



DEPARTMENT OF THE ARMY
U.S. ARMY INSTALLATION MANAGEMENT COMMAND-PACIFIC
HEADQUARTERS, UNITED STATES ARMY GARRISON, HAWAII
745 WRIGHT AVENUE, BUILDING 107, WHEELER ARMY AIRFIELD
SCHOFIELD BARRACKS, HAWAII 96857-5000

Dear Child and Youth Services (CYS) Parents,

We are moving to the next phase of COVID19 rollback and expanding child care services in the currently closed Child Development Centers and School Age Centers. The date for opening Bowen CDC, Schofield CDC, HMR CDC/SAC, AMR CDC and AMR SAC is 4 May. Hours of operation will be 0530-1800. **Care will continue to be provided ONLY to designated mission essential personnel at this time.** Households must have mission essential letter for each parent/guardian. The COVID19 amnesty option is still effective until further notice. If you are not returning to the workforce yet you will not be at risk for losing your child care space or being charged child care fees.

Safety measures will remain in place and will be enforced. Drop off/pick up and hand washing at the entrance, child health screenings and temperatures will be taken prior to admission to the facilities and extensive cleaning, sanitizing and disinfecting will continue. Per DOD guidance staff are required to wear a face mask.

For those Service Members/Employees who are designated mission essential by their Command and enrolled in the full-time program, CYSS will offer child care. CYSS will attempt to offer childcare spaces for those service members/employee who are designated mission essential by the command and not enrolled in a full time program.

Please return this form with your employer's confirmation from your supervisor to the following email address usarmy.schofield.id-pacific.mbx.dfmwr-cyss@mail.mil by 3 May so that we can schedule staff accordingly.

Thank you for your support and understanding.

Sincerely,

Jemmie K. Collins
CYS Coordinator

Please complete the following:

Parent/Guardian Name _____

Child's Name _____ Age _____

Date Returning to Work _____

I acknowledge the above service member or employee is to report to work on the date specified above.

Signature _____ Date _____
Supervisor Confirmation

Unit _____

Print Name _____