

New Employee Welcome Packet



REPLY TO
ATTENTION OF:

**DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON, FORT WAINWRIGHT
1060 GAFFNEY ROAD #6000
FORT WAINWRIGHT, ALASKA 99703-6000**

Office Of The Family And Morale Welfare And Recreation (Family & MWR) Director

Dear New Team Member:

Welcome to your new career in Family & MWR here at USAG Fort Wainwright. Our goal is to make Family & MWR the "First Choice" for all of our customers (Soldiers, Families, Retirees, and Civilians).

As a valued member of the Family and MWR team, your first steps is to attended the mandatory security training. You will be required to go on line and take the security training at Murphy Hall, Gold Rush Suite, BLDG 1045. Within the next three days, please have your supervisor/manager arrange a AKO account and DEERS for a CAC card, so you can take these online training class with us.

Please be prepared to spend approximately 3-4 hours at the security training after which you will be transferred to the Information Management Office where you will receive additional instruction on computer access.

Within the first 30 days of employment you will also be scheduled to attend Team Member Orientation (TMO). Ms Christine Donovan, Customer Service Trainer, will coordinate attendance with your supervisor.

A career in Family & MWR can be very rewarding and important to maintain quality of life standards for the entire Fort Wainwright Community. We're excited you are joining our team.

Welcome!

A handwritten signature in black ink, appearing to read "B. Haley", is positioned above the printed name.

BROOKE M. HALEY
Director of Family and Morale,
Welfare and Recreation



U.S. Army Child, Youth
& School Services

Child, Youth, & School Services Mission Statement

"To support readiness and quality of life by reducing the conflict between
military mission requirements and parental responsibilities."

