



DEPARTMENT OF THE NAVY
NAVAL TRAINING CENTER
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NTCGLAKESINST 1700.39E CHI
N6

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NTC GREAT LAKES (COMPLEX²) INSTRUCTION 1700.39E

From: Commander, Naval Training Center, Great Lakes

Subj: FAMILY CHILD CARE (FCC) PROGRAM GUIDELINES

Ref: (a) OPNAVINST 1700.9D
(b) NTCGLAKESINST 1700.4
(c) PWCGLAKESINST 11110.16A
(d) NTCGLAKESINST 1700.10A
(e) NTCGLAKESINST 1752.2A

Encl: (1) FCC Program Guidelines
(2) Family Child Care (FCC) Program Application
(3) Family Child Care Statement of Admissions
(4) Family Child Care Statement of Understanding
(5) Family Child Care Applicant Reference Form
(6) Family Child Care Questionnaire Form
(7) Family Child Care Self-Assessment Agreement
(8) Family Child Care Program Checklist
(9) Family Child Care Fire/Safety Checklist
(10) Family Child Care Health Checklist
(11) Authorization for Dispensing Medication
(12) Physician Medication Order
(13) Parents Medication Request and Hold Harmless Agreement
(14) Family Child Care Housing Department Checklist
(15) Parent Alert Form
(16) Field Trip Permission Form
(17) Navy Dependent Care Certificate

1. Purpose. To promulgate guidance for the FCC Program in government housing at Naval Training Center (NTC), Great Lakes, IL, as outlined in references (a) through (e).

2. Cancellation. NTCGLAKESINST 1700.39D. This instruction has been substantially revised and should be reviewed in its entirety.

3. Scope. This instruction is applicable to all military personnel residing in NTC Great Lakes government housing under the jurisdiction of the Navy Public Works Center (PWC), Great

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Lakes. FCC is available for active duty and DoD civilian family members. Children of DoD civilian employees must be age two or above to be enrolled.

4. Definition. FCC is defined as child care provided by private individuals in a Navy Family housing unit, government owned or leased. Care is full or part-time on a regular basis for more than ten hours per week. Not included are occasional babysitting cooperatives, etc., where no payment is involved. FCC is not intended to be 24 hours foster care on a regular basis and may not exceed 72 hours continuous child care. Child care in government quarters that has not been approved by the CO, PWC is strictly prohibited. Enclosures (1) through (12) provide specific guidelines for the FCC program.

5. Action

a. Assistant Chief of Staff, Quality of Life (ACOS, QOL) under the direction of Commander, Naval Training Center, Great Lakes will establish local procedures for the registration and approval of FCC homes in government quarters.

b. The FCC Director will investigate all allegations (either verbal or written) of illegal child care in government quarters. If illegal child care is confirmed, all parties involved will be held accountable. An initial warning letter will be issued through the chain of command to the active duty military member(s) (each party). If the situation persists, the military member(s) and their families could lose their housing privileges.

6. Forms Availability. All required forms may be obtained through the FCC Branch, MWR Department, Building 154, NTC, Great Lakes, Illinois.


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FAMILY CHILD CARE (FCC) PROGRAM GUIDELINES

A. General Program Guidelines

1. Administrative Procedures

a. The ACOS, QOL and the Child Development Program Administrator (CDPA) will have administrative and operational oversight of the FCC Program. The FCC Director will be responsible for the following FCC actions:

- (1) Recruitment and screening FCC applicants.
- (2) Process applications and home certification.
- (3) Coordinate orientation and training to assist FCC Providers in delivering services.
- (4) Apply professional knowledge of child development principles to develop, implement and monitor FCC activities.
- (5) Conduct at least one unannounced visit to each FCC Provider per month, to provide programmatic support to ensure appropriate developmental experiences are provided for children. The FCC Director must monitor 30 homes. The caseloads is reduced for the FCC Director by five for each additional monitor added to the program. For every monitor added the FCC Director must visit 10 percent of the monitor's caseload on a monthly basis for quality assurance.
- (6) Ensure that the preparation and serving of meals meet the criteria set forth in reference (a) for those FCC Providers participating in the Department of Agriculture Child Care Food Program.
- (7) Implement procedures to ensure compliance with health, fire and safety program regulations, ensuring inspections are completed by the appropriate department per reference (a).
- (8) Maintain accurate records on each certified Provider, including all training provided and each assist visit. Ensure accurate records are maintained on all children enrolled in the FCC Program and that parental contacts are appropriately noted.

Enclosure (1)

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(9) Establish and maintain effective working relationships between community and installation resources.

(10) Ensure all FCC homes operating within the housing area are certified.

(11) Provide guidance to FCC Providers for establishing daily routines, fees and charges, parental involvement and communication and maintenance of all records.

(12) Investigate complaints and document all findings. Report findings to proper authorities for follow-up action. Ensure local security checks are conducted.

(13) Coordinate with Family Advocacy Representative (FAR) per reference (e), when instances of suspected or known child abuse or neglect occur, and report according to state law.

(14) Consult with Navy Alcohol/Drug Safety Action Program to review records on the suitability of the applicant and active duty member.

(15) Consult with FAR in conjunction with local Navy treatment facility to screen all potential FCC Providers for evidence of previous history of domestic violence and/or neglect. Persons with a history of family violence will normally be excluded as FCC Providers. Exceptions will be reviewed on a case-by-case basis.

b. In addition to the FCC Director, the following departments/commands will provide support to the FCC Director through consultations, resources and technical assistance relating to their field of expertise, per enclosure (5) of reference (a):

(1) Housing Director, Navy Public Works Center.

(2) Occupational/Preventive Medicine Department, Naval Hospital (NAVHOSP), Great Lakes.

(3) Family Advocacy Representative, NAVHOSP, Great Lakes.

(4) Fire Department, NTC.

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- (5) Security Department, NTC.
- (6) Family Service Center, NTC.
- (7) Navy Alcohol/Drug Safety Action Program.
- (8) Safety Office, NTC.
- (9) Spouse's Command.
- (10) Child Development Program Administrator.

c. Quality Review Board (QRB). A QRB will be established to provide recommendation for certifying, recertifying and denying FCC Applicants/Providers. The QRB is the mechanism for hearing appeals when there is dissatisfaction with any decision. The Review Board will include a Chairperson (appointed by the Chief of Staff, Operations), representative from Family Service Center, Preventive Medicine, Security, Housing Office, Safety Office and the Fire Department, per reference (b).

2. Application

a. Applications for the FCC program are available at the FCC Office, MWR, Building 154. FCC applications and related forms are provided in enclosures (2) through (7). Certification must be renewed annually.

b. In order to ensure the health and safety of children are protected, local procedures for inspection and monitoring are contained in enclosures (8) through (14). FCC in Navy housing may be licensed by the state in addition to, but not in lieu of, Navy approval and certification.

3. Provider Qualifications/Requirements

a. The Provider will be at least 18 years old, have the ability to speak, read and write English and be a responsible, emotionally stable person capable of exercising good judgement in caring for children. Individuals caring only for relatives (defined as grandchildren, sisters, brothers, nieces, nephews) are not required to be certified.

b. The Provider will arrange for another approved Provider (18 years or older) to be available to provide backup to

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support during emergencies or to provide substitute care during vacation or illness. Backup support may be another certified home or may be in a Provider's home as long as the substitute meets minimum requirements. Minimum requirements are defined as CPR/First Aid, Child Abuse and Reporting/Prevention Training. The FCC Director/Monitor will be notified of the Provider's absence and of the substitute's presence.

c. The Provider will have a plan to respond to emergencies including: fire evacuation, serious injury and ingestion of poison.

d. The Provider will have a telephone.

e. The Provider will make the following information available for parents:

(1) The services provided are a private independent enterprise. The Navy will not be a party to any liability claims incurred by the FCC Provider.

(2) Fees charged are a private matter between Provider and parents. Fees should be agreed upon prior to children being left the first time. Parents should be provided a copy of the contract.

f. The Provider will have sponsors' written approval before transporting children by automobile or bus. A child safety seat will be used for children less than five years when being transported in privately owned vehicles.

g. The Provider will have documentation that personal auto insurance covers transportation of FCC children.

h. The Provider must inform the FCC Director/Monitor of any accidents, injuries requiring medical attention, or any suspected child abuse or neglect within 24 hours. The Provider will notify the FCC Director/Monitor at least 30 days before ceasing operation of an FCC home.

i. Each Provider will receive a minimum of 20 hours of training, including Child Abuse Reporting/Prevention, First Aid, CPR, Curriculum, Food Sanitation, Forms, Nutrition, Record and

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Taxes and participate in a mandatory two hour training session to maintain certification. Required make up forms are available through the FCC Office.

j. Toys, games and materials will be safe and free of hazards and all activities must be age appropriate for the children in care.

k. The Provider will ensure a healthy, safe and clean home is maintained. The Provider will correct all discrepancies as noted during any/all inspections in the timeframe required. Providers who are being recertified have three days to correct discrepancies, and those Providers who are first time Providers have seven days to correct discrepancies.

l. The Provider will not smoke or consume alcohol as long as the day care children are present in the home.

m. The Provider will complete a Department of Treasury Internal Revenue Service Form W-10, Dependent Care Provider's Identification and Certification, for each person to whom services are provided.

