



# MCCS, Children, Youth, and Teen Programs (CYTP) After Hours Care for Group/Unit Events

To schedule any after-hours childcare support, please contact the CYTP program you wish to utilize:

- MCAS Child Development Center: [rogershm@usmc-mccs.org](mailto:rogershm@usmc-mccs.org).  
Phone: (843)228-7290
- Parris Island Child Development Center: [martinezv@usmc-mccs.org](mailto:martinezv@usmc-mccs.org).  
Phone: (843)228-3514
- Laurel Bay Youth Center: [ashley.a.utsey@usmc-mccs.org](mailto:ashley.a.utsey@usmc-mccs.org).  
Phone: (843)228-1668
- Parris Island Youth Center: [ashley.a.utsey@usmc-mccs.org](mailto:ashley.a.utsey@usmc-mccs.org).  
Phone: (843)228-7640

### COORDINATING CHILDCARE:

Recommend childcare requests be coordinated a minimum of two weeks prior to the event date (or required date). Early coordination in advance of the required date will allow sufficient time to disseminate childcare specifics to your families (e.g. time, location, reservation and registration requirements, etc.). Please submit your request for childcare support to the Directors listed above and identify the date, time, and type of event (e.g. "Monthly Family Readiness meeting" or "Dining In"). The request for childcare support may be submitted by the FRO or any other unit representative.

### LOCATION/TIME OF CHILDCARE SUPPORT:

Location will depend on the date and time childcare is required. Typically, childcare is not available during Federal Holiday periods. Childcare in support of special events scheduled Monday through Friday cannot begin prior to 1800 (evening event). Some exceptions may be allowed. Childcare support can also be requested during the normal operating hours of our CDCs and Youth Centers Monday through Friday (0500 to 1800, daytime event).

### CHILD REGISTRATION:

Prior to receiving childcare at a FCP facility, parents must complete/provide the following: 1). CYTP Registration Form, 2). Statement of Special Needs, and 3). USDA Form, and 4). Child's up-to-date immunization (DHEC) form.

### COST FOR CARE:

The number of staff scheduled to provide after-hours child care will be dependent upon the ages and number of children requiring care. Mandated child to staff ratios will be maintained, and cost is \$20.00/hour/staff member.

### **Staff to Child Ratios:**

Infant (6 wks - 12 mos)	1 staff member per 4 children
Pre-Toddler (12-24 months)	1 staff member per 5 children
Toddler (2 years)	1 staff member per 7 children
Preschool (3-5 years)	1 staff member per 12 children
School Age (6-12)	1 staff member per 15 children

**Scenario 1:** 20 children: 4 infants (1 staff); 5 toddlers (1 staff); 10 preschool (1) staff. Total cost per hour of service is \$60.00 for 3 staff members.

**Scenario 2:** 18 children: 6 infants (2 staff); 7 toddlers (1 staff); 6 school- age (1 staff). Total cost per hour of service is \$80.00 for 4 staff members.

**Note:** A minimum of two employees shall be scheduled during any event

Should you have any additional questions please contact the individual Program Director by phone or e-mail.



Children, Youth and Teen After Hours Contract

Sponsoring Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Event Date \_\_\_\_\_  
 Location \_\_\_\_\_  
 # staff x \$20.00 \_\_\_\_\_  
 Hours of service \_\_\_\_\_  
 TOTAL \_\_\_\_\_

Unit Representative's Name/Signature \_\_\_\_\_  
 \_\_\_\_\_

**Sponsor's Commitment**

Ensure all parents with children wishing to utilize care provide the center South Carolina DHEC form with current immunizations, Registration form, and Statement of Special Needs (if not currently enrolled in either CDC or Youth Center) three days prior to event.

Is responsible for the fee of \$20.00 per hour per staff member.

**MCCS's Commitment**

MCCS is responsible for providing trained Program Assistant in sufficient numbers to ensure proper staff to child ratios are maintained during the event.

MCCS is responsible for taking the reservations for the event and keeping you aware of the number of reservations.

**Payment**

Payment is due no later 10 days following the event.



# AFTER-HOURS CONTRACTED HOURLY CARE INFORMATION



1. Each child must have a current SC Certificate of Immunization on site at the time of care.
2. Each child must have a completed Registration Form and Statement of Special Needs.
3. Children may not wear open-toed shoes in order to prevent injury.
4. Dinner and snacks are to be provided by the parents. All Children, Youth and Teen Programs are peanut-free. We ask that meals and snacks not contain peanuts or peanut byproducts due to peanut allergies in children. Please do not send grapes, hot dogs, or other foods that pose a choking hazard.
5. Meals may not require any cooking or microwaving.
6. Infant cereal may not be mixed with formula. Bottles and sippie cups must be labeled with the child's name and date.
7. Parents of children with allergies/special needs should contact the facility prior to care to ensure that the needs of the child can be met during care.
8. Medication cannot be given to hourly care children. Exceptions must be approved by the Director on a case-by-case basis prior to care.
9. We are a latex-free facility - please do not bring latex products into the program.

