



REPLY TO
ATTENTION OF

IMWE-HOD-MWC

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT HOOD
FORT HOOD, TEXAS 76544-5000

OCT 26 2010

**FORT HOOD CHILD, YOUTH & SCHOOL SERVICES (CYSS)
KIDS ON SITE (KOS)
STANDING OPERATING PROCEDURE (SOP)**

1. **PURPOSE.** To establish policies and procedures for operation of the KOS program.

2. **REFERENCE.**

a. AR 608-10, Child Development Services, 15 July 1997

b. Department of the Army (DA) Letter of Instruction (LOI) for Child Development Services (CDS) Short Term Alternative Child Care (STACC) Program, 09 March 1989

c. Forces Command Memorandum, KOS Sites, 27 April 1992

3. **APPLICABILITY.** This SOP applies to Fort Hood CYSS and to any organization requesting KOS support.

4. **DEFINITIONS.**

a. KOS – A CYSS Outreach Services (OS) option which provides short term, on-site care. Parents of all children in care must be attending a function in the same building, or immediately adjacent to the building, in which child care is provided. The Army does not assume custody of the children. Parents/guardians are immediately accessible and available to meet unanticipated needs of their own children, including emergency evacuation of the premises, if necessary. The KOS sites need not meet all CYSS standards; however, they must be approved by the building manager and must be inspected for approval using criteria developed by CYSS proponents for fire, safety, and health.

b. Requesting Organization – military unit, support group, military spouses' organization, etc., officially recognized by Fort Hood.

5. **RESPONSIBILITIES/PROCEDURES.**

a. Deployment Cycle Support Specialist (DCSS) will:

(1) Provide Child & Youth Program Assistants (CYPA) to offer developmental, age-appropriate child care, including toys and supplies needed for the session.

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Standing Operating Procedure (SOP)

- (2) Provide organization with a copy of the KOS SOP.
- (3) Provide KOS Memorandum of Agreement (MOA) (Encl 1).
- (4) Provide KOS Registration Form for chapel programs (Encl 2).
- (5) Provide KOS RSVP Form (Encl 3).
- (6) Provide information to the requesting organization regarding:
 - (a) Facility requirements and approved sites.
 - (b) Child/Staff ratios and corresponding labor costs, if applicable.
 - (c) Food service requirements/meal planning, if applicable.
- (7) Provide KOS support when the organization meets responsibilities as set forth in the SOP and MOA.
- (8) Maintain a child care room within the Oveta Culp Hobby Soldier and Family Readiness Center (SFRC), building 18000, that will support organizations or individuals utilizing services, classes or meetings within the facility. The child care room will operate Monday through Friday, 0800-1700. Child care for evening and weekend classes or events will be provided upon request.
- (9) Maintain a child care room at the Resiliency Campus, building 12025, that will support individuals utilizing services, classes or meetings at the campus. The child care facility will operate Monday through Friday, 0800-1900. Child care for evening and weekend classes or events will be provided upon request.
- (10) Follow all applicable regulatory guidance and Fort Hood CYSS policies and procedures.
- (11) Refuse admission to children who show signs of communicable disease, per AR 608-10.
- (12) Report suspected child abuse to the 24 hour Fort Hood Abuse Hotline, 287-CARE (287-2273) followed by the CYSS chain of command.

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(13) Monitor KOS sessions periodically with unannounced visits to ensure that activities are developmentally appropriate and that KOS policies and procedures are being followed.

(14) Evaluate KOS sessions based on comments of caregivers and parents and on observations during monitoring.

(15) Collect and maintain data required for planning and reporting purposes, including:

- (a) Number of KOS sessions provided.
- (b) Number and ages of children receiving care.
- (c) Numbers and ranks of sponsors served.
- (d) Names, numbers, and hours of CYPA's providing care.
- (e) Expenses incurred and fees collected.
- (f) Names of requesting organizations supported.
- (g) Activities planned.
- (h) Assisting requesting organization with menu planning for programs over 3 hours.

