



Child Development Program Parent Orientation Checklist

- ✓ **Welcome / Introduction of Management Team and Front Desk Staff**
- ✓ **Philosophy & Goals / Accreditation**
- ✓ **Hours of Operation**
- ✓ **Programs Offered (Full-Time Care, Hourly Care, Leasing Care, Part Day Preschool)**
- ✓ **Admission/Enrollment Policies**
 - Registration and Admission Procedures/Children's Records
 - *AF 1181 (list only last four for SSN)*
 - *AF 2652 / Current LES (leave amounts off, CDC Clerk will calculate)*
 - *Current Immunization Record*
 - *Emergency Contact Information*
 - *Allergy/Special Needs*
 - *Health Assessment Screening Form*
 - *Consent Form*
 - *Autopay Form*
 - *Family/Child Questionnaire*
 - *Ages and Stages Assessment Form*
 - Special Needs / Medical Requirements / Allergies
 - Fees and Charges
 - *Weekly & Hourly fees*
 - *Late pick-up fees incur a charge of \$8 1st 5 minutes/\$1 minute after that*
 - *Late payment fees*
 - *Credits/Refunds*
 - *Register Hours of Operation*
 - Check-In/Out (at Front Desk and in Classroom on 1093's), Sign-In/Out Procedures
 - Release of Children
 - Withdrawal / Termination
 - Attendance: Please call for all absences/Late arrivals
- ✓ **Emergency Procedures (Extreme Weather, Evacuation Procedures, Fire Drills, etc.)**
- ✓ **Base Wide Exercises**
- ✓ **Extended Duty Care (FCC)**
- ✓ **Health Protections for children**
 - Appropriate children's clothing for current weather conditions
 - *Closed toe/closed heel shoes (no sandals or clogs)*
 - *Dry and layered clothing for cold weather*
 - *Child play outside based on current weather conditions and will be protected from prolonged exposure to the sun and temperatures (medically approved sun-protection is provided with signed parental approval).*
 - Insect Repellents are not required nor is it applied on children
- ✓ **CDC Procedures**
 - Ratios and Supervision
 - Opening/Closing Rooms – Staffing & Combining Classes in AM/PM
 - Transitions
 - Incident/Accident Reports
 - Health Procedures (**Medical Exclusion/Inclusion Policy**)
 - Medication Administration Procedures
 - Child Abuse Prevention
 - Touch Policy
 - Guidance Policy
 - Meals and Snacks (Food from Home)
 - Birthdays and Other Special Celebrations
 - Change of Clothes/Personal Belongings/Toys
 - Visitors
 - Parking
 - Unattended children in facility hallways and lobby
- ✓ **Staff Qualifications**
- ✓ **Communication (Confidentiality)**
- ✓ **Children's Assessments (Formal and Informal assessments and how they are used and shared with parents)**
- ✓ **Parent Involvement (PAC Participation, Education, Conferences, Annual Program Evaluations and Improvement Goals)**
- ✓ **Available Support Services (EDIS, PCSD, FAO, MFLC-CYB Child & Youth Behavioral Program, Clinic, AFRC)**
- ✓ **Phone Numbers/DoD Child Abuse Hotline/Chain of Command**

Manager Signature: _____

Parent(s) Signature: _____

Date of Orientation: _____

AIR FORCE YOUTH FLIGHT PROGRAM PATRON REGISTRATION

PRIVACY ACT STATEMENT

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

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

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

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

CHILD'S NAME	SPONSOR (Last, First, Middle Initial)	SPOUSE (Last, First, Middle Initial)	FEES
HOME PHONE	RANK/GRADE	RANK/GRADE	DEROS/ID EXPIRES
ADDRESS	DUTY PHONE	DUTY PHONE	BRANCH OF SERVICE
	ORGANIZATION	EMERGENCY CONTACT	EMERGENCY PHONE
MARITAL STATUS	SPONSOR'S SSN	SPOUSE'S SSN	HOSPITAL PHONE
			PHYSICIAN'S NAME

