

CHILD DEVELOPMENT SERVICES (CDS) PROGRAM/FACILITY REPORT (Cont'd.)

SECTION II - CHILD DEVELOPMENT SERVICES (CDS) CHILD DEVELOPMENT CENTER (CDC) SYSTEMS

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD (Signature)
MACOM	MACOM CODE	SUBORDINATE COMMAND CODE	
CDC BUILDING NUMBER	CDC BUILDING ADDRESS	CDC TELEPHONE NO./AUTOVON	

CHILD DEVELOPMENT SERVICES (CDS) MINIMUM STANDARDS CORRECTIVE ACTION PLAN

REFERENCE	NONCOMPLIANCE			DESCRIPTION OF CORRECTIVE ACTION TAKEN/TO BE TAKEN	COMPLIANCE DATE(S)	SIGNATURE OF REGULATORY OFFICIAL
	ITEM NO.	AREA	CODE			
DATE		COMMAND REPRESENTATIVE <i>(Signature)</i>			TELEPHONE NO. <i>(S) (AUTOVON and Commercial)</i>	

CHILD DEVELOPMENT SERVICES (CDS) PROGRAM/FACILITY REPORT (Cont'd.)

SECTION II - CHILD DEVELOPMENT SERVICES (CDS) CHILD DEVELOPMENT CENTER (CDC) SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD (Signature)
MACOM	MACOM CODE	SUBORDINATE COMMAND CODE	
CDC BUILDING NUMBER	CDC BUILDING ADDRESS	CDC TELEPHONE NO./AUTOVON	

CHILD DEVELOPMENT CENTER (CDS) FOOD SERVICE PROGRAM DATA

USDA CCFP ENROLLMENT DATE _____ USDA CONTRACT NO. _____ RENEWAL DATE _____

PROGRAM TYPE(S)
(check appropriate box)

☐ FULL DAY
 ☐ PART DAY
 ☐ HOURLY
 ☐ PRESCHOOL
 ☐ SCHOOL AGE

COMPLETE 1 FORM PER KITCHEN
A. NAF EXPENDITURES:

SEP

ANNUAL

1. FOOD _____
2. FOOD SERVICE SUPPLIES _____
3. LABOR _____
4. OTHER _____
5. TOTAL _____

B. FUNDING INFORMATION (Complete either 1 or 2)

1. CCFP DATA

SEP

ANNUAL

REIMBURSEMENT

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COMMODITIES OPTION: FULL _____ BONUS _____ CASH-IN-LIEU _____
 NUMBER OF CHILDREN ENROLLED BY INCOME CATEGORY:
 FREE _____ REDUCED _____ PAID _____

ANNUAL

2. OCONUS FOOD SERVICE
SUPPLEMENTAL DIVIDEND:

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3. DO YOU HAVE ANY APF LABOR OR SUPPLIES SUPPORTING THE FOOD PROGRAM?
 NO _____ YES _____ AMOUNT _____

COMMENTS

DATE	COMMAND REPRESENTATIVE (Signature)	TELEPHONE NO.(s) (AUTOVON and Commercial)
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CHILD DEVELOPMENT SERVICES (CDS) PROGRAM/FACILITY REPORT (Cont'd.)

SECTION III - CHILD DEVELOPMENT SERVICES (CDS) CHILD DEVELOPMENT CENTER (CDC) SYSTEM (Cont'd.)

C. MEAL DATA

1. TOTAL NUMBER OF MEALS SERVED (Use September Data)

	CHILDREN				
BREAKFAST					
A. M. SNACK					
LUNCH					
P. M. SNACK					
DINNER					
TOTAL					

	ADULT				

2. COST OF MEALS SERVED (Use September Data)

AVERAGE DAILY FOOD COST PER MEAL

BREAKFAST					
A. M. SNACK					
LUNCH					
P. M. SNACK					
DINNER					
TOTAL					

3. NUMBER OF DAYS OF FULL FOOD SERVICE OPERATION THIS MONTH: _____

4. FOOD SERVICE LABOR COSTS

POSITION AND NUMBER OF HOURS/DAY

SALARY

_____	_____
_____	_____
_____	_____
_____	_____

5. FOOD SERVICE DELIVERY SYSTEM:

ON-SITE _____ CENTRALIZED CDS KITCHEN _____

CONTRACT _____ YES _____ NO

WITH WHOM? _____

DATE

CDC DIRECTOR

TELEPHONE NO.(s) (AUTOVON and Commercial)

CHILD DEVELOPMENT SERVICES (CDS) PROGRAM/FACILITY REPORT (Cont'd.)

