 4 (ANG)

## HIV-POSITIVE CHILDREN AND STAFF

Delete for ANG. See **Attachment 8 (Added)** for ANG HCC Program.

## Attachment 5

## STANDARDS FOR FAMILY CHILD CARE LICENSE

**A5.1. Relationships with Children.** The provider:

A5.1.1. Cares about and respects each child and is committed to helping them develop their full potential.

A5.1.2. Shows affection to each child through a gentle touch, kind words, and/or a special look.

A5.1.3. The provider holds babies frequently.

A5.1.4. Is sincere and comfortable with children.

A5.1.5. Seems to like children and to enjoy being with them.

A5.1.6. Shows positive attitudes toward bottle weaning, diapering, toilet learning, discipline, and special needs of children.

**A5.2. Relationships with Parents and Families** .

The provider:

A5.2.1. Encourages parents to visit, unannounced, any time their children are present.

A5.2.2. Keeps parents informed, in conversation or in writing, about what their children do. This happens daily for younger children and at least weekly for older children

A5.2.3. Is available to parents by telephone when children are present, or regularly listens to an answering machine

A5.2.4. Discusses conflicts with parents when they arise and tries to reach a mutually satisfying solution.

A5.2.5. Parents can count on child care as described in their contract.

A5.2.6. If parents do not speak the language of the provider, the provider finds an effective way to communicate with them.

**A5.3. Other Relationships.**

A5.3.1. The arrangement of space and use of materials are balanced to meet the needs of both the child care program and the provider's family.

A5.3.2. If the provider's own child is part of the program, the provider tries to make this a good experience for all.

A5.3.3. The provider's family members are courteous and respectful when they interact with the child care children and families.

**A5.4. The Home Environment** .

A5.4.1. The areas of the home used by children are welcoming and friendly, appearing like a family home, a small preschool, or a combination of the two.

A5.4.2. The environment is arranged so that the provider seldom has to say "no" to children. Children can use what they reach most of the time.

A5.4.3. The home has adequate ventilation and room temperature between 64-85 degrees (F).

A5.4.4. The home does not smell of urine, feces, garbage, pets, tobacco smoke, mildew, or chemical air deodorizers.

A5.4.5. Indoors, there is enough space for children to move freely.

A5.4.6. Outdoors, the play area has open space for active movement, some play equipment and materials, and places for open-ended explorations.

A5.4.7. The provider makes reasonable adaptations to the environment and activities to meet the special needs of each child.

A5.4.8. The environment includes a comfortable and cozy place for children, as well as a place for quiet time alone.

A5.4.9. Each child has space for personal belongings.

A5.4.10. Space is available for babies to explore freely, to crawl, and to stand up. Sturdy, low furniture is available for those who are learning to walk.

A5.4.11. Lighting is bright in areas where children read, make art, or play with manipul

atives.

**A5.5. Materials and Equipment for Large and Fine Motor Development.**

A5.5.1. The following materials are available for babies: balls, grasping toys, stacking and nesting toys, toys to look at, feel and chew on.

A5.5.2. The following materials or suitable equivalents are available for toddlers: equipment for climbing (at home or nearby), riding toys, balls, puzzles, large interlocking blocks, and water and sand for sensory play.

A5.5.3. The following materials or suitable equivalents are available for preschoolers: toddler equipment plus peg boards, blocks, sewing materials, water and/or sand for sensory play, and dancing music and props.

A5.5.4. The following materials or suitable equivalents are available for school-agers: preschoolers' equipment plus other sports equipment and games.

A5.5.5. All equipment, outdoors and indoors, is safe for the ability and levels of the children who use it.

A5.5.6. Equipment is modified to accommodate children's special needs, or special equipment is provided.

A5.5.7. The tables and chairs used for meals and other table activities are comfortable for each child.

A5.5.8. If high chairs are used, they have a wide base. High chairs attached to a table or another chair have a T-shaped restraint that is fastened every time it is used, or a harness.

A5.5.9. Heavy furniture, climbing equipment, swings, and slides are stable and securely anchored.

A5.5.10. There are no walkers or exercisers that allow children to move infants across the floor.

A5.5.11. If children ride 2-wheeled bicycles, skateboards, or in-line or roller skates, they wear helmets.

A5.5.12. There are no toy chests or other large hinged items; low shelves are used to display toys.

A5.5.13. There are enough toys and materials, homemade or purchased, to engage all the children in developmentally appropriate ways.

**A5.6. Materials for Language and Literacy Development**

A5.6.1. There are books for babies: short stories, simple pictures of people, familiar objects, every-day activities, some books made of durable materials.

A5.6.2. There are books for toddlers and preschoolers: a variety of stories about pretend and real situations, information books.

A5.6.3. There are books for school-agers: a variety of reading levels and topics, chapter books, information books, magazines.

A5.6.4. The books are in good condition.

A5.6.5. Art materials are non-toxic.

A5.6.6. There are no latex balloons within younger children's reach.

**A5.7. Suggested Art Materials.**

A5.7.1. There are art materials for toddlers: big crayons or markers, paint brushes, large pieces of paper, non-toxic paint, and play dough.

A5.7.2. There are art materials for older children: tools for drawing or painting, scissors (child-safe but sharp enough to cut, including left-handed scissors, if any of the children are left-handed).

**A5.8. Child-Directed Activities** .

A5.8.1. Children have opportunities throughout the day to make choices and explore their own interests.

A5.8.2. Children direct their own free play for at least 60 minutes during each half-day period.

**A5.9. The Provider's Activities.**

A5.9.1. Except in necessary routines, the provider tries not to force children into activities they do not enjoy. Most of the time, for example, toddlers can move in and out of an activity, stand and watch, or choose not to participate at all.

A5.9.2. The provider is physically active enough to keep up with the children. The provider is able to lift younger children.

**A5.10. Schedules and Routines.**

A5.10.1. The provider greets each child and parent each day.

A5.10.2. The provider takes children outdoors each day, weather permitting, unless the neighborhood is not safe. Active play is offered in another way if they do not go outside.

A5.10.3. Rest time is relaxing and comfortable for children. Non-sleepers can have books and quiet toys to play with during rest time.