**MCCS-SC BEAUFORT  
CHILD CARE RESOURCE & REFERRAL PROGRAM  
STATEMENT OF SPECIAL NEEDS**

MCCS-SC Beaufort is committed to including children with special needs in regional Child Development Programs. Special needs may require smaller group size, a teacher or provider with special skills or training, or physical changes to a classroom. Completing this statement will help us identify any accommodation your child may need. Please check items below that apply to your child:

- \_\_\_\_\_ 1 Asthma
- \_\_\_\_\_ 2 Apnea
- \_\_\_\_\_ 3 Autism (to include PDD non-specific, Asperger's Syndrome, or any Pervasive Developmental Disorder)
- \_\_\_\_\_ 4 Allergies - severe allergies to bee stings, severe environmental allergies or severe food allergies - severe means "life threatening reaction occurs on contact with allergen
- \_\_\_\_\_ 5 Chromosomal disorder such as Down Syndrome, Velo-Cardio Facial Syndrome, X-Chromosome Disorders or a mutation of any chromosome.
- \_\_\_\_\_ 6 Seizure Disorder
- \_\_\_\_\_ 7 Diabetes
- \_\_\_\_\_ 8 Premature birth - born before 36 weeks gestation
- \_\_\_\_\_ 9 Developmental Disability (mental Retardation)
- \_\_\_\_\_ 10 Developmental Delay to include communication/speech delay, social/emotional delay, motor/physical skill delay
- \_\_\_\_\_ 11 Attention Deficit Hyperactivity disorder with or without Hyperactivity (ADHD)
- \_\_\_\_\_ 12 Severe Behavior disorder (SBI)
- \_\_\_\_\_ 13 Obsessive compulsive Disorder (OCD)
- \_\_\_\_\_ 14 Other mental health conditions such as Paranoia or Schizophrenia
- \_\_\_\_\_ 15 Hearing loss or deafness
- \_\_\_\_\_ 16 Vision loss, or blindness
- \_\_\_\_\_ 17 Inability to walk, to include children using a wheel chair (children 18+ months)
- \_\_\_\_\_ 18 Suffered severe physical trauma, due to incidents such as, auto accident, severe fall, physical abuse, etc.
- \_\_\_\_\_ 19 Suffered severe emotional trauma, due to incidents such as, auto accident, severe fall, physical abuse, death in family, chronic illness, etc.
- \_\_\_\_\_ 20 Digestive Disorder, Specify \_\_\_\_\_
- \_\_\_\_\_ 21 Respiratory, disorder, specify \_\_\_\_\_
- \_\_\_\_\_ 22 Chronic Heart condition
- \_\_\_\_\_ 23 Disorder of the spine or skeletal system such as scoliosis
- \_\_\_\_\_ 24 Missing limb
- \_\_\_\_\_ 25 Blood disorder such as Hemophilia
- \_\_\_\_\_ 26 Other condition not listed, specify \_\_\_\_\_
- \_\_\_\_\_ 27 Member of Exceptional Family Member (EFM) Program
- \_\_\_\_\_ 28 NONE

**NOTE:** If your child is HIV positive, do not indicate on this form. To safeguard your child's confidentiality, please reveal your child's HIV status only to the program director.

Child's Name: \_\_\_\_\_ (Please Print)                      DOB: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

# APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES

*(Read Instructions on back before completing form.)*

OMB No. 0704-0515  
OMB approval expires  
May 31, 2017

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

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

## PRIVACY ACT STATEMENT

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

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

**ROUTINE USE(S):** Department of the Army records may be disclosed to civilian health and welfare departments/agencies in emergencies. Department of the Navy records may be disclosed to local, state and Federal officials involved in child care services, if required, in the performance of their official duties relating to child abuse reporting and investigations. Department of the Air Force records may be disclosed to civilian health and welfare departments/agencies in emergency situations. DoD Blanket Routine Uses 1 (Law Enforcement), 4 (Congressional Inquiries), 6 (Required by International Agreement), 9 (Department of Justice for Litigation), 12 (National Archives and Records Administration), and 15 (Data Breach Remediation) specifically apply to this system. Other DoD Blanket Routine Uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> may apply to these records. Any release under a blanket routine use will be compatible with the purpose of the collection.

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

## SECTION I - DEPENDENT CHILDREN

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

## SECTION II - ANNUAL FAMILY INCOME

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

## SECTION III - CERTIFICATION OF SPONSOR/DESIGNEE

*(Required for Category I - IX. Please read the following statement carefully before signing.)*

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

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

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

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

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

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

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

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

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

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

### Section I.

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

### Section II.

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

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

### Section III.

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