n. Family Child Day Care Rating Scale. During the first three months of certification, the Provider will complete the Family Day Care Rating Scale (FDCRS). At this time, the FCC Director/Monitor will rate the Provider on items listed from the FDCRS booklet. The FDCRS gives the Provider an opportunity to receive feedback on how to improve the family child care home using appropriate developmental practices. When the Provider has completed the FDCRS, the Family Child Care Staff will introduce the modules and give the Provider an overview of what is required to complete the modules/self-assessment. During the fourth monthly visit, the Family Child Care Staff will review the results of the self-assessment with the Provider. The Provider must complete the Safety, Healthy Learning, Environment and Guidance modules within 6 months of certification. The remaining 9 modules must be finished prior to completion of twenty-four months certification.

o. Training Modules. Each Provider will be required to complete the Navy Standardized Family Child Care Training program which consists of 13 training modules. The training modules are designed to help Providers understand child development and gain the skills needed to provide developmentally appropriate care for

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children (infants through school-age). Although the content and activities in the modules vary substantially, Providers will follow the same process for completing each module. After completing each module, the Provider is required to complete the Knowledge Assessment/Competency Assessment, successfully, before advancing to the next module. The timeframe for each Provider will vary, depending on their skill level, reading level, and time they can devote to training, etc. Each module takes about four to six weeks to complete. The number of years to complete the 13 modules is no more than two years (24 months). The Provider should be making an effort to participate in the program and demonstrate competency because the goal of the program is to increase the quality of care for the children and quality of FCC business for the Provider.

p. Daily Schedule/Weekly Activity Plan. FCC Providers are required to post a daily activity schedule for parents. A regular predictable daily schedule provides for routines such as: Hygiene, meals and rest times, along with adequate time for play, both indoors and outdoors. The daily schedule will provide a routine, yet, be flexible enough to accommodate varying needs and to permit taking advantage of unique opportunities.

q. The daily schedule must provide a balance of active and quiet play with a variety of alternatives. Changes from one activity to another must be handled smoothly, with minimum waiting, confusion or regimentation. Children should be allowed to finish an activity and make a gradual transition to another activity, whenever possible. **Be sure your backup Provider is familiar with your daily schedule to provide continuity for children.** In addition, when planning activities be sure to offer experiences that reflect the wide diversity of cultural traditions found in our society in a non-biased, non sexist manner. Examples of racial and cultural variety are present in dolls, pictures, art materials, toys and books. Avoid stereotypes by assuring that play materials present people of different ages, gender, ability, socioeconomic groups, races and cultures in a on-biased way. Place emphasis on the appreciation of differences. The Providers will schedule experiences that enhance physical, social, emotional and intellectual well-being on a daily basis.

r. Use of television and videos in FCC Homes. The Navy does not encourage the use of television, video and computer games. If Providers use them at all, use them sparingly and

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limit viewing to wholesome and educational experiences. The intent of this requirement is to avoid using television to keep children passively amused when they should be actively engaged with materials and one another. Choose viewing materials carefully to avoid violence, gender, racial or cultural bias and sexually explicit materials.

s. Viewing television by children three and older should not normally exceed 30 minutes a day. It is preferable that television is not used at all with infants and toddlers. Always have alternative activities available for those children who do not wish to watch television. Be aware of the contents of the programs being viewed, so that Providers can answer a child's question and link the activities planned to what the children have seen. In addition to depriving children of attention, some programs designed for adult entertainment such as "soap operas" contain inappropriate material for children. The television will not be used for the Provider's own entertainment during the child care day. Each Provider must focus their attention on the children at all times!

4. Provider Insurance Requirement

a. FCC Providers are required to maintain personal liability insurance to protect themselves and the Navy against potential liability claims for negligence that might arise from their operations.

b. Liability insurance is required because FCC Providers are independent private contractors and not employees of MWR or the U.S. Government. As independent private contractors, FCC Providers may be held personally liable for claims in the absence of any insurance.

c. FCC Providers will be advised, in writing, that they may be held personally liable for negligent damage claims and/or awards for damages that exceed insurance policy limits and from their acts and omissions that are specifically excluded by their liability insurance coverage.

d. BUPERS (Pers-659) as the FCC Program Manager will monitor FCC programs to ensure both FCC Providers and the Navy are insured against potential liability claims that may arise out of the operation of the FCC program.

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e. Currently, the minimum limit of general liability insurance required (which includes products and completed operations, personal and professional liability loss exposures) is \$500,000 for each claim and policy aggregate.

f. Sexual abuse and molestation liability coverage must be for a minimum of \$100,000 for each claim and policy aggregate.

g. Fire liability for the damage to non-owned property, which is in the Provider's care, custody and control must be insured for a minimum of \$50,000 per claim and policy aggregate.

h. BUPERS (Pers-653) sanction minimum limits and coverages those individual commercial insurance companies must provide, for the purpose of ascertaining that the Providers have appropriate comprehensive insurance coverage. Minimum limits and coverages may change upon expiration of each policy year depending on insurance market considerations.

i. The FCC Providers must purchase insurance coverage upon certification by the FCC Program Director.

j. Each Provider will, in writing, acknowledge their responsibility for property damage to family quarters determined to be beyond normal "wear and tear."

5. Type of Family Child Care. In addition to meeting the needs of working parent(s) and supplementing care provided by the Child Development Center, FCC may be established to meet the needs of families requiring unique child care services. These include the following:

a. Extended hour homes. These home serve parent(s) who require routine evening care, work unusual or long hours and may have occasional mission-related child care needs up to or exceeding 24 hours. Extended hour homes may not provide service that exceeds 72 hours continuous child care. In addition, the following policies apply:

(1) Children in evening care will have a routine with the necessary furnishings provided.

(2) Evening meals will be served for children spending the night. Breakfast must be served.

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(3) Children will be able to take a bath to include:

(a) Warm water.

(b) Fresh water for each child.

(c) Cleaned tubs or showers after each use.

(4) Children will be given a bed, couch, cot, crib or porta crib that is suitable for the age and size of the child which will include, clean linens (two sheets, pillow covers, and blankets). Each child will have clean night clothing, toothbrushes marked with his or her name and extra change of clothes for accidents.

b. Mildly ill homes. These homes provide appropriate care and limited activities for children who are mildly ill or who are recuperating following hospitalization, or childhood disease and cannot function within their usual child care setting. Care for acutely ill children (need total bed rest) or those with highly contagious conditions are not authorized.

c. Special need homes. Homes that offer appropriate care to one or more children with disabilities or disabling conditions. These homes offer child care to parents of disabled children. Providers who wish to care for children with special needs must attend special training. In addition, the following policies apply:

(1) Where one or more children are mentally challenged, emotionally disturbed or disabled and require more than usual care the ratio of adult to children will not exceed one to three.

(2) Prior to admission of any disabled child, Providers will obtain information from parents, the physician and the State or a local education agency about any special problems or need that may affect the child's participation in the program.

(3) If disabled children are cared for, provisions should be made for each entrance in and out of the home using reference (c). A Provider who cares for disabled children in their home will have first priority with the housing department

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to repair anything unsafe and prevent the child from entering or exiting the certified FCC Provider's home (driveway, sidewalks or walkways).

d. Infant/Pre-toddler homes provide care for infants from six weeks to two years of age. Maximum group size will never exceed three children and there will be only one child less than two months of age in the home. Infants will be talked to, nurtured and held. Each infant will be given some opportunity during the day to explore the area outside the crib. Children will not be left in confining units such as infant seats for extended periods of time. Infants will be taken outside at least once a day when weather permits. Sleeping arrangements for infants will allow monitoring of the child by the provider. All infants will be held for feeding and bottles will not be propped. Infants are allowed to sleep in portable cribs or cribs. Playpens, walkers or swings are not authorized to be used in the family child care homes during working hours. In addition, prior to admission of any infant less than two months of age, the parent will obtain documentation certifying that the infant has successfully completed a well-baby checkup. This documentation must be kept on file with the FCC Provider.

e. Before and after school homes provide care for children five to 12 years of age. If all children in care are older than five years of age (including the provider's own) the maximum group size will never exceed eight children.

6. Children with Special Needs. The FCC Program is required to participate in the Exceptional Family Program. A special needs child will be accepted only after cognizant personnel have made an assessment on the feasibility of the FCC Home to reasonably accommodate the special needs of the child. Each special need child needing child care will be assessed on a case-by-case basis. A physician/specialist's statement and special needs evaluation board report must be filled out for the children with special needs.

7. Navy Dependent Care Certificate. Family Child Care Parent(s) are required by OPNAVINST 1700.9D to provide the FCC Provider with a copy of the family care plan. The family care plan is required for single military members or dual military parents who are responsible for the care of family members. The family care plan contains all written information that will be necessary in the military member's absence including special

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instructions for care, legal authorization necessary for guardians and others to take action in their behalf, name, address and telephone numbers of all the people involved. Parents have one month from the time their child starts the Family Child Care home to provide the FCC Provider a copy of the Navy Dependent Care Certificate. For parents who do not provide the Navy Dependent Care Certificate to the FCC Provider within that one month time-frame, the child will be disenrolled from the family child care program until the FCC Provider receives the Navy Dependent Care Certificate. Contact the Personal Support Detachment Office to get assistance in receiving the Navy Dependent Care Certificate.