A5.10.4. Babies and toddlers can nap when they are sleepy. If needed, the provider helps them fall asleep through rocking, petting, or soft music.

A5.10.5. If children wear diapers, the provider checks diapers at least once every hour and one-half and changes them, if wet or soiled.

A5.10.6. School-agers have space and time to relax after the school day.

A5.10.7. A daily schedule is posted or given to parents.

**A5.11. Positive Discipline.**

A5.11.1. Positive guidance, appropriate for the developmental abilities of each child, is used.

A5.11.2. The provider states needed limits and consequences, clearly explaining to children what is expected of them.

A5.11.3. If "time-outs" or "time away" are used, they are used only as a LAST resort and only with children aged 2 or older. They are used as a cooling-off time rather than a punishment. They last no more than one minute in length for each year of the child's age, or the child determines when s/he is ready to return to the group.

A5.11.4. No form of physical punishment or humiliation is ever used. The provider is not physically rough with the children.

A5.11.5. The provider does not criticize, shame, tease, threaten, or yell at children.

**A5.12. Television and Computers.**

A5.12.1. If television, videos, or computer games are used, the provider assures that the content is appropriate for the ages of the children.

A5.12.2. If children watch television or videos, the provider limits their viewing time to no more than one hour during the day and one full-length movie per week. Alternate activities are always available at all times.

A5.12.3. If the children use a computer, the provider limits each child's computer time to no more than one hour per day. If the use is for homework, it may be for more than one hour.

A5.12.4. If children use the Internet, the provider actively monitors its use.

**A5.13. Social and Self-Development.**

A5.13.1. The provider helps each child find positive ways to interact with others.

A5.13.2. Children seem to enjoy each other's company.

A5.13.3. Children are learning about sharing, taking turns, and working together.

A5.13.4. The provider assures that children and their families are not stereotyped or left out of any activity because of their race, gender, ethnicity, disability, or any other personal characteristics. Girls and boys have equal opportunities to take part in all activities and use all materials

**A5.14. Physical Development.**

A5.14.1. Children have daily opportunities to practice large-motor skills, such as crawling, walking, climbing, running, jumping, dancing, balancing, throwing, and catching.

A5.14.2. Children have daily opportunities to practice fine motor skills, including grasping, scribbling, cutting with scissors, buttoning, tying shoes, using art materials, or playing with manipulatives.

**A5.15. Language and Communication.**

A5.15.1. The provider takes time every day for meaningful conversation with each child. The provider takes an interest in and responds positively to babies' vocalizations and imitates their sounds.

A5.15.2. Children have opportunities to become involved in pretend play.

**A5.16. Literacy.**

A5.16.1. The provider reads to children at least daily or all the children are able to read.

A5.16.2. Some books are accessible to children and the provider encourages children to look at or read books on their own.

**A5.17. Supervision.**

A5.17.1. The provider can see or hear younger children and preschoolers at all times.

A5.17.2. The provider does not leave younger children or preschoolers outside by themselves. Children age 2 or under are in line of sight when outside.

A5.17.3. If children 6-8 play inside, outside of the provider's view, she checks on them frequently.

A5.17.4. If children 6-8 play outside, they play where the provider can see them and she checks on them frequently.

A5.17.5. If children 9 and older play outside, they check in with the provider every 30 minutes or she checks on them.

A5.17.6. The provider is particularly careful in supervising children in potentially hazardous activities, including swimming, water play, woodworking, cooking, and field trips.

A5.17.7. Children are not allowed to leave the program with anyone other than a parent or an individual designated in writing by a parent. This applies to non-custodial parents.

A5.17.8. Children are not:

A5.17.8.1. Released to siblings or others younger than 14 years of age.

A5.17.8.2. Able to sign themselves in or out of the family child care home unless it is consistent with the base or local youth supervision policies.

A5.17.8.3. Left in equipment that restrains their movement (play pens, swings, jumpers, exercisers, or other restraints) for more than 20 minutes in any 2-hour period. Children age 2 or under may stay in an infant seat or high chair for up to 30 minutes at one time if they are content.

A5.17.8.4. Left alone with spouses, children, neighbors, or persons other than the approved substitutes.

A5.17.9. If children are transported, take walks, or go on field trips the provider assures that children do not become separated from the group.

**A5.18. Outings.**

A5.18.1. The provider brings a first aid kit; emergency telephone numbers; emergency treatment permission forms; tissues; coins for a pay phone, or calling card number, or cellular phone; notepaper and pen; and diapers and wipes, if needed.

A5.18.2. Children carry the provider's name and telephone number and their own name, in case they do become lost.

A5.18.3. Children are never left unattended in a vehicle.

A5.18.4. If children are transported in the provider's vehicle they each have a car seat or seat belt approved for their height and age, that has been installed correctly according to the instructions of both vehicle and car seat manufacturers.

A5.18.5. Younger children or preschoolers do not sit in the front seat of a vehicle unless a back seat is not available.

**A5.19. Emergency Preparation**

A5.19.1. The provider holds a current certificate in pediatric first aid including rescue breathing and first aid for choking.

A5.19.2. The provider has first-aid instructions, disposable latex or non-porous vinyl gloves, soap and water or hydrogen peroxide, syrup of ipecac (if directed by the FCC medical advisor), tweezers, bandage tape, sterile gauze, scissors, a thermometer, baby safe if younger children are enrolled (may be kept separately from the other materials).

A5.19.3. There is a working telephone within the unit. Emergency numbers and instructions are posted near the telephone. The emergency phone numbers include the parents' daytime numbers; 911 or the local emergency numbers for ambulance, police and fire department; poison control; medical contact; an emergency back-up provider; two back-up contacts for each child.

A5.19.4. Providers are able to speak and read English well enough to complete the family child care training modules and understand and communicate basic information to parent.

**A5.20. Fire Prevention.**

A5.20.1. Flammable materials are not stored in areas used for child care or in any areas where they would post a threat to children, providers, or their family members.

A5.20.2. Children do not have access to matches or lighters.

