Air Force (AF) Family Child Care (FCC) Criteria
20th Year Inspection
Revised as of Jan 11

The AF FCC Criteria may be obtained on the Headquarters Air Force Services (AFSVA) Community of Practice. AF FCC Programs are responsible for compliance with all AF FCC Criteria. In case of a conflict between the source documents listed below, this version of the AF FCC Criteria is used as AF policy until the next update of the AF Instruction governing this program.

FCC criteria are based on the following:
- AF Policy 2009/10 Recommended Immunization Schedules for Child and Youth Programs, 20 Oct 09
- AF Policy on FCC Developmental Training Model (DTM) and Standardization
- AF Policy on FCC Subsidy
- AF Policy on Sudden Infant Death Syndrome (SIDS) Prevention for AF CDC and FCC Programs, 5 Jan 09
- Headquarters Air Force Civil Engineering Support Agency (HQ AFCESA) Inspection Guide for AF FCC Homes
- The National Association for Family Child Care (NAFCC), Quality Standards for NAFCC Accreditation
- United States Department of Agriculture Child and Adult Care Food Program (USDA CACFP) Guidelines

Changes/Additions to the 20th Year FCC Criteria are indicated by italicized red font
Criteria/Standard Findings revised to mirror all CYP Programs are indicated by italicized blue font

F1A There is a Parent Advisory Board (PAB) consisting only of parents, that in part, or in total, is for the FCC Program. Parents have been informed of the opportunity to serve on the PAB and to attend PAB meetings. Written notices of PAB meeting times and dates have been given to all FCC Providers to hand-out to parents. Parents from all FCC homes, including parents who use any of the specialty FCC Programs, are invited. The PAB acts only in an advisory capacity, providing recommendations for improving services. The chairperson of the PAB is a parent. The PAB meets with the Flight Chief and FCC Program staff at least quarterly and with the Mission Support Group Commander (MSG/CC) or designee at least annually. The minutes of the PAB meetings are emailed/forwarded to the MSG/CC or designee.

F3 Parents are informed about parent education activities offered by the Airman & Family Readiness Center (A&FRC), Family Advocacy Office (FAO), and other installation agencies.

F4 At least two events are held each year to which parents using FCC are invited. At least annually, the FCC Program offers or co-sponsors a parent education activity for parents using FCC.

F5 There is a quarterly parent newsletter for parents using FCC.

F6 Newly enrolled parents are provided folders of parent education materials that are prepared and distributed to each provider. At a minimum, the folders should include information on: FCC, the local FCC Program, and child abuse prevention and reporting.

F7 Copies of parent education information including reading lists, books, brochures, articles, videos, and tapes are on display in the FCC Office where they can be picked up, taken, and read/viewed by parents.
There is an exterior sign at the FCC Program that informs the installation population of the location of the program. The FCC Program is open at least 1 hour per day to provide assistance to parents. There is a means by which parents are informed about the hours of operation. The FCC Program has an answering machine to provide information to parents and providers when the FCC office is closed. The FCC Program has a way (notebook, video, folder, etc.) of making more detailed information about the FCC Providers available to parents; such information is only provided with the FCC Provider's consent. Parents requesting care complete DD Form 2606, *DoD Child Development Program Request for Care Record*, if care is not immediately available in an FCC Licensed/Affiliated home. Parents with a child on the FCC waiting list are contacted at least every 2 months or as spaces become available. The DD Form 2606 is documented each time contact is made with the parent. The FCC staff work with the CDC and School-Age (SA) Program who have parents on the waiting list to let them know when space becomes available in FCC. The parents on the CDC waiting list have been surveyed during the last 12 months to find out if they are interested in using FCC, and if not, why not. Parents using FCC have been surveyed in the last 12 months to determine their level of satisfaction with the care provided. The FCC Form 25, *AF FCC Parent Survey* is used. The results are compiled and kept on file. The Annual Unannounced Multidisciplinary Team Inspection (MTI), required by the Military Child Care Act, of the FCC Program Administration and at least 10%, but no fewer than 2 homes, has been conducted within the last 12 months. The MTI includes an expert in each of the following areas: child abuse protection, staffing, and a parent representative who has a child enrolled in the FCC Program. The results of the Annual Unannounced Higher Headquarters and Comprehensive Fire, Health, and Safety Inspections are reviewed as part of the MTI and the review is documented. The results are provided to the program staff in a timely manner—preferably within 1 month. Appropriated Funding (APF) is provided to operate the program. FCC Providers are not charged for applying for a license, training, training materials, Cardiopulmonary Resuscitation (CPR) Certification, Pediatric First Aid Certification, licensing, background investigations, normal wear-and-tear on equipment, or lost equipment. If charges are imposed by other agencies or organizations for health and safety training or fulfilling other requirements related to becoming/remaining licensed or affiliated, use APF funding to pay for these fees. Installation officials do not regulate the fees that FCC Providers charge for their services except for those FCC Providers who have parents participating in the AF FCC Subsidy Program. AF FCC Subsidy rates are based on the DoD fee ranges, are not annualized, and are changed no more than once per year. (AF FCC Subsidy) The DD Form 2652, *Application for Department of Defense Child Care Fees*, is completed in its entirety for families participating in the AF FCC Subsidy Program. All financial documentation to determine Total Family Income (TFI) is kept on file. Ensure TFI recalculations coincide with the CDC and SA Programs. (AF FCC Subsidy) Quarterly, the FCC Program notifies all installation housing residents of the requirement for those providing child care on a regular basis (more than 10 hours per week) to be licensed.
The FCC Program has written procedures for following up on reports of unlicensed care. The procedures have been coordinated with other installation agencies that may be involved, such as the Housing Office, Security Forces, etc.

