



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 92D AIR REFUELING WING (AMC)  
FAIRCHILD AIR FORCE BASE WASHINGTON

1 February 2011

MEMORANDUM FOR CHILD DEVELOPMENT CENTER AND SCHOOL AGE  
PROGRAM APPLICANTS

FROM: 92 FSS/FSF

SUBJECT: Child Care Enrollment

1. Thank you for choosing the Fairchild Child Development Center (CDC) and/or School Age Program (SAP). We understand you have a choice in child care and appreciate your interest in our program. Both programs are DoD Certified and have earned Accreditation status through their respective national accrediting organizations. We strive to offer quality, affordable and accessible child care options.
2. The programs have eligibility requirements. We also give priority for care to single and dual active duty military (to include activated Guard and Reservist) members and DoD civilians. There are occasions when the demand for care exceeds the capacity of the facility. We maintain a waiting list in each facility to properly track children according to program eligibility and age groups. You will receive a copy of our Program Eligibility and Waiting List procedures memorandum in your enrollment package. We ask all families to complete the DD Form 2606, *Department of Defense Child Development Program Request for Care Record*, whether you will be enrolled immediately or placed on a waiting list. Please understand that a request for care may not guarantee immediate placement.
3. If you are a family expecting a child, you may complete the DD Form 2606 at any time. Your information will be placed in an inactive file until the birth of your child. It is the family's responsibility to contact the CDC when the child has been born. The child will then be placed on the waiting list using the request for care date.
4. We are thrilled to be considered for your child care needs and look forward to developing a strong relationship with you and your child(ren). If you have any questions, please contact the CDC at 247-2403 or the Youth Center at 247-5601.

A handwritten signature in cursive script that reads "Janna Keller".

JANNA KELLER, GS-12  
Chief, Airman & Family Services Flight



**DEPARTMENT OF THE AIR FORCE**  
HEADQUARTERS 92D AIR REFUELING WING (AMC)  
FAIRCHILD AIR FORCE BASE WASHINGTON

25 Oct 11

MEMORANDUM FOR CHILD DEVELOPMENT CENTER AND SCHOOL AGE  
PROGRAM APPLICANTS

FROM: 92 FSS/CC

SUBJECT: Program Eligibility and Waiting List Procedures

1. This memorandum explains the procedures used to determine program eligibility and priority placement of children on the waiting list within the Child Development and Youth Centers. Active duty (AD) military includes members on activated Guard and Reservist orders. DoD civilians include individuals assigned to appropriated fund (APF) and non-appropriated fund (NAF) positions.
2. In accordance with AFI 34-248 Child Development Centers, AF 34-249 Youth Programs and the current Air Force Inspection Year Criteria, the following priorities have been established:
  - a. Priority 1 – Single AD military/DoD Civilian
  - b. Priority 2 – Dual AD military/DoD Civilians or AD military with DoD Civilian spouse
  - c. Priority 3 – AD military/DoD Civilian with a spouse who works full time, volunteers for over 20 hours per week on a regular basis or is a full-time student (Students are considered full-time when enrolled for a minimum of 12 semester hours during the school year and 6 semester hours during the summer or the equivalent quarter hours. Only 5% of childcare spaces may be reserved for volunteers.)
  - d. Priority 4 – DoD Contractors, Michael Anderson Elementary School employees or AD Military/DoD Civilian with a non-working spouse
3. Parents interested in utilizing our programs must complete a DD Form 2606, *Department of Defense Child Development Program Request for Care Record*. The DD Form 2606 may be submitted to the Child Development or Youth Center.
4. There are occasions when the demand for care exceeds the capacity of the facilities. Waiting lists have been developed to properly track children according to program eligibility priorities and age groups. A child will automatically be moved to the next waiting list age-group 30 days prior to his/her birth date. Families PCSing to Fairchild will be requested to submit a copy of their orders along with the DD Form 2606. This information will be placed in an inactive file until arrival. Once the program has been contacted regarding arrival, the request for care will be placed on the active waiting list in the correct priority order.
5. Waiting lists will be revalidated every 2 months. When slots become available, parents will be contacted in order of priority and application date. Every attempt will be made to contact parents. For this reason, it is necessary to include home, work and cell phone numbers as well as email addresses. It is the parent's responsibility to ensure contact information remains accurate.