VACCINE / DATE RECEIVED	BRTH	2 MOS	4 MOS	6 MOS	12 MOS	15 MOS	18 MOS	4-6 YRS	11-12 YRS	14-15 YRS	SEX (X One)	DATE OF BIRTH (Day, Month, Year)																																						
												MALE	FEMALE																																					
Hepatitis B 1st <input type="text"/> Hep B-1 2nd <input type="text"/> 3rd <input type="text"/> Hep B-2 <input type="text"/> Hep B-3 4th <input type="text"/> Hep B											I authorize emergency treatment for the children named hereon:			SIGNATURE		DATE (YYYYMMDD)																																		
																		SPECIAL INSTRUCTIONS																																
																													SPECIAL NEEDS CARE /CHRONIC ILLNESSES /ALLERGIES																					
																																								ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT										
IT IS THE RESPONSIBILITY OF EACH SPONSOR TO ENSURE IMMUNIZATIONS AND EMERGENCY INFORMATION IS UP TO DATE. FAILURE TO UPDATE MAY RESULT IN REFUSAL OF SERVICE.																																																		
											PARENT SIGNATURE																																							
																						FAMILY INCOME (Adjusted gross--most recent 1040): PROVIDE ONLY IF REDUCED FEES ARE REQUESTED. \$ _____ SINGLE / DUAL INCOME (Circle One) \$ _____																												
																																	OTHER IMMUNIZATIONS AS REQUIRED: VACCINE TYPE: _____ DATE: _____ VACCINE TYPE: _____ DATE: _____ VACCINE TYPE: _____ DATE: _____ VACCINE TYPE: _____ DATE: _____																	
																																												NAMES OF ADDITIONAL CHILDREN ENROLLED IN PROGRAM:						
ADULTS AUTHORIZED TO SIGN CHILDREN IN / OUT																																																		
											AUTHORIZATION FOR FIELD TRIPS																																							
																						IT IS THE RESPONSIBILITY OF EACH SPONSOR TO ENSURE IMMUNIZATIONS AND EMERGENCY INFORMATION IS UP TO DATE. FAILURE TO UPDATE MAY RESULT IN REFUSAL OF SERVICE.																												

APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES

(Read Instructions on back before completing form.)

OMB No. 0704-0515
OMB approval expires
20231031

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 8013, Secretary of the Air Force; DoD Instruction 6060.02, Child Development Programs; Army Regulation 608-10, Child Development Services; OPNAV Instruction 1700.9E series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); Air Force Instruction 34-144, Child and Youth Programs.

PRINCIPAL PURPOSE(S): To collect total family income to determine child care fees.

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

Additional Routine Uses can be found in the SORNS: Department of the Army: <https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570083/a0608a-cfsc/>; Department of the Navy: <https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/>; Department of the Air Force: <https://dpcld.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>;

DISCLOSURE: Required. Failure to provide the required information will delay the processing and approval of child care services.

SECTION I - DEPENDENT CHILDREN

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

SECTION II - ANNUAL FAMILY INCOME

5. SPONSOR

a. NAME <i>(Last, First, Middle Initial)</i>		b. YEARS OF MILITARY/CIVIL SERVICE		
c. INCOME				
(1) Income Data	(2) Basic Allowance for Housing (BAH)	(3) Basic Subsistence Allowance	(4) Other Earned Income	(5) Total Income - Sponsor <i>(To be completed by Program Staff)</i>

6. SPOUSE OR OTHER ADULT LIVING IN THE HOME

a. NAME <i>(Last, First, Middle Initial)</i>	b. INCOME
7. OTHER INCOME EARNED	8. TOTAL INCOME <i>(Include income from Blocks 5, 6, and 7. To be completed by Program Staff.)</i>

SECTION III - CERTIFICATION OF SPONSOR/DESIGNEE

(Required for all categories. Please read the following statement carefully before signing.)

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

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

12. PRIORITY SYSTEM ELIGIBILITY	13. CATEGORY OF APPROVAL	14. AUTHORIZED FEES	15. DATE OF APPROVAL <i>(YYYYMMDD)</i>	16. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL
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INSTRUCTIONS

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

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

Fees are determined based on your Total Family Income (TFI) as defined below. TFI documentation is required for child care rate determination.

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

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

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

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

Section I.

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

Section II.

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

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

Section III.

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

**RAF Mildenhall
CHILD DEVELOPMENT
CENTER
Family Agreement SY2021**

The terms of this agreement should be carefully read by you, the applicant. Once signed, this agreement constitutes as a binding agreement. This agreement will remain in effect from the date signed through the 2021 school year, unless terminated earlier.

PRIVACY ACT STATEMENT: AUTHORITY: 10 U.S.C. 8013. **PURPOSE:** To obtain personal information and to notify families of policies and procedures in RAF Mildenhall Child and Youth Programs (CYP). **ROUTINE USES:** For internal use only except as permitted by federal law.

DISCLOSURE: Disclosure of the requested information is voluntary. Nondisclosure may prevent your child from participating in RAF Mildenhall CYP.

CHILD'S NAME: _____
(Last) (First) (Middle)

SPONSOR NAME: _____

SPONSOR E-MAIL: _____

SPONSOR CELL: _____

SPOUSE NAME: _____

SPOUSE E-MAIL: _____

SPOUSE CELL: _____

_____ **HOURS OF OPERATION:** Care in the CYP is offered Monday through Friday from 0630-1730. Children must be picked up by 1730 hours. There will be a grace period, thereafter, a late fee of \$2.00 per minute will be charged per family after 1740. Parents and guardians who are not able to pick up by 1730 must notify a designated authorized individual listed on the child's AF Form 1181 (AF Youth Flight Program Patron Registration). If a parent does not pick up by 1750, the CYP reserves the right to call your child's emergency point of contact, and then sponsor's First Sergeant.

