



# Department of Defense **INSTRUCTION**

**NUMBER** 6060.02

August 5, 2014

Incorporating Change 2, Effective September 1, 2020

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USD(P&R)

**SUBJECT:** Child Development Programs (CDPs)

**References:** See Enclosure 1

1. **PURPOSE.** This Instruction:

a. Reissues DoD Instruction (DoDI) 6060.2 (Reference (a)) in accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (b)) and DoDI 1342.22 (Reference (c)) and the requirements of DoDD 1020.1 (Reference (d)).

b. Updates established policy, assigns responsibilities, and prescribes procedures for providing care to minor children (birth through age 12 years) of individuals who are eligible for care in DoD CDPs. This includes:

(1) Center-based and community-based care.

(2) Family child care (FCC).

(3) School-age care (SAC).

(4) Supplemental child care.

c. Cancels DoDI 6060.3 (Reference (e)).

d. Implements sections 1791 through 1800 of title 10, United States Code (U.S.C.) (Reference (f)).

e. Authorizes the publication of supporting guidance for the implementation of CDP policies and responsibilities, including child development training modules, program aids, and other management tools.

f. Establishes the DoD Effectiveness Rating and Improvement System (ERIS) in accordance with sections 1791 to 1800 of Reference (f).

2. APPLICABILITY. This Instruction applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the “DoD Components”).

3. DEFINITIONS. See Glossary.

4. POLICY. In accordance with References (c) and (f), it is DoD policy to:

a. Ensure that the CDPs support the mission readiness, family readiness, retention, and morale of the total force during peacetime, overseas contingency operations, periods of force structure change, relocation of military units, base realignment and closure, and other emergency situations (e.g., natural disasters and epidemics). Although child care supports working parents, it is not an entitlement and parents must pay their share of the cost of child care.

b. Reduce the stress of families who have the primary responsibility for the health, safety and well-being of their children and help them balance the competing demands of family life and the DoD mission. CDPs provide access and referral to available, affordable, quality programs and services that meet the basic needs of children, from birth through 12 years of age, in a safe, healthy, and nurturing environment.

c. Conduct an annual internal certification process to ensure that all installation-operated CDPs are operating in accordance with all applicable Federal mandates and statutory requirements.

d. Provide child care to support the personnel and the mission of DoD. Eligibility is contingent on the status of the sponsor.

(1) Eligible patrons include:

(a) Active duty military personnel.

(b) DoD civilian employees paid from either appropriated funds (APF) or non-appropriated funds (NAF).

(c) Reserve Component military personnel on active duty or inactive duty training status.

(d) Combat related wounded warriors.

(e) Surviving spouses of Military members who died from a combat related incident.

(f) Those acting in loco parentis for the dependent child of an otherwise eligible patron.

(g) Eligible employees of DoD contractors

(h) Others authorized on a space available basis

(2) In the case of unmarried, legally separated parents with joint custody, or divorced parents with joint custody, children are eligible for child care only when they reside with the Military Service member or eligible civilian sponsor at least 25 percent of the time in a month that the child receives child care through a DoD program. There may be exceptions, as addressed in Enclosure 3.

e. Promote the cognitive, social, emotional, cultural, language and physical development of children through programs and services that recognize differences in children and encourage self-confidence, curiosity, creativity, self-discipline, and resiliency.

f. Employ qualified direct program staff whose progression from entry level to positions of greater responsibility is determined by training, education, experience, and competency. Ensure that civilian employees maintain their achieved position and salary as they move within the military child care system.

g. Certify qualified FCC providers who can support the mission requirements of the installation.

h. Facilitate the availability and expansion of quality, affordable, child care off of military installations that meet the standards of this Instruction to ensure that geographically dispersed eligible families have access to legally operating military-approved community-based child care programs.

i. Promote the early identification and reporting of alleged child abuse and neglect in DoD CDPs in accordance with DoDI 6400.1 (Reference (g)).

j. Ensure that funding is available to meet Military Child Care Act requirements pursuant to sections 1791 to 1800 of Reference (f) and protect the health, safety, and well-being of children in care.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. Enclosure 3 provides guidance for military operated or approved child development centers (CDCs), FCC, and school-age programs.