(16) Ensure that all children receiving care are registered with CYSS. For programs reserved in advance, the child's registration status will be checked prior to care being provided. The requesting organization will be notified of any children that do not have current CYSS registration.

b. Child & Youth Program Assistants (CYPA) will:

- (1) Meet background clearance and health requirements.
- (2) Meet all requirements for training, be able to work independently, and be able to respond to unfamiliar children and environments in a flexible and responsible manner.

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(3) Follow all applicable regulatory guidance and Fort Hood CYSS policies and procedures, including those for reporting suspected child abuse. Suspected abuse is reported to the 24 hour Fort Hood Abuse Hotline, 287-CARE. The DCSS will be notified by telephone immediately after.

(4) Admit only those children who are registered for the KOS session and ensure that they are signed in.

(5) Refuse admission to children who show signs of communicable disease per AR 608-10.

(6) Engage children in developmentally appropriate activities, recognize and respond to individual needs. Be especially sensitive to children who may be upset at being left in unfamiliar surroundings with adults who are unknown to them.

(7) Ensure that each child in care is registered with CYSS.

(a) For programs reserved in advance, check to ensure the child's name is on the reservation list.

(b) For drop-in programs, receive the child's registration packet from the parent before admitting the child into care.

(8) Be aware of any special needs the child may have and ensure Special Needs Accommodation Process (SNAP) paperwork is on hand before admitting the child into care.

c. Requesting Organization will:

(1) Make their request for a KOS session at least 2 weeks prior to the date needed and place this request through the CYSS KOS e-mail address; hood.dmw.cyss.kos.distro@conus.army.mil. Once the request has been scheduled, the MOA will be forwarded to the organization's POC for completion. Once completed and signed, e-mail or fax the MOA back to the KOS or hand deliver to the KOS office.

(2) Provide the KOS office with the estimated number of children that will be attending the program/event at the time of request for care. A confirmed list will be submitted NLT 72 hours prior to the event, including child's name, sponsor's name, child's age, and any special needs the child may have.

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(3) Pay any associated costs by noon of the working day prior to the KOS session, if applicable. The number of staff needed may be decreased after receiving the RSVP to meet ratio for the event. The organization will pay for the number of caregivers needed to meet required adult/child ratio. The standard KOS rate is \$24.00 an hour per required caregiver (unless otherwise specified in specific MOA). One caregiver will be designated by the DCSS or OS Director to be in charge of the session.

(4) Notify parents of any registration issues, changes to child care arrangements or cancellations, if needed.

(5) Provide snacks or meals for programs in which children will be in care longer than 3 hours. The KOS office will assist with meal planning.

d. Parents will:

(1) Complete required CYSS registration and present registration packet for drop-in care. Programs which were reserved in advance do not require a registration packet.

(2) Sign children in and out of the child care area.

(3) Sign children out for lunch and/or dinner.

(4) Dress children appropriately; for safety reasons, children participating in the KOS programs must wear socks and/or closed toed shoes.

(5) Provide an ample supply of diapers and wipes as well as a change of clothes for children in care.

(6) Provide prepared and appropriately labeled bottles for their child; CYSS staff are not authorized to mix formula bottles. A minimum of one prepared bottle is required for children under one year of age, regardless of the length of program

(7) Remain on site while children are in the KOS session and sign-out/pick-up children from the program upon leaving the function.

e. Regulatory proponents for fire, safety and health will inspect the KOS room on a yearly basis, IAW AR 608-10.

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6. SPECIAL CONSIDERATIONS:

a. Child care room at OCH SFRC will not be utilized by outside agencies or organizations without proper authorization from the DCSS or OS Director.

b. The KOS office is located to the rear of the OCH SFRC.