****EXERCISE HOURS:** Child and Youth programs have always and will continue to support the exercises with the following guidelines for extended hours:

- a. Parents are required to register in order to receive care outside of normal operating hours. This is done at the reception desk of the appropriate facility. Hourly charges will

be applied.

- b. Parents have the option of using the Extended Duty Care provided by the FCC office as an alternative to incurring those additional costs.

_____PAYMENTS: Weekly fees must be paid at or before the beginning of the week, prior to any childcare being rendered. IAW the 2020/2021 AF Fee policy, effective, 15 January 2021, all child care payments for CDC and SAC will be automated through Orbital Billing. We are unable to accept cash and/or checks. All families will be **required** to provide a current credit/debit card to pay for weekly child care fees. A late fee of \$5.00 will be applied per family for each day your account is delinquent. **If payment is not received by COB Wednesday of the week your payment is due, care will be denied Thursday morning.**

_____ILLNESS: Children with obvious signs of illness will not be admitted to program that day. In the event that your child becomes ill while in the program, you will be contacted to pick your child up. Parents are required to pick up within 30 minutes of the initial notification. If we are unable to reach you within 30 minutes, we will notify the emergency contact you have listed for your child. Please make sure your emergency contact details remain current and you provide authorization for them to pick up. CYP Personnel will refer to the exclusion policy signed by the medical advisor to make illness/exclusion determination. A current copy is kept at the front desk for your convenience.

_____HOLIDAYS/FAMILY DAYS /CENTER CLOSURES: All CYP programs are closed for all Federal Holidays, all USAFE Family Days and other days as directed by the Commander. Federal Holiday closures are already figured into your weekly fees throughout the year. There will be no charge on USAFE Family Days.

_____CREDITS & REFUNDS: Credits are not given for federal holidays, base and emergency closures, natural disasters, absence due to sickness, accidental injury, family emergency, etc. This is due to the fact the program costs do not decrease when a child is absent. Patrons are encouraged to complete a vacation form when they are going to be absent. CYP provides hourly care, as available, on a first come first serve basis. Vacant spaces in the CYP will be utilized for the Hourly Care Program. If your space is utilized for hourly care a credit will be applied to your account based on your hourly rate.

However, if there are any vacant spaces, they will be utilized for hourly first. CYP parents will be given the option to sublet/lease/rent their space. Under no circumstance shall the authorized user of the space profit from the subletting of their space. Please follow all the subletting terms and conditions located in the parent hand book. Subletting privileges will be terminated by the Flight Chief on a case by case basis in the event of non-compliance of parent handbook or parent agreement

_____ENROLLMENT AND TERMINATION: Families are required to provide military/DOD member's current LES, spouse's income at the time of enrollment. For a spouse who is seeking employment, verification must be provided to the front desk that the spouse is actively seeking employment. Spouses seeking employment cannot self-certify they are actively seeking employment. Families can remain in a seeking status for up to 90 days, after which time a

45 day supplanting withdrawal notice will be issued if there is a family of higher priority on the waiting list. If an actively seeking spouse becomes employed, income verification must be turned into the CYP Program immediately. For student spouses, official verification from the registrar's office listing enrollment status and term dates is required every 90 days. If documentation of full-time enrollment is not provided every 90 days, a 45 day withdrawal notice will be issued to the family. If financial information is not provided at the time of enrollment, the family will be charged at the highest fee category. If you choose to dis enroll your child from the CYP Program, the sponsor **MUST** provide a 2-week notice **IN WRITING** to the front desk. If a 2-week notice is not provided, you are responsible to pay for the remaining two weeks whether your child attends the program or not. The installation commander (MSG/CC) only will suspend, terminate, and deny privileges for cause (to include, but is not limited to, continual behavior problems, lack of cooperation from parent, and failure to pay fees). The staff and Director will make every effort to discuss problems with parents to help resolve the situation prior to recommending termination of a child's enrollment.

_____CALL-OUTS: When a child is not going to be in attendance on a specific day(s) due to illness or other emergency, parents must notify the CYP. The CYP will contact parents by 0900 hours if the child does not arrive for care and notification was not provided.