An unannounced visit to individuals, who are not licensed and suspected of providing child care on a regular basis (more than 10 hours per week), is made by the FCC Coordinator, accompanied by either the Flight Chief, Squadron Commander/Director or Security Forces. The individual is provided with a written request asking them to complete the licensing procedures and to cease providing care until they become licensed.

The FCC Program has notified installation agencies that individuals who have not been approved AF FCC Providers should not be permitted to advertise or post notices in installation publications and/or bulletin boards.

There is a current written FCC Marketing Plan and there is evidence that it is being implemented.

The FCC Program has a local brochure or an insert for the AF brochure to recruit providers living on the installation and to encourage affiliation of providers living off the installation. The brochure/insert describes the requirements and advantages for becoming a Licensed/Affiliated FCC Provider.

The installation website and/or television channel is used to recruit new FCC Providers and to inform parents about the FCC Program.

There is evidence that the FCC Program recruits providers to provide care for the Expanded Child Care Programs. These individuals are given priority for licensing/affiliation, if there is a waiting list for training and approval.

There is evidence that the FCC Program recruits providers to care for children with special needs including children with asthma, allergies, cerebral palsy, physical impairments, etc.

If the installation has fewer FCC homes than needed, the program has a written remediation plan in effect to increase the number of FCC homes. (FCC Standardization)

If there is a need for additional FCC homes, the FCC Program has implemented a program to affiliate providers.

The FCC Program has a brochure for parents describing the FCC Program and the advantages of using FCC.

Written materials or briefings about FCC are provided to parents who are new to the installation.

The brochures/inserts about the FCC Program provide information on applicable AF initiatives including:

-- Extended Duty Care (EDC)
-- Missile Care Program (MCP)
-- Returning Home Care (RHC)
-- AF Subsidy Program
-- Child Care for Permanent Change of Station (PCS)
-- Child Care for Volunteers
-- Air National Guard (ANG)/Air Force Reserve (AFR) Home Community Care
-- Military Child Care in Your Neighborhood (MCCIYN)
-- Operation Military Child Care (OMCC)

If the FCC Program does not participate in the Air Force Aid Society FCC for Volunteers and PCS Programs, there is a written statement on file signed by the Chief, A&FRC stating that FCC for Volunteers and PCS is not required or the need is met in other ways.
The *FCC Monthly Listing* is used. FCC Providers, who do not have current vacancies, may be excluded from the list. Outdated lists are disposed of when new monthly lists are provided. (FCC Standardization)

An updated list of all currently Licensed/Affiliated FCC Providers is provided each month to the following individuals/organizations:

-- Squadron Commanders
-- First Sergeants
-- A&FRC
-- Civilian Personnel Office
-- Non-Appropriated Funds (NAF) Human Resource Office
-- Housing Office
-- Security Forces
-- FAO
-- Lodging
-- Presidents of the Spouses' Clubs
-- Other appropriate installation offices

The current list of Licensed/Affiliated FCC Providers is available to parents and posted in each CDC, SA Program, Youth Programs Facility, Community Center, Housing Office, A&FRC and outside the FCC Program Office.

The FCC Program has a map showing the location of each licensed/affiliated provider and copies are available for parents.