**A5.21. Injury Prevention.**

A5.21.1. Equipment and materials, indoors and outdoors, are safe and in good repair. There are no sharp corners or rough edges on furniture, toys, or outdoor play equipment.

A5.21.2. The provider conducts monthly evacuation drills and keeps a log of the dates and times when drills have been practiced for the last 12 months.

A5.21.3. Younger children do not wear necklaces, pacifiers on a cord around the neck, or clothing with drawstrings around the neck or the provider takes necessary precautions to avoid strangulation. There are no toys with cords, strings, or straps that could wrap around the neck.

A5.21.4. If there is a working fireplace, wood stove, or space heater, it is safely screened and inaccessible to children.

A5.21.5. Poisonous items are kept in a locked or out-of-reach location. Poisonous items include medications, poisons, liquor, tobacco, pesticides, cosmetics, shampoos, hand lotions, detanglers, and cleaning supplies.

A5.21.6. There are no guns inside the home; guns are stored in locked containers in garages, outside storage sheds, attics, or other space away from the home or in the base armory. If there are guns on the property, the family child care coordinator is notified. Guns and ammunition are stored separately.

**A5.22. Special Health and Safety Precautions for Babies and Toddlers**

A5.22.1. Keep objects greater than ¼ inches but less than 1-¼ inches in diameter out of reach of children.

A5.22.2. Children are never left alone on a changing table; instead the provider always has one hand on the child.

A5.22.3. Babies are placed on their backs for sleeping.

A5.22.4. There are no bean bag chairs in areas used by babies and toddlers.

**A5.23. Home Safety and Health.** Have the provider check the home daily for health and safety hazards and correct them before children are accepted for care.

A5.23.1. Children cannot lock themselves into rooms. Privacy locks on bathroom or bedroom doors are inaccessible to children, or locks can be opened quickly from outside.

A5.23.2. Working smoke detectors are installed on each floor of the home and near cooking and sleeping areas.

A5.23.3. Fire drills are conducted monthly at different times of the day and evening when children are in care. A log of the fire drills for the last 12 months is maintained.

A5.23.4. Hot radiators and water pipes are covered or out of reach of children, or are not very hot to the touch.

A5.23.5. Hot items including beverages are kept out of children's reach.

A5.23.6. There are no toxic plants within children's reach.

A5.23.7. There is no chipping or peeling paint or exposed asbestos.

A5.23.8. There are no containers of water in which children could drown.

A5.23.9. No wading pools are used; water play is limited to sprinklers.

A5.23.10. Cleaning and hazardous materials are stored out of children's reach and separate from food items.

A5.23.11. Hot water at outlets used by children is 120 degrees Fahrenheit or less.

**A5.24. Electrical Cords and Outlets.**

A5.24.1. All electrical cords within children's reach are secured.

A5.24.2. No cords are placed under rugs and carpeting.

A5.24.3. Every electrical outlet within children's reach is covered with a choke-proof, child-resistant device, or is in use.

**A5.25. Exits and Stairs.**

A5.25.1. Each floor used by children has at least two exits that lead to the ground floor.

A5.25.2. Exits are usable by children who can walk unassisted and access is unobstructed.

A5.25.3. Stairs with more than 3 steps have railings usable by the children.

A5.25.4. Secure gates or barriers are present at the top and bottom of all stairs in younger children's play areas.

**A5.26. Windows.**

A5.26.1. Cords of window coverings are secured or out of children's reach.

A5.26.2. If windows accessible to children are opened, they are not opened more than 6 inches, or they have safety guards, or they are opened from the top.

A5.26.3. Windows that are opened have screens in good repair, unless the region is free of insects.

**A5.27. Kitchen.**

A5.27.1. Pot handles are turned to the back of the stove.

A5.27.2. Back burners are used when available.

A5.27.3. Stove and oven knobs are removed or covered when not in use, or there are safety knobs, or they are out of children's reach.

A5.27.4. Children are not permitted to play within 3 feet of the stove when it is in use.

A5.27.5. When school-agers cook on the stove, they are carefully supervised.

A5.27.6. Dishes, utensils, cooking and serving items, and bottles are washed in a dishwasher, or washed in clean, hot, soapy water, rinsed, and air dried; or disposable dishes, cups, and utensils are used.

A5.27.7. A cold pack or equivalent is kept in the freezer or refrigerator.

**A5.28. Bathroom and Diapering Area.**

A5.28.1. Diapering and toileting areas are separated from food areas.

A5.28.2. Any diapering surface is cleaned and disinfected with a disposable cloth after each diaper change or surface paper is changed; all soiled diapers are disposed of in plastic bags

A5.28.3. Containers for soiled diapers are plastic-lined and covered with a step-operated lid, or located out of reach of children.

A5.28.4. If a potty-chair is used, it is washed and disinfected after each use and there are no straps.

A5.28.5. A secure step is located in front of any sink where children wash their hands, or children can reach faucets without a step or children are held while they wash their hands.

A5.28.6. Soap and running water and paper towels are provided for children to wash and dry their hands, or each child has an assigned towel that is used consistently and is laundered as needed and at least weekly.

A5.28.7. If cribs or portacribs are used, they meet current safety standards: Slats are spaced not more than 2 and 3/8 inches apart, mattresses are fitted so no more than 2 fingers can fit between the mattress and crib side, sides are locked in the raised position while babies are sleeping, and mattress is fixed to the lowest position if child can sit up.

A5.28.8. Sleeping areas for babies do not have any surface that can conform to the face, including a soft pillow, soft mattress, comforter, or stuffed toy.

A5.28.9. Children are provided with individual cribs, cots, or mats allowing their faces to be at least 3 feet apart from each other.

**A5.29. Outdoor Safety and Health.**

A5.29.1. Play space, including any playgrounds used, are free of animal feces, broken glass or trash.

A5.29.2. If there is a sand area or box, it is covered when not is use.

A5.29.3. A fence or natural barrier encloses the play space, unless traffic is not a hazard.

A5.29.4. Ponds, wells, and other hazards are fenced off.

A5.29.5. Surfaces under playground equipment are soft and free from stones, debris, and obstructions.

**A5.30. Swimming Pools/Trampolines.**

A5.30.1. If there is a swimming pool or trampoline, it is enclosed within a fence which has a gate or door which is always locked.