_____MEDICAL INFORMATION: If your child has any medical conditions, chronic illnesses, allergies (including food allergies) or any special needs, please note this on AF Form 1181. **A special needs form will need to be completed by your child's doctor to determine necessary modifications. This must be done prior to enrollment.** If your child needs medication administered while participating in the CYP, an AF Form 1055 (Medication Permission Form) is **required** to be filled out. The AF Form 1055 will be initialed by the parent/guardian **ANNUALLY** to authorize administration of the "as needed" emergency medication. If medications are administered by staff daily it must be initialed **DAILY**. All medication, over the counter or otherwise, must be prescribed by a doctor and have the prescription label on the container or box, including a start/stop date. The parent must administer the first dose of medication prior to bringing it to the CYP. Out-of-date medication will not be administered. Staff members are trained in CPR, First Aid and medication administration. In the event your child may require emergency assistance, Emergency Medical Services will be contacted and you will be notified immediately. It is the parent's responsibility to ensure their home, duty, and emergency numbers are **UP TO DATE** on the AF Form 1181 at all times.

Prescription medication is administered during the hours of 1000 and 1400. If the health care provider directs medication to be administered 3 times per day, CYP personnel will administer the medication once during the typical day (10 hours of care). If the medication is to be administered 4 times per day, CYP personnel will administer the medication two times during a typical day (10 hours of care). If medication is to be administered 1 or 2 times a day, medication will not be administered in the CYP.

SPECIAL NEEDS: If your child has been diagnosed with a special need prior to enrolling in CYP, the child's developmental and/or medical requirements will be reviewed by the CYP Medical Advisor and a team of experts to include: the CYP Medical Advisor, the Medical Group Exceptional Family Member representative, the AFS Flight Chief, the Flight Training and Curriculum (T&C) Specialist, FCC Coordinator, the Exceptional Family Member Program Family Support Specialist, and others as determined by the installation convenes in order to determine if reasonable accommodations can be met. If the child is identified with a special need(s) after enrollment, the child's developmental and/or medical requirements must be reviewed by the CYP Medical Advisor and the team of experts listed above within 45 days.

FOOD PROGRAM: All food consumed in the CYP must comply with USDA Child/Adult Care Food Program requirements. Only foods prepared at or for the CDC/SAC are served for meals, snacks and special events. When the CDC/SAC is unable to provide foods required for a child/youth's medical condition, parents may provide food when prescribed in writing by the child/youth's health care provider and approved by the installation CYP Medical Advisor. The food must meet USDA CACFP guidelines and coordination for its safe storage will be made with the installation Public Health office. Any other food requests to bring food from home are not permitted. The CDC provides two types of infant formula (regular and soy-based). The CDC follows the Feeding Infants and Young Children Instructional Guide. Parents are welcome to eat with their children during mealtimes but will not be permitted to take food out of the building. Parents will be offered child-sized portions and will not be permitted to eat if their child is not present at the meal service table. Meal service times, for children on table food, are as follows:

Breakfast: 0800-0830

Lunch: 1100-1130

Afternoon Snack: 1400-1430

Evening Snack: 1700-1715

PROPER CLOTHING AND PERSONAL ITEMS: The CYP welcomes all children into our programs. Children are expected to arrive at the centers clean and ready to start their day. Children must be sent to the center dressed appropriately for play as they may engage in a variety of sensory activities throughout the day. Please send climate appropriate clothing with your child. We also recommend that you send at least two sets of clothing labeled with your child's name to be kept in their cubby. **Closed toe shoes must be worn at all times to protect children's feet. Staff members will refuse to accept a child into program with opened toed shoes. Children must be dressed within the regulations of the dress code policy.** No backless shirts, as well as no scarves, hats, hoodies or coats with ties/laces/draw strings, necklaces or loopy earrings may be worn. CYP Director/Assistant Director reserves the right to request an additional change of clothes for any child not following appropriate clothing guidelines. Our staff will make every effort to ensure your child's belongings stay with him/her. Please do not allow your child to bring toys from home since it may cause conflict between children. The program will not be held responsible for lost, misplaced, stolen, or damaged personal items.

_____TRANSPORTATION AGREEMENT: I hereby authorize the staff of the RAF Lakenheath CYP to transport my child to and from educational field trips. Prior notification will be communicated for planned field trips.

_____PHOTOGRAPHY/VIDEO RELEASE: I hereby give permission for my child to be photographed at RAFL CYP. I understand the only agencies authorized will be the CYP or the U.S. Forces agencies (Base magazine, AFN, Public Affairs, 48 FSS marketing, etc.) If there are any outside groups requesting permission, I understand I will be notified in advance.

_____SIGNING IN/OUT: For your child's safety, as well as the program's accountability, only a parent or person(s) designated by a parent on the AF Form 1181 may sign a child in/out of the program. A pick-up slip and picture identification is required for all individuals other than the sponsor/spouse when picking up a child. Siblings 14 years of age and older are permitted to sign children in/out. Your child must be signed in upon entering and signed out before leaving the classrooms. Additions to your child's 1181 must be made in person.