7. INFORMATION COLLECTIONS REQUIREMENTS

a. The DoD Child Development Program Annual Summary of Operations referred to in paragraph 2.f. of Enclosure 2 of this instruction has been assigned report control symbol DD-P&R(A)1884 in accordance with the procedures in Volume 1 of DoD Manual 8910.01 (Reference (h)).

b. DD Form 2652, "Application for Department of Defense Child Care Fees" referred to in paragraph 7.b.(1)(a) of Enclosure 3 of this instruction has been assigned Office of Management and Budget control number 0704-0515 in accordance with the procedures in Volume 2 of DoD Manual 8910.01 (Reference (i)).

c. DD Form 2606, "Request for Care Record, Department of Defense Child Development Program" referred to in paragraph 7.f. of Enclosure 3 of this instruction has been assigned Office of Management and Budget control number 0704-0515 in accordance with the procedures in Reference (i).

8. RELEASABILITY. **Cleared for public release.** This instruction is available on the Directives Division Website at <https://www.esd.whs.mil/DD>.

9. SUMMARY OF CHANGES 1 AND 2. The changes to this issuance:

a. Change 1 updates references, definitions, and Section 1 of Enclosure 3 in accordance with the February 21, 2020 Secretary of Defense Memorandum (Reference (j)).

b. Change 2 grants Coast Guard families the same access priority as their DoD counterparts and postpones the June 1, 2020 effective date to September 1, 2020 in accordance with the April 23, 2020 Secretary of Defense Memorandum (Reference (ab)).

10. EFFECTIVE DATE. This Instruction is effective August 5, 2014.

  
Jessica L. Wright  
Under Secretary of Defense  
for Personnel and Readiness

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

(a) Compensation of direct care CDP employees who are classified as NAF employees, to include training and education, and recruitment and retention initiatives approved by the DoD Component.

(b) Food-related expenses not paid by the USDA or DoD APFs.

(c) Consumable supplies.

c. Facility Requirements and Construction

(1) Minimum prescribed construction standards:

(a) For all Marine Corps, Navy, and Air Force CDC facility construction, the Unified Facilities Criteria (UFC) 4-740-14 (Reference (q)) apply.

(b) For all Army CDC facility construction, the Army Standard for Child Development Centers (Reference (r)) apply.

(c) When SAC is provided in youth facilities, UFC 4-740-06 (Reference (s)) and Service-specific exceptions to the UFC apply.

(d) State and local construction standards may be used but are not required, except if the CDC facility is located on an area over which the United States has no legislative jurisdiction, and then only if State and local standards are more stringent than those in Reference (n).

(2) All facilities shall comply with the structural requirements of the National Fire Protection Association 101, "Life Safety Code®" (Reference (t)).

d. Oversight

(1) DoD Certification Inspection. Installation-operated CDPs in which care is provided for 10 or more child care hours per week on a regular basis shall be certified to operate through inspections occurring no fewer than four (4) times a year. Inspections must be unannounced, and parent and staff feedback shall be solicited as part of the inspection process.

(a) Three local inspections and one higher headquarters inspection shall be conducted to verify compliance with this Instruction and DoD Component implementing guidance. Local inspection teams are led by a representative of the installation commander, Defense Agency Director, or Defense Field Activity Director, and a multidisciplinary team, to include human resource, fire, health, and safety proponents, with expertise and authority to verify compliance with this Instruction.

1. Local inspections include an annual comprehensive health and sanitation inspections, annual comprehensive fire and safety inspections, and a multidisciplinary inspection

whose team that includes parent representation. Community representation on the team by appropriate professionals is highly encouraged.

2. DoD Component inspection teams inspecting CDPs serving children birth through 12 years of age shall include staff possessing:

a. A baccalaureate degree in child development, early childhood education (ECE), home economics (early childhood emphasis), elementary education, special education, or other degree appropriate to the position filled from an accredited college;

b. Knowledge of child and youth development programs; or

c. A combination of education and experience that provide knowledge comparable to that normally acquired through the successful completion of a 4-year degree (experience must include at least 3 years of full-time teaching or management experience with children of the appropriate age group).

