DEPARTMENT OF DEFENSE SCHOOL-AGE CARE (SAC) PROGRAM ANNUAL SUMMARY OF OPERATIONS

REPORT CONTROL SYMBOL DD-P&R(A)1954

INSTRUCTIONS

Complete the following information for your Service. If the information is available for Reserve and other school-age programs under your Service's jurisdiction, complete a separate form. Date of record for specific entries noted by an asterisk (*) is the last Wednesday in September of each fiscal year except specialty/summer camps and the last Wednesday in July of each fiscal year will be used for that category.

1. BRANCH OF SERVICE/DEFENSE AGENCY			2. TIME PERIOD COVERED (YYYY1001 - YYYY0930)			3. TOTAL INSTALLATIONS PROVIDING SCHOOL-AGE CARE*				
4. TOTAL NUMBER OF FACILITIES DESIGNATED AS SC				HOOL-AGE PROGRAMS*			5. OPERATIONAL CAPACITY IN ALL FACILITIES AND FOR EXCLUSIVE SAC IN- HOME CARE*			
a. Which of the following types of facilities do you use to school-age children? (X all that apply)				provide services to				V		
			n Centers				During School Year During Summer Camps			
		on-base facilities				During School				
(=, =, =, =, =, =, =, =, =, =, =, =, =, =		ated in-home care exclusive for SAC				During Specialty Camps				
(4) Child Development Co		(8) Other				u.	During Opecial	ry oumps		
6. NUMBER OF CHILDREN ENROLLED IN SCHOOL- AGE PROGRAMS DURING LAST FISCAL YEAR			7. PAID ENROLLMENT ON DATE OF RECORD*							
			CHILDREN OF							
a. Before Only programs			a. Active Duty Military							
. After Only programs			b. DoD Civilian							
c. Before and After School pr	rograms		c. Reservists on Active Duty or du training			uring inactive duty personnel				
I. Summer Programs										
e. Holiday Programs			d. Contractor							
8. NUMBER OF CHILDREN WITH SPECIAL NEEDS				e. Coast Guard						
ENROLLED IN THE SAC PROGRAM*			f. Other (Specify)							
			g. TOT	AL						
9. FISCAL YEAR NONAPPROPRIATED FUND (NAF) FINAN SAC							L DIRECT/NON-SUPERVISORY SERVICE TIONS FILLED* (APF/NAF/Contractor)			
a. NAF income generated from parent fees					NAF: a. C	CC	1	APF: f. GS 2		
					b. C	CC :	2	g. GS 3		
11. NUMBER OF DIRECT SERVICE STAFF WHO ARE FAM			VILY MEMBERS OF		c. C	cc :	3	h. GS 4		
ACTIVE DUTY* (Spouse Employment)						CC 4	4	i. GS 5		
				e. (CC i	5	j. GS 6/7	'	
12. NUMBER OF DIRECT SERVICE STAFF RECEIVING BENEFITS*					Total NAF			Total APF		
					Total Cont	ract	tor			
13. NUMBER OF DIRECT SERVICE STAFF IN THE FOLLO			WING CATEGORIES* 14			14. NUMBER OF SCHOOL-AGE CARE SPACES				
NAF: APF:			CANN		NNOT BE FILLED DUE TO LACK OF STAFF*					
a. Regular		ne								
b. Flex		d. Part-Tii	Part-Time							
15. ACCREDITATION*				16. DOD CERTIFICATION*						
a. Total number of eligible programs			a. Number of School-Age Programs DoD certified							
b. Number of eligible programs accredited			b. Number of School-Age Programs without current DoD certification							
c. Number of School-Age Programs operating under a waiver										

17. REMARKS (Attach additional pages if necessary.)