8. FCC Group Size and Space Requirements

a. Group Size. Size of home, number of bedrooms and space available to children will be considered when determining group size.

(1) Homes will provide care for no more than six children at one time.

(2) A Before and After School Home will not have more than eight children present at any time. All children must be more than five years of age including the Provider's own.

(3) The Provider's own children who are in care and under age of eight are counted in the maximum group size.

(4) In a multi age group, no more than two children, under the age of two (whether they are the patron's or the Provider's) may be cared for in one home.

(5) When all children are under the age of two years, the maximum group size is three children.

b. Indoor Space. There will be adequate indoor space for the number of children receiving care. If, in the opinion of the FCC Director or any inspecting officer, the quarters are too small for the maximum number of children allowed, the number of children allowed in that home will be reduced.

c. Outdoor Space. All children will be offered the opportunity for outdoor play every day. Child safe fencing should be in compliance with base housing requirements. Nearby

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parks and playgrounds, within 1/4 mile of the home may be used, however the children will be under direct supervision at all times while playing outdoors.

d. Outdoor Play Area. Play areas will be well drained and free of standing water, toxic materials, poisonous plants and shrubs, and other potentially harmful natural materials. Outdoor equipment which is damaged, broken or otherwise unsafe will be repaired immediately, removed, or placed off limits to children. Outdoor equipment such as trampolines and wading pools are off limits to children during day care hours. In addition, play area equipment will be free of protrusions, pinch points, sharp edges, hot surfaces as well as tripping and other hazards, such as debris, grass, sharp objects, trash, holes, and animal feces. Fencing will be free of any openings between 3.5 and 9 inches. Footing areas such as decks, steps, and walkways will be kept free of slipping hazards.

9. Health Requirements

a. Providers will be aware of and follow basic sanitary food service, preparation and handling practices. Training in food service will be continuous.

b. All food, including formula and infant food, brought from the child's home will be labeled with the infant's name, dated and properly stored or refrigerated.

c. Providers must participate in the USDA Child and Adult Care Food program and provide nutritious meals and snacks which contribute to the child's development.

d. Animals are permitted in the home provided their presence is in accordance with housing regulations; they have been inoculated; are free of diseases that could endanger the health of children; and do not have a history of violent behavior. Animals are not permitted in the food preparation area while preparing meals and eating. Animals are to be fed in another part of the house and their food must be stored and kept out of reach of children.

e. Sanitation Procedures for Using Cloth Diapers/Toilet Training. Cloth diapers may be used if furnished by and returned to the parents or designated representative at the end of each day. Diapers will be marked with children's full name. Soiled

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cloth diapers will be placed in a securely fastened plastic bag and given to the parent at the end of the day. Providers will avoid handling soiled clothing. It will be sent home not rinsed. If portable nursery chairs are used for toddlers, they will be cleaned and disinfected after each use.

f. All medications will be kept locked and out of the reach of children. Only prescribed medications will be administered. Parents will provide a statement from the prescribing physician which certifies the medication is necessary and provides information concerning dosage, time(s) of day and duration of administration. Providers will keep a written record of date, time and amount of medication administered. No over-the-counter medicines can be given by a Provider unless there is a doctor's note authorizing the Provider to administer the medicines. If there is not a doctor's note for the Provider to administer the medicine, the parents are responsible for administering the medicine to the children.

g. Each child will have his or her own place to sleep or rest. Children should not sleep on the floor. Mattresses will have waterproof covers. Bed linens will be changed promptly when soiled or when beds, cots or cribs are occupied by different children. Cribs slats will be less than 2 3/8 inches apart to preclude the potential for infants to strangle by inserting their heads between the slats. Beds used by family members will be completely covered with a waterproof cover and clean linens before being used by children.

h. Providers will inform parents of health requirements. Registration card, medical power of attorney, children's immunization record and Naval Hospital consent forms will be completed and signed by sponsor. Parents must ensure their child is up-to-date with their immunizations before the Provider begins caring for the child. All sponsors are required to present medical documentation of any conditions their child has that will require special care from the Provider. The FCC Provider will maintain a file on all required forms for the child to enroll in the family child care home. A medical power of attorney will be prepared by the parent for emergency cases where medical treatment is required, and the parents cannot be contacted. The medical power of attorney can be obtained through the Navy Legal Services Office (NLSO) at Building 1, NTC Great Lakes.

i. The FCC Staff will review the child's enrollment

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folder at the Provider's home to see if all required forms have been submitted to the Provider. No child will be accepted into the home without current immunizations except where religious belief precludes or a clear, medical contradiction exists.

j. Providers will not accept a child (on any given day) who has an obviously acute illness. Children with symptoms or probable communicable disease will have a consultation with a physician prior to admission. If the child has a communicable disease, he or she will not be admitted to the FCC home.

k. Providers must maintain their home in a sanitary manner and personal hygiene standards will be observed.

l. Providers must have hand washing facilities with liquid soap, water and paper towels readily available. Common towels and face cloths are allowed as long as the child's name is on the towel.

m. All toys provided by the FCC Provider must be washed weekly.

n. Garbage and refuse containers will be kept tightly covered and located out of the reach of children.

10. Illness

a. It is the parent's responsibility to ensure that they can be contacted within one hour in the event that their child(ren) becomes ill or in case of an emergency.

b. Children with an infection or contagious disease/illness will not be accepted. Each child is informally checked by the FCC Provider each day. A child showing signs or symptoms of illness after acceptance will be isolated until picked-up by the parent or guardian. The FCC Provider will provide the parent with a Parent Alert Form (enclosure (15)) which informs the parent when the child becomes ill or injured.

c. Readmission after recovery from a communicable disease requires a note from a physician stating the child is clear of the communicable disease and may return to the FCC Provider's home. A child sent home with one of the following diseases will not be readmitted the same day.

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(1) Conjunctivitis (Pinkeye) or Eye Discharge. A child with discharge coming from the eyes will not be allowed back in the FCC Provider's home without a physician's note as long as the discharge is present. Twenty-four (24) hours of treatment should render the child noncontagious.

(2) Skin Lesions. Any child with a skin lesion (sore) will be sent home. As long as the lesions are prominent, the child will not be allowed in the FCC Provider's home. A note from the physician must say the child may return to the FCC Provider's home and is no longer contagious.

(3) Diarrhea. Diarrhea is often a sign of a contagious illness. A child who has diarrhea (watery, discolored stools) will be sent home and may not return to the FCC Provider's home until the condition clears up. The only exception to this policy is made in the case of a child on medication which can cause diarrhea. If the child is on such a medication, parents will be required to bring a note from a physician.

(4) Fever. A child with a fever of 100 degree F orally or, 101 degree F rectal or above will be sent home. A child should be without a fever for 24 hours before returning to the FCC Provider's home.

(5) Difficulty in breathing, vomiting, ear drainage, nasal drainage or symptoms of colds that are combined with sneezing. The child may not return to FCC Provider's home until seen by a physician with a note stating that the child may return to the FCC Provider's home.

d. Readmittance to the FCC Provider's home after a period of illness. The FCC program requires a doctor's note to readmit a child who has been away from the FCC Provider's home. The doctor's note should describe the nature of the illness and state that the child is no longer contagious.

11. Procedures for Administering Medication

- a. Administer medication to only one child at a time.
- b. Obtain the appropriate Medical Dispensation Record and the child's plastic bag of medication from the designated storage area or refrigerator.

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c. Remove the child from the group and take the child into an area away from other children.

d. Ensure hands are thoroughly washed before giving medication.

e. Verify the name of the medication in the plastic bag with the name of the medication to be given on the Medical Dispensation Record and the medicine container.

f. Identify the name of the child once more with the name on the Medical Dispensation Record and the medicine container.

g. Using the measuring device, dispense the correct amount stated on the medicine container and Medical Dispensation Record.

h. Verify the proper time to give this particular medicine.

i. Verify the following:

THE RIGHT CHILD
THE RIGHT MEDICINE
THE RIGHT AMOUNT
THE RIGHT TIME
THE RIGHT ROUTE

j. Administer the required medicine.

k. Do not force or give more medicine to the child. If he or she refuses or spits out the medication, make a note on the Medical Dispensation Record.

(1) Call the parent.

(2) Record the time and initial Medical Dispensation Card.

l. Secure the medicine in the plastic bag.

m. Return the child to his or her group, and return the medication to the designated storage area/refrigerator.

n. Never refer to medication by any other name than "medicine."

12. Medicine Approved for Administering in the FCC Program:

a. Antibiotics. A medication that destroys or stops the growth of bacteria. Common Side Effects are as follows: GI upset; nausea; vomiting; diarrhea; drowsiness; dizziness, and skin rash.

(1) Ampicillin. Brand Names: Alpen; Amcill; Ampicin; Ampilean; Apo-Amp I; Nampicil; Nov-Ampicillin; Omnipen; Omnipen-N; Penbritin; Polycillin; Polycillin-N; Pricipen; Sk-Ampicillin; Supen; Totacillin and Totacillin-N.

(2) Amoxicillin/Potassium Clavulanate. Brand Name: Augmentin.

(3) Amoxicillin Trihydrate. Brand Names: Amoxil; Apo-AmoI; Larotid; Moxileno; Novamoxin; Penmox; Polymox; Robamox; Sumox; Trimox; Utimox and Wymox.