_____RELEASE OF INFORMATION POLICY: The program may disclose confidential information to authorized sources; such as, security forces, medical services, etc... only in the context of these standards, when legally permissible, and in the best interest of the child, will this occur.

_____CYP PARENT HANDBOOK: I have received, read, understood, and will abide by all of the information and guidance in the parent handbook.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE POLICIES MAY RESULT IN DENIAL OR SUSPENSION OF MY CDC PRIVILEGES.

Sponsor Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

RAFM CDC Representative Signature: _____

CHILD and YOUTH PROGRAMS
“MISSION ESSENTIAL”
Active Duty members only

In an effort to ensure the safety of our children and staff, the child and youth programs are requesting every family to identify if your unit/job is coded as “Mission Essential.” The purpose of this request is to have accountability and staffing during inclement weather, base closures or unforeseen circumstances. If you and your spouse are coded as “Mission Essential,” please complete the attached form and return to the front desk staff.

If both parents are considered “Mission Essential” the form needs to be complete by each members First Shirt/Supervisor. You can request a second form at the front desk.

***This does not include Down Days, Family Days or Goal Days. The program will continue to conduct surveys for these designated days and a refund will be provided if you do not require care.**

Name	
Work #	
Cell/Home #	
Unit Squadron	
First Shirt Name	
Supervisor Name	
Commander Name	

First Shirt/Supervisor Signature: _____
Date: _____

For CDC Use only

Received by:

(Director/Assistant Director)

**RAF MILDENHALL CHILD DEVELOPMENT CENTER
CHILD INFORMATION
ALLERGY AND ASSESSMENT FORM**

Child's Name: _____

Please review the list below, mark all those that apply to your child and specify the type of special needs and/or medical condition(s):

- Food Allergies (Specify) _____
- Behavior Disorder (Specify) _____
- Physical Disabilities (Specify) _____
- Speech/Language Disorder _____
- Hearing Impaired _____
- Developmental Delay _____
- Diabetes _____
- Asthma _____
- Vision Impaired _____
- ADHD (Attention Deficit Hyperactivity Disorder) or
ADD (Attention Deficit Disorder) _____
- Breathing Difficulties _____
- Heart Monitor _____
- Seizures _____
- Lead Poisoning _____
- Currently on IFSP or IEP _____
- Other Medical or Mental Conditions _____

Allergy Action Plans must be provided for any child who has a reactive response to foods, insects, etc., where medication is prescribed.

By signing below, I agree that the information above is current and accurate. I permit the RAF Mildenhall CDC to post my child's allergy or chronic medical information (with or without pictures) in the classroom. This information will be under the Privacy Act of 1974 and available to staff only. Allergy and chronic medical information will be posted in a similar location and the same way in every activity room, in the kitchen, and available at the front desk.

Parent Signature

Date

**RAF MILDENHALL
CHILD DEVELOPMENT CENTER
ENROLLMENT AND CONTACT INFORMATION FORM**

Child's Full Name: _____ Start Date: _____
Child's Nickname: _____ Date of Birth: _____
Name of Sponsor: _____ Squadron/Office Symbol: _____
Rank/Grade: _____ E-mail address: _____
Sponsor Contact Info Home: _____ Work: _____ Cell: _____
Name of Spouse: _____ Squadron/Employer: _____
Rank/Grade: _____ E-mail address: _____
Spouse Contact Info Home: _____ Work: _____ Cell: _____

GENERAL INFORMATION

What language(s) are spoken at home? _____
Does your child have any allergies? YES ___ NO ___
If yes, what are they? _____
If yes, have you provided an allergy action plan? YES ___ NO ___
Is your child on any special medicine or treatment year round? YES ___ NO ___
If yes, please describe: _____
Are there any family members living in the home? YES ___ NO ___
Please give names and ages of siblings or relationship to child: _____

Is there anything you would like to share with us about how you celebrate traditions, customs and holidays with your family so that we might enhance the way we do it in our program?