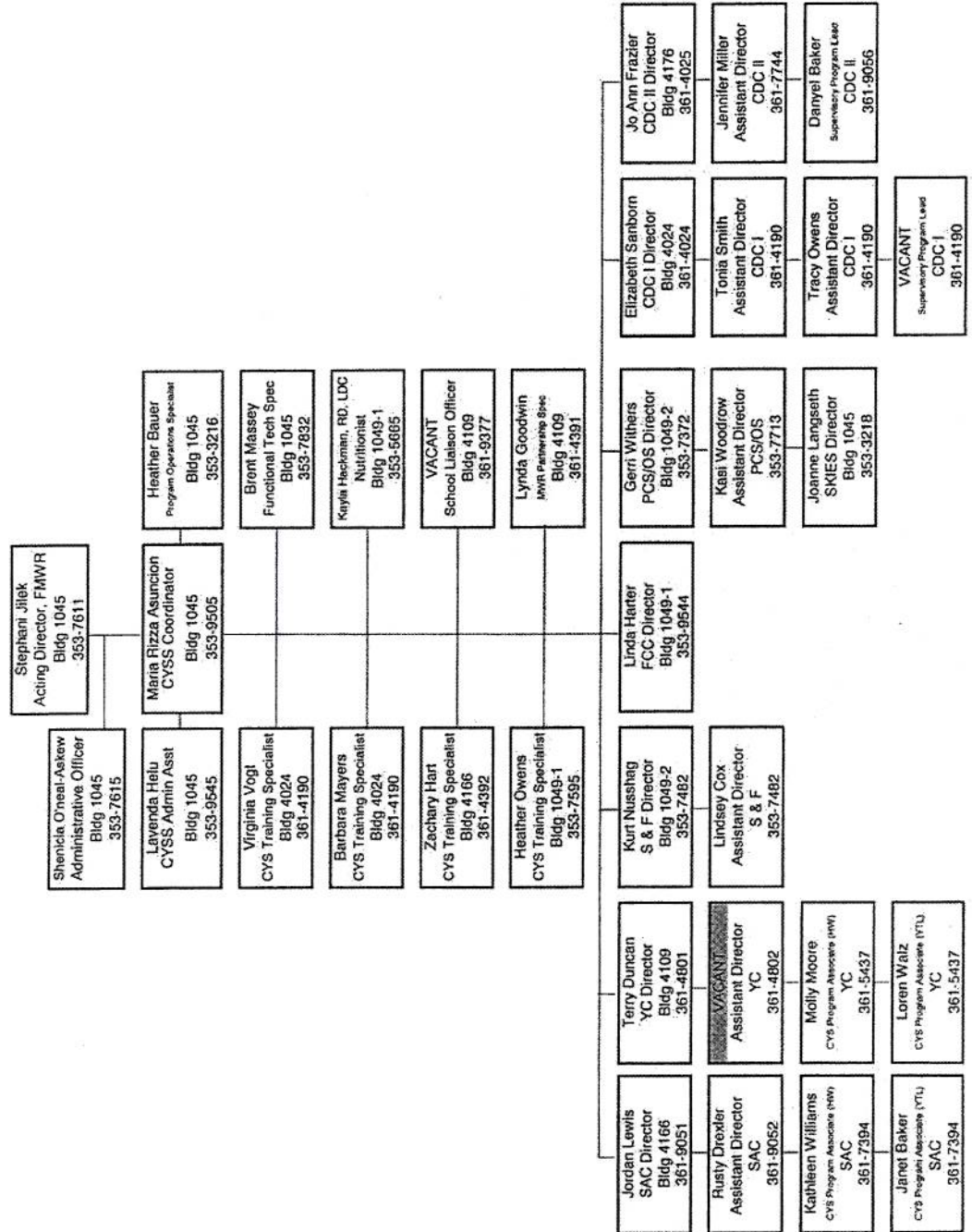


FORT WAINWRIGHT, ALASKA CHILD, YOUTH AND SCHOOL SERVICES ORGANIZATIONAL CHART

(UPDATED 7 MAY 2012)



U.S. Army Child, Youth
& School Services



Items to complete with Director

Employee Personnel Checklist

- ___ Orientation Checklist
- ___ Verification Background
- ___ OCC Health Certificate
- ___ Position Description
- ___ Shot Records
- ___ Other Forms
- ___ Statement Of Understanding
- ___ SOP's
- ___ Leave Policy/ Timekeeping

Employee Information Sheet

NAME: _____

MAIDEN NAME: (if applicable) _____

SSN: _____

POSITION TITLE: _____

DATE OF HIRE: _____

DATE OF BIRTH: _____

SPOUSE OR SPONSOR NAME: _____

SPOUSE OR SPONSOR SSN: _____

SPOUSE OR SPONSOR UNIT/ADDRESS: _____

DÉROS DATE: _____

SPOUSE OR SPONSOR DUTY/WORK PHONE: _____

MAILING ADDRESS: _____

HOME ADDRESS: (if different from mailing address)

HOME PHONE: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

#1.NAME: _____

PHONE: _____

#2.NAME: _____

PHONE: _____

HR – Building 1045

Kerstin – 353-9116

CDC I – Building 4024

Admin. 361-4190

Betsy Sanborn 361-4024

Asst. Director 361-4079

Trainer 361-4131

Chef Jim 615-389-5377

CDC II – Building 4176

JoAnn Frazier 361-4025

Assist Director 361-7744

Admin Assistant 361-9056

SAS – Building 4166

Jordan Lewis 361-9051

Rusty Drexler 361-9052

Admin 361-7394

Cook Angie 361-4396

PCS/OS – Building 1049 #2

Carol Jones 353-9544

Caitlyn Griffin 353-5665

Admin 353-7713

Skies 353-7520

FCC – Building 1049 #1

Heather Owens 353-9544 or

-Cell: 270-719-9702

FCC Admin. 353-6266

Cell: 347-5454

USDA 353-5665

Trainer 353-7595

YC – Building 4109

YC 361-5437

Terry Duncan 361-4801

Youth Sports & Fitness – Building 4109

Director 353-7372

Asst. Director 353-7482

YS&F Cell: 907-590-2010

LFCAC

Angela -353-7758 or 353-7755

PACKAGES Address:

DF&MWR-Attn: Kayla Schumacher

3030 Gaffney Rd. Trans Off

Sup Div Dol

Fort Wainwright, AK 99703-7000

Billing Address:

DF&MWR-Attn: Kayla Schumacher

1060 Gaffney Rd STOP 4800

Fort Wainwright, AK 99703-7000

Murphy Hall Fax#: 907-353-7614

Email for CYSS:

fwacysspros@gmail.com

CYSS – Murphy Hall Bldg 1045

Rizza Asuncion 353-9505

Heather Bauer 353-3216

Tracy Streagle 353-9545

Henry Crawford 353-9225

Other

Ann Binford 353-6725 or 699-9911

Angela (warehouse) 361-7258 or

Cpt. Otto 361-5247

Ted Eielson 377-1069 or 978-7800

Mike Meyers (P. Health) 361-2334

Carolyn (E. Health) 361-5405

Deb Olexa 353-7689

Margie (FAP-Supervisor) 361-6279

CH (LTC) Charles Kuhlman 353-9825

Gerri Withers 907-873-4600 (Ft. Greely)