(4) Trimethoprum/Sulfamethoxazole. Brand Names: Septra and Bactrim.

(5) Cefaclor. Brand Name: Ceclor.

(6) Cefpodoxime. Brand Name: Vantin.

(7) Cephalexin. Brand Names: Keflex and Velosef.

(8) Cefixime. Brand Name: Suprax.

(9) Dicloxicillin. Brand Names: Dycill, Dynapen and Pathocil.

(10) Erythromycin.

(a) Brand Names: Apo-Erythro-S; A/T/S; Bristamycin; Dowmycin; E Biotic; E.E.S.; E-Mycin E; Eryc; Eryc Sprinkle; Ery Derm; Ery-Ped; Erymax; Erypar; Ery-Tab; Erythrocin; Erythrocin Ethyl Succinate; Erythromid and Pfizer-E.

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(b) Generic: Erythromycin; Erythromycin Estolate; Erythromycin Ethylsuccinate; Erythromycin Glucepate; Erythromycin Lactobionate and Erythromycin Stearate.

(11) Erythromycin - Sufisoxazole. Brand Name: Pediazole

(12) Nystatin. Brand Name: Mycostatin.

(13) Penicillin-V. Brand Names: Apo-Pen-Vk; Beepen-Vk; Beta-Pen-Vk; Compocillin-Vk; Ludercillin-Vk; Nadopen-V; Navopen V; Novopen-Vk; Pen-Vee K; Penaper Vk; Pfizerpen Vk; Robicillin Vk; Sk-Penicillin Vk; Uticillin Vk; V-Cillin; V-Cillin K; Vc-K and Veetide.

b. Antihistamines. A medicine to relieve systems of allergies. Common side effects are as follows: Dizziness; drowsiness; dry mouth; mild hyperactivity; mild sedation; nausea; vomiting and decrease in appetite.

(1) Clorpheniramine Maleate. Brand Names: Chlor-Trimeton (CTM), Clortab and Chlormene.

(2) Diphenhydramine Hydrochloride. Brand Names: Allordryl; Bena-D; Banachlor; Benadryl; Ben-Allergin and Bendylate.

(3) Hydroxyzine Hydrochloride. Brand Names: Atarax, Durrax and Hydazine-50.

c. Ointments. A preparation for use on the skin to reduce a rash.

(1) Miconazole Nitrate 2%. Brand Name: Monistate-Derm Cream-Lotion.

(2) Nystatin. Brand Names: Mycostatin and Nilstat.

(3) Bacitracin.

(4) Mucopuricin. Brand Name: Bactroban.

(5) HC 1% Nystatin 1:1: Hydrocortisone 1%; Nystatin; Mycostatin and Nilstat.

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(6) Hydrocortisone 1%. Brand Names: Cortef;
Hydrocortone Acetate; HC 1%; HC Cream and Cortisol.

(7) Clotrimazole. Brand Names: Lotrimin and
Mycelex.

(8) Triamcinalone Cream.

(9) Sulamyd Ophthalmic Ointment Solution (Ophthalmic-
eye Drops). Brand Name: None. Sulfacet 10% cream.

13. Procedures for Touching Children Enrolled in FCC

a. Touching should never be punitive or corporal in nature. This includes no squeezing of neck, face or twisting of the arm etc.

b. Physical restraint will not be used unless it is necessary to prevent injury to self or others.

c. Physical restraint may be used when necessary for safety, e.g., for temper tantrums, when a child is out of control and banging his or her head on the floor, etc.

d. Providers must provide a written description to parents of why physical restraint was necessary. Witnesses will sign the written description, if any were present.

e. Genital areas should not be examined for any reason other than diapering or toilet training.

f. Positive touching such as, hugging, hand holding, playing, assisting with physical activities and the like will be performed with the child's verbal and physical consent when initiated.

g. Kissing will only be allowed on the cheeks, hands or head of a child when the child initiates the action or gives consent to this action.

h. Touching in a positive manner is essential for the emotional and social growth of a child. It teaches affection, care and helps create a sense of security and safety within a child. However, a child should never be forced to perform or receive positive touching actions against his or her will.

14. Child Abuse. The FCC Provider will report all incidents of alleged child abuse immediately! The following actions will be taken when reporting any suspected abuse:

a. When a Provider suspects abuse/neglect is as follows:

(1) Providers will report all incidents of suspected child abuse or neglect immediately to Family Advocacy Representative (FAR) using reference (d). The FAR will contact civilian authorities and other base agencies as necessary. Providers will also inform the FCC Director that he or she has reported a suspected child abuse to the FAR. If FAR is not immediately available, the Provider will provide the following information to the Department of Children Family Services (DCFS):

(a) Name of the victim.

(b) Date of birth, sex, race.

(c) Current address and phone number.

(d) Name of parents, address, and social security number.

(e) Brothers and sisters, if known.

(f) Specific abuse to the child.

(g) Is the child in immediate danger.

(2) If the FAR is not available the Provider will call the DCFS Abuse hotline and report the incident.

(3) The Provider will also inform the FCC Director of the report.

(4) The FCC Director will go to the Provider's home to assist in completing the report. Reports will be submitted to proper authorities and a copy left in FCC files.

(5) The FCC Director will work with FAR to determine how to proceed in informing parents. The parents will be advised to meet the child at the Naval Hospital, if deemed necessary, for the child to be seen by a doctor. The child and the Provider will be transported to the hospital by a police escort, if

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needed. The police will not be needed in cases of mild abuse, where medical attention is not warranted. The FCC Director may need to stay with the older children or ask a certified backup for assistance.

(6) All reports are anonymous but the more facts, the better. Record what has been observed with time and dates. The Provider must be available for FAR or DCFS should additional information be required.

(7) A child care Provider who reports child abuse is on firm legal grounds. As a mandated reporter, Providers are protected in the following ways:

(a) They will not be held criminally liable for a report made in good faith.

(b) The name of the reporting party is held in confidentiality and cannot be released except by a court order to designated people.

(8) The penalty for failure to report child abuse is a misdemeanor which could result in a fine, imprisonment or both.

b. When a child shares information indicating possible abuse, it is important to:

(1) Stay calm and be supportive of the child.

(2) Let the child know you are glad that he or she told you.

(3) Notify the FCC Director immediately in a discreet manner.

(4) The FCC Director will come to your home. Find a private place and with the presence of the FCC Director examine the injury or talk to the child. Never examine the child in the presence of other parents. Never put words in the child's mouth.

(5) Reassure the child it is not his or her fault and that he or she is not in trouble.

(6) Do not discuss the event with anyone except the proper authorities.

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c. Handling parents who have been reported for child abuse or neglect:

(1) After a report of child abuse you may encounter an irate parent. Suggestions on how to handle parents are provided as follows:

(a) Know the law! You are only doing your duty as a mandated reporter.

(b) Avoid contact with these parents, if at all possible.

(c) Ignore (Say I don't know).

(d) Silence (I made the report).

(e) Refer all inquiries to FAR.

(f) Remember you have rights! You do not have to answer any questions.

Note: Parents are not privileged to the name of the reporting party. They may only be guessing and waiting your reaction.

(2) The procedures if a parent suspects out-of-home care/institutional abuse/child abuse/neglect on the part of the FCC Provider as follows:

(a) Any parent who alleged his or her child has been mistreated or abused by an FCC Provider or any member of the Provider's family will be instructed to make a report to the FCC Director or Family Advocacy Representative and has the right to report the information to law enforcement channels.

(b) The FCC Director will immediately consult with the FAR or DCFS or designated representative to identify appropriate action.

(c) FCC Director will visit the FCC home with another staff on the same day as the report is received after coordinating the visit with the designated point of contacts in FAR and Security. Children will be removed immediately from the FCC home. The FCC Director will assist in finding care for the children.

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(d) FCC Quality Review Board (QRB) will be contacted within 24 hours to initiate a letter to be forwarded to the Base Commander, recommending suspension or revocation of certification upon the notice of the FAR.

(e) Child sexual abuse in a Navy installation sanctioned out-of-home care setting requires an immediate report.

(f) Commander, Naval Training Center, Great Lakes will ensure that Pers-65/66 be notified by message within 24 hours of actual or alleged occurrence of child sexual abuse in the FCC program.

15. Denial/Suspension/Revocation of FCC Authorization

a. FCC Certification will be denied to any applicant for the following reasons:

(1) Negative background information.

(2) Safety issues, i.e., poisons, safety hazards, scissors, knives and guns must be kept out of reach of children at all times. Children's safety scissors and knives may be used under strict supervision of the provider during various activities.

(3) Health issues (i.e. unhealthy sanitation practices, children's immunizations not up-to-date; inspection deficiencies not corrected, etc.) will have no more than three consecutive offenses.

b. Provider certification requirements will be suspended for the following reasons:

(1) Having an alleged Child Abuse/Neglect case pending. If unsubstantiated, the certificate may be reinstated and nothing placed in the Provider's file.

(2) Life threatening Health/Safety issues (i.e. not reporting suspected child abuse, poisons, safety hazards, knives, and guns in reach of children, etc.) This needs only to occur once.

(3) Major health/safety issues (i.e., unhealthy sanitation practices, children's immunizations not up-to-date ; inspection deficiencies not corrected) will have no more than three consecutive offenses

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(4) Suspected or reported domestic violence.