The AF FCC Licensed/Affiliated Sign is displayed on the front door or window of all licensed/affiliated FCC homes.

Publicity materials contain a statement about the FCC Program's acceptance of children, employment of staff, and approval of FCC Providers with chronic health problems.

The FCC Panel has been appointed by the MSG/CC. The FCC Panel includes the following members: Deputy MSG Commander or equivalent (Chair), Squadron Commander/Director or their Deputy, and the Flight Chief or equivalent (Recorder). The FCC Coordinator(s) and the Training and Curriculum (T&C) Specialist(s) attend the FCC Panel meetings in a non-voting capacity.

A representative from each of the following offices has been appointed by the MSG/CC to assist the FCC Panel when needed: the Legal Office, FAO, Safety, Fire, Mental Health, the Program Medical Advisor, Security Forces, and Public Health.

The FCC Panel convenes at least quarterly or when:

-- One or more individuals are ready for review of licensing/affiliation or relicensing/reaffiliation
-- There is a complaint against an FCC Provider
-- There is an allegation of child abuse or neglect involving an FCC Provider
-- An FCC Provider fails to correct significant deficiencies identified in the monthly visit
-- An FCC Provider fails to make satisfactory progress towards completing the required training

Semi-annually, the FCC Panel determines whether or not there is a need for additional FCC homes and the type of care needed.

The FCC Panel reviews individuals' applications and supporting documents for initial licensing/affiliation, relicensing/reaffiliation, including results of home inspections, screenings, interviews, recommendations, etc. and recommends approval or disapproval for initial licensing/affiliation and relicensing/reaffiliation to the MSG/CC.
F49 The FCC Panel determines the number of children that each provider may care for at one time, limited to no more than 6 children including the provider's own children under the age of 8 years, and no more than 2 children under 2 years of age. A provider may not care for more than two children or adults at one time who are not able to evacuate themselves from the home; this includes older children and adult household members of the provider. The FCC Panel uses the following factors to determine the number of children that each provider may care for:
-- Number and ages of the provider’s household members
-- Any special needs of the provider's household members
-- Home schooling of the provider’s household members
-- Additional employment of the provider
-- The provider's education/experience
-- Usable play space (35 square feet per child) in each home so that each child can play, rest, and eat
-- Number of children the provider’s insurance policy permits (FCC Standardization)

F50 The FCC Panel reevaluates the number of children that each provider may care for at the request of the FCC staff and/or the provider. If the FCC Panel determines a new number to license/affiliate the provider for, Page 2 of FCC Form 3, AF FCC Approval Record, is completed and a new license/affiliation certificate is issued. (FCC Standardization)

F51 The FCC Panel does not make recommendations to license/affiliate individuals as FCC Providers or Substitutes if they have had their FCC License/Affiliation revoked on another military installation, or in a county, state, or country. NOTE: A license/affiliation certificate may be issued if there is evidence to suggest the reason the license/affiliation was revoked would not be a factor in the operation of an FCC home in the future.

F52 The FCC Panel does not make recommendations to license/affiliate individuals as FCC Providers or Substitutes if they or any of their household members have been convicted of child abuse or neglect, a criminal act involving violence, or other acts which would make them unsuitable to care for children.

F53 The FCC Panel does not make recommendations to license/affiliate individuals as FCC Providers or Substitutes if they or any of their household members have a history of domestic violence or mental or physical illness that would suggest they are not suitable to care for children.

F54 The FCC Panel does not make recommendations to license/affiliate individuals as FCC Providers or Substitutes, if they or any of their household members have been the perpetrator in a substantiated case of child abuse or neglect.

F55 The FCC Panel approves the FCC Marketing Plan.

F56 Quarterly, the FCC Panel reviews the results of the home visits for non-compliance with AF requirements and recommends which providers should be given written warnings and have their license/affiliation suspended or revoked.

F57 The FCC Panel recommends to the MSG/CC the providers whose licenses/affiliations should be suspended or revoked for any reason

F58 The FCC Panel reviews the results of the Annual Unannounced Higher Headquarters Inspection of the homes and FCC Administration and ensures corrective actions were accomplished

F59 The FCC Panel reviews the results of the Annual Unannounced Comprehensive Fire, Safety, and Health Inspections of the homes and ensures corrective actions were accomplished. (FCC Standardization)

F60 The FCC Panel reviews the results of the Annual Unannounced MTI of the homes and FCC Administration and ensures corrective actions were accomplished. (FCC Standardization)

F61 The FCC Panel reviews the results of the annual survey of parent satisfaction with FCC.