3. Parents shall be interviewed as part of the DoD Component inspection. Additional inspections shall be conducted in response to program complaints in accordance with section 2 of Enclosure 2.

4. Results of DoD Component inspections shall be provided by the DoD Component to the ODASD(MC&FP) through OFP/CY. CDPs whose inspection results demonstrate compliance with this Instruction shall receive DD Form 2636. Certificates shall be displayed in a prominent location in the CDP.

5. Inspection results shall be made available to parents. Results from inspections of CDC programs shall be available online.

6. Periodic, unannounced inspections shall be made by the ODASD(MC&FP) to ensure compliance with the requirements in this Instruction.

7. In response to each inspection, a corrective action plan with appropriate timelines shall be developed to address any deficiencies identified during inspection.

(2) Violations. The installation commander, Defense Agency Director or DoD Field Activity Director shall ensure the immediate remedy of any life-threatening violation of this Instruction or other safety, health, and child welfare laws or regulations (discovered at an inspection or otherwise) at a DoD CDP, or he or she will close the facility (or affected parts of the facility).

1. In the case of a violation that is not life-threatening, the commander of the major command under which the installation concerned operates, or the Director of the Defense Agency or DoD Field Activity concerned, may waive the requirement that the violation be remedied immediately for up to 90 days beginning on the date of discovery of the violation.

2. If the violation that is not life-threatening is not remedied by the end of that 90-day period, the facility or parts involved will be closed until the violation is remedied.

3. The Secretary of the Military Department or Director of the Defense Agency or DoD Field Activity concerned, may request a waiver of the requirements of the preceding sentence to authorize the program to remain open in a case where the violation cannot reasonably be remedied within the 90-day period or in which major facility reconstruction is required. A waiver request must be submitted to OFP/OCY for approval.

(3) Accreditation. Eligible CDP facilities (excluding FCC) shall be accredited by a DoD-approved national accrediting body. CDP oversight is a statutory requirement involving an external nationally recognized accreditation process and internal DoD Certification process.

(a) FCC providers shall be encouraged to seek accreditation from an appropriate national accrediting body.

(b) The percentage of CDP facilities successfully achieving accreditation shall be reflected in the Annual Summary of Operations report referenced in Enclosure 2.

(4) Monitoring. There shall be a system in place to monitor FCC homes on a regular basis during all hours of operation. The following information shall be maintained for FCC providers:

- (a) Results of family interview.
- (b) Background check with suitability determination.
- (c) Inspection results.
- (d) Insurance.
- (e) Training records.
- (f) Monitoring visit records.

e. Parent Board. In accordance with sections 1783 and 1795 of Reference (f), each CDP shall establish a Parent Board to discuss problems and concerns and to provide recommendations for improving CDPs. The Board, with the staff of the program, is responsible for coordinating a parent participation program.

(1) The Board shall be composed only of parents of children enrolled in the installation CDP facilities that are Military Service members, retired Military Service members, or spouses of Military Service members or retired Military Service members, and chaired by such a parent.

(2) The Board shall meet periodically with the staff of the program and the installation commander, Defense Agency Director, or DoD Field Activity Director to discuss problems and concerns. Board recommendations shall be forwarded to the installation commander Defense