Major Hester 907-361-5573

Christine Donovan (ICE) 907-978-5718

DPW 361-7069

Shawn (ODR)- 361-2084

Joanne Ichimura- 808-381-6580

Reporting Child Abuse

1) Police 353-7535 or 353-7536

2) Office of Child Services 451-2650

3) Family Advocacy Program 353-7317 or
687-3709

ORIENTATION CHECKLIST

EMPLOYEE _____ SITE _____

POSITION _____ DATE OF HIRE _____

THE EMPLOYEE NEEDS TO RECEIVE:

- _____ 1. Job Description / Expectations
- _____ 2. Employee Handbook: CYSS _____ MWR _____
- _____ 3. ID Badge / Name Tag
- _____ 4. Child Abuse Modules (ID and Reporting and Prevention) – Due in 30 days
- _____ 5. Telephone Roster
- _____ 6. Summer Camp Counselor Manual (if applicable)
- _____ 7. Growing Opportunities Manual
- _____ 8.

THE EMPLOYEE COMPLETES:

- _____ 1. Performance Standards
- _____ 2. Individual Development Plan (IDP)
- _____ 3. Information Sheet
- _____ 4. Supervised Work Experience (SWE)
- _____ 5.

THE EMPLOYEE NEEDS TO SUBMIT:

- _____ 1. Health Assessment Memo
- _____ 2. Shot Record
- _____ 3. Background Check
- _____ 4. Transcript and/or IDP (if applicable)
- _____ 5.

THE EMPLOYEE NEEDS TO KNOW ABOUT (Growing Opportunities):

- | | |
|---|--|
| _____ 1. Mission and Philosophy | _____ 13. Curriculum & Programming |
| _____ 2. Chain of Command/Supervision | _____ 14. Work Schedule & Punctuality |
| _____ 3. Programs and Capacities | _____ 15. Leaves |
| _____ 4. Training Requirements | _____ 16. Work Breaks |
| _____ 5. SOPs | _____ 17. Phone Calls & Telephone Usage |
| _____ 6. Emergency Procedures | _____ 18. Equipment and Supplies |
| _____ 7. Child Abuse Prevention/Reporting | _____ 19. Smoking |
| _____ 8. Security & Force Protection | _____ 20. Staff Meetings |
| _____ 9. Child Release | _____ 21. Planning/Training Times |
| _____ 10. Confidentiality | _____ 22. Health Assessments and Shots |
| _____ 11. Hand Washing | _____ 23. Own Child(ren) Using the Program |
| _____ 12. Workplace Safety | _____ 24. Other: _____ |

Employee _____ Date _____

Manager _____ Date _____

(Job Specific)

Case load

Standards

Position Description

ARMY CHILD AND YOUTH SERVICES

Title: Child and Youth Program Assistant (CYPA 2/3/4) Pay Plan/Series: CC 1/2 1702
Assignment Areas -- Within the scope and complexity outlines, the incumbent performs work in the following areas:

WORK SETTING AND CASELOAD

1. Serves as a Child and Youth Program Assistant in the day-to-day operation of one or more CYS Program Locations to include:

Child Development Center _____ School-Age Facility _____ Youth Center _____
Sports and Fitness Venue _____ Satellite Program _____ STAAC Site _____
Annex _____ MWR Partnership Location: _____
Camp _____ Satellite/CD Home _____
Other: _____

Works in Direct Ratio with:

Infants _____ Pre-toddlers _____ Toddlers _____ Preschoolers _____
Kindergartners _____ Middle Schoolers _____ Teens _____ Children/Youth with Special Needs _____

In programs providing:

Full-Day _____ Part-Day _____ Hourly _____ Before/After School _____
Open Recreation during Duty Hours _____ Evening/Weekend _____
Sports and Fitness Options _____ Mobile Recreation Options _____
Other: _____ options.