F62 Quarterly, the FCC Panel reviews each provider's training status.

F64 Quarterly, the FCC Panel reviews a list of when each provider's insurance expires. (FCC Standardization)

F65 The FCC Panel selects the FCC Provider of the Year. (FCC Standardization)
The MSG/CC suspends the licenses/affiliations of FCC Providers who:
-- Violate the guidance policy
-- Are under investigation for child abuse or neglect
-- Have a household member under investigation for child abuse or neglect
-- Are under investigation for a criminal act
-- Have a household member under investigation for a criminal act
-- Have life-threatening deficiencies in their homes
-- Have not corrected deficiencies identified in monthly home visits
-- Have a long-term communicable illness that could affect the health of children
-- Are experiencing extreme stress

The MSG/CC revokes the licenses/affiliations of FCC Providers who:
-- Have committed substantiated child abuse or neglect
-- Have a household member who has committed substantiated child abuse or neglect
-- Have been found to have a history of substantiated child abuse or neglect
-- Exhibit a pattern of using inappropriate guidance techniques
-- Exhibit a pattern of non-compliance with AF requirements for FCC homes
-- Have committed a criminal act that impacts their ability to provide in-home care
-- Have a household member who has committed a criminal act that impacts the provider’s ability to provide in-home care
-- Do not correct life-threatening deficiencies in their homes

When an FCC Provider’s License/Affiliation is suspended or revoked, the FCC staff help parents find another source of care.

A binder or 6-part folder is kept on each active and inactive FCC Provider. The FCC Provider Portfolio is arranged according to FCC Standardization of Provider Portfolios. (FCC Standardization)

The FCC Provider Portfolio is retained in accordance with AFMAN 37-139.

A copy of Tabs 1, 3 (current only), 4 (current only), 5, 8, and 9 of each FCC Provider’s Portfolio is express-mailed to their new installation when there is a PCS. This is required whether or not the FCC Provider requests it. The FCC Program helps the receiving installation obtain completed previous Installation Records Check (IRC). (FCC Standardization)

A copy of each FCC Provider’s insurance policy is on file; the copy of the insurance policy is in English. Each licensed/affiliated provider has at least $300,000 personal liability insurance and the policy is current.

Each Licensed/Affiliated FCC Provider who transports children in their vehicles has current automobile liability insurance and a copy of the policy(ies) is on file.

Licensed/Affiliated FCC Providers’ insurance policies are reviewed by the Legal Office for adequacy.

The FCC Program offers the providers information on potential sources for FCC insurance; information is provided on no less than three insurance carriers. The FCC Program avoids recommending any specific carrier.

An Annual Unannounced Comprehensive Fire, Safety, and Health Inspection of at least 10%, but no less than 2 FCC homes, has been conducted within the last 12 months by a Subject Matter Expert using the most current version of the FCC Home Fire Prevention/Inspection Guide provided by HQ AFCESA/AF FCC Home Safety Inspection Tool/AF FCC Home Public Health Inspection Tool. The inspection is signed and dated. Any deficiencies identified have been corrected within 14 days and remain corrected.

Prior to initial licensing/affiliation, a Fire Inspection of the home is conducted using the most current version of the FCC Home Fire Prevention/Inspection Guide provided by HQ AFCESA. If the home is located on the installation, the inspection is conducted by a Fire Specialist. If the home is located off the
installation, the inspection is conducted by the FCC Coordinator, who is task-certified or trained to conduct fire inspections.

F79A Prior to relicensing/reaffiliation, a Fire Inspection of the home is conducted using the most current version of the *FCC Home Fire Prevention/Inspection Guide* provided by HQ AFCESA. If the home is located on the installation, the inspection is conducted by a Fire Specialist. If the home is located off the installation, the inspection is conducted by the FCC Coordinator, who is task-certified or trained to conduct fire inspections.