Table 1. CDC and School-Age Programs Standards of Operations, Continued

Occupational Safety and Health Administration (OSHA).
The program requires parents to provide proper attire for active play indoors and outdoors.
At least one staff member, who has certification in first aid treatment, including CPR for infants and children and emergency management of choking, is always present. Current certificates are kept on file.
<b>Health and Sanitation: CDC ONLY</b>
Infant equipment is washed and disinfected at least daily. Toys that are mouthed are removed immediately after mouthing and are washed and sanitized prior to being used by another child.
Individual bedding is washed at least once a week and used by only one child between washings. Individual cribs, cots, and mats are washed if soiled.
Diapering procedures are in accordance with national recommendations and are posted in diapering areas.
Sinks used for diapering are not co-located with food service areas or the sink used for dishwashing.
<b>D. Fire and Safety</b>
<b>Fire and Safety: Both CDC and SAC</b>
Comprehensive fire and safety inspections have been completed within the last 12 months, corrective actions have been completed per specified timelines, and the inspection reports are available for review.
A safety walk-through of all play areas is conducted daily. Safety concerns are identified, documented, and corrected immediately or put off limits to children until they can be corrected.
The building, playground, and all equipment are maintained in safe, clean condition, are in good repair, and there are no observable safety hazards in the indoor and outdoor program space.
Stairways and ramps are well lighted and equipped with handrails, where appropriate.
Fire extinguishers, smoke detectors, and carbon monoxide detectors, where required, are in working order, and documentation shows status is checked monthly.
Adequate first aid supplies are readily available and maintained. First aid supplies are available during field trips and outings.
Toys and materials do not present a choking hazard for children under age 3.
Chemicals and potentially dangerous products, such as medicine or cleaning supplies, are stored in original, labeled containers in locked cabinets inaccessible to children. Diluted bleach solution must be accessible to staff in an unlocked location, but inaccessible to children.



Table 1. CDC and School-Age Programs Standards of Operations, Continued

There is a written plan for reporting and managing emergencies, including terrorist attacks, severe storm warnings, medical and pandemic emergencies, or a lost or missing child, which includes shelter in place and evacuation procedures. Staff and volunteers understand the plan.
Evacuation drills are conducted monthly at different times of the day or evening when children are in care. The drills are documented.
Emergency telephone numbers including police, fire, rescue, and poison control services are posted by telephones and are available at all times.
Staff and regular volunteers are familiar with primary and secondary evacuation routes and practice evacuation procedures monthly with children.
A system is in place to keep unauthorized people from taking children from the program.
Smoking and use of tobacco is not permitted in the facility or in the sight or presence of children.
<b>Fire and Safety: CDC ONLY</b>
Cribs meet the current CPSC guidelines.
CPSC crib safety guidelines are followed: infants are placed on their backs for sleeping; soft cushions, such as pillows, comforters, thick blankets, quilts, or bumper pads are not used in cribs.
<b>E. Parent Involvement/Participation</b>
<b>Parent Involvement/Participation: Both CDC and SAC</b>
Parents have access to their children at all times, are helped to feel welcome and comfortable, and are treated with respect.
Written information is available to families, including operating policies and procedures, program philosophy, and a parent participation plan.
Programs are encouraged to include the culture and language of the families they serve. Families are encouraged to share their heritage and culture.
Parents are offered a program orientation as a part of the child enrollment process.
Parents are informed about the program and curriculum and about policy or regulatory changes and other critical issues that could potentially affect the program, through newsletters, bulletin boards, technology, and other appropriate means.
Families are encouraged to participate in the planning and evaluation of the CDC and SAC programs with regards to their child's care and development. They are encouraged to be involved in the program in various ways, taking into consideration working parents and those with little spare time.

Table 3. ERIS

<b>Oversight</b>	
The State Child Care Licensing/Regulating Agency conducts an annual on-site inspection of the facility and program.	
<b>SCR 01 - Staff-Child Ratio/Group Size (SCR)</b>	
<b>Standard</b>	
SCR 01.01	<p>RATIO (number of children per child care provider/staff). Ratios must be equal to or lower than:</p> <p>1:4 or less for infants (birth to 12 months).</p> <p>1:5 or less for pre-toddlers (13-24 months).</p> <p>1:7 or less for toddlers (25-36 months).</p> <p>1:12 or less for preschool (37 months-5 years).</p> <p>1:15 or less for school age (6-12 years).</p>
SCR 01.02	<p>GROUP SIZE (the total number of children within various age groups). Group size must be equal to or lower than:</p> <p>Eight or less for infants (birth to 12 months) with two caregiving staff per eight infants.</p> <p>Ten or less for pre-toddlers (13-24 months) with two caregiving staff per ten pre-toddlers.</p>
	<p>Fourteen or less for toddlers (25-36 months) with two caregiving staff per fourteen toddlers.</p> <p>Twenty four or less for preschool (27 months-5 years) with two caregiving staff per twenty four preschoolers.</p> <p>Twenty four/thirty or less for school age (6-12 years) with two caregiving staff per twenty four/thirty school agers.</p>
SCR 01.03	<p>MULTI-AGE GROUPINGS (more than one age group in a room). No more than TWO AGE GROUPS may be combined within 18 month range (THIS DOES NOT APPLY TO SAC). Each age group is represented by appropriate ratio. Examples: two caregiving staff: four infants and five pre-toddlers; twp caregiving staff : five pre-toddlers and seven toddlers; two caregiving staff: seven toddlers and twelve preschoolers</p>
<b>BAC 02 - Background Check/Child Abuse Prevention (BAC)</b>	
<b>Standard</b>	
BAC 2.01	Background checks are completed and documented for each employee or regular volunteer who is in contact with children, including management, administration, classroom, support staff, and individuals contracted for hire.