(5) Any violations of capacity limitations have been identified and not corrected within the time limit given by the FCC Director/Monitor.

(6) Disregard for regulations of FCC authority.

(7) The QRB will review each suspension and determine whether to lift suspension, require additional action by the Provider or recommend revocation.

c. Certification will also be revoked for the following reason:

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(1) Leaving children unattended *either in the home or in a vehicle*

(2) Any incidents of child abuse/neglect or family violence by Provider or family member have been confirmed or substantiated.

(3) Providers knowingly refused to report any suspicious child abuse/neglect of children in his or her care.

(4) Any incidence of drug/alcohol use by Provider or anyone in his or her home during business hours, while caring for children.

(5) Any operation of another business during child care business hours.

(6) FCC Providers do not obtain immediate medical care necessary for an injured child or contact the parents in order for them to obtain the needed care for the child(ren).

(7) In response to any decision made by the QRB the Applicant/Provider has the right to appeal in person or by submitting a written statement within five working days of receiving the board's written decision. Should the Applicant/Provider wish to appeal further they must write a letter within five working days to the Commander, Naval Training Center, (Code N6), Great Lakes, IL 60088-5000 whose decision is final.

16. Fire/Safety Requirements

a. Providers will have monthly evacuation drills with children. A record of such drills should be posted and available to monitors or fire inspectors. Exits used for evacuation will be free from obstruction.

b. A smoke detector approved by housing authority will be installed and in working condition. A minimum 2A-10 B:C fire extinguishers, approved by local fire marshal, will be readily available.

c. All potential hazards in the home, including firearms, ammunition, household cleaning agents, medicines or poisonous plants will not be accessible to children.

d. All electrical outlets accessible to children will be child safe types or will be covered by protective covers when not in use. Extension cords must be approved by the base fire marshal. Electrical appliances will meet Underwriters Laboratory (UL) standards and will be kept out of reach of children.

e. Elevated porches, walkways and ramps must be railed to prevent falls.

f. No child care activities will be permitted in a room where a furnace, domestic hot water heater or gas meter is installed. Open flame heaters are not authorized in an FCC home! When portable electric fans must be used, they will be covered by a protective safety net to prevent children from reaching into the blades. At no time will children be left alone in a room where a portable electric fan is in use!

g. When clear glass panels are used for sliding doors, in shower stalls, tub enclosures, storm doors, etc., they should be clearly marked to avoid accidental impact.

h. Each home will maintain first aid items in accessible locations. The following emergency telephone numbers will be posted at all times:

(1) Great Lakes

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- | | | |
|--------------------------------|---------------|-------------------------|
| Fire Department | Emergency | 688-3333 |
| | Non emergency | 688-2135 or
688-3829 |
| Police | Emergency | 688-3333 |
| | Non emergency | 688-3430 |
| Emergency Communication Center | | 688-6902 or
688-6992 |
| Great Lakes Naval Hospital | | 688-4560 |
- (2) Fort Sheridan
- | | | |
|------------------------|---------------|----------|
| Fire Department | Emergency | 266-2453 |
| | Non emergency | 266-2450 |
| Police Department | Emergency | 688-7198 |
| | Non emergency | 688-7199 |
| Highland Park Hospital | | 480-3751 |
- (3) Glenview
- | | | |
|--------------------|---------------|----------|
| Fire Department | Emergency | 724-2141 |
| Police Department | Emergency | 724-2131 |
| | Non emergency | 729-5000 |
| Glenbrook Hospital | | 657-5800 |
- (4) Poison Center
- | | | |
|------------------------|--|----------------|
| | | Metro Chicago |
| Rush-Pres-St. Luke's | | (312) 942-5969 |
| Else where in Illinois | | 1-800-942-5969 |
- (5) Parents work and home telephone numbers.

i. Providers will have an operable flashlight readily available in cases of a power failure.

j. Providers must ensure outside play equipment is safe.

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k. Rooms and equipment should not have evidence of peeling paint.

l. Separate, locked storage areas must provide for cleaning equipment, detergents, solvents, scissors, knives and any other sharp objects.

17. Tornado Information. A tornado sounds like the roar of hundreds of airplanes. You'll probably get a warning before ominous sound approaches. We suggest you listen to the radio when the sky looks forbidding. Remember a tornado watch means, tornadoes may be expected to develop and a warning means a tornado has been sighted.

a. In case of a tornado, the following are recommended:

(1) Move to your basement.

(2) If you have no basement, take cover in small, windowless interior room on the lowest level, such as closets or bathrooms.

(3) Get under a heavy table or workbench, if possible.

(4) If you are in an open area, move at RIGHT angles to the tornado's path. If there is no time to escape, lie flat in the nearest ravine or ditch.

(5) Do not panic and run into streets and other open spaces.

b. Building Safety

(1) Attempt to get shelter in a strongly reinforced building. The southwest corner of a building offers the greatest safety, especially when standing against the inside wall of the lower floor.

(2) If time permits, shut off electricity and fuel lines, open doors and windows on north end east sides of building.

(3) Stay away from windows and keep out of auditoriums and gymnasiums.

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(4) Vacate mobile homes or vehicles and go to a substantial structure. If there is no shelter nearby, lie flat in the nearest ditch, ravine or culvert with your hands shielding your head.

18. Family Child Care Lending Library

a. The toy lending library for FCC must be managed closely to assure access to materials for all authorized users. Only FCC Providers who have completed the initial approval process may use the library.

b. The lending library is located in the Child Development Center, Building 3110.

c. All equipment procured for the library other than consumable supplies, paints, crayons and construction paper must be inventoried.

d. Equipment in the library is intended for short term use only. Providers are expected to purchase items of equipment required on a daily basis for the operation of the FCC home. Toys are provided to enhance the quality of programs and to assure that children have access to a variety of play experiences.

e. All equipment borrowed should be recorded on library sign-out forms to include name, description and number. Number of items lent to Providers should be limited to five and may be kept up to 90 days/resource books must be returned in 10 days.

f. Borrowed equipment should be checked by FCC Director/Monitor during monthly inspection of FCC homes.

g. Hours of operation of the lending library should consider staff availability and convenience of Provider. Library schedules should include regular duty hours. Hours of operation are Monday 9:00 a.m. to 12:00 p.m., Wednesday 12:00 - 3:00 p.m. and Friday 3:00 - 5:00 p.m.. Equipment may also be checked out after the monthly training session.

h. Equipment should be returned in the same condition as borrowed. All equipment should be clean and with parts in tact. Normal wear and tear are expected.

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i. If an item is damaged or lost, the Provider will replace it with the same brand named item or a similar object. Example: Fisher Price Picnic Table can be replaced with a Playskool Picnic Table. The damaged item's number is assigned to the replacement item.

19. Field Trip Policy. To comply with reference (a), the FCC Program consists of groups of multi age children from six weeks to 12 years receiving care in certified homes at Naval Training Center, Great Lakes. This program will allow children the opportunity to gain immediate experience and first hand knowledge of the world around them. All children enrolled in the NTC, Great Lakes, FCC Programs are eligible to participate in the program. The following procedures apply:

a. No child will participate in a field trip without a signed Field Trip Permission Form (enclosure (16)) from their parent(s)/legal guardian.

b. A copy of the child's registration card, permission slip and medical power of attorney must accompany the child on the field trip. If travel time is more than 5 miles from the home, the Provider must notify the FCC Office with names of all children participating on the field trip. This includes time leaving and time returning from the field trip.

c. The Provider will have documentation that personal auto insurance covers transportation of children.

d. Child safety seats will be used for children less than five years when being transported in privately owned vehicles.

e. Travel time will not exceed 1 hour one way.

f. Providers who take field trips off base must have one additional adult to accompany them and the children on each field trip.

g. When planning field trips for children, the Provider will not exceed their certification capacity.

h. Field Trips should be conducted as a part of the overall curriculum and should be selected based on the interests of the children.

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i. The Provider will choose field trip sites with care. A field trip should offer children the opportunity to explore, touch, and try out things on their own. The site must be appropriate for the age group of children in care.

j. The Provider must inform the FCC Director of any accidents or injuries requiring medical attention.

k. The Provider will take a well stocked first aid kit and containers filled with water/or other fluids.

l. The Provider will supervise children at all times. No child will be left unattended for any reason!

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MORALE, WELFARE AND RECREATION (MWR) DEPARTMENT
NAVAL TRAINING CENTER, GREAT LAKES

FAMILY CHILD CARE (FCC) APPLICATION

I request that I be permitted to establish family child care in my government quarters in accordance with OPNAVINST 1700.9D and Family Child Care Standards.

I am presently caring for, or plan to care for _____ children, including my own, and understand that I must maintain the number of children cared for within the age limitation prescribed in OPNAVINST 1700.9D. Additionally, I will comply with the rules and regulations prescribed for government family housing.

I also understand that my home is subject to inspection to release of information by the following agencies for initial certification, annual certification, or as needed and the discrepancies noted on these inspections will be corrected as directed by the respective Inspectors.