A5.30.2. If the pool is in ground, a barrier surrounds it at least 4 feet above grade that children cannot climb.

A5.30.3. If the pool is above ground, the sides are at least 4 feet high and the ladder is locked or removed.

A5.30.4. Life-saving equipment is available in the pool area.

A5.30.5. Any hot tub or spa accessible to children has a locked cover strong enough for an adult to stand on.

**A5.31. Swings.**

A5.31.1. Swings seats do not have pinch points or open "S" hooks.

**A5.32. Health.**

A5.32.1. The provider has a negative tuberculosis test as often as required by the medical treatment facility. The need for tuberculosis skin testing should be established in accordance with AFI 48-115, The Tuberculosis Detection and Control Program, 3. Program Elements.

A5.32.2. No one smokes or drinks alcohol in the home or vehicle when children are present.

A5.32.3. The provider keeps children from picking outdoor plants without permission.

A5.32.4. The provider administers prescription medications only with the parent's written permission.

A5.32.4.1. The provider administers prescription medications from their original containers only and follows the written instructions on the labels.

A5.32.4.2. No non-prescription medications are given unless directed in writing by a medical authority.

A5.32.4.3. The provider applies sun block, hand lotion, diaper ointment, and lip ointments only if there is written permission on file from the parents.

A5.32.4.4. The use of prescription drugs that may impair the provider's judgment or alertness is not permitted while children are in care.

**A5.33. Nutrition and Food Preparation.**

A5.33.1. The provider serves meals and snacks that are nutritious and sufficient to comply with the Child and Adult Care Food Program guidelines.

A5.33.2. Food is stored, prepared, and served to children in a sanitary manner.

A5.33.3. If parents bring special food to the home, perishable items including baby bottles are refrigerated until eaten.

A5.33.4. Baby formula is in factory-sealed containers or powdered formula is used or parents bring prepared bottles labeled with the child's name.

A5.33.5. Bottles are never heated in a microwave oven.

**A5.34. Meals and Snacks.**

A5.34.1. Meals or snacks are available at least every three hours.

A5.34.2. Children always sit down to eat meals, but they are not forced to stay at the table for more than a few minutes after they finish eating.

A5.34.3. Food is never used as a reward or punishment.

A5.34.4. The provider feeds babies when they are hungry. Babies younger than eight months are held when fed. The provider is attentive and responsive to babies during feeding.

A5.34.5. Babies do not have bottles of milk or juice when they are in bed.

A5.34.6. Drinking water is available at all times.

**A5.35. Minimizing Disease.**

A5.35.1. The provider practices universal health precautions: disposable latex or non-porous vinyl gloves are worn when the provider has contact with blood, including blood in feces, and articles contaminated with blood are carefully disposed of or wrapped in plastic and sent home with the parents.

A5.35.2. Children do not share combs, brushes, toothbrushes, cloth bibs, bottles, towels, washcloths, or bedding.

A5.35.3. All floors used by children are swept and/or vacuumed daily. Washable floors used by children are mopped with disinfectant at least twice a week.

A5.35.4. Toys and surfaces are cleaned and disinfected as needed. Toys that children mouth are sanitized daily or are not used by other children.

A5.35.5. Sheets are laundered at least once a week or when visibly soiled.

A5.35.6. The provider and children wash hands before preparing food or eating and after toileting, diapering, or contact with bodily fluids.

A5.35.7. The kitchen sink is not used for hand washing after diapering or toileting, or it is cleaned and disinfected after such use.

A5.35.8. If there are dogs and cats they are kept in areas inaccessible to children.

A5.35.9. No ferrets, birds of the parrot family, turtles, poisonous snakes, or other animals that are not recommended for child care settings are present

A5.35.10. Parents are informed of any pets before enrollment or before a new pet is acquired

A5.35.11. If there are cats or dogs, they have been immunized against rabies and distemper; pets are free of parasites and fleas.

A5.35.12. Litter boxes, pet food and dishes, and pet toys are kept out of reach of children.

A5.35.13. Each child in care has the immunizations recommended by the American Academy of Pediatrics for children of their age. The provider should dispose of these records when she no longer has the child in care.

A5.35.14. Children are screened daily for illness and denied care if they have one of the conditions listed in section HP68. in *Caring for Our Children*.

**A5.36. Professional and Business Practices.**

A5.36.1. The provider's attention is focused on children. Telephone calls, errands, or personal demands do not take priority over children's needs. The provider does not operate another business during child care hours.

A5.36.2. The provider maintains confidentiality and respects the privacy of children and families (except for reporting child-abuse and neglect). The provider does not gossip or discuss a problem within hearing range of children.

A5.36.3. The provider is licensed, registered, or certified (unless unavailable in the county, state, or country or not required because the Air Force has exclusive jurisdiction) to operate a family child care home. The provider's Air Force or state license (if off base) is posted in the home.

A5.36.4. There is no evidence of illegal drug use, child abuse, or domestic violence current or past in the household. The provider reports any such incidents in the past or present to the family child care coordinator.

A5.36.5. Individuals are not licensed to provide care if they or one of their household members has been the perpetrator in a substantiated case of child abuse or neglect. HQ USAF/ILV approves any exceptions to this policy under the provisions of *DoDI. 1402.5 Criminal History Background Checks for Child Care.*

**A5.37. Professional Activities.**

A5.37.1. The provider holds a high school diploma or GED, seeks continuing training and education, and is open to new ideas about family child care. At least one Air Force family child care module is completed per month or, if the modules have been completed, two hours of formal is completed each month.

A5.37.2. The provider is making satisfactory progress toward completing the family child care modules within the first 18 months of being licensed by or affiliated with the Air Force.

A5.37.3. The provider keeps up-to-date with topics related to program quality and, when needed, consults with experts to gain specific information, such as how to work with children and families with special needs.

A5.37.4. The provider maintains current first aid and CPR certification and completes annual training on child abuse and neglect prevention, identification, and reporting and on appropriate ways of guiding and touching children.