Initials: Supervisor: _____ Employee: _____

2. Grade Level for this position is determined solely upon qualifications of the incumbent IAW provisions of the Child and Youth Personnel Pay Program (CYPPP). CYPAs transferring from other installations retain their Grade Level and base pay. New-to-the-Military Employees begin at 2, 3, or 4 level depending on combination of experience and education. Previous experience/education considered for initial placement at level 3 or 4 count for salary purposes only. Regardless of level of education or previous experience, all employees are required to complete Foundation/Transition Training as prescribed. Promotion to 3 and 4 levels is based on completed training, demonstrated competence, and satisfactory performance for prescribed time in grade.

Based on the requirements of the CYPPP and Army CYS Standard Position Descriptions, a review of the employee's qualifications indicate the employee enters this position as a:

____ CYPA 2 _____ CYPA 3 _____ CYPA 4

In addition, this position is:

____ FLEX _____ Part Time NTE _____ hours/week. _____ Full-Time
Initials: Supervisor: _____ Employee: _____

3. Position requires working: _____ Early Morning _____ Normal Duty Hours _____ Evenings _____ Nights
Weekends _____ Holidays _____ Split Shift _____
Initials: Supervisor: _____ Employee: _____

4. This position requires demonstrated competence/work ethics in the following areas: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. Initials: Supervisor: _____ Employee: _____

5. This position is Mission Essential. Yes _____ No _____

Initials: Supervisor: _____ Employee: _____

ARMY CHILD AND YOUTH SERVICES

Title: Child and Youth Program Assistant (CYPA 2/3/4) Pay Plan/Series: CC 1/2 1702

QUALITY AREAS

1. Helps to ensure program areas meet and maintain standards for DoD Certification or Army Equivalent. Assists in achieving and maintaining National Accreditation or Army Equivalent.
Initials: Supervisor: _____ Employee: _____

2. Conducts program assessments of own program and uses results for program improvement. Assists in conducting Installation Child and Youth Evaluation Team inspection as it relates to own program areas.
Initials: Supervisor: _____ Employee: _____

3. Practices risk management controls by implementing key policies and procedures to minimize the risk of child/youth abuse and ensure child/youth safety and well being to include: open door policy for parents and accountability for well-being of children.
Initials: Supervisor: _____ Employee: _____

4. Implements appropriate curriculum/programming which includes:

____ Developmentally Appropriate Activities that foster the social/emotional, physical, cognitive and language growth of children 0 - 5.

____ Sports, Fitness and Health e.g., team & individual sports, intramurals, tournaments, clinics, fitness activities, mobile recreation, outreach services to CYS Programs, e.g., CDC, FCC, SAS, MST, Home Schoolers

____ Arts, Recreation, and Leisure e.g., games and leisure activities; social events; lessons; trips and tours; competitions; youth groups.

____ Life Skills, Citizenship and Leadership e.g., community service, computer labs, workforce prep, character education, workshops/classes.

____ Academic Support, Mentoring, and Intervention e.g., homework center, prevention education, councils, conflict resolution initiatives.

Initials: Supervisor: _____ Employee: _____

AFFORDABILITY AREAS

1. Provides information to parents, when appropriate on the Child Care Tax Credit.
Initials: Supervisor: _____ Employee: _____

2. Provides suggestions to program lead on low cost meals and snacks children and youth enjoy.
Initials: Supervisor: _____ Employee: _____

3. Maintains appropriate primary caregiver or facility ratio requirements as prescribed.
Initials: Supervisor: _____ Employee: _____

4. Maintains equipment in clean condition and working order to decrease cost of replacement.
Initials: Supervisor: _____ Employee: _____

AVAILABILITY AREAS

1. Provides input to the program lead on suggestions for the most efficient use of program space.
Initials: Supervisor: _____ Employee: _____

2. Notifies supervisor within 24 hours of knowledge of parent's intent to terminate services.
Initials: Supervisor: _____ Employee: _____

Child and Youth Program Assistant
(CY-1702-01, Entry & Skill, Level 2 & 3)
Performance Standards

It is the expectation that you will be able to meet the performance standards as noted below. Any question or concern regarding these performance standard(s) will be discussed with your supervisor for clarification.