F82A Prior to initial licensing/affiliation, a Safety Inspection of the home is conducted using FCC Form 32, *FCC Home Safety Inspection Tool*. If the home is located on or off the installation, the inspection is conducted by a person who is task-certified or trained. (FCC Standardization)

F84 Prior to relicensing/reaffiliation, a Safety Inspection of the home, is conducted using FCC Form 32, *FCC Home Safety Inspection Tool*. If the home is located on or off the installation, the inspection is conducted by a person who is task-certified or trained. (FCC Standardization)

F86A Prior to initial licensing or affiliation, a Health Inspection of the home, is conducted using FCC Form 33, *FCC Home Health Inspection Tool*. If the home is located on or off the installation, the inspection is conducted by a person who is task-certified or trained. (FCC Standardization)

F88 Prior to relicensing/reaffiliation, a Health Inspection of the home, is conducted using FCC Form 33, *FCC Home Health Inspection Tool*. If the home is located on or off the installation, the inspection is conducted by a person who is task-certified or trained. (FCC Standardization)

F89 Prior to initial licensing/affiliation, a Program Inspection of the home, is conducted using FCC Form 34, *FCC Home Program Inspection Tool*. If the home is located on or off the installation, the inspection is conducted by a person who is task-certified or trained. (FCC Standardization)

F90 Prior to relicensing/reaffiliation, a Program Inspection of the home, is conducted using FCC Form 34, *FCC Home Program Inspection Tool*. If the home is located on or off the installation, the inspection is conducted by a person who is task-certified or trained. (FCC Standardization)

F91 The FCC Coordinator makes monthly, unannounced visits to each licensed/affiliated home and quarterly, unannounced visits to each accredited home. (FCC Standardization)

F92 The FCC Coordinator varies the hours of the day, days of the week, and days of the month when unannounced home visits are conducted.

F93 For those providers offering evening and/or weekend care, the FCC Coordinator conducts at least two of the unannounced home visits during these hours.

F94 The FCC Coordinator checks all areas of the home, both inside and outside, during the unannounced visit.

F95 During the unannounced home visits, the FCC Coordinator verifies the provider's *Detailed Bi-Monthly Self-Assessment* (DBMSA) using FCC Form 31, *AF FCC Home Verification of Detailed Bi-Monthly Self Assessment*. (FCC Standardization)

F96 During the unannounced home visits, the FCC Coordinator conducts an observation and debriefs the provider within 5 days of the observation. (FCC Standardization)

F97 A letter is sent to each FCC Provider from the Flight Chief with repeat/recurring deficiencies notifying him or her of the deficiencies and the deadline for correcting them.

F98 If a deficiency is observed for a third time, the provider's records are reviewed by the FCC Panel and a recommendation for retraining, suspension, or revocation is made.
F99 If life-threatening deficiencies are identified in any home visit/inspection, the deficiencies have been corrected immediately or the FCC Panel recommends that the MSG/CC close the home. Children are not left in a life-threatening situation.

F100 There is evidence that the Flight Chief is monitoring the home visits and ensures thorough and accurate observations are being conducted.

F101 If the FCC Coordinator is consistently failing to identify deficiencies during the FCC home visits, retraining and appropriate disciplinary actions are taken.

F102 The FCC Resource Center is divided and labeled into the following sections:
-- Health/Sanitation
-- Safety
-- Fire
-- Food and Nutrition
-- Business Operations
-- Training Materials

Materials for the areas listed below are divided into the following applicable age groups: Infants, Toddlers, Preschool, Younger School-Age (6-9 years) and Older School-Age (10-14 years)
-- Homework Materials
-- Small Outdoor Play
-- Large Outdoor Play
-- Multicultural Materials
-- Science/Mathematics
-- Music
-- Reading/Literacy
-- Manipulatives
-- Games
-- Dramatic Play
-- Arts/Crafts Supplies
-- Other

F103 The Resource Center maintains materials and books to help FCC Providers offering care for children with special needs.

F104 There is adequate space available for the FCC Resource Center. There is enough shelving in the FCC Resource Center to display the required items with the exception of large equipment. If there is not enough space to display at least one of each of the types of large equipment, a full-page, 8" x 11" photo/picture, is available.

F105 There is a picture catalog describing all the items in the FCC Resource Center. For each item, there is a description including the ages for which it is appropriate and its intended use or areas of development that would be promoted by playing with the item.

F106 The FCC Office maintains a computerized inventory of all non-consumable items in the FCC Resource Center. The list includes the original purchase price of each item.

F107 Each non-consumable item in the FCC Resource Center is numbered and labeled in some way related to the inventory.

F108 Each FCC Provider receives a list of all items checked out and their value, each time they check out a new item.
F109 The FCC Office delivers large equipment to the FCC Providers' homes when requested.

F110 The FCC Resource Center is open at least 1 hour per day or 5 hours per week, at least 2 hours after 1800 hours each month, and at least 2 hours during a weekend each month.