**A5.38. Child Abuse and Neglect.**

A5.38.1. The provider knows how to detect signs of child abuse and neglect, understands the responsibility to report suspicious cases to the family child care coordinator and the family advocacy office and, if required, files a report.

A5.38.2. A copy of the DoD Child Abuse and Safety Violation Hotline number (poster) is displayed in the provider's home where parents can see it.

A5.38.3. Parents have access to their children at all times.

**A5.39. Business Contracts and Policies**

A5.39.1. The provider has a signed contract with each family. The contract includes, at a minimum, hours of operation, fees, payment schedule, provider's and child's vacation, provider's and child's sick leave and absences, responsibility for alternate care, and termination policy.

A5.39.2. If a child receives an injury beyond a minor scrape or bruise, the provider contacts a parent as soon as possible. Parent is given a written accident report within 24 hours that includes a description of the accident, action taken, outcome, and how the child responded.

A5.39.3. The provider is covered by insurance including liability insurance and vehicle insurance (if children are transported). The date of the insurance is current.

A5.39.4. The provider notifies the parents and the family child care office when there is a medical emergency or communicable disease or illness of either the children or the provider or their family members.

A5.39.5. The provider has a prominent place to display information for parents.

**A5.40. Records.**

A5.40.1. The provider maintains an AF Form 1181, Youth Flight Patron Registration, on each child. The providers maintain an AF Form 3A57, Family Care Plan, on each child of single parents and dual military parents.

A5.40.2. The provider maintains a copy of his/her most recent installation records check and Defense Criminal Investigative Index report completed in the last five years.

A5.40.3. The provider maintains medical information for each child, including permission to treat emergencies signed by the parent(s), child's allergies, chronic illness and other known health problems, and immunizations (or written documentation of parents' objections for religious reasons). This information is recorded on the AF Form 1181, Youth Flight Patron Registration Form.

A5.40.4. If the provider takes children on field trips or in a vehicle permission to do so is noted on the AF 1181 or in another written form.

A5.40.5. The provider maintains records of the children in care each day and reports this information to the family child care office at the end of each month.

A5.40.6. The provider has parents sign their children in and out each day. At the end of the month the provider gives the family child care office a list of all of the children that have been in care that month.

**A5.41. Substitutes.**

A5.41.1. Expect in emergencies, the provider does not leave the children with any person who has not been approved as a substitute by the family child care office.

A5.41.2. Expect in emergencies, parents are notified in advance when a substitute provider will be responsible for their children.

A5.41.3. Children are not left with a substitute for more than 20% of the time.

A5.41.4. At least one person is available for emergency back-up care and is able to arrive within 10 minutes notice.

## Attachment 5 (ANG)

## STANDARDS FOR FAMILY CHILD CARE LICENSE

Delete for ANG. See **Attachment 10 (Added)** for ANG HCC Program.

## Attachment 6

## STANDARDS FOR DEVELOPMENTAL FAMILY CHILD CARE HOMES

To be licensed as a developmental home the family child care provider must be in compliance with all of the basic standards for family child care home licensing (**Attachment 5**) and must also be in compliance with at least 75% of the following standards:

### A6.1. Relationships with Children.

A6.1.1. The provider seeks information about each family's cultural traditions and uses this information in responding to the children and planning activities.

A6.1.2. The provider recognizes signs of stress in children's behavior and responds with appropriate stress-reducing activities.

A6.1.3. The provider observes children's behavior, verbal and body language, and abilities. The provider uses this information to respond to each child. For example, the provider responds to a baby's crying as promptly and effectively as possible.

### A6.2. Relationships with Parents and Families.

A6.2.1. The provider respects diverse family styles and recognizes the strengths of each family.

A6.2.2. The provider individualizes the child care program, within reason, to respond to parents' specific requests, preferences, and values.

A6.2.3. The provider accepts the decision of mothers as well as fathers to work outside the home.

A6.2.4. In addition to ongoing conversations, the provider has a conference with each child's parent(s) at least once per year. Together they review the child's progress and needs and set goals for the child.

A6.2.5. The provider tries to involve every parent in the program's activities in a variety of ways, responding to their interests and time availability—but the provider does not require their participation.

A6.2.6. The provider involves parents in evaluating the quality of the care and in helping her improve.

### A6.3. Other Relationships.

A6.3.1. The provider and/or families plan occasional activities where the child care families can get together.

A6.3.2. The provider has the social support of friends, family, other providers, and/or community organizations.

### A6.4. The Home Environment.

A6.4.1. The child care space is well organized.

A6.4.2. Separate containers are provided for different kinds of materials.

A6.4.3. Materials are rotated, put away for a while and then brought out again, to maintain children's interest.

A6.4.4. Materials reflect the lives of the children enrolled and people diverse in race and ethnicity.

A6.4.5. Materials show girls and boys, women and men, and older people in diverse and positive activities.

A6.4.6. Children are permitted to bring comfort objects from home.

A6.4.7. There are math materials for matching, sorting, arranging things in sequence, counting things, measuring, recognizing and creating patterns, and comparing differences and similarities.

A6.4.8. There are science materials: a magnet, magnifying glass, an outdoor thermometer, and a balance scale.

A6.4.9. There are dramatic play materials: materials for children to create their own costumes and props, dress-up clothing, props for particular themes, blocks, and animal and human figures.

A6.4.10. There are real tools: a hammer, saw, shovel, rolling pin, carrot peeler, cookie cutters, plastic knives, and a broom and dustpan.

A6.4.11. Older children have a place to use materials without interference from younger children. School-agers have a quiet place to do homework.

A6.4.12. The children are learning to take care of the equipment, materials, and the environment.

A6.4.13. Cushioning materials are placed under climbers, swings, and slides, both indoors and outdoors if more than 3A6" high.

A6.4.14. Materials are stored in consistent places and some of them are easy for children to find and put away.

A6.4.15. There are other language materials: telephones, puppets, interactive games, written or audio materials in the child's home language.

**A6.5. Activities.**

A6.5.1. The provider supports and extends children's self-directed play as well as offering activities and materials that build on their interests and skills.

A6.5.2. The provider gives children the help they need to succeed in a range of activities and to feel comfortable taking risks.