1. TECHNICAL COMPETENCE

- 1.1 Provide care/supervision, oversight, and accountability for program participants in compliance with DoD, DA, and local policies, guidance, and standards. Work under close supervision of higher-level employees.
- 1.2 Maintain control of, and account for the whereabouts and safety of children/youth at all times. Document on ratio sheet hourly, or as appropriate by facility. Ensure children/youth depart with authorized person according to documented parental instructions.
- 1.3 Implement developmentally appropriate practices and activity plans (individual and group plans). Interact with children/youth using positive guidance, enthusiasm, and language to promote participation (never leave a child feeling "left out" or alone).
- 1.4 Promote and model age appropriate safety, health, fitness, and nutrition practices.
- 1.5 Establish and maintain safe, and healthy environments (indoors and outdoors, to include fieldtrips away from program site). Maintain center equipment and supplies that are directly accessible to children/youth (i.e. toys, books, furniture, etc.).
- 1.6 Accurately and timely complete documentation of communication between staff and parents (accident/incident reports, child/youth observation forms, behavior documentations, etc.) and between programs within the organization (sign-in/sign-out, time cards, USDA Meal Count, etc.) with supervision, and review by higher-level employees.

2. ADAPTABILITY AND INITIATIVE

- 2.1 Complete IDP within respective timelines per level. Participate in required trainings for IDP development. Track and record completed training on own IDP. Work with center director and Training and Curriculum Specialist to determine personal training needs and goals. **No more than one (1) month behind on training per rating period, and all training must be completed by end of rating period.**
- 2.2 Maintain competence and professionalism when working under pressure and/or during changing circumstances.
- 2.3 Assist as needed in other facilities and programs when directed by a supervisor, even with little notice to do so.
- 2.4 Respond positively to the changing interests of children/youth by adapting and changing activities to maintain children/youth interest and active participation.
- 2.5 Accommodate the needs of children/youth individually and as a group in accordance with appropriate Environmental Rating Scale.
- 2.6 Research and implement a minimum of one (1) new activity idea (game, lesson, song, etc.) per quarter (90 days/3 months). Teach to other staff members.

3. WORKING RELATIONSHIPS AND COMMUNICATION

- 3.1 Exhibit professionalism in your ways of communication with children, staff, and parents. Ensure that your language, tone of voice, body language, and gestures are appropriate within a child/youth program site. **No more than two (2) valid (as determined by supervisor) negative customer concerns from all available sources per rating period.**
- 3.2 Greet parents on a daily basis and answer basic questions. Refer them to someone who can provide an answer if you do not know. Provide positive information regarding his/her child's day. Immediately refer any problems with parents to supervisory personnel at site.
- 3.3 Maintain strict confidentiality regarding personal information of children, parents, and staff. **No more than one (1) instance of confidentiality breach per rating period.**

Army NAF Standardized Position Description

PD#: AM300

Replaces PD#:

Sequence#: VARIES

CHILD AND YOUTH PROGRAM ASSISTANT (ENTRY LEVEL 2)

CY -1702 -01

Region: Northeast

Citation 1: OPM PCS EDUC & TRNG SERIES, GS-1702, OCT 91

Citation 2: NAF PERSONNEL POLICY, AR 215-3, CHAPTER 3, 29 SEPTEMBER 2003

Classified By: MARGARET
STROBEL

Classified Date: 06/27/2003

Verified By:

Verified Date: 06/27/2003

FLSA:

Drug Test Required:

DCIPS PD: NO

Career Program:

Financial Disclosure Required:
NO

Acquisition Position:
NO

Functional Code:

Requires Access to Firearms:
VARIES

Interdisciplinary: NO

Competitive Area:
VARIES

Position Sensitivity: VARIES

Target Grade/FPL: 02

Competitive Level:
VARIES

Emergency Essential: VARIES

Career Ladder PD: YES

Bus Code: VARIES

PD Status: VERIFIED

Duties:

SUPERVISORY CONTROLS:

Performs routine or repetitive established tasks, following verbal and written instructions, under close supervision of higher-level employees. Work is reviewed in detail, while in progress and upon completion, to ensure and assess trainee's progress, and to evaluate attainment of training objectives and readiness for increased autonomy and further training.

MAJOR DUTIES:

This is a developmental assignment to Target position Child and Youth Program Assistant (Target Level-4), CY-1702-02, Job #AM299. Serves as a Child and Youth Program Assistant (CYPA) in one or more CYS programs. Maintains control of and accounts for whereabouts and safety of children and youth. Assists in providing and leading planned activities for program participants.