F111 The program serves as the sponsor for the USDA CACFP where it is available and sponsorship is not prohibited by state policies. If the program is not serving as the USDA CACFP sponsor, seek a waiver from Headquarters USAF Airman and Family Services (HQ USAF/A1SA) explaining the reasons why the FCC Program cannot serve as the sponsor.

F112 The program requires all providers to serve meals and snacks that meet the USDA CACFP and AF requirements. The program requires all providers to submit their menus prior to the start of the month and they are reviewed for compliance.

F113 At least quarterly, the program informs providers who are not enrolled in the USDA CACFP, that the program is available.

F114 The Child Abuse/Neglect and Safety Violations in DoD Child/Youth Programs sign is posted on the parent board in each FCC home and in each FCC office(s).

F115 The FCC Coordinator reports all suspected cases of inappropriate guidance and child abuse and neglect telephonically and in writing, using the AF Child and Youth (CYP) Reportable Incidents Report, to the Flight Chief, FAO (or other locally determined action officer), Squadron Commander/Director, Major Command (MAJCOM) Specialist, HQ AFSVA SVPY, and HQ USAF A1SA within 24 hours of occurrence.

F116 All FCC staff and Providers read the guidance policy and sign a written statement of understanding.

F117A An IRC has been completed on all FCC Program staff. The IRC consists of a records check of all installations on which the individual has lived or worked for 2 years before the date of the application. The IRC includes a file check of Security Forces Management Information System (SFMIS), Family Advocacy’s AF Central Registry (which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files) and Family Housing. A check of SFMIS and Family Advocacy’s AF Central Registry will satisfy the requirement for IRCs from current and former installations. Results are maintained in the employee work folder.

F117B The Dru Sjodin National Sex Offender Registry Check has been completed prior to employment. NOTE: Applicable for those hired after October 2008. (CY Pay Plan Program Guidance, Oct 08)

F118 A State Criminal History Repository Check (SCHRC) has been completed from all states that each FCC Program staff has lived in during the last 5 years. NOTE: Only required if a completed National Agency Check (NAC) or National Agency Check with Inquires (NACI) is not on file. Results are maintained in the employee work folder.

F119 A NAC or NACI has been requested for each individual FCC Program staff member. NOTE: As of 21 May 08, all newly hired employees must have a NACI. An FBI fingerprint check has been requested for each Contract Worker. An individual with a Secret Clearance meets the requirement of a NAC or NACI but does not meet the SCHRC requirement. If the results of the NAC, NACI, or FBI fingerprint check were not completed and adjudicated, follow-up action has been conducted and documented every 6 months, until the checks are completed and adjudicated. Results are maintained in the employee work folder.

F120 Record reverification of the IRC and Defense Central Index of Investigations (DCII) has been completed for all FCC Program staff every 5 years. Results are maintained in the employee work folder.
F121 All FCC Program staff have signed a statement indicating whether or not they have been arrested or convicted of any crime involving children, drugs, or alcohol.

F122 All FCC Program staff have a current physical examination (initial and every 3 years) and recommended immunizations.

F123 FCC Form 1, *FCC License/Affiliation Application*, is used to obtain information from individuals interested in becoming a licensed/affiliated or substitute provider. (FCC Standardization)

F124 Processing of applications for new licensed/affiliated or substitute providers begins within 15 days of the FCC Office receiving the application.

F125 Each applicant to become a licensed/affiliated provider is at least 18 years of age, has the ability to read, speak, and write English, is physically and mentally capable of providing care, is willing and able to complete the training required of FCC Providers, is willing to agree in writing to the requirements for FCC Providers, and is able to obtain the required insurance coverage. NOTE: Active duty members are prohibited from being licensed/affiliated providers.

F126 Each applicant to become a substitute provider is at least 18 years of age, has the ability to read, speak, and write English, is physically and mentally capable of providing care, has completed New Provider Orientation (NPO), is willing to serve as a substitute for more than 1 FCC Provider, and is covered by the provider's insurance policy or has their own insurance policy.

F127 Individuals are not permitted to provide care until they are licensed.