A6.5.3. The provider extends children's learning by describing what they are doing and a

asking them open-ended questions.

A6.5.4. The provider helps children engage in activities by breaking complex tasks into simple ones – or increasing the difficulty of activities by combining familiar materials in new ways and new concepts.

A6.5.5. The provider finds opportunities to help children learn specific skills and concepts when they show interest in learning them.

A6.5.6. The provider takes advantage of and builds upon the many natural learning experiences and "teachable" moments" associated with daily life in a home.

A6.5.7. The provider sometimes joins in children's play, expanding upon their ideas but not dominating; the provider plays interactive games, especially with babies and toddlers.

A6.5.8. Except in necessary routines, the provider tries not to force children into activities they do not enjoy. Most of the time, for example, toddlers can move in and out of an activity, stand and watch, or choose not to participate at all.

A6.5.9. Activities and transitions are generally smooth and unhurried; children can usually finish activities at their own pace. They seem to know what is expected of them.

A6.5.10. Children actively engage in activities. Their faces often reflect concentration.

A6.5.11. The provider usually maintains a consistent sequence of daily events, while the flow of activities is adapted to the individual and developmental needs of each child and the changing group.

A6.5.12. The provider helps children and parents, especially when newly enrolled, to cope with separation at drop-off and pick-up times, if needed.

A6.5.13. The provider talks to babies and toddlers about what is happening during routines

A6.5.14. Parents and the provider agree on a toilet learning approach, based on each child's developmental readiness, not on age. The process is free from punishment or power struggles.

A6.5.15. The provider encourages children to clean up after themselves as they are able and models a positive attitude about cleaning up.

A6.5.16. If the provider takes children on outings she has a comprehensive plan which addresses all safety issues.

**A6.6. Positive Discipline.**

A6.6.1. The provider minimizes toddlers' frustrations through redirection.

A6.6.2. The provider frequently lets children experience the consequences of their own misbehavior, if this is safe, rather than punishing them.

A6.6.3. The provider avoids power struggles with children. Older children have opportunities to assert their power by talking responsibility as leaders and helpers

A6.6.4. If available, all computer software promotes children's active involvement, group participation, learning, creativity, or fun.

A6.6.5. Positive guidance is used to help children gain self-control and take responsibility for their own behavior.

**A6.7. Developmental Learning Goals.**

A6.7.1. The provider gathers information about children's interests and needs through observation and conversations with parents, and uses this information to set goals for supporting their development. She disposes of the information about the child when the child is no longer in her care or it is not needed.

A6.7.2. Most of the children's activities promote many kinds of development simultaneously the curriculum is integrated and holistic rather than focused on one area of development at a time.

A6.7.3. If television is viewed, violence and stereotyping is avoided (including cartoons).

A6.7.4. The provider understands how children grow and learn and uses this knowledge to design the environment and plan activities that are developmentally and culturally appropriate for each child.

**A6.8. Social and Self-Development.**

A6.8.1. The provider helps children learn to understand and express their feelings and gain control over their impulses.

A6.8.2. The provider supports children in offering help and support to each other.

A6.8.3. The provider helps children to gain awareness of other people's feelings and to understand how their own actions affect others.

A6.8.4. The provider helps older children resolve their conflicts with each other by talking through their feelings and finding their own solutions.

A6.8.5. The provider encourages older and more competent children to help and take care of each other.

A6.8.6. Some activities involve all the children working together for a common purpose. The provider encourages older children to work on projects and play games together.

A6.8.7. The provider helps children get to know people in the neighborhood and community.

A6.8.8. The provider helps children understand and respect people different from themselves. The provider responds factually to children's curiosity about similarities and differences in children.

A6.8.9. The provider helps older children notice incidents of bias and learn effective ways to stand up for each other and themselves in the face of teasing, bullying, or other forms of discrimination.

A6.8.10. The provider introduces cultural activities based on the authentic experiences of individuals rather than a "tourist curriculum" of exotic holidays and stereotyped decorations.

A6.8.11. The provider supports children in their growing self-awareness and self-acceptance.

A6.8.12. The provider acknowledges specific aspects of each child's accomplishments and efforts.

A6.8.13. The provider accepts children's emotions, including their seesawing demands for both dependence and independence.

A6.8.14. The provider helps children take responsibility for themselves and their belongings, building self-help skills when they are ready.

A6.8.15. The provider supports children in developing friendships with each other.

**A6.9. Cognition and Language.**

A6.9.1. The provider helps children gain information and understanding through exploration, books, and other people.

A6.9.2. The provider encourages children to develop and represent their understanding through a variety of activities.

A6.9.3. The provider introduces time concepts through consistent routines, and helps older children recall past experiences and plan future events.

A6.9.4. The provider encourages children to think for themselves, to solve problems on their own and with others, and to have confidence in their ability to find solutions.

A6.9.5. Children, especially babies and toddlers, have rich experiences using their senses---visual, auditory, taste, smell, and touch.

**A6.10. Language and Communication.**

A6.10.1. The provider encourages children to listen to and respond to each other.

A6.10.2. When the child's home language is different from the provider's, the provider shows respect for both languages and learning and using key words or songs in the child's home language.

A6.10.3. The provider builds on children's emerging interest in print and writing. The provider writes down children's words and encourages them – as they are able, to write their names, notes, and stories, to label their drawings, make books, or keep journals.

A6.10.4. The provider calls older children's attention to the shapes and sounds of letters and words in their environment and activities.

A6.10.5. The provider encourages children to express their thoughts and feelings and listens with interest and respect.

A6.10.6. The provider teaches children to take care of books.

**A6.11. Math and Science.**

A6.11.1. Children learn math concepts in the context of everyday activities, such as setting the table, sorting the mail, cooking, and playing games. As they are able, they match, sort, arrange things in sequence, count things, measure, and recognize and create patterns.

A6.11.2. Children have opportunities to explore the natural and physical environment, such as watching insects, planting seeds, playing with water and sand, and playing with balls and ramps.

A6.11.3. The provider encourages older children to observe and make predictions about things in the environment, through activities and "what would happen if" questions.