U.S. Army Child, Youth & School Services

Fort Wainwright, Alaska

Employee Handbook





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ATTENTION OF:

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INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON, FORT WAINWRIGHT
1060 GAFFNEY ROAD #6000
FORT WAINWRIGHT, ALASKA 99703-6000

IMFW- MWC

30 April 2014

MEMORANDUM FOR: United States Army Garrison Fort Wainwright, Child, Youth and School Services

SUBJECT: Child, Youth and School (CYS) Services Uniform Policy

1. REFERENCE:

a. CYS Services Operations Manual, March 2014

2. PURPOSE: The CYS Services Coordinator will maintain a professionally-attired, readily-identified workforce that promotes continuity, workforce pride and ultimately impacts positively on customer service. CYS Services Facility Directors will make reasonable provisions for turn-in and re-issue of CYS Services-branded apparel due to normal wear and tear at no cost to the employee. CYS Services-branded apparel replacement due to staff member negligence shall be at the staff member's expense.

3. If any CYS Services staff or contractors are not cleared/under Line of Sight Supervision (LOSS), depending on the program they are in, they will wear a BURGUNDY Scrub top, BURGUNDY or RED bib apron or RED polo shirt. Individuals working under LOSS must be conspicuously identified by means of distinctive clothing (identifiable colors), badges, wristbands or other apparent markings that are completely visible when viewed from all angles.

4. Child Development CYPAs: All CYPAs working with 0-5 age children will wear a BOND GREEN scrub or BOND GREEN bib apron if cleared or a BURGUNDY scrub top or BURGUNDY bib apron if under LOSS. Center-based and Parent and Outreach Services Lead CYPAs will wear a ROYAL BLUE scrub top or ROYAL BLUE bib apron if cleared or a BURGUNDY scrub top or a BURGUNDY bib apron if under LOSS. Child Development teacher / Strong Beginnings staff will wear a BOND GREEN bib apron if cleared or a BURGUNDY bib apron if under LOSS.

5. School Age Center and Youth Center CYPAs: Cleared personnel to include Homework / Lab Techs, SKIES instructors / Sports & Fitness staff will wear a BOND GREEN polo shirt or BOND GREEN bib apron. Under LOSS personnel to include Homework / Lab Techs will wear a RED polo shirt or RED bib apron. Lead CYPAs will wear a ROYAL BLUE polo shirt or ROYAL BLUE bib apron if cleared. If under LOSS, Lead CYPAs will wear a RED polo shirt or RED bib apron.

6. Support Staff: Cleared CYS Services support staff i.e. administrative assistants/ clerks, cooks, kitchen staff, janitorial, volunteers, etc will wear a GREEN dot on their name tags and LOSS personnel will wear a RED dot on their name tags. Administrative assistants/clerks may wear appropriate business casual attire or wear a BOND GREEN polo shirt or if under LOSS wear a RED polo shirt.



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1060 GAFFNEY ROAD #6000
FORT WAINWRIGHT, ALASKA 99703-6000

IMPC-FWA-MWC

5 February 2013

MEMORANDUM FOR Child, Youth and School (CYS) Services Supervisors or Managers and Employees

SUBJECT: Employee Leave and Timekeeping Policy

1. Effective immediately, OPM Form 71 is required to document all leave requests. It will be filled out to cover every time period an employee is away from work to include the use of earned compensatory time and leave without pay (LWOP).

a. **Sick Leave.** Employees calling in sick must call their supervisor or manager two hours prior to the start of his/her shift. Employees are required to speak with their supervisor or a manager directly. Sending a text or an email, writing a note, and leaving a message on an answering machine do not suffice. Once the employee returns to work, it is the employee's responsibility to complete and sign the OPM Form 71 and give it to their supervisor or manager for signature as soon as possible. If employee returns to work after 3 consecutive days of sick leave, a physician's note must also be submitted. A supervisor or manager may require a doctor's statement with less than 3 days sick leave incurred when there is suspicion of sick leave abuse. The use of OPM Form 71 is also used to request time-off for a doctor's appointment for self or for assisting a family member. Submit such requests in advance or as soon after the appointment is made to provide your supervisor or manager enough time to adjust the work schedules if needed.

b. **Annual Leave.** Employees must submit an OPM Form 71 at least two weeks in advance. Requests submitted less than two weeks in advance may be approved or disapproved depending on current staffing and mission requirements. DO NOT purchase any ticket associated with any leave requested PRIOR to receiving leave approval. Proof of ticket purchase may be required if the supervisor or manager suspects non-compliance. A supervisor or manager may still cancel an approved leave when the mission requires. Any personal monetary loss is not reimbursable.