Applicant: _____ Date: _____

<u>REVIEWING OFFICE</u>	<u>RECOMMENDED FOR</u>	
	<u>APPROVAL</u>	<u>DISAPPROVAL</u>
Fire Department	_____	_____
Preventive Medicine	_____	_____
Security Department	_____	_____
Housing Office	_____	_____
FCC Monitor	_____	_____
Family Advocacy Representative	_____	_____
Counseling and Assistance Center	_____	_____
Safety Office	_____	_____
Spouse's Command	_____	_____
CDPA	_____	_____
ACOS, QOL	_____	_____

FCC Director: _____ Date: _____

Decision: _____ Approved: _____ Disapproved: _____

Chief of Staff: _____ Date: _____

If applicable, reason for disapproval: _____

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MORALE, WELFARE AND RECREATION (MWR) DEPARTMENT
NAVAL TRAINING CENTER, GREAT LAKES

FAMILY CHILD CARE (FCC) APPLICATION

FAMILY CHILD CARE INSURANCE

I understand FCC Providers have to obtain liability insurance with the following coverage:

Each Occurrence Limit	\$500,000
Personnel & Advertising Injury Limit	\$500,000
General Aggregate Limit (Including Product Completed Operations)	\$500,000
Fire Damage Limit	EXCLUDED
Medical Expense Limit	EXCLUDED
Abuse or Molestation Liability Each Occurrence Limit	\$100,000
Abuse or Molestation Liability Aggregate Limit	\$100,000

PROVISIONS OF SERVICES

HOURS AND DAYS AVAILABLE FOR SERVICE:

MON _____ WED _____ FRI _____ SUN _____
TUE _____ THU _____ SAT _____

NUMBER OF CHILDREN DESIRED FOR CARE:

Less than 2 YEARS _____ 2-6 YEARS _____ 6-12 YEARS _____
TOTAL _____

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Please answer the following questions	Yes	No
Are you currently caring for children?		
Are you willing to accept children without regard to race, color, creed or national origin?		
Are you willing to accept children for hourly care?		
Are you willing to accept children for night care?		
Are you willing to accept children for extended hours?		
Are you willing to accept children for care during holidays?		
Are you willing to accept disabled children?		
Are you willing to accept children for care during school vacation?		

HOUSEHOLD INFORMATION (LIST ALL MEMBERS OF YOUR HOUSEHOLD INCLUDING YOURSELF)

FULL NAME	SOCIAL SECURITY NO	BIRTH DATE	RELATIONSHIP

What is the last grade you completed in school?

What training or other types of experiences do you have which will help you as an FCC Provider? Please describe:

Have you ever been asked to resign or been decertified as a Child Care Provider because of substantiated allegations of child abuse or neglect? If yes, please describe:

Applicant's Signature _____ (Date) _____ Sponsor's Signature _____ (Date)

Address: _____ Phone: _____

**CHILD DEVELOPMENT/YOUTH PROGRAMS CONDITION OF EMPLOYMENT
STATEMENT OF ADMISSION**

~~THIS FORM MUST BE COMPLETED PRIOR TO EMPLOYMENT/CERTIFICATION~~

PRIVACY ACT STATEMENT: Authority to request the following information is derived from 5 U.S.C. 301.10 U.S.C. 5031, Executive Order 9397, and DoD Instruction 1402.5 Implementing Public Law 101-647, Section 231, and Public Law 102-190, Section 1094.

PRINCIPAL PURPOSE: The form will be used by officials of the Department of Navy to obtain background clearance information regarding prospective child development employees/family child care providers/youth programs personnel for use in the employment/certification process.

ROUTINE USES: No information will be disclosed outside the Department of Defense.

DISCLOSURE: Completion of this form is voluntary, however, if the requested information is not provided, employment and/or certification of the applicant may be denied. Providing false information can result in adverse action up to and including removal.

RIGHT TO CHALLENGE: You have the right to challenge the accuracy of records under the provision of DoD Directive 5400.11.

Applicant _____ SSN _____

Spouse _____ SSN _____

Address _____

City _____ State _____ Zip _____ Phone _____

**MY SIGNATURE VERIFIES THAT THE INFORMATION BELOW IS TRUE AND
ACCURATE TO THE BEST OF MY KNOWLEDGE**

Applicant's Name (print)	Applicant's Signature	Date
--------------------------	-----------------------	------

Spouse's Signature	Date
--------------------	------

Have you ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?

Applicant: Yes _____ No _____

Have you ever been asked to resign a position or been decertified from a position for a sexual offense?

Applicant: Yes _____ No _____

If yes, to either question, please provide a detailed description of the arrest or charge and the disposition of the case. (use back of this paper if additional writing space is needed)

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FAMILY CHILD CARE STATEMENT OF UNDERSTANDING

1. I, _____, fully understand that certification as a Family Child Care (FCC) provider allows me to provide child care services within my assigned military family housing quarters for _____ children in accordance with the provisions of OPNAVINST1700.9 and other applicable laws, regulations and procedures.
2. I understand that FCC providers are not government employees. As a FCC provider, I will not have a contract with the U.S. Navy to provide services to or in behalf of the U.S. Navy. Any contracts that may exist will be between myself and the individual parents seeking care for their children. In this regard, I am an independent contractor.
3. I understand the U.S. Navy is not responsible for payment or delay of payment for childcare services which I provide.
4. I understand that certification is not a guarantee that I will have FCC children enrolled, or when parents may elect to place children in my care.
5. As an independent contractor, I acknowledge that I am legally responsible for my own actions and primarily and individually liable for any injury or harm that may occur to children under my care as a result of any negligent or intentional act of omission on my part. Because, as a FCC provider, I am not a government employee, the United States assumes no responsibility under the Federal Tort Claims Act, or any other provision of the law, which would allow it to be sued on account of my actions as a FCC provider.
6. I agree to conduct child care in accordance with all applicable laws and regulations. I will immediately report all incidents of personal injury and death involving children under my care to the FCC Director. I will also notify the FCC Director in the event I am served with a court summons or complaint regarding a suit for damages arising from an injury or death to any child under my care.
7. I acknowledge my financial liability for any damages to my assigned military family housing quarters beyond normal use that are a result of FCC operation. I understand that I must comply with all regulations governing military family housing.
8. I understand that my FCC home shall be operated without discrimination as to race, color, sex, national origin, or the grade and rank of the sponsor.
9. I understand that failure to comply with regulations governing Family Child care is cause for termination of provider certification.

Provider's Signature

Date

Witness' Signature

Date

FAMILY CHILD CARE REFERENCES

PROVIDER'S NAME: _____

PLEASE GIVE 4 REFERENCES (NOT RELATED TO YOU)

1. NAME: _____
ADDRESS: _____
PHONE: _____

2. NAME: _____
ADDRESS: _____
PHONE: _____

3. NAME: _____
ADDRESS: _____
PHONE: _____

4. NAME: _____
ADDRESS: _____
PHONE: _____

THANK-YOU FROM THE FAMILY CHILD CARE STAFF!

REPRODUCED AT GOVERNMENT EXPENSE

**MORALE, WELFARE AND RECREATION (MWR) DEPARTMENT
NAVAL TRAINING CENTER, GREAT LAKES
FAMILY CHILD CARE
QUESTIONNAIRE FORM**

NAME OF APPLICANT (LAST, FIRST, MI) _____

DATE _____

Applicant has applied for certification as a Family Child Care (FCC Home Provider within the Naval Training Center, Great Lakes quarters based Family Child Care Home System. This office must pursue all means to verify the competency of _____ to provide for the physical, social, emotional and intellectual needs of young children in a caregiving situation within his/her own home

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL:	YES	NO	N/A
1. RELATE TO CHILDREN AND ADULTS IN A SENSITIVE AND POSITIVE MANNER			
2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO CARE FOR CHILDREN FOR SUSTAINED TIME PERIODS			
3. SHOW EVIDENCE OF REPUTABLE CHARACTER			
4. ACT RESPONSIBLY IN CRISIS SITUATIONS			
5. MAINTAIN A SAFE, AND SANITARY HOME			
6. SPEAK, READ AND WRITE ENGLISH TO THE EXTENT HE/SHE CAN EXECUTE HEALTH & SAFETY DIRECTION AND CAN PLAN PROGRAM ACTIVITIES FOR CHILDREN			
7. SHOW ANY EVIDENCE OF MENTAL HEALTH PROBLEMS WHICH COULD ADVERSELY AFFECT THE HEALTH OR SAFETY OF CHILDREN IN CARE			
8. HAVE ANY ANIMAL(S) WHICH MIGHT POSE A THREAT TO CHILDREN'S WELL BEING			
9. TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE OR NEGLECT; USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL OR ANY RESIDENT OF THE FCC HOME			
10. HOLD ANOTHER JOB, EITHER FULL TIME OR PART TIME, DURING THE HOURS CHILDREN WOULD BE IN CARE.			
11. WOULD YOU RECOMMEND/NOT RECOMMEND APPLICANT FOR CERTIFICATION AS A FCC PROVIDER			

REMARKS: EXPLAIN ANY (NO) ANSWERS TO ITEMS 1-6 AND (YES) TO ITEMS 7-10. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSES OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE. INFORMATION ABOUT OTHER INDIVIDUALS RESIDING IN THE HOME MAY BE ADDRESSED IN THIS SPACE.