**A6.12. Creative Development.**

A6.12.1. The provider offers daily opportunities for children to use their imagination and creativity through a variety of activities

A6.12.2. The provider sets out inviting materials for art activities. Older children have access to basic art materials during free play times.

A6.12.3. Most art activities are open-ended and child-directed.

A6.12.4. The provider comments on specific aspects of children's art, focusing on children's exploration of the materials and descriptions of their work. The provider does not show preference for work that looks realistic or pretty.

A6.12.5. The provider values older children's work by displaying or saving some of it. The provider helps parents appreciate some of their children's creations.

A6.12.6. The provider uses music in a variety of ways including singing, playing instruments, or playing recorded music.

A6.12.7. The provider uses repetitive songs and rhymes, such as finger plays, chants, or clapping games.

A6.12.8. The provider encourages children to dance or to use movement to recreate experiences, tell a story, or act out a concept.

A6.12.9. Children have opportunities to make their own music with their voices or instruments (purchased or homemade).

**A6.13. Safety.**

A6.13.1. On outings children carry the provider's name and telephone number and their own name in case they do become lost. Children wear this information inside their clothing.

A6.13.2. The provider helps children understand dangerous situations and the reasons for safety rules. The provider involves older children in discussions about their safety.

A6.13.3. Children are provided with individual sleeping spaces allowing their faces to be at least 3 feet apart from each other.

A6.13.4. If there is a sand area or box, it is covered when not is use

A6.13.5. If there are swings, they are surrounded by a clearance area and fall zone of at least A6 feet.

A6.13.6. Each swing hangs at least 30 inches from the support poles.

A6.13.7. The provider has an effective system to check for new safety hazards, both indoors and outdoors in the regular play area.

**A6.14. Health.**

A6.14.1. If a child has been diagnosed as having a special need, the provider understands the condition, follows all prescribed treatments, and works with parents and other specialists as needed.

A6.14.2. Older children are learning to keep themselves safe and healthy.

A6.14.3. A written menu is posted daily or weekly and modified if it is changed.

A6.14.4. Meals and snacks are relaxed, with pleasant conversation.

A6.14.5. Children are encouraged to taste new foods, but they do not have to eat anything they do not want.

A6.14.6. Older children help to plan and prepare meals and snacks on occasion.

A6.14.7. Children are not rushed through meals and snacks.

A6.14.8. The provider has an illness policy defining mild symptoms with which children may remain in care, and more severe symptoms that require notification of parents or back-up contact to pick up the child.

A6.14.9. If there is water play, water containers are emptied and sanitized daily.

A6.14.10. The provider has a documented physical examination at least every two years

**A6.15. Professional and Business Practices.**

A6.15.1. The provider is actively involved with other providers or a related professional group, if available.

A6.15.2. The provider takes precautions to avoid extreme stress.

A6.15.3. The provider shares information with parents about common childrearing issues such as temper tantrums or signs of infectious diseases.

A6.15.4. The provider has information about base and community resources that offer services to parents and families. The provider helps families access community and medical services as needed.

A6.15.5. The provider distributes public information on child care tax credits, child care subsidies, and employer child care benefits, if available, and recommends parents contact their tax advisor on these matters.

A6.15.6. The provider follows an enrollment process that facilitates an exchange of information between the provider and the parent, working to assure a good match.

A6.15.7. Prospective parents are given the names and telephone numbers of three current or recently enrolled parents, with their permission. If unavailable, character references are given.

A6.15.8. The provider gives written policies to parents. The policies include: substitute care arrangement; persons authorized to pick up the child; illness; administering medication; emergencies; guidance and discipline; parent conferences and visits; if relevant, religious teaching and activities; if relevant, transportation and/or field trips

A6.15.9. The provider maintains anecdotal records, parents' information including any special needs, fears, food preferences, and important holidays and traditions. She disposes of these records when the child is no longer in her care or it is no longer needed.

A6.15.10. The provider maintains a folder documenting his or her own child care training, related education, and any diplomas.

A6.15.11. The provider is intentional and reflective in her/his work, thinking about what occurs with the children and their families, considering any puzzling events or concerns.

## Attachment 6 (ANG)

## STANDARDS FOR DEVELOPMENTAL FAMILY CHILD CARE HOMES

Delete for ANG.

## Attachment 7 (Added-ANG)

## ANG HOME COMMUNITY CARE

## WHAT PEOPLE DO

**A7.1. (Added-ANG) SAF** /MI guides, directs, and oversees the formulation, review, and execution of plans, policies, programs, and budgets relative to SV programs, including child development and family child care programs.

**A7.2. (Added-ANG)** Secretary of the Air Force for Financial Management and Comptroller establishes appropriated fund policies for operating child development and family child care programs.

**A7.3. (Added-ANG)** HQ USAF/A1S:

A7.3.1. **(Added-ANG)** Establishes policy directives and instructions for Air Force child development programs.

A7.3.2. **(Added-ANG)** Advocates for resources for the Air Force child development programs.

A7.3.3. **(Added-ANG)** Monitors child development program compliance with congressional guidance, DoD policies, and Air Force policies.

A7.3.4. **(Added-ANG)** Serves as the liaison with the Department of Defense, the other services, child care organizations, and other federal agencies.

A7.3.5. **(Added-ANG)** Collects and compiles data to develop child development program policy and perform over sight functions.

A7.3.6. **(Added-ANG)** Conducts tests of innovative child care services for possible implementation in Air Force programs.

**A7.4. (Added-ANG)** HQ Air Force Services Agency (AFSVA):

A7.4.1. **(Added-ANG)** Assesses the need for and conducts training for child development program personnel. Provides technical guidance and information to assist installation child development programs.

A7.4.2. **(Added-ANG)** Obtains and distributes written and other resources to help installations set up and operate child development programs.

A7.4.3. **(Added-ANG)** Conducts headquarters inspections of child development programs.

A7.4.4. **(Added-ANG)** Monitors equipment requirements and makes changes to the table of allowances.

**A7.5. (Added-ANG)** Air National Guard Readiness Center (ANGRC):

A7.5.1. **(Added-ANG)** Provides technical guidance and support to command family child care programs.

A7.5.2. **(Added-ANG)** Budgets and advocates for command resources to support command family child care programs.

