



### Entry Access Control System Guidelines and Rules

The Los Angeles Air Force Base Child Youth Programs are required to implement the use of the Entry Access Control System as directed by Higher Headquarters. This system is part of an Air Force wide initiative increasing the security of the facilities for children, staff, and families.

Each family must follow the following rules of the Entry Access Control System while enrolled in the programs. Those who fail to do so will be reported to the SBD 3 Commander and may result in termination of care:

Initial \_\_\_\_\_ **CAC/PROXIMITY CARD:** Parents and staff must either use their government issued Command Access Card (CAC) or be issued a center proximity card to access the facility.

Initial \_\_\_\_\_ **AUTHORIZED ACCESS:** The entry access control system is located outside of the front door facility, on the left side of the entry wall. Parents will hold their CAC or assigned proximity card against the card reader to unlock the door and enter the facility. CACs and proximity cards are only programmed to work Monday- Friday during hours of operation. Visitors and individuals authorized to pick up children on behalf of sponsors without a programmed CAC or proximity card will be physically escorted into the facility.

Each family enrolled in the facility has been permitted access. Families, staff, and authorized patrons will not be permitted to hold the door open as a courtesy. This process will ensure individuals in the program are always safe and those with authorized access are only entering the facility.

Initial \_\_\_\_\_ **DIS-ENROLLMENT OUTPROCESS:** CAC's and proximity cards will be deactivated upon dis-enrollment. Proximity cards will be collected for re-programming by the program managers when parents dis-enroll children from the program.

Initial \_\_\_\_\_ **LOST/STOLEN PROXIMITY CARDS:** Parent/ Guardians who have lost their proximity card must report it to the CDC administration immediately. A new proximity card will be issued, and families will be charged a \$5.00 replacement fee. Should this issue continue more than twice in a fiscal year, it may result in termination of care.

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Print Sponsor First & Last Name

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Spouse First & Last Name

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date