F128 Prior to being recommended for approval of an FCC License/Affiliation, FCC Form 5, *AF FCC Background Investigations*, is completed by the active duty member's supervisor or commander stating that he/she has no information about the active duty member which would suggest that the individual's spouse should not be licensed/affiliated to provide child care in their home. The results are recorded on FCC Form 3, *AF FCC Approval Record*. (FCC Standardization)

F129 Prior to being recommended for approval of an FCC License/Affiliation, FCC Form 9, *AF FCC Statement of Conviction*, is signed by the applicant and all household members 12 years and older. (FCC Standardization)

F130 Prior to being recommended for approval as an FCC Substitute Provider, FCC Form 9, *AF FCC Statement of Conviction*, is signed by the substitute applicant. (FCC Standardization)

F131 Prior to being recommended for approval of an FCC License/Affiliation, an IRC has been completed on each applicant and their household members, ages 12 years and older, using FCC Form 5, *AF FCC Background Investigations*. The IRC consists of a records check of all installations on which the individual has lived or worked for 2 years before the date of the application. The IRC includes a file check of SFMIS, Family Advocacy’s AF Central Registry (which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files) and Family Housing. A check of SFMIS and Family Advocacy’s AF Central Registry will satisfy the requirement for IRCs from current and former installations. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, *AF FCC Approval Record*.

F132 Prior to being recommended for approval as an FCC Substitute Provider, an IRC has been completed on each applicant, using FCC Form 5, *AF FCC Background Investigations*. The IRC consists of a records check of all installations on which the individual has lived or worked for 2 years before the date of the application. The IRC includes a file check of SFMIS, Family Advocacy’s AF Central Registry (which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files) and Family Housing. A check of SFMIS and Family Advocacy’s AF Central Registry will satisfy
the requirement for IRCs from current and former installations. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F133 An IRC is conducted annually on each FCC Provider and their household members, ages 12 years and older, using FCC Form 5, AF FCC Background Investigations. NOTE: The IRC is conducted when a household member turns 12 years old. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F134 An IRC is conducted annually on each FCC Substitute Provider, using FCC Form 5, AF FCC Background Investigations. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F135 Prior to being recommended for approval of an FCC License/Affiliation, a DCII is conducted on each applicant and their household members, ages 18 years and older, using FCC Form 5, AF FCC Background Investigations. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F136 Prior to being recommended for approval as an FCC Substitute Provider, a DCII is conducted on each applicant, using FCC Form 5, AF FCC Background Investigations. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F137 The DCII is conducted every 5 years on each FCC Provider and their household members, ages 18 years and older, using FCC Form 5, AF FCC Background Investigations. NOTE: The DCII is conducted when a household member turns 18 years old. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F138 The DCII is conducted every 5 years on each FCC Substitute Provider, using FCC Form 5, AF FCC Background Investigations. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F139 Prior to being recommended for approval of an FCC License/Affiliation, a statement from each school, that the children, ages 12 years and older in the applicant’s household attend, using FCC Form 5, AF FCC Background Investigations, stating that the school knows of no reason why the applicant should not be approved to provide child care in their home. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F140 The School Statement is conducted annually on each child(ren) in the provider's household, ages 12 years and older, using FCC Form 5, AF FCC Background Investigations. NOTE: The School Statement is conducted when a household member turns 12 years old. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F141 An IRC and School Statement (if applicable) are conducted on any new household members, ages 12 years and older and a DCII is conducted on any new household member, ages 18 years and older who remain in the household for more than 30 days, using FCC Form 5, AF FCC Background Investigations. Results are maintained in the provider’s portfolio and annotated on FCC Form 3, AF FCC Approval Record.

F142 Prior to being recommended for approval of an FCC License/Affiliation, the applicant and all household members are interviewed using the FCC Form 7, FCC Family Interview. (FCC Standardization)

F143 Prior to being recommended for licensing/affiliation or as a substitute provider, two professional or educational references on each applicant are on file using FCC Form 6, Reference Checks. (FCC Standardization)
Licensed/Affiliated and Substitute Providers have a health assessment, initially and every 2 years, and recommended immunizations. The **FCC Form 8, Provider's Health Assessment** is required. The FCC Form 11, **Provider's Immunizations** or a copy of the provider's shot records inclusive of all required immunizations listed on FCC Form 11 is required. (FCC Standardization)

Licensed/Affiliated Provider’s household members have the recommended immunizations. The FCC Form 12, **Household Members over 18 years of Age Immunizations**, AF Form 1181, or a copy of their shot records inclusive of all required immunizations listed on FCC Form 12 is required. (FCC Standardization)

All licensed/affiliated and substitute providers have signed FCC Form 20, **FCC Provider Agreement**. (FCC Standardization)

All licensed/Affiliated FCC Providers meet all local, state, county, country, and AF requirements prior to licensing/affiliation.