c. **Leave without Pay.** An employee may request LWOP for periods where he/she has not incurred leave or do not have enough earned. LWOP must be approved in advance as required in 1.a-b. When an employee departs the Garrison for a permanent change of status (PCS) move, he/she may request LWOP for a minimum of 3-6 months. The request must be made in writing to the CYS Services Coordinator at least 45 days prior to requested period. Former employees may request extension of LWOP for a maximum of 12 months in 3-6 month increments at least 30 days prior to approved LWOP expires. LWOP is NOT guaranteed.

d. **Overtime or Compensatory Time.** DA Form 5172 will be completed and sent via email to the CYS Services Coordinator in advance of planned needs. All other requests will be made immediately after time was earned due to unavoidable or unexpected circumstances. The request must have a clear and specific explanation for the incurred overtime or compensatory time. Supervisors and managers must ensure that staff work only within approved requests.

2. **Time and Attendance Recording.** All employees are responsible for completing and signing their own timesheets. Facilities with time clocks installed will follow time clock procedures. Supervisors and managers will be held responsible for the accuracy and completeness of their employees' timesheets. Supervisors and managers must ensure that all supporting documents (see 1.a-d) are attached and matches the data recorded on the timesheet before approving and signing timesheets.

IMFW-MWC

Subject: Supervision and Accountability of Children

p. Managers will be responsible for ensuring 100% accuracy and maintenance of these accountability tools which will be filed with the respective classroom child sign-in sheets and building ratio sheets, as supporting documentation for compliance of accountability standards. Accountability Tools must be organized by each classroom:

1. Accountability Tool
2. Memorandum of Instruction
3. Competency Based Observation
4. Supervision and Accountability Training Guide.

Director

Date _____

CYPA

Date _____

Supervision and Accountability of Children

To ensure standardization and consistency with supervision and accountability in all Fort Wainwright Child Development Center (CDC) Programs.

| | | |
|--------|--------|-------|
| Class: | Staff: | Date: |
|--------|--------|-------|

Class: The classroom the children are enrolled.

Staff: Responsible or accountable staff member, the person holding the form. If form is exchanged during a break; see; 3. o, on memorandum.

Date: The current date

| | | | |
|---------|-----|----------|-----|
| Infants | 1:4 | Pre-Tods | 1:5 |
|---------|-----|----------|-----|

As indicated in memorandum 3. a, b, c,

These blocks are to indicate the Age Grouping of children with the Staff to Child ratio

| | |
|-------------------|-------------------|
| Primary Caregiver | Primary Caregiver |
|-------------------|-------------------|

Primary Caregivers (PC) names are to be entered. Staff requiring LOSS will be printed in RED . This is the most logical way to manage the grouping of children on the forms. The PC grouping for the children in the classroom is typically the same.

***** NOTE** Teachers are responsible for the entire group of children. All groups indicated on the form



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IMFW-MWC

MEMORANDUM OF RECORD

SUBJECT: Standing Operating Procedures (SOP)

1. The individual whose name and signature appears below have read the following SOP's:

- a. Reporting Child Abuse and Neglect SOP
- b. Touch Policy
- c. Guidance Policy
- d. Standard of Conduct, Care, and Performance Letter

Print Name

Signature

Date

2. Point of contact for this action is the undersign at 353-9505.

RIZZA ASUNCION
Child, Youth and School Services
Coordinator

ENCLOSURE 1

Job Hazard Analysis for Administrative Personnel

| TASKS | RISKS/HAZARDS | COUNTERMEASURES |
|-----------------------------|---|---|
| 1. Walking | <p>Slips/trips/falls</p> <p>Snow/ice covered surfaces</p> <p>Wet surfaces</p> <p>Stairways ascending/descending</p> | <p>Look where you are walking. Watch for uneven surfaces, loose boards, tile or carpet and notify your supervisor</p> <p>Wear appropriate footwear and exercise extreme caution. Notify supervisor about dangerous areas.</p> <p>Clean up spills immediately. Notify supervisor for things outside of your ability to correct.</p> <p>Use hand rails. Avoid running and skipping stairs. Do not carry materials that obscure your view of the stair treads.</p> |
| 2. Lifting | Back Injury | Survey and test the load. Lift with your legs, use a back brace. Keep your back straight at all times when lifting objects. Avoid twisting or stretching the torso. If it is too heavy, ask for help. Use a dolly for transporting/ moving large items. K |
| 3. Climbing | Falls | Avoid placing objects on high shelves and cabinets. Always use a step stool or ladder; avoid office chairs on wheels or other furniture. Avoid carrying an object up stepladders; get help. |
| 4. Office machine operation | <p>Damaged equipment</p> <p>Personal injury</p> | Read and follow the manufacturer's operating instructions or ask your supervisor. |
| 5. Filing | Finger pinching, cuts, tripping hazards, crushing and amputation | Filing cabinets can topple if improperly loaded. Keep heavy files in the lower drawers. File drawers left open can present a tripping or bumping hazard to you and others; always close drawers when done working in them. Use the handle to close drawers. Keep fingers and body parts away from sides and edges of drawers. |
| 6. Opening doors | Striking people or objects/ being struck by opening door | Doors leading to offices often swing out into hallways. Open doors slowly to avoid striking others or objects in the hall. Keep entryways unobstructed. Doors that swing into offices should be |