Signature _____

Date _____

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MWR GLAKES 1700/10 (2/98)

**FAMILY CHILD CARE
SELF-ASSESSMENT AGREEMENT**

Name of Provider Applicant (Print) _____

Please initial to indicate agreement:

1. The child care service which I will provide complies with the policies and procedures or Family Child Care (FCC), _____ and OPNAVINST 1700.9D. _____

2. I have a working knowledge of hygiene and safety practices; growth and development expectations for children; nutritional requirements of young children; small business practices, as well as record-keeping and financial management. _____

3. I will have on file a current Certificate of Medical Examination which will be renewed annually, and insure all members of the household are free from communicable disease. _____

4. I will present in the home/outdoor play space at all times child care is to be provided except in the event of illness/emergency or a necessary planned absence reported to the parents of the children in care. _____

5. First Aid Training:

a. I have completed an approved first aid training course; or, _____

b. I will complete an approved first aid training course within eight weeks. _____

6. CPR Training:

a. I have completed an approved CPR training course; or, _____

b. I will complete an approved CPR training course within eight weeks. _____

7. I will meet ongoing training requirements. _____

8. I will have parents/guardians complete and sign the required forms to register Each child prior to acceptance into the FCC Home. _____

9. For the benefit of each parent for whom I provide child care services, I will:

a. Provide the option for them to remain with the child until both feel comfortable. _____

b. Share information about the child. _____

c. Be considerate of each parent's needs, uniqueness, and preferences. _____

10. For the benefit of the health of each child for whom I provide care, I will:

a. Insure each child accepted for care is free of communicable disease. _____

b. Observe each child for obvious signs of illness upon arrival and before departure of the parent, regardless of how long a child will be in care (with exception of providing care for mildly ill children. _____

c. Readmit children after an illness only when their presence will not endanger the health of other children. _____

11. I will adhere to the guidance for administering medication prescribed in OPNAVINST 1700.9D. _____

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FAMILY CHILD CARE
SELF-ASSESSMENT AGREEMENT

(Continued)

12. I will report all incidents of suspected child maltreatment immediately to _____

13. I will discipline children in a consistent, constructive way; I will not use corporal punishment to discipline the children. _____

14. I will comply with the Document of Certification regarding the number and age of children I may care for, as well as the type of care I may provide. _____

15. I understand that unique requirements are necessary to be certified as a Special Needs FCC Home. _____

16. I will comply with any deficiency correction directive issued to me; admit any regulatory inspector to my home for the purpose of monitoring regulatory compliance. I will not furnish misleading or false statements or reports. _____

17. For prevention of fire and safety hazards, I will:

a. Equip my home with first aid supplies, a flashlight, a tested fire extinguisher, and a smoke detector. _____

b. Develop emergency evacuation plans and practice fire drills monthly. _____

c. I will not smoke while providing child care. All smoking materials will be placed out of sight of children. _____

d. Be present during all times children are in the kitchen area. _____

18. For prevention of accidents, I will:

a. Provide continuous, watchful and responsible supervision of children at all times. _____

b. Store firearms, ammunition and other weapons, tools, drugs, alcohol, poisons, knives, insecticides, medication, cleaning supplies and other hazardous items in locked cabinets or areas inaccessible to children. _____

19. For transporting children in a vehicle, I will:

a. Obtain written permission from the parents. _____

b. Equip each vehicle with safety-locking devices on doors; a spare tire ready for service; usable jack; and appropriate car seat's and/or seat belts for children. _____

c. A child safety seat must be used for children less than five years when being transported in privately owned vehicles. _____

20. I will use television sparingly with discretion and selectivity. Operation of televisions will not exceed 30 minutes a day and will be limited to programs specifically designed for the interest and benefit of children. _____

21. I will maintain my home in a hazard-free, sanitary manner and observe personal hygiene standards. _____

22. I will provide a safe, sanitary sleeping space for those children who require and/or sleep during hours of care. _____

23. I must participate in the USDA Food program and provide nutritious meals and snacks which contribute to the child's overall development. _____

24. I will submit or make available to the FCC Coordinator or regulatory authorities any records required to be kept and maintained as a certified family child care provider. _____

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FAMILY CHILD CARE
SELF-ASSESSMENT AGREEMENT

(continued)

25. I will participate in required Navy training to include the Family Day Care Rating Scale and standardized training modules for military FCC Providers. _____

26. Denial or Revocation of Certification:

I understand that my FCC certification will be subject to denial, suspension, or revocation by the Commanding Officer upon recommendation of the Quality Review Board if I or members of my household are involved in acts of misconduct which jeopardize the health, safety or general well-being of the children in my care. Such acts of misconduct include, but are not limited to, child abuse and/or neglect, drug and/or alcohol abuse, domestic disturbances or sexual misconduct by myself or any member of my household. _____

27. I understand that either coming late for a meeting, leaving early, or not showing up is unacceptable. I must notify the FCC Office, one hour before the scheduled meeting to report if I am unable to attend. In the event it is necessary to leave early, I will notify the coordinator/monitor prior to the start of the meeting. Should I come to the meeting late or leave early I understand that I will be required to do an agreed upon make up training to cover that period of time. _____

28. I have received a copy of this Self-Assessment Agreement. _____

The statements as entered in this agreement and initialed by me are true to the best of my knowledge.

(Signature of Provider Applicant)

(Date)

(Signature of FCC Director)

(Date)

FAMILY CHILD CARE PROGRAM CHECKLIST

Inspector: _____ Date: _____
Signature

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Are group sizes and ratios followed per the posted certificate or application (infant, multi-age, etc.)?		
2. Are children supervised at all times?		
3. Is the environment arranged to promote discovery and freedom of movement by children?		
4. Is there a variety of games, toys, books, and materials available to meet the various ages and developmental needs of the children?		
5. Are toys, games, and materials stored on low, open shelves accessible to children?		
6. Are meals and snacks served family-style?		
7. Are the discipline and guidance techniques used in a positive way to develop good self image and self-discipline?		
8. Are children only released to the child's parents unless written authorization is given by parents?		
9. Is the daily schedule posted and followed?		
10. Does the daily schedule provide for age-appropriate and developmentally sound activities for all children enrolled?		
11. Do the daily activities provided have a balance between child-initiated and adult-directed?		
12. Does schedule include daily opportunities for children to play outside?		
13. Does provider make provisions for parent involvement/interaction?		
14. Is there an authorized back-up provider?		

FAMILY CHILD CARE FIRE/SAFETY CHECKLIST

Inspector: _____ Date: _____
Signature

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Do rooms used by children provide sufficient space to accommodate them comfortably?		
2. Does home have at least two exits which discharge directly to the outside? (Single family homes only.)		
3. Is smoke detector in operating condition?		
4. Is fire extinguisher (minimum 2A:10BC) accessible and in working condition?		
5. Are exits free from obstruction?		
6. If the children must go up and down stairways, are they wide enough to adequately accommodate their travel?		
7. Does stairway have handrails? Is stairwell well lit?		
8. Are safety gates provided at stairways when infants/pre-toddlers/toddlers are enrolled?		
9. If facility has elevated walkways, porches, ramps, or play areas, are there barriers to prevent falls?		
10. If home provides care for physically handicapped children, are the grounds graded to the same level as the primary entrance to the building for easy access for such children?		
11. Has provider been trained in emergency procedures in event of fire? Is evacuation plan posted?		
12. Are children familiar with procedure and evacuation plans?		
13. Do all electrical receptacles have protective caps or other protective mechanisms to prevent child contact?		
14. Did any outlets appear to be overloaded?		

**FAMILY CHILD CARE
HEALTH CHECKLIST**

Inspector: _____ Date: _____
 (Signature)

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Is a completed registration/health form on file for each child enrolled?		
2. Are children's immunizations current before being accepted for care?		
3. Have provider's family members received all required immunizations?		
4. Has provider completed required first aid training and CPR training?		
5. Are there any emergency medical and first aid plans?		
6. Are family pets free of disease and inoculated?		
7. Are animals kept out of food areas?		
8. Are infants' bottles labeled, dated and properly stored or refrigerated?		
9. Are menus posted?		
10. Does provider serve meals and snacks?		
11. Are menus well-balanced and planned according to United States Department of Agriculture meal patterns?		
12. Are hand-washing facilities readily available for children including liquid soap and disposable towels and face cloths?		
13. Are disposable diapers used? Are sanitary diapering procedures prescribed by the Centers for Disease Control being used?		
14. Are soiled diapers placed in tightly covered receptacles with plastic liners?		
15. Are soiled diapers stored away from play, sleep or food service areas?		
16. If cloth diapers are used, are they individually marked and provided by parents?		

Family Child Care Program
Morale, Welfare and Recreation Department
Naval Training Center, Great Lakes

AUTHORIZATION FOR DISPENSING MEDICATION

FAMILY CHILD CARE PROVIDER MAY NOT ACCEPT NOR ADMINISTER ANY FORM OF MEDICATION WITHOUT THE THOROUGH COMPLETION OF THIS AUTHORIZATION.

Medication procedures will be administered only to children in the FCC home and only by the FCC Provider. The medication must be prescribed by a physician and there must be no other reasonable alternative to the medical requirement for the child. Authorized ointments may be applied by Family Child Care Provider's under the guidance of this instruction.

A signed statement from the prescribing physician shall be presented that certifies that the medicine is necessary and provides information concerning the type, dosage, time(s) of day, and duration of the medication is to be administered.

All medication must be clearly labeled with: 1) The child's name, 2) The name of the medication, and 3) Clear directions for administering.