A7.5.3. **(Added-ANG)** The NGB/A1S Representative will provide staff assistance through scheduled and unscheduled visits to HCC Provider Homes. The ANG will accept the health evaluation of

the facilities involved, based on the health evaluation inspection process required by the original licensing agency and the local agencies that support the jurisdiction in which the care provider resides.

**A7.6. (Added-ANG)** NGB/A1S Representative:

A7.6.1. **(Added-ANG)** Will help each HCC Provider design and implement a professional Individual Education Plan (IEP). At the start of the first Provider Agreement period, the NGB/A1S representative will give each HCC Provider a complete set of the *Caring for Children in Family Child Care, A Supervised Self-Instructional Training Program* at no cost.

A7.6.2. **(Added-ANG)** Will assist the HCC Providers in on-going training and technical assistance to include the following:

A7.6.2.1. **(Added-ANG)** Provides a Provider Information Packet of materials on child care, the USDA Child and Adult Food Program, National Association for Family Child Care, lists of relevant Web sites, and examples of online resources.

A7.6.2.2. **(Added-ANG)** Frequent alerts about available FCC training opportunities at the national and state levels and a list of distance learning opportunities for FCC Providers.

A7.6.2.3. **(Added-ANG)** In-home training opportunities provided during visits from the NGB/A1S representative.

A7.6.2.4. **(Added-ANG)** Individualized assistance related to completing and demonstrating competency of the required AF training modules. This may be accomplished by telephone consultation.

A7.6.2.5. **(Added-ANG)** Contingent upon a successful third consecutive agreement period, the HCC Provider will be eligible to receive 100% funding for national accreditation of the HCC home by the National Association for Family Child Care. Ongoing training and guidance will be provided after obtaining accreditation contingent upon available funding.

A7.6.3. **(Added-ANG)** NGB/A1S monitors timesheets and parent logs submitted by the HCC Provider on a monthly basis to ensure accuracy and Provider availability.

A7.6.4. **(Added-ANG)** Ensure that individuals providing HCC are screened, trained, and approved to provide child care.

A7.6.5. **(Added-ANG)** Outbriefs installation leadership on results/implications of initial and annual inspections and visits.

**A7.7. (Added-ANG)** Installation Commanders:

A7.7.1. **(Added-ANG)** Establish family child care programs to provide child care for ANG parents of children 2 weeks (or minimum state specifies) to 12 years of age.

A7.7.2. **(Added-ANG)** Ensure that children's health, safety, and well being are protected while they are in family child care programs.

**A7.8. (Added-ANG)** Unit Point of Contact (POC):

A7.8.1. **(Added-ANG)** Orchestrate marketing and publicity of HCC program at their respective installation.

A7.8.2. **(Added-ANG)** Serve as on-site government contact for the HCC provider.

A7.8.3. **(Added-ANG)** Establish and implement a child care referral program to help families find child care.

A7.8.4. **(Added-ANG)** Participates in initial and follow-on site visits to the homes of HCC candidates and providers.

**A7.9. (Added-ANG)** Services (SV) Squadron / Flight Commanders:

A7.9.1. **(Added-ANG)** Ensure that family child care programs operate in compliance with Air Force policy directives, instructions, and standards.

A7.9.2. **(Added-ANG)** Coordinate family child care programs with other SV programs.

## Attachment 8 (Added-ANG)

## HIV-POSITIVE CHILDREN AND STAFF

**A8.1. (Added-ANG)** Enrollment. Comply with these procedures in enrolling HIV-positive children and approving HIV-positive family child care providers:

A8.1.1. **(Added-ANG)** Permit the enrollment of HIV-positive children in family child care when it is appropriate for their health, neurological development, behavior, and immune status.

A8.1.2. **(Added-ANG)** Inform only those with a need to know about the child's condition. This does not usually include the parents of the other children enrolled.

A8.1.3. **(Added-ANG)** Notify all parents when cases of measles or chickenpox (or other viral infections as determined by the civilian medical authority) are occurring in the child care population. Provide individual notification to parents of HIV-positive children.

A8.1.4. **(Added-ANG)** At all times, require family child care providers to wear gloves when contact with blood or feces is possible and ensure that the hand washing procedures recommended by the Centers for Disease Control are followed.

**A8.2. (Added-ANG)** Employment. Permit the employment of HIV-positive individuals in family child care programs and approve HIV-positive individuals as family child care providers unless their providing care would endanger their health or that of others.

A8.2.1. **(Added-ANG)** Do not approve persons as family child care providers with symptoms of AIDS (Acquired Immune Deficiency Syndrome).

A8.2.2. **(Added-ANG)** Do not approve individuals as family child care providers if other household members have the symptoms of AIDS.

A8.2.3. **(Added-ANG)** Require frequent medical examinations of HIV-positive individuals approved as family child care providers, or who are living in households approved to provide family child care.

**A8.3. (Added-ANG)** Screening. Do not require routine screening of children and providers for HIV prior to program entry.

## Attachment 9 (Added-ANG)

## ANG HOME COMMUNITY CARE PRE-SERVICE CHECKLIST

**A9.1. (Added-ANG) ANG HCC Pre-Service Checklist.** This checklist is used during the screening process, prior to awarding the ANG HCC Provider Agreement to ensure compliance with regulatory guidance for HCC Providers and their homes. This checklist is available on the Air National Guard Services portal website.

**Table A9.1. (Added-ANG) ANG HCC Pre-Service Checklist.**

See NGB/A1S portal website.

## Attachment 10 (Added-ANG)

## ANG HOME COMMUNITY CARE STANDARDS AND HOME VISIT CHECKLIST

**A10.1. (Added-ANG) ANG HCC Standards and Home Visit Checklist.** This checklist is used annually to ensure compliance with regulatory guidance for ANG HCC providers and their homes. This checklist may be used by the HCC Providers as a means to self-measure their compliance. This checklist will be used by the NGB/A1S representative to measure compliance and is available on the Air National Guard Services portal website.

**Table A10.1. (Added-ANG) ANG HCC Standard and Home Visit Checklist.**

See NGB/A1S portal website.