JOINT BASE PEARL HARBOR-HICKAM INSTRUCTION 1700.1

From: Commander, Joint Base Pearl Harbor-Hickam

Subj: CHILD AND YOUTH PROGRAM (CYP) SELF-CARE POLICY

Ref: (a) OPNAVINST 1700.9E

Encl: (1) Joint Base Pearl Harbor-Hickam (JBPHH) School Age Care (SAC)/Youth Program Self Release Authorization Form

1. Purpose. To establish policy regarding supervision of children and minimum ages at which children may be able to attend JBPHH CYPs with little or no supervision.

2. Discussion. Parents and guardians are responsible for appropriate and adequate supervision of their minor family members at all times. Self-Care is defined as care where the child is responsible for him or herself and generally includes children who are left unattended before or after school, during school vacations, and holidays.

3. Policy. JBPHH CYPs and other installation entities, such as, Family Advocacy Program, Security, Housing, etc., will ensure compliance with this policy through strict adherence to this instruction.

4. JBPHH Self-Care limits, the following policy applies to minors:

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>May be Left Unattended in Quarters</th>
<th>May be Left Alone Overnight</th>
<th>May be Left on Playground Unsupervised</th>
<th>May be Left in Car Unsupervised</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>6-9</td>
<td>No</td>
<td>No</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td>10-11</td>
<td>Yes**</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>12-15</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>16-17</td>
<td>Yes</td>
<td>Yes***</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>18.+</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* ADULT WITHIN HEARING OR VISUAL CONTACT

** NO MORE THAN THREE HOURS

*** WITH ACCESS TO ADULT SUPERVISION
a. Children age five years and under will have direct supervision while on government property. Children of this age must be under direct parental supervision, the supervision of a designated adult (e.g., teacher, CYP Professional, etc.) or an American Red Cross (AMCROSS) certified babysitter, age 12 or older for periods not to exceed eight hours.

b. Children age six to nine must be within sight and sound of the person responsible for supervision. Children in this age range should know their address and phone number. These children may walk to and from school unattended with parental discretion. Children six to seven may ride their bike to school with adult supervision. Children eight and older may ride their bikes without adult supervision. Each child must wear proper protective equipment and adhere to the safety standards set by the base.

c. Children age 10 to 15 shall be provided general supervision and parents will have knowledge of their child's whereabouts at all times. The child must know what to do in emergency and have general idea of parent's whereabouts. Children age 10 to 15 may not be outside unattended, except in case of necessity, after 2200 and before 0500; this curfew is in effect every day for children of this age. Children 10 to 11 may not be left alone in the home for periods of more than 5 hours. Children age 12 to 15 may not be left alone in the home for periods of more than 10 hours. Leaving a child of this age over 10 hours requires adult supervision or a babysitter over the age of 16. Children age 12 to 17 may supervise siblings; however, it is strongly recommended that they are AMCROSS certified as a babysitter. They shall not be left unattended in quarters overnight.

d. Children age 16 to 17 may not be outside unattended, except in case of necessity, after 2200 and before 0500 on nights preceding a school day, and after 2400 and before 0500 on nights not preceding a school day. They may be home alone, and left alone in quarters overnight, if there is an adult with Power of Attorney in the area who has been notified by the parents, or person responsible for supervision, of the following information: length of absence, time and date of departure and return, name, address, phone number of designated guardian and where parents can be contacted.

e. Family members age 18 are considered adults and should be treated as such, unless they have a mental or physical disability that would prevent them from being left unattended.
f. Only authorized parents, assigned guardians, siblings over the age of 16 with parent consent are allowed to sign-out children from SAC/Youth programs.

g. Parent's giving their children permission to sign themselves in and out of the SAC/Youth program must complete and sign enclosure (1), which shall be maintained in the child's file.

Distribution:
Electronic only via,
https://g2.cnic.navy.mil/tscnrh/JOINTBASEPEARLHARBOR-HICKAMHI/JBPH%20Instructions/Forms/Instructions.aspx
Joint Base Pearl Harbor Hickam Youth Programs
Self Sign In/Out (Self Release) Form

My child has my permission to sign-in/out of the Joint Base Pearl Harbor Hickam Youth Programs on the days and times specified below. If my child is not signed in to the program I fully understand that the JBPHH Youth Programs staff will not be responsible for my child's care. My child does meet the "home alone" self care policy requirements. He/she is required to sign in upon entering the building and out when leaving each day.

My instructions for Self Sign-In/Out are as follows:

Name of Child: ________________________________

Parents Name: ________________________________

*Please check each box that applies to your child and circle the days you would like your child to have Self Sign In/Out.

Days to Sign(circle days): ■ In: M.T.W.TH.F ■ Out: M.T.W.TH.F

Time to Sign: ■ In: ___________________________ ■ Out: ___________________________

Date Begins: ___________________________ Date Ends: ___________________________
(if blank then until further written notice)

Phone # Where Parent Can Be Reached: ___________________________

Home Cell Work

Signature of Sponsor/Guardian: ___________________________ Date: ___________________________

Approval by Youth Programs Director: ___________________________ Date: ___________________________

Received Home Alone Policy: Initial: ___________________________ Date: ___________________________