What does your child enjoy doing at home? _____
What does your child enjoy doing alone? _____
What does your child enjoy doing with siblings or friends? _____
What does your child enjoy doing with his/her parents/guardian? _____

Has your child had any other daycare experiences? YES ___ NO ___
Is yes, please describe: _____
How does your child behave around unfamiliar adults (i.e. new caregivers)? _____

Does your child take a nap? YES ___ NO ___
For how long? _____
Does your child sleep with a special toy or blanket? YES ___ NO ___
If yes, please explain or describe? _____
Describe your naptime ritual at home (i.e. rub back, read a story, light music etc) _____

What do you feel are your child's strengths and weaknesses? _____

INFANT (6weeks-12 months)

Does your child usually fall asleep on his back or stomach? _____
Describe how you know when your child is hungry? _____
Describe your child's eating pattern? _____
Is your child exclusively breast fed, bottle fed, or formula fed? (please specify type of formula) _____
How many ounces per hour is your child drinking? _____
Describe how you know when your child is tired? _____
Can your child roll from belly to back or vice versa? YES ___ NO ___
Can your child sit up on his or her own? YES ___ NO ___
Can your child crawl? YES ___ NO ___
Can your child pull up? YES ___ NO ___
Can your child walk? YES ___ NO ___

INFANT/PRE-TODDLER (6-24 months)

Can your child feed him/herself? YES NO

Does your child use a cup? YES NO

Does your child use a spoon? YES NO

Does your child use fingers to feed him/herself? YES NO

Does your child eat strained foods? YES NO

Please list jarred/puréed foods you have introduced (children under 12 months and not on whole food):

Does your child eat solid food? YES NO

Does your child drink whole milk? YES NO

Does your child drink from a sippy cup? YES NO

What are some of your child's favorite foods? _____

What are some of the foods your child least likes? _____

TODDLER/PRESCHOOL (24-60 months)

Does your child have difficulty communicating his or her needs or do you have difficulty understanding your child?
(please describe) _____

Does your child cry before falling asleep? YES NO

Is your child potty trained? YES NO

Comments: _____

Does he or she need to be reminded to go to the toilet? _____

Does your child have any specific fears? _____

What is your child's eating pattern? _____

Does your child help out at home? YES NO

If yes, please describe? _____

Does your child have a favorite toy or activity? YES NO

If yes, please describe: _____

Does your child have difficulty communicating his needs or do you have difficulty understanding your child?

YES NO If yes, please describe: _____

Are there any behavioral or developmental areas that concern you? YES NO

If yes, please describe: _____

Does your child show a left or right hand preference? _____

What types of foods are your child's favorites? _____

What types of foods are your child's least favorites? _____

Is there any additional information you would like us to know about your child?

Mildenhall CDC

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time)
- Your payment is always on time, eliminating late charges

Here is How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa or MasterCard. You will be charged each billing cycle for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under the amount authorized below, plus any late fees accrued and Kids Night Out charges.

Please complete the information below:

I _____ authorize Mildenhall CDC to charge my credit card for indicated child(ren) (full name) _____.

Monthly, the 2nd of each month for payment of my tuition.

OR

Weekly, the first business day of each week for payment of my tuition.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard

Card Holder Name _____

Card Number _____

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

SIGNATURE _____

DATE _____

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



DEPARTMENT OF THE AIR FORCE 48TH FIGHTER WING (USAF)

MEMORANDUM FOR PARENTS/GUARDIANS OF CHILDREN ENROLLED IN RAF LAKENHEATH AND RAF MILDENHALL CHILD AND YOUTH PROGRAMS (CYP)

FROM: 48 MDOS/SGOC

SUBJECT: Annual Permission to Apply Sunscreen, Hand Sanitizer, Diaper Ointment, Lip Balm, and Lotion

1. To ensure your child's health is protected while they are in the program, the following procedures and non-prescription treatments have been approved by the CYP Medical Advisor. Your permission to administer any one of these treatments must be provided on an annual basis. **Please sign where indicated that you are giving permission.**
2. Children six months and older need to be protected from the sun and the use of a sunscreen such as Coppertone Water Babies SPF50 Sunscreen is approved. Sunscreen needs to be applied 20 minutes before sun exposure in order to be most effective. Only sunscreens approved by the CYP Medical Advisor AND purchased by CYP will be applied to children/youth. Any exception to the approved sunscreens must be purchased by the parent guardian and accompanied with a detailed note signed by a health care provider and updated annually. For children less than six months the American Academy of Dermatology (AAD) does not recommend sun block be used because of the possibility of overheating. The AAD guidelines suggest keeping infants under 6 months out of direct sun and covering with protective clothing. Sun exposure time will be limited and peak sun times will be avoided (1000-1400 h o u r s).

_____PERMISSION GRANTED

3. Purell Hand Sanitizer is approved for use for children 2 years and older in the CYP and only to be used when soap and water is not available.

_____PERMISSION GRANTED

4. Diaper ointment will be used to treat minor cases of diaper rash only when evidence of a minor rash irritation is present, not as a prevention measure. Parents will provide the CDC with non- medicated diaper ointment.