J. YVETA PHILLIPS
Chief
Child, Youth & School Services

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REPLY TO
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MEMORANDUM OF AGREEMENT (MOA)
BETWEEN
KIDS ON SITE (KOS) AND FORT HOOD ORGANIZATIONS

SUBJECT: MOA between KOS and Requesting Organization, Revised
05 November 2010

1. Reference.

- a. AR 608-10, Child Development Services, 15 July 1997
- b. Department of the Army (DA) Letter of Instruction (LOI) for Child Development Services (CDS) Short Term Alternative Child Care (STACC) Program, 09 March 1989
- c. Forces Command Memorandum, Short Term Alternative Child Care (STACC) Sites, 27 April 1992
- d. Fort Hood Kids On Site Standing Operating Procedure (SOP), 26 October 2010

2. Purpose. This MOA identifies the parameters of KOS made available to the organization and establishes responsibility of the KOS program and requestor.

3. Scope. KOS and the requesting organization mutually agree to collaborate on the provision of child care in support of installation sponsored programs including, but not limited to, Family Readiness Group meetings, pre-deployment briefings, redeployment briefings, support group meetings, unit social events, and marriage retreats.

4. Fort Hood Child, Youth & School Services (CYSS) KOS will provide a child care session for:

Organization Name	
Purpose of Meeting	
Date	
Location	
Time of Meeting	
Estimated # of Children	
Requestor's Email	

5. Responsibilities.

a. The following will be provided by KOS:

- (1) A copy of the KOS SOP.
- (2) All requirements as set forth in the KOS SOP.

b. The Requesting Organization will:

(1) Coordinate with the building manager for use of the proposed, approved location. Location must be clean and safe.

(2) Submit this MOA and required RSVP of names, ages, sponsor's name and special needs NLT 72 hours prior to the event. If MOA and RSVP are not submitted 72 hours prior to the event, the child care reservation will be cancelled.

(3) Pay for child care services at a rate of \$24 per hour for each staff member required to meet ratio if the event does not meet Army Family Covenant requirements. Fees must be paid at CYSS Parent Central Services and are due NLT 72 hours prior to the event.

(4) Inform parents of the following:

(a) Parents of infants must provide prepared and appropriately labeled bottles for their child (name, date, brand) and an ample supply of diapers and wipes.

(b) Children must wear socks and close toed shoes while in child care.

(c) A change of clothes is recommended.

(d) At time of check-in, children must be free of illness and/or fever. If children show any signs of illness or fever, they cannot be admitted into care.

(e) Special needs, to include food allergies and diet restrictions, must be disclosed on the RSVP and to the on-site child care staff. Parents are responsible for any needed medication and are encouraged to have emergency medications in their possession. KOS staff cannot administer medication.

(f) Parents must remain in attendance of the meeting/event and in the building while children are in care.

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SUBJECT: MOA between KOS and Requesting Organization

6. Effective date. _____

Organization Representative

CYSS KOS

Name: _____

Regina Martinez

Position: _____

Deployment Cycle Support Specialist

Date

Date

KIDS ON SITE CHILD CARE REGISTRATION INFORMATION FORT HOOD, TEXAS

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: To verify child /youth and family eligibility and background information, obtain parental consent for access to emergency medical care, obtain data required by USDA food program, verify child/youth health status and currency of immunizations per admission requirements, note any special program considerations or restrictions on child/youth participation, refer child/youth for enrollment in Exceptional Family Member Program (EFMP)

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in child/youth programs and services.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all children/youth in attendance without regard to race, color, religion, national origin, ancestry, or sex. STACC programs participating in the USDA food program shall offer meals without physical segregation of, or discrimination against any child/youth regardless of ability to pay.