The program will move on to the next individual on the waiting list if contact has not been made after 48 hours.

6. Parents who are offered a slot have 48 hours to decide if they will accept. The child's start date will be no later than 2 weeks after the acceptance date. Parent deciding to decline the slot may remain on the waiting list but will go to the end of the list for their priority. Choosing to decline and go to the end is a one-time option. Should the parent choose to decline for a second time, the request for care will be removed from the waiting list. Another DD Form 2606 will need to be accomplished when care is actually needed.

7. Individuals enrolled at the Child Development or Youth Center under Priority 4 may be terminated from enrollment (with a 30 day notification) should individuals in Priorities 1-3 require care. Any Priority 4 family with a non-working spouse has 90 days from enrollment to obtain full-time employment or become a full-time student. Termination may be required after those 90 days should their priority not change. DoD Contractors and Michael Anderson Elementary School employees will be permitted to enroll their children on a space available basis.

8. When a family's status changes (i.e., the spouse no longer has full-time employment or is no longer a full-time student) the spouse has 90 days to obtain full-time employment/student status to prevent termination of care.

9. If a parent withdraws their child from the program during their deployment, the child's name will be placed at the top of the waiting list for their age-group and remain there until the parent returns from deployment. If immediate placement is not available upon return, the program will assist in making temporary child care arrangements in a licensed Family Child Care home.

10. Wounded Warriors (WW) who require child care must be enrolled in a Service-sponsored WW program. The child's name will be placed at the top of the waiting list upon receipt of a copy of orders reflecting disability, illness or injury received during combat duty. If immediate placement is not available upon return, the program will assist in making temporary child care arrangements in a licensed Family Child Care home.

11. Dependents of combat-related Fallen Warriors will be authorized to use the Child Development and Youth Centers until the age of 12 provided the surviving spouse is in a full-time employed/student status.

12. We look forward to serving you and your family in our programs. Should you have questions or concerns, please contact my POC Ms. Janna Keller at DSN 657-5307 or COMM 509-247-5307.

13. This supersedes all previous memorandums on the same subject.



R. SEAN BAILEY, Major, USAF  
Commander, 92d Force Support Squadron

**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM  
REQUEST FOR CARE RECORD**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** PL 101-89 Sec. 1507; EO 9397.

**ROUTINE USE(S):** None.

**PRINCIPAL PURPOSE(S):** To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.

**DISCLOSURE:** Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists.

<b>1. DATE OF REQUEST (YYYYMMDD)</b>	<b>2. EXPIRATION DATE (YYYYMMDD)</b>
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**3. FAMILY INFORMATION**

<b>a. SPONSOR'S NAME (Last, First, Middle Initial)</b>		<b>b. SPOUSE'S NAME (Last, First, Middle Initial)</b>	
<b>c. CHILD'S NAME (Last, First, Middle Initial)</b>		<b>d. CHILD'S DATE OF BIRTH (YYYYMMDD)</b>	<b>e. CHILD'S AGE</b>
<b>f. HOME ADDRESS (Street, City, State, Zip Code)</b>		<b>g. SPONSOR'S BRANCH OF SERVICE</b>	
		<b>h. DUTY ORGANIZATION</b>	
<b>i. HOME TELEPHONE NUMBER (Include Area Code)</b>		<b>j. DUTY TELEPHONE NUMBER (Include Area Code)</b>	

**k. SIBLING CARE (Complete a separate form and list name and date of birth for each child requiring care)**

(1) NAME (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)	(1) NAME (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)

**4. PROGRAM(S) DESIRED (X as applicable)**

<b>a. FULL-DAY CARE</b>	<b>e. FAMILY DAY CARE (FDC)</b>	<b>5. AGE GROUP (X one)</b>
<b>b. PART-DAY CARE</b>	<b>f. PART-DAY ENRICHMENT</b>	<b>a. INFANTS (0 - 12 months)</b>
<b>c. SCHOOL-AGE</b>	<b>g. DAY CAMP</b>	<b>b. TODDLERS (13 - 35 months)</b>
<b>d. SPECIAL NEEDS</b>		<b>c. PRESCHOOL (3 - 5 years)</b>
		<b>d. SCHOOL AGE (5+ years)</b>