_____PERMISSION GRANTED

5. Lip balm and over the counter (OTC) lotion will not be provided by the program. If you would like it applied to your child, only non-medicated brands will be accepted. **Lip balm must be non-flavored.**

_____PERMISSION GRANTED

6. Any ointments, lotions, sunscreens and/or lip balms brought into the program must be clearly labeled with your child's first and last name, date brought into the program, must be current (not expired) and given directly to a CYP staff member.
7. The program uses Caring for Our Children: Health and Safety Guidelines for Out-of-Home Care as general guide on health issues not covered by AF134-144. If you need clarification or would like additional guidance please speak with the CYP Director or Assistant Director. Your cooperation is necessary and greatly appreciated.

Digitally signed by

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DIANA L. KOFRON. Maj, USAF, CPNP CYP Medical Advisor RAF Lakenheath & RAF Mildenhall



**CHILD DEVELOPMENT CENTER
CHILD HEALTH ASSESSMENT FORM**

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

FOR OFFICIAL USE ONLY. This form may contain personal medical information protected by the Privacy Act of 1974 (see AFI 33-332) and the Health Insurance Portability and Accountability Act (HIPPA) (see DoD 6025.18-R) not intended for disclosure outside government channels and exempt from mandatory disclosure under the Freedom of Information Act, 5 U.S.C., 552.

Exemption 6 may apply. Title 5, U.S.C. 552a, The Privacy Act of 1974, as amended, which affords individuals the right to privacy in records maintained and used by Federal agencies. NOTE: 5 U.S.C. 552a includes Public Law (PL) 100-503, The Computer Matching and Privacy Act of 1988.

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

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

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

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Allergies: <input type="checkbox"/> None
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Is the above mentioned child covered by TRICARE for health emergencies?	Y	N		
Does the above mentioned child have health and accident insurance other than TRICARE?	Y	N	Insurance Carrier	Policy/Group#

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

Sponsor's Signature:	Date:
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PART B: TO BE COMPLETED BY THE CHILD'S HEALTH CARE PROVIDER

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

None

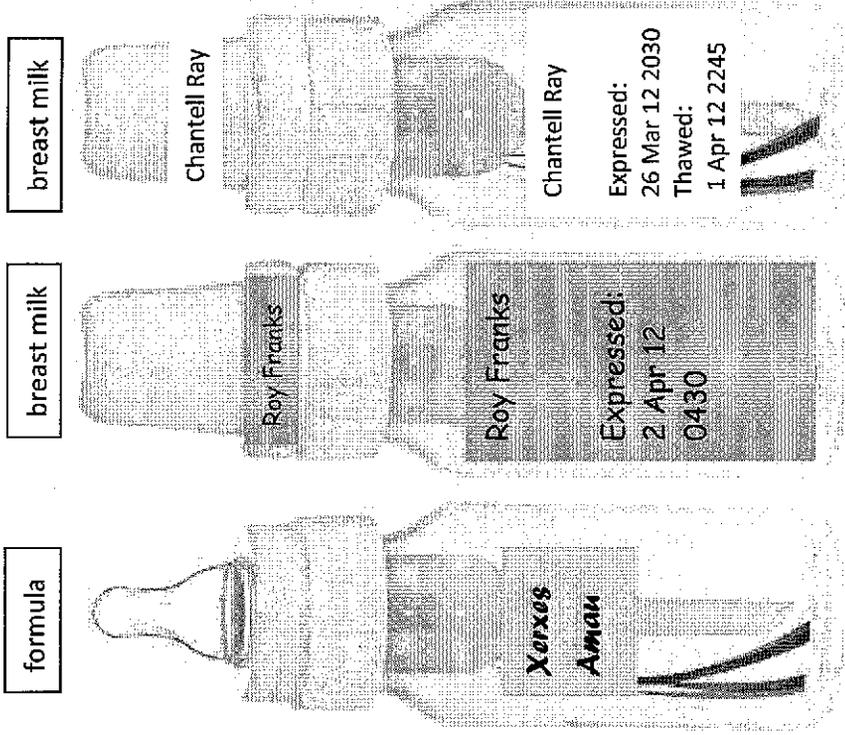
HEALTH CARE PROVIDER'S STATEMENT: I have examined the above named child and/or reviewed their records and find that he/she is current for age-appropriate routine screenings, immunizations and medically able to participate in the program.

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

Use of a label maker for your child's name is strongly encouraged. Caring for Our Children (the AAP reference for health issues in child care) requires bottles be "identified with a label which won't come off in water or handling".



Parents are asked to securely affix their infant's first and last names to both the bottle and cap/lid. Formula bottles will be prepared here at the CDC and formula containers will be identified with the type of formula and date and time made in the kitchen. Formula can be used for up to 24 hours.

Breast milk bottles need to be labeled with the infant's first and last name on both the bottle and cap/lid. Additionally, the date and time the milk was expressed must be indicated. If the milk was previously frozen, the date and time it was removed from the freezer to the refrigerator to be thawed must be on the bottle as well. Breast milk bottles can be used for up to 24 hours after being expressed/thawed.