TO BE COMPLETED BY THE CHILD'S PARENT OR GUARDIAN:

I, _____, the parent or legal guardian of _____, authorize FCC personnel who have been trained to dispense medication, to administer the prescribed medicine as outlined below:

Name of Medication: _____
Directions: _____
Time(s) of Administration: _____
Date medication Started: _____ Date Stopped: _____
Any Known Side Effects: _____
Name of Prescribing Physician: _____
Phone: _____

Signature of Parent or Guardian: _____ Date: _____

Date	Time Given	Given By	Remarks
Mon _____			
Tues _____			
Wed _____			
Thur _____			
Fri _____			

Family Child Program
Morale, Welfare and Recreation Department
Naval Training Center, Great Lakes

PHYSICIAN MEDICATION ORDER

It is preferable that oral medications not be administered in the Family Child Care Program. When possible, parents and physicians are requested to adjust medication schedules so that no medication need be administered by the Family Child Care Provider. We recognize that this is not always possible and will cooperate in administering medication that must be given during the FCC Provider work hours. Medication will only be administered once a day at 2:00 p.m., not as necessary. The following regulations applies:

1. Written order using this form from a physician detailing the name of the drug, dosage, time interval medication is to be taken.

2. Using this form, signature of parent or guardian requesting that the Family Child Provider comply with the physician's order.

3. Medication must be brought to the home by parent or guardian in a container - appropriately labeled by the pharmacy or physician.

PLEASE FILL IN AND SIGN THIS FORM:

Name of Child: _____

Address: _____

Date of Order: _____

Name of Medication: _____

Dosage: _____

Duration of Order: _____
(IF DURATION OF ORDER EXCEEDS THREE (3) MONTHS, RENEWAL OF ORDER IS NECESSARY.)

Physician Signature

I request that the Family Child Provider give the above medication(s) as ordered by the physician.

Parent/Guardian Signature

Family Child Care Program
Morale, Welfare and Recreation Department
Naval Training Center, Great Lakes

PARENTS MEDICATION REQUEST AND HOLD HARMLESS AGREEMENT

I, _____, the parent or legal guardian of _____, hereby request that the FCC Provider of the Family Child Care Program, Great Lakes, IL. administer medication to my child. In consideration for this additional service I do, on behalf of myself, my children, our heirs, executors, and assigns hereby release and agree to HOLD HARMLESS the United States of America, including but not limited to, the United States Navy, Naval Training Center Great Lakes, IL., its departments, instrumentalities, agencies, officers, agents and employees, from any and all claims, demands, damages, actions, cause of action, or suit of every nature, of whatsoever kind, which may exist now or accrue in the future against the United States Navy or any of its agencies or employees in relation to or arising out of the administration of the requested medication.

I CERTIFY THAT:

a. The medication in question has been prescribed or otherwise ordered by my child's physician.

b. I have been assured by the Child's physician that the child DOES NOT have a contagious disease and that his/her presence in the Family Child Care Home is appropriate.

c. I have consulted with my child's physician and have been advised that the medication schedule should not be adjusted to avoid the necessity of administering the medicine during my child's stay at the Family Child Care Home;

d. Neither I, nor my spouse or other family member can be available at the necessary time to administer the medication.

e. The following directions regarding the type of medication dosage, time and duration of administration is provided:

1. Name of Medication: _____
2. Dosage: _____
3. Time Medication is to be given: _____
4. Duration of Administration: _____
5. Name and telephone number of physician prescribing medication: _____

IN WITNESS WHERE OF, this request and release has been duly executed this _____ day of _____, 19 _____

Signature of Parent or Guardian

MWR GLAKES 1700/14 (10/97)

FAMILY CHILD CARE HOUSING DEPARTMENT CHECKLIST

Date: _____

Time: _____

Applicant's Name

Applicant's Address

YES NO INITIAL

1. Verification of Assignment of Quarters _____

2. Housing records screened to determine suitability of Provider. _____

3. Modification of Quarters approved at owner's expense. (See remarks) _____

FCC Monitor's Signature

FCC Provider's Signature

FCC Director's Signature

PARENT ALERT

CHILD'S NAME	DATE	TIME	ROOM	PROVIDER

NOTE TO PARENTS:

1. Your timely response to our call when your child becomes ill or injured at the Family Child Care Providers home (FCCP) is very important.
2. If you temporarily change locations or your phone number changes, notify FCCP immediately.
3. Please ensure your phone number and the name and phone number of your emergency contact person are updated regularly.

THANK YOU!!

SITUATION:

OBSERVATION:

RASH (describe) _____ OTHER SYMPTOM (describe) _____

DIARRHEA/VOMITING (circle one) (time) _____ (describe) _____ (time) _____ (describe) _____

FEVER 1. (degrees) _____ (time) _____ 2. (degrees) _____ (time) _____ 3. (degrees) _____ (time) _____

ACTION TAKEN:

TELEPHONE PARENTS: (number) _____ (time) _____ (time) _____ (time) _____ (time) _____

PLAN OF ACTION:

SIGNATURE OF FCC PROVIDER	DATE:	WITNESS
SIGNATURE OF PARENT	DATE:	WITNESS

JUN 12 1998

MWR GLAKES 1754/4 (2/98)

FIELD TRIP
PERMISSION FORM

As parent/legal guardian, I give permission for my child

_____ to attend the field trip to
_____ on (date) _____.

Should my child become injured/seriously ill, consent is hereby given to seek emergency medical treatment as deemed necessary. I acknowledge that costs relative to medical treatment are not the responsibility of the FCC Providers or the MWR Department Naval Training Center, Great Lakes.

I absolve the officers and employees of the MWR Department, Naval Training Center, Great Lakes, from any personal liability which may arise as a result of my child's participation in this field trip.

(Completion of this form is voluntary, however, failure to provide your signature will result in the inability of MWR Department to allow your child's participation.)

Date _____
Primary contact _____ Phone _____
Alternate contact _____ Phone _____

I would like to assist with this field trip. Yes ___ or No ___

Parents are encouraged to accompany their child on any field trip or participate in an activity. However, we cannot allow children other than the child enrolled to accompany you.

DEPARTMENT OF THE NAVY DEPENDENT CARE CERTIFICATE

PRIVACY ACT ADVISEMENT

AUTHORITY: 10 U.S.C. Section 5031.

PRINCIPAL PURPOSE: To identify and insure that single military members and military couples with dependents have made adequate dependent care arrangements to insure he or she is worldwide available.

ROUTINE USES: To contact persons designated by the member as accepting dependent care responsibility to verify their willingness to act for the member in this capacity, to advise the designee when they are expected to discharge these responsibilities and to insure member's compliance with the policy.

DISCLOSURE IS MANDATORY: Information is required to insure members have met their dependent care responsibilities.

PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.
2. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during all the following circumstances:
 - a. Duty Hours
 - b. Exercises
 - c. Unaccompanied Tours
 - d. TAD
 - e. Extended Duty Hours
 - f. PCS
 - g. Similar Military Obligations
3. I understand that I am subject to deployment on short notice and that I will not be guaranteed special privileges because I have dependents.
4. I understand that failure to make and maintain adequate dependent care arrangements in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.
5. I understand that if these arrangements for the care of my dependents fail, I must still report for duty.
6. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or if circumstances for dependent care change.
7. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.
8. All my dependents are 18 years or older and capable of self-care. (Initials) _____
9. I have made all necessary arrangements (legal, educational, monetary, religious, etc.) to effect a smooth, rapid turnover of dependent care responsibilities.
10. I have arranged to complete travel that may be required to transfer my dependents to the designated person. If my principal dependent care designee is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary custody of my dependents until that responsibility is transferred to my principal dependents care designee.
11. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents if a Noncombatant Evacuation Operation (NEO) (or other evacuation) is implemented. I know that I will be required to remain in place and perform my military duties.

TYPED OR PRINTED NAME, GRADE/RATE & SSN	SIGNATURE	DATE

DEPARTMENT OF THE NAVY DEPENDENT CARE CERTIFICATE

PART II. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

DESIGNEE CERTIFICATION

(The following statement may be signed by three different people or it may be signed by the same person)

12. I have agreed to accept responsibility for the dependents of _____
if he or she must report for duty for extended work hours, recall, or TAD for a duration of less than 30 days.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	

13. I have agreed to accept responsibility for the dependents of _____
if he or she must report for duty for extended work hours, recall, or TAD for a duration of less than 30 days.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	

14. I have agreed to accept temporary responsibility for the dependents of _____
until responsibility is transferred to a principal designee.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	

PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS

DESIGNEE CERTIFICATION

15. I agree to be responsible for accompanying and caring for the dependents of _____
as an escort, if evacuation from an overseas area becomes necessary.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	

16. I agree to be responsible for the dependents of _____
after they have arrived at their destination, if evacuation from an overseas area becomes necessary.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	

PART IV. FOR IN - SERVICE COUPLES ONLY

17. Statement of Military Spouse: I have read my spouse's plan and concur.

TYPED OR PRINTED NAME & SSN OF SPOUSE	SIGNATURE OF SPOUSE
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PART V. COMMANDER CERTIFICATION

18. I have reviewed this Dependent Care Certificate and I am satisfied that the member has made adequate dependent care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

SIGNATURE OF COMMANDING OFFICER	DATE
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