NAME OF SPONSOR (LAST, FIRST): _____ RANK: _____
 NAME OF SPOUSE (LAST, FIRST): _____ RANK: _____
 SPONSOR'S UNIT: _____ DUTY/WORK PHONE: _____
 HOME STREET ADDRESS: _____ HOME PHONE: _____
 CITY/STATE/ZIP CODE: _____ Sponsor/Spouse Deployed? Yes No

PARENTS: MILITARY DOD CIVILIAN RETIRED MILITARY

CHILD/YOUTH (last, first) _____ AGE: _____ DOB: _____ SEX Male Female

CONCERNS: SPECIAL REQUESTS REGARDING HEALTH, LIMITATIONS, DELAYS, AND OR ALLERGIES, ETC:					
CHICKEN POX	<input type="checkbox"/> YES <input type="checkbox"/> NO	VISION PROBLEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(<input type="checkbox"/> CHECK HERE IF CORRECTED BY GLASSES)	
SCARLET FEVER	<input type="checkbox"/> YES <input type="checkbox"/> NO	ORTHOPEDIC PROBLEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DIABETES.	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEARING PROBLEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO	AUTISTIC	<input type="checkbox"/> YES <input type="checkbox"/> NO
RHEUMATIC FEVER	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEIZURE DISORDER	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ASTHMA	<input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN EFMP	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, REASON	

IMMUNIZATIONS (TO BE COMPLETED BY CLERK FROM SHOT RECORDS): CLERK: _____

HEP-B _____
 DPT _____
 HIB _____
 OPV/IPV _____
 MMR _____ VARICELLA /VARIVAX _____
 TB _____

CHILD/YOUTH (last, first) _____ AGE: _____ DOB: _____ SEX Male Female

CONCERNS: SPECIAL REQUESTS REGARDING HEALTH, LIMITATIONS, DELAYS, AND OR ALLERGIES, ETC:					
CHICKEN POX	<input type="checkbox"/> YES <input type="checkbox"/> NO	VISION PROBLEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(<input type="checkbox"/> CHECK HERE IF CORRECTED BY GLASSES)	
SCARLET FEVER	<input type="checkbox"/> YES <input type="checkbox"/> NO	ORTHOPEDIC PROBLEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DIABETES.	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEARING PROBLEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO	AUTISTIC	<input type="checkbox"/> YES <input type="checkbox"/> NO
RHEUMATIC FEVER	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEIZURE DISORDER	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ASTHMA	<input type="checkbox"/> YES <input type="checkbox"/> NO	ENROLLED IN EFMP	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, REASON	

IMMUNIZATIONS (TO BE COMPLETED BY CLERK FROM SHOT RECORDS): CLERK: _____

HEP-B _____
 DPT _____
 HIB _____
 OPV/IPV _____
 MMR _____ VARICELLA /VARIVAX _____
 TB _____

**KIDS ON SITE (KOS)
PARENTAL STATEMENT OF UNDERSTANDING AND WAIVER OF LIABILITY**

1. My child(ren) is/are in good health and free of communicable diseases.
2. I understand that I must remain in or immediately adjacent to the building during the entire KOS Session.
3. I understand that the Army is not assuming custody of my child(ren) during the KOS session, as I am immediately accessible in case of an emergency or illness, either on-site or by telephone contact.
4. I am responsible for my child(ren) while care is being provided. The staff will contact me if my child (ren) become (s) ill.
5. I have provided accurate and reliable registration information, in accordance with AR 608-10, Child Development Services, and the KOS program.
6. I will pick up my child(ren) immediately after the on-site or off-site function.
7. I understand that the staff cannot administer any medications during the KOS session.
8. I understand that my child(ren) may be grouped in a multi-age setting, i.e. infants with toddlers and three-year olds, rather than by age groups.
9. I understand that during a KOS session, I retain responsibility for my child(ren).

I UNDERSTAND IMMUNIZATION RECORDS WILL BE CHECKED FOR THIS CHILD CARE PROGRAM, I HAVE READ THE KOS PARENTAL STATEMENT OF UNDERSTANDING AND WAIVER OF LIABILITY.

PARENTS SIGNATURE _____

DATE _____

Registration information is on file for the children listed above. The registration is valid for one year. It may be necessary, however, to complete the information form again during the registration period at any of our Kids On Site sessions.

Date of Event:

Location of Event:

Time of Event:

Requesting Organization:

	Child Name Last, First	Age	Sponsor Name Last, First	Registered with CYSS?	Child of deployed Soldier?	Special Needs
1						
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