Each Licensed FCC Provider has a current FCC Form 4A, **FCC License**. (FCC Standardization)

An FCC License/Affiliation Certificate is not issued until the MSG/CC has signed the FCC Form 3, **AF FCC Approval Record**. The date on the FCC Form 3 is not later than the date on the license/affiliation certificate. (FCC Standardization)

Each Affiliated FCC Provider has a current FCC Form 4B, **FCC Affiliation Certificate**. (FCC Standardization)

A License/Affiliation Certificate is not issued until the applicant provides evidence that the effective date on the required liability insurance is before or on the date they begin providing care.

A License/Affiliation Certificate is valid for 12 months. (FCC Standardization)

FCC Providers licensed/affiliated on another installation within the last 12 months are permitted to become relicensed/reaffiliated after a review of their file from their last installation, inspections of their home, proof of insurance, and approval of the MSG/CC.

Licensed/Affiliated FCC Providers who move from one residence to another are relicensed/reaffiliated as soon as inspections of their new home are complete, they show proof that their insurance has been transferred to their new residence, and approval of the MSG/CC. Page 2 of FCC Form 3 must be completed. (FCC Standardization)

Licensed/Affiliated FCC Providers who have been on an inactive status for less than 3 months are permitted to return to active status after inspections of their home are completed.

Employ at least 1 APF FCC Coordinator for every 30 FCC homes approved or in training to ensure oversight of each home.

If any FCC Coordinator is responsible for fewer than 30 homes, he or she has been assigned other duties within the Flight. **Note: The additional duties must align with the responsibilities and level of work of a 1701 series position.**

The Flight T&C(s) assist the FCC Program based on the number of children served in the CDC(s), SA Program, and FCC.

All training is documented on the AF Form 1098, **Special Task Certification and Recurring Training**. All FCC Program staff and FCC Providers start an annual AF Form 1098 in January. (FCC Standardization)

FCC Program staff receive at least 12 hours of annual training.

Prior to being recommended for approval of an FCC License/Affiliation or as an FCC Substitute Provider, applicants are required to complete at least 24 hours but no more than 36 hours of NPO
training, including FCC Module #3, Environments, Pediatric First Aid, CPR*, Regulations/Policies, Business Operations (Family Relations), Health, Food Service Training, USDA CACFP Guidelines, Safety, AF Infant Safe Sleep Practices, Child Abuse, Appropriate Guidance, and Fire.

(FCC Standardization) *CPR - must be certified for ages 2 weeks - 12 years

F163 All licensed/affiliated/substitute providers are making satisfactory progress toward completing the required FCC Training Modules, at least one module for every month licensed/affiliated until all modules are completed.

F164 Licensed/Affiliated/Substitute providers, who are more than 1 month behind in completing an FCC Training Module, have been notified in writing that their licenses/affiliations will be suspended unless they become current within 30 days of notification.

F165 Licensed/Affiliated/Substitute providers, who are more than 3 months behind in completing FCC Training Modules, have their licenses/affiliations revoked.

F166 Each Licensed/Affiliated FCC Provider participates in at least 24 hours of annual training per year.

NOTE: At all times, each provider must remain current in Pediatric First Aid and CPR Certification for ages 2 weeks to 12 years.

At a minimum, this training includes:
-- Child Abuse
-- Appropriate Guidance
-- Child Development/Activity Planning
-- USDA CACFP Guidelines
-- AF Infant Safe Sleep Practices

F167 All licensed/affiliated FCC Providers providing care for children with special needs have received training on how to provide care for the specific needs of the children and this training is recorded on their AF Form 1098.

F168 FCC Coordinators/T&Cs/APF Contractors:
-- Prepare training materials
-- Conduct monthly and/or quarterly training sessions
-- Conduct in-home training
-- Conduct module training, observations and assessments
-- Conduct pre-licensing/affiliation and other training
-- Prepare curriculum guides and other materials
-- Train FCC Providers on how to conduct developmentally appropriate activities
-- Help FCC Providers use appropriate guidance
-- Provide support for FCC Providers interested in accreditation
-- Conduct training for FCC Providers interested in obtaining their Child Development Associate Credential for FCC settings.

F169 The USDA CACFP Sponsorship Reimbursement covers personnel costs, provider reimbursements, and other expenses associated with the administration of this program.

F170 All non-life-threatening deficiencies identified in any inspections required by the Military Child Care Act have been corrected within 90 days and remain corrected or a waiver is on file from the Assistant Secretary of the Air Force Manpower and Reserve Affairs (SAF/MR). All non-life-threatening deficiencies identified during the visits to the homes have been corrected within 14 days and remain corrected. All life-threatening deficiencies are corrected immediately.