**DEPARTMENT OF THE AIR FORCE
48TH FIGHTER WING (USAF)**

**MEMORANDUM FOR RAF MILDENHALL AND RAF LAKENHEATH CHILD AND
YOUTH PROGRAMS**

FROM: 48 MDOS/SGOC

SUBJECT: CHILD AND YOUTH PROGRAMS ILLNESS AND EXCLUSION POLICY

1. The medical providers at the 48 MDG/SGOC wish to share a consistent health care message with the Child and Youth Programs (CYP) for RAF Lakenheath and RAF Mildenhall. These guidelines were generated to provide criteria for exclusions from the CYP; which includes Child Development Centers, Youth Programs and Family Child Care Programs. They are based on guidelines from the American Academy of Pediatrics (AAP) Managing Infectious Diseases in Child Care and Schools, Current Edition and Air Force Instruction 34-144, 2 March 2016.
2. Parents will be called to pick up the child if one of the following exists:
 - The child is unable to participate comfortably in activities as determined by child care staff or requires greater care than staff members can provide without compromising their ability to care for other children.
 - Severe illness suggested by fever (101 or greater) with behavior changes, lethargy, irritability, persistent crying, difficulty breathing, progressive rash with above symptoms.
 - Fever of 101° F (38.3° C) orally/tympanic, or above 102° F (38.9° C) rectally, or measured by an equivalent method) and behavior change or other signs and symptoms (e.g. sore throat, rash vomiting, diarrhea, cough, runny nose). Get professional medical advice when an infant younger than 4 months has an unexplained fever. An infant younger than 2 months who has a temperature over the above limits should be medically evaluated within an hour.
 - Two or more episodes of diarrhea – defined by more frequent stools or decreased form of stool that is not associated with changes of diet -- if stool is not contained in diaper or if child is toilet-trained and the diarrhea is causing “accidents.”
 - A health professional must clear the child for readmission for all cases of bloody diarrhea and diarrhea caused by Shigella, Salmonella, STEC, Cryptosporidium, or Giardia intestinalis.
 - Two or more episodes of vomiting in preceding 24 hours, unless vomiting is determined to be caused by non-communicable condition and the child is not in danger of dehydration.
 - Persistent abdominal pain that continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
 - Mouth sores with drooling that the child cannot control/contain, unless a medical provider states that the child is noninfectious.
 - Rash with fever or change in behavior.
 - Skin lesions if weeping or draining and cannot be covered with a waterproof dressing.

- Other conditions with specific diagnoses as follows:
 - Streptococcal pharyngitis (i.e., strep throat or other streptococcal infections), until 24 hours after treatment has been started
 - Head lice or nits, until after first treatment (exclusion is not necessary before the end of the day)
 - Scabies, until after treatment has been given
 - Chickenpox (varicella) until all lesions have dried or crusted (usually 6 days after onset of rash)
 - Rubella, until 7 days after the rash appears
 - Pertussis, until 5 days of appropriate antibiotic treatment
 - Mumps, until 5 days after onset of parotid gland swelling
 - Measles, until 4 days after onset of rash
 - Hepatitis A virus infection, until 1 week after onset of illness or jaundice
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

3. The child will be able to return to the center when signs and symptoms have resolved for a period of 24 hours, symptom-free, without the use of antipyretics (Tylenol, Motrin, Ibuprofen, etc.) or a health professional has determined the child's condition does not require exclusion. For impetigo, strep throat or other streptococcal infections, children will be readmitted 24 hours after the initial antibiotic treatment. A child sent home with a rash, will be readmitted when a physician has determined that the illness is not a communicable disease or has been on antibiotic medication for at least 24 hours. If head lice, nits or ringworm are suspected, the parent will be contacted. The child will be able to stay until end of the program day. The child may return to the program after receiving first treatment and ringworm is covered. Management reserves the right to exclude a child who has been cleared by a health professional, if the symptoms/illness result in a greater need for care than the staff of the program can provide, without compromising their ability to care for other children. All exclusions require a 24 hour waiting period regardless of whether a child is evaluated by a medical provider.

4. Other conditions with specific diagnoses that may require temporary exclusions will be handled on a case-by-case basis through consultation with the CYP Medical Advisor, referencing the American Academy of Pediatrics Managing Infectious Diseases in Child Care and Schools. A copy of this guide is maintained at the front desk of the CYP facility.

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DIANA L. KOFRON, Maj, USAF, CPNP
CYP Medical Advisor
RAF Lakenheath & RAF Mildenhall

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Chief, Child and Youth Services Flight
48 FSS/FSY RAF Lakenheath, UK

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