**6. SPONSOR STATUS (X one)**

<b>a. SINGLE MILITARY</b>	<b>e. SINGLE DOD CIVILIAN</b>	<b>i. MILITARY/UNEMPLOYED SPOUSE</b>
<b>b. DUAL MILITARY</b>	<b>f. RETIRED MILITARY</b>	<b>j. MILITARY/OTHER THAN DOD SPOUSE</b>
<b>c. MILITARY/DOD SPOUSE</b>	<b>g. MILITARY RESERVE</b>	<b>k. OTHER (Specify)</b>
<b>d. DUAL DOD CIVILIANS</b>	<b>h. NATIONAL GUARD</b>	

**7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)**

<b>a. FDC ON-INSTALLATION</b>	<b>d. CIVILIAN CDC</b>	<b>g. IN-HOME CARE</b>
<b>b. FDC OFF-INSTALLATION</b>	<b>e. MILITARY ALTERNATE CARE</b>	<b>h. NO PRESENT CARE</b>
<b>c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)</b>	<b>f. NON-MILITARY ALTERNATE CARE</b>	<b>i. OTHER (Specify)</b>

**8. GENERAL INFORMATION (X and complete as applicable)**

<b>YES</b>	<b>NO</b>	<b>a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? (If Yes, estimate average annual income lost)</b>	<b>YES</b>	<b>NO</b>	<b>c. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation)</b>
		<b>b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?</b>	<b>d. CURRENT COST OF CARE PER WEEK (If child is currently in care)</b>		

**9. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only)**

	(1)	(2)	(3)	(4)	(5)
<b>a. DATE CALLED (YYYYMMDD)</b>					
<b>b. DECLINED/ PLACED</b>					
<b>c. COMMENTS/ INITIALS</b>					
<b>d. PLACEMENT TIME (in months)</b>					

# Child Placement Questionnaire

## Fairchild AFB Child and Youth Programs

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Facility: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**1. Does your child have any of the following conditions? (Please mark)**

- |  |   |
|--|---|
| <input type="checkbox"/> a. Visual Impairments/Blindness | <input type="checkbox"/> j. Asthma/Respiratory Problems                   |
| <input type="checkbox"/> b. Hearing Impairments          | <input type="checkbox"/> k. Speech/Language Delays                        |
| <input type="checkbox"/> c. Physical Disabilities        | <input type="checkbox"/> l. Allergies (meds, food,)                       |
| <input type="checkbox"/> d. Kidney Problems              | <input type="checkbox"/> m. Behavior/Conduct Concerns                     |
| <input type="checkbox"/> e. Epilepsy/Seizures            | <input type="checkbox"/> n. Diabetes                                      |
| <input type="checkbox"/> f. Autism/PDD                   | <input type="checkbox"/> o. Attention Deficit/Hyperactivity<br>(ADHD/ADD) |
| <input type="checkbox"/> g. Heart Problems               | <input type="checkbox"/> p. Learning Disability                           |
| <input type="checkbox"/> h. Hemophilia/Sickle Cell       | <input type="checkbox"/> q. Other   |
| <input type="checkbox"/> i. Developmental Delays         |   |

**2. Please explain any condition marked above:**

**3. Is your child taking any medication for his/her condition? If so, please specify.**

**4. Is your child receiving Physical, Occupational, or Speech Therapy? If so, please explain.**

**5. Is your child receiving services from At Risk or Developmental Preschool (ECEAP, Michael Anderson) or Pediatric Behavioral Medicine?  Yes  No If yes, please explain.**

**6. Does your child have an IFSP, IEP or Treatment/Therapy/Behavior Plan?  Yes  No**

**7. Are you enrolled in the Exception Family Member Program (EFMP)?  Yes  No**

\_\_\_\_\_  
Signature of Parent/Sponsor/Guardian

\_\_\_\_\_  
Home/Duty Phone

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, THE FORM WILL BE FORWARDED TO THE MEDICAL ADVISOR. PLEASE NOTE THAT WE WILL NEED MEDICAL DOCUMENTATION FOR ANY ALLERGIES OR SPECIAL NEEDS TO GUIDE STAFF TRAINING AND ENSURE YOUR CHILD'S INDIVIDUAL NEEDS ARE BEING MET.**