Table 3. ERIS, Continued

EMG 10.01.d	<p>There is a written policy that requires all parents to provide emergency information to include:</p> <p>Multiple contact phone numbers (work, cellular, home).</p> <p>Emergency contact phone numbers (relatives or friends) authorized to pick up the child if parent cannot be reached.</p> <p>The child's physician, dentist, and emergency room preference.</p>
<b>OUT 11 - Outdoor Play Area (OUT)</b>	
<b>Standard</b>	
OUT 11.01	The playground and all equipment are maintained in safe, clean condition, in good repair, and there are no observable safety hazards and no entrapment areas.
OUT 11.02	Playground equipment is surrounded by resilient surfaces (e.g., fine, loose sand, wood chips, wood mulch) of an acceptable depth (9 inches) or by rubber mats manufactured for such use.
OUT 11.03	The playground equipment is arranged to ensure that a child is visible and supervision is maintained.
OUT 11.04	There is a plan to check and inspect playgrounds on a weekly basis. Each staff member is responsible for immediately reporting hazards or unsafe areas to the director.
<b>HAZ 12 – Hazardous Materials and General Safety (HAZ)</b>	
<b>Standard</b>	
HAZ 12.01	Accident protection and liability insurance coverage are maintained for children and adults.
HAZ 12.02	All chemicals and potentially dangerous products, such as medicine or cleaning supplies are stored in original, labeled containers in locked cabinets inaccessible to children.
HAZ 12.03	Poisonous or potentially harmful plants on the premises are inaccessible to children.
HAZ 12.04	Children are protected from accidental drowning by limiting access to all bodies of water.
HAZ 12.05	Electrical outlets are covered in all areas accessible to children, including corridors.

Table 3. ERIS, Continued

HAZ 12.06	Toys and art supplies are made of safe, non-toxic, durable, and cleanable materials.
HAZ 12.07	There are no items that could cause choking or strangulation. Additional information is available at: <a href="http://www.cpsc.gov/">http://www.cpsc.gov/</a>
HAZ 12.08.a	Infants are placed on their backs for sleeping to lower the risk of SIDS.
HAZ 12.08.b	Staff make sure that soft surfaces such as pillows, quilts, thick blankets, and soft bumpers are not used in the crib.
HAZ 12.09	The building has been inspected for dangerous substances such as lead, radon, formaldehyde, asbestos, etc., in accordance with State requirements.
<b>PAR 13 – Parent Involvement (PAR)</b>	
<b>Standard</b>	
PAR 13.01	Families are offered an orientation and information prior to enrolling to include: hours of operation, enrollment policies, program costs, inclusion of special needs children, and opportunities for parent involvement.
PAR 13.02	The program policy clearly includes open door policy; family members are welcome visitors in the program at all times.
PAR 13.03	The program provides opportunities for communication between parents and staff verbally or in writing on a daily basis.
<b>DEV 14 - Developmentally Appropriate Environment and Materials (DEV)</b>	
<b>Standard</b>	
DEV 14.01	Classrooms are arranged to facilitate a variety of activities for each age group and provide areas where children can play and work independently or with friends.
DEV 14.02	Classrooms are well lit, ventilated, and kept at a comfortable temperature.
DEV 14.03.a	Staff offer a variety of developmentally appropriate activities and materials for children indoors and outdoors that are respective of children's race, gender, religion, family background, culture, age, and special needs and include:  Language and literacy. Physical development. Health, safety, and nutrition. Creative expression. Cognitive development.