

CDC, SAC, 24/7 or Youth Program Update Request Form

Use this form to provide the Support Desk with the information needed to update a facility-based program in MilitaryChildCare.com (MCC) and the Child and Youth Program Inspection Management System (CYP-IMS).

This form must be submitted by an authorized user (e.g., MCC Coordinator, MCC Coordinator backup, Installation POC to CYP-IMS, or Service Representative) to the Support Desk at ProgramSupport@MilitaryChildCare.com. The Support Desk will update the program and MCC user accounts, when needed, ensure program information is in-sync between MCC and CYP-IMS, and notify you once these tasks are complete.

Instructions for Completing Form

Review these instructions and then complete the form on page 4.

UPDATE REQUESTED: Select the update type from the drop-down. If the update request is "Change status to long-term closure," select a reason from the drop-down. Note: When a program's status changes to long-term closure, all care options are ended, the program is not visible to families on the search and all families with active requests or offers are notified that their requests cannot be fulfilled, and/or their offers have been removed.

PROGRAM NAME: Enter your program's full name, without abbreviations, as it will appear on your official certificate to operate.

PROGRAM AFFILIATION

Branch of Service: Select the program's affiliated Branch of Service.

Region: Enter the installation's region.

Installation Name: Enter the installation name.

FORM SUBMITTED BY

Name: Enter your first and last name or use digital signature.

Title: Select your MCC or CYP-IMS title. Only MCC Coordinators, MCC Coordinator backups, CYP-IMS Installation POCs, Inspection Coordinators, or Service Representatives are authorized to submit this form.

Contact Email: Enter an email address where you can be contacted regarding the completion of this form.

Contact Phone: Enter a phone number, including country code, area code, and extension, if applicable, where you can be contacted regarding the completion of this form.

FOR NEW PROGRAMS ONLY

Requests for setting up new program profiles must include the following information. In addition to this form, the submission should include a list of program users that need access to any new program. For each program user include: first and last name, email, if they are R&R or program staff, and if they are a manager or non-manager. When you receive notification that the Support Desk has completed the setup, MCC users should refer to the [Program Profile Reference Guide](#) for instructions on validating and completing the program profile. Once the program profile setup is complete, contact the MCC Support Desk and indicate the program is ready to be activated. CYP-IMS users should refer to the CYP-IMS Admin User Reference Guide for next steps.

PROGRAM DETAILS

Primary Program Type: Select the program type that best represents the new program. Note: Youth and "other" are only valid options for CYP-IMS. If you are requesting a custom program type, select "other," to indicate you need to create a Service-specific program that will not receive a DoD Certification as part of the Inspection. Provide additional details on the "Custom Program Type" line below.

Secondary Program Type (optional): Designate a secondary program type to capture additional care types not available through the primary program type. As illustrated in the scenarios below, a CDC program may select a secondary program type of SAC. A SAC program may select a secondary program type of CDC. A 24/7 Center may select secondary program types of CDC and SAC.

- **Scenario 1: CDC with SAC as a secondary program type:** Garrison CDC has classrooms for infant through preschool age children and offers a kindergarten program to kindergarten-eligible children. This program should have a primary program type of CDC and a secondary program type of SAC.
- **Scenario 2: SAC with CDC as a secondary program type:** Fort Bravo SAC Program provides school year care, but also offers part-day preschool during the school year. This program should have a primary program type of SAC and a secondary program type of CDC.
- **Scenario 3: 24/7 Center with CDC and SAC as a secondary program type:** The Main 24/7 Center provides care 24 hours a day, 7 days a week for families who work non-traditional and/or rotating schedules. Because additional space is available, the program can also serve infant through school age children during typical operating hours as well. This program should have a primary program type of 24/7 and two secondary program types of CDC and SAC.

Secondary Program Type 2 (optional): If the primary program type is a 24/7 Center, then an additional secondary program type can be assigned.

Custom Program Type (optional): If you are requesting a custom program type, describe how this program type differs from the standard program types available (only relevant for CYP-IMS).

Operational Capacity: Enter the number of child care spaces based on the current use of the classrooms in the facility. In the event a classroom or part of the facility is temporarily closed (lack of staff, need for care, etc.), include this room or facility in the capacity. If a room has been reconfigured on a permanent basis, do not count the room's capacity in the overall facility capacity.

PROGRAM OPERATING SCHEDULE

The program's operating schedule indicates the earliest start time, latest end time and comprehensive days of the week across all the care options offered. For SAC programs, enter the earliest time children can be dropped off and the latest time children can be picked up, not accounting for any time closed between those two times. Leave times and days blank if the primary program type is 24/7.

Open Time: Enter standard opening time.

Close Time: Enter standard closing time.

Days of Week: Select the days of the week care is available.

PROGRAM CONTACT INFORMATION

Phone Number: Enter the phone number, including country code and area code, where the program prefers to receive business related calls. The phone number will display to families searching for care on MCC.

DSN (optional): Enter the DSN, if applicable. The DSN will display to families searching for care on MCC.

Email Address: Enter program's email address, not an individual's email address. This information will display to families searching for care on MCC.

PROGRAM ADDRESS

Your program's address determines whether your program displays to families searching for care on MCC. Families will see your program's address when searching for care on MCC.

Street Address: Enter your program's physical location where care is provided (i.e., enter the full street address, including building number). Do not enter a post office box or APO/FPO.

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City: Enter the city.

State/Province/Region: Enter the state abbreviation. For international addresses, enter State/Province/Region if applicable or leave this field blank; it is not required for international addresses.

Zip: Enter the zip or postal code. For international addresses, enter a zip code if applicable or leave this field blank; it is not required for international addresses.

AVO CLUSTER NAME

Your installation leadership, in coordination with Service HQ, assigned programs to AVO clusters and providers to either clusters or outliers at your installation. All new CDC, 24/7, and SAC programs with a secondary program type of CDC must be assigned to an AVO Cluster. Refer to the AVO Clusters workbook for your Service, available in the [Resources](#) section of the MCC Central Training Center. Enter the cluster name or indicate if a new cluster needs to be created. The AVO Cluster assignment will also be reviewed by your Service Representative.

NOTIFICATION SIGNATURE

The program's electronic signature will be included in notifications sent to families via MCC during the offer process. Ensure the signature contains contact information families should use when they receive an offer, such as program name, a contact person's name, address, phone number, and email.

Program Information

Provide the following information for the facility-based program. All information is required, unless indicated. You can find instructions for each field in the Instructions for Completing Form section.

UPDATE REQUESTED _____ **IF LONG-TERM CLOSURE, REASON** _____

PROGRAM NAME _____

PROGRAM AFFILIATION

Branch of Service _____ Region _____

Installation Name _____

FORM SUBMITTED BY

Name _____ Title _____

Contact Email _____ Contact Phone _____

NEW PROGRAM REQUESTS ONLY:

PROGRAM DETAILS

Primary Program Type _____ Secondary Program Type (optional) _____

Secondary Program Type 2 (optional) _____

Custom Program Type (optional) _____ Operational Capacity _____

PROGRAM OPERATING SCHEDULE

Open Time _____ Close Time _____

Days of Week: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

PROGRAM CONTACT INFORMATION

Phone Number _____ DSN _____

Email Address _____

PROGRAM ADDRESS

Street Address _____

City _____ State _____ Zip _____

AVO CLUSTER ASSIGNMENT

AVO Cluster Name _____ Create new cluster and assign

NOTIFICATION SIGNATURE