DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON ALASKA
1046 MARKS ROAD #6000
FORT WAINWRIGHT, ALASKA 99703-6000

AMIM-AKW-WC

SEP 24 2026

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Child and Youth Services (CYS) Training Days (USAG Alaska, Fort Wainwright Policy #22)

1. References:

a. Army Regulation 608-10, Army Child Development Services, 11 May 2017.

b. IMCOM Regulation 608-10-1, G9 Family and Morale, Welfare and Recreation Child and Youth Services, 30 January 2023.

c. School Year 2026-2027 (SY 26-27) Army Child and Youth Fee Policy, October 2025.

2. Purpose: Providing Soldiers, Civilians, and their Families of the Fort Wainwright Community with knowledgeable childcare personnel is the key to a quality program. Employees and Family Child Care (FCC) Providers are required to maintain training in accordance with AR 608-10 and Installation Safety, Fire and Health Standard Operating Procedures. Personnel are also required to maintain both DoW and National Accreditation Standards. In addition, the Army is dedicated to preserving and protecting quality Family time to maintain a motivated and ready force.

3. Policy: To meet the operational training requirements for all staff and FCC Providers, while ensuring that Family is the focus in the life the military members and their dependents, CYS has established eight (8) CYS Training Holidays.

a. CYS is not open for facility usage and FCC Homes are closed on the Garrison established CYS Training Holidays and Resiliency Days as indicated in enclosure 1.

b. Soldiers, Civilians, and Family members must arrange alternative solutions for childcare needs for these days. Youth programs, sports, and other CYS programs are not scheduled for these days.

4. In addition, the Garrison Commander may declare a verified duty day as needed for organizational or operational requirements at his discretion. Parents are given a minimum fourteen (14) day notice prior to observance of a verified duty day. On these days, Soldiers, Civilians, and Family members who are required to work are responsible for:

a. Providing the Verification of Duty form to their child's program(s) no later than 14 days before the date of care needed. This allows for ample time for scheduling staff and determining the location at which care will be provided.

b. Providing CYS with a completed Verification of Duty form (encl 2) no later than 14 days before the verified duty day. When both the Soldier and spouse are employed, each need to provide a Verification of Duty form to the child's location of care in order to reserve space. In cases where the Soldier is TDY, deployed, or away from Garrison for work purposes and the spouse works, the spouse must provide a Verification of Duty form and provide verification of the Soldier's absence (such as orders). In the case of two civilian employees, both parents must provide a completed Verification of Duty form. The Verification of Duty form is subject to verification with the Battalion/Brigade CSM or Commander for Soldiers and the supervisor of the civilian employee.

5. This policy supersedes Garrison Policy #22, subject: Updated Child and Youth Services (CYS) Training Days, dated 20 October 2025.

6. POC for this memorandum is the CYS Coordinator; Tiffany M. Harris, 907-347-7159, or tiffany.m.harris14.naf@army.mil.

2 Encls
1. CYS Training Days
2. Verification of Duty Form

JOHN W. CAMPBELL
COL, IN
Commanding

DISTRIBUTION:
FWA (A)

FY 27 CYS Training Days

1. Training and Resiliency Days. Providing Soldiers, Civilians, and their Families of the Fort Wainwright Community with the knowledgeable childcare personnel is the key to a quality program. Employees and Family Child Care (FCC) Providers are required to maintain training in accordance with the AR 608-10-1 and Installation Safety, Fire, and Health Standard Operating Procedures. Personnel are also required to maintain both DoW and National Accreditation Standards. In addition, the Army is dedicated to preserving and protecting quality Family time to maintain a motivated and ready force. FY27 Training Days are listed below.

Training Days

Columbus Day DONSA (Training): **NO CARE PROVIDED**	9 Oct 26 (Fri)
Thanksgiving DONSA (Training): VOD* CARE ONLY	27 Nov 26 (Fri)
Christmas DONSA (Training): VOD* CARE ONLY	24 Dec 26 (Thu)
Martin Luther King Jr. DONSA (Training): VOD* CARE ONLY	15 Jan 27 (Fri)
Presidents Day DONSA (Training): VOD* CARE ONLY	12 Feb 27 (Fri)
Memorial Day DONSA (Training): **NO CARE PROVIDED**	28 May 27 (Fri)
July 4th DONSA (Training): VOD* CARE ONLY	05 July 27 (Mon)
Labor Day DONSA (Training): VOD* CARE PROVIDED	03 Sep 27 (Fri)

*Verification of Duty (VOD)

2. Training holidays are based on the 11th Airborne Division training calendar and are subject to change if those training holidays are adjusted by the 11th Airborne Division.

3. When CYS is not open for facility/FCC usage, Soldiers, Civilians, and Family members must arrange alternate solutions for childcare needs for these days. Mission essential care will be provided with a VOD form on the identified VOD days care only. VOD forms are due to the CDC/SAC/FCC no later than 14 days before each VOD day. Youth programs, sports, and other CYS programs are not scheduled for these days.

Encl 1

MISSION REQUIRED PERSONNEL
VERIFICATION OF DUTY FORM

UNITED STATES ARMY
CHILD&YOUTH SERVICES

Child & Youth Services Patron:

This form requires approval as follows for the Sponsor (and applicable Spouse):

- **Service Member**: Battalion/Brigade CSM or Battalion Commander
- **DoW Civilian**: Division Chief
- **Non-DoW Civilian**: Supervisor

Verification of duty forms are due to each child's program no later than 14 days before date care is requested/needed.

CARE IS REQUESTED FOR THE FOLLOWING:

A. CHILD(REN)
1. NAME _____ Age _____
2. NAME _____ Age _____
3. NAME: _____ Age: _____
4. NAME: _____ Age: _____

B. DATE _____ TIME(S) _____

C. PROGRAM(S): _____

SPONSOR INFORMATION

NAME _____ RANK: _____ UNIT/ WORK LOCATION: _____

MISSION ESSENTIAL: ☐ Yes ☐ No

COMMANDER/ DIVISION CHIEF/ SUPERVISOR NAME/ RANK: _____

PHONE _____ EMAIL: _____

COMMANDER/ DIVISION CHIEF/ SUPERVISOR confirms all information provided on this form is accurate _____ _____.
Signature **Date**

SPOUSE INFORMATION (AS APPLICABLE)

NAME _____ EMPLOYER: _____

MISSION ESSENTIAL: ☐ Yes ☐ No

COMMANDER/ DIVISION CHIEF/ SUPERVISOR NAME/ RANK/ TITLE: _____

PHONE _____ EMAIL: _____

COMMANDER/ DIVISION CHIEF/ SUPERVISOR Signature confirms accurate Spouse employment information on this form _____ _____.
Signature **Date**

PARENT CENTRAL SERVICES USE ONLY:

DATE RECEIVED FROM SPONSOR: _____
DATE PROCESSED _____
DATE SPONSOR INFORMATION CONFIRMED: _____
DATE SPOUSE INFORMATION CONFIRMED: _____
STAFF SIGNATURE: _____