NAF TIME SHEET

PAY PERIOD ENDING

NAME

| | DATE | TIME IN | TIME OUT | HOURS WORKED | LUNCH | DEPT CODING | ANNUAL LEAVE | SICK LEAVE | FEDERAL HOLIDAY | LWOP | TOTAL WORKED HOURS |
|---------------|------|---------|----------|--------------|-------|-------------|--------------|------------|-----------------|--------------|--------------------|
| WEEK 1 | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| | | | | | | | | | | | |
| FRI | | | | | | | | | | | |
| | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| SUN | | | | | | | | | | | |
| MON | | | | | | | | | | | |
| | | | | | | | | | | | |
| TUES | | | | | | | | | | | |
| | | | | | | | | | | | |
| WED | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | TOTAL | 0.00 |
| WEEK 2 | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| | | | | | | | | | | | |
| FRI | | | | | | | | | | | |
| | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| SUN | | | | | | | | | | | |
| MON | | | | | | | | | | | |
| | | | | | | | | | | | |
| TUES | | | | | | | | | | | |
| | | | | | | | | | | | |
| WED | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | TOTAL | 0.00 |
| | | | | | | | | | | 2 WEEK TOTAL | 0.00 |

EMPLOYEE SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

ACCOUNTING CODES FOR CYSS

LOCATION PROGRAM CODE

| | | | |
|------|--|-------------|----------------------|
| CDC1 | | KITCHEN | 2X70 |
| CDC1 | | CHILD CARE | 2X73 |
| CDC2 | | ADMIN | 2PGL |
| CDC2 | | FULLTIME | 2P73 |
| CDC2 | | HOURLY | 2P74 |
| | | EDGE | 28GL |
| | | FRG | FR74 |
| | | FAME | 267C |
| | | SPORTS | 25GL X |
| | | SKIES | 4544 |
| SFAC | | SFAC | WWGF SF74 |
| PCS | | PCS ADMIN | 21GL * |
| SAS | | SAS | 2J7Q |
| YS | | YS | 2YGL |
| SFAC | | SFAC (LEAD) | SF74 WWGF |
| | | | |
| | | | |

Request for Leave or Approved Absence

1. Name (Last, first, middle)

2. Employee or Social Security Number

3. Organization

4. Type of Leave/Absence

| Check appropriate box(es) and enter date and time below | Date | | Time | | Total Hours |
|---|------|----|------|----|-------------|
| | From | To | From | To | |
| <input type="checkbox"/> Accrued annual leave | | | | | |
| <input type="checkbox"/> Restored annual leave | | | | | |
| <input type="checkbox"/> Advance annual leave | | | | | |
| <input type="checkbox"/> Accrued sick leave | | | | | |
| <input type="checkbox"/> Advance sick leave | | | | | |

Purpose: ☐ Illness/injury/incapacitation of requesting employee
☐ Medical/dental/optical examination of requesting employee
☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
☐ Care of family member with a serious health condition
☐ Other

| | | | | | |
|--|--|--|--|--|--|
| <input type="checkbox"/> Compensatory time off | | | | | |
| <input type="checkbox"/> Other paid absence (specify in remarks) | | | | | |
| <input type="checkbox"/> Leave without pay | | | | | |

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

- ☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature

7b. Date signed

8a. Official action on request

☐ Approved

☐ Disapproved

(If disapproved, give reason. If annual leave, initiate action to reschedule.)

8b. Reason for disapproval

8c. Signature

8d. Date signed

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.