SECTION III - CHILD DEVELOPMENT SERVICES (CDS) FAMILY CHILD CARE (FCC) HOME SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD (Month and Year)
MACOM	MACOM CODE	SUBORDINATE COMMAND CODE	
TOTAL INSTALLATION HOUSING UNITS		TOTAL FCC HOMES	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
TOTAL FCC HOMES CAPACITY			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

PROGRAM MANAGEMENT

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE	COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
1. Individuals providing services (FCC providers) and the occupied housing units (FCC homes) are certified by Army CDS before children are enrolled in care.			AR 608-10, 1-8e, f, 6-1b, 6-2, 6-42, 1-5, c-151		7. FCC applicants/providers complete all training requirements as specified.			AR 608-10, 3-17, 6-13, 6-20-21 c-157	
2. FCC staffing reflects program requirements to support number of registered, provisionally and fully certified homes.			AR 608-10, 3-9, 3-12c,g,h, 6-39, 6-3, c-152 DA PAM 570-551, DA PAM 690-41		8. FCC providers obtain endorsements prior to provision of specialized services.			AR 608-10, 6-9, c-158	
3. Certification status of FCC applicants/providers is defined and categorized as specified.			AR 608-10, 2-20 6-16 and 17, c-153		9. Orientation sessions are conducted on a regular basis or as needed to recruit new FCC providers.			AR 608-10, 6-10a, 6-21, c-159	
4. The FCC system is composed of homes which reflect the assessed needs for full-day, part-day and hourly care services as well as needs for infant, toddler, preschool and school-age care.			AR 608-10, 1-8c, 2-17, 6-9, c-154		10. Provider caregiving and administrative responsibilities are defined in writing as specified.			AR 608-10, 6-12, c-160,	
5. FCC providers meet all operational requirements prior to full certification.			AR 608-10, 2-24, 6-10-12, 6-14, 6-34-35, 6-40-43, 6-48-51, c-155		11. FCC providers meet the requirements for liability coverage under the Army Risk Management Program (RIMP).			AR 608-10, 6-19, c-161 AR 215-1	
6. Individual Education Plans (IEPs) are developed for FCC providers.			AR 608-10, 3-18, c-156		12. FCC providers receive ongoing written, oral and on-site CDS program and policy guidance.			AR 608-10, 2-4, 3-16, 6-34 c-162	

DATE	CDS COORDINATOR (Signature)	DATE	FAMILY CHILD CARE DIRECTOR (Signature)
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*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

- | | | |
|---|--|---|
| 1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees | 4. Ineffective Management Practices | 7. Consultant/Technical Assistance Needed |
| 2. Inadequate Facilities | 5. Standing Operating Procedures (SOPs) | 8. Other - Specify on Comment Sheet |
| 3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment | (a) None- (b) Incomplete/Inadequate | 9. Nonapplicable |
| | 6. Staff Lacks Adequate Skills/Knowledge | |

CHILD DEVELOPMENT SERVICES (CDS) PROGRAM/FACILITY REPORT (Cont'd.)

SECTION III - CHILD DEVELOPMENT SERVICES (CDS) FAMILY CHILD CARE (FCC) HOME SYSTEM

STANDARDS COMPLIANCE VERIFICATION

FAMILY CHILD CARE SYSTEM

PROGRAM MANAGEMENT (Cont'd.)

COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE	COMPLIANCE STANDARD	YES	NO	REFERENCE	CODE
13. FCC director provides budget input and has responsibility for execution of funds.			AR 608-10, 3-12g, c-163		21. Unauthorized care is prohibited in government-owned or leased housing.			AR 608-10, 6-38, c-171	
14. Standing operating procedures are available and updated to ensure consistent system application.			AR 608-10, 6-24, c-164		22. FCC providers transferring from another installation are screened and trained as specified.			AR 608-10, 6-10, 6-18, c-172	
15. An FCC Resource/Toy Lending Library is established to support providers.			AR 608-10, 6-6, c-165						
16. Child admission and release criteria is implemented as specified.			AR 608-10, 4-6-8, c-166						
17. Child records are maintained as specified.			AR 608-10, 2-13, c-167						
18. Child placement data is centrally available to monitor FCC home age group composition.			AR 608-10, 2-16, c-168						
19. Each FCC provider has a contingency plan established in the event of illness, emergency or planned absence.			AR 608-10, 6-13, c-169						
20. A parent involvement/education plan is established to keep parents informed of matters relating to their children.			AR 608-10, 3-23, 3-25-26, 6-4, 7-18 c-170						

*Check YES, or NO. *If NO, please indicate the code number(s) below which best describe the reason(s) for non-compliance.

1. Insufficient Funding - (a) AF - (b) NAF - (c) User Fees
2. Inadequate Facilities
3. Insufficient Resources - (a) Personnel - (b) Materials/Equipment

4. Ineffective Management Practices
5. Standing Operating Procedures (SOPs)
(a) None- (b) Incomplete/Inadequate
6. Staff Lacks Adequate Skills/Knowledge

7. Consultant/Technical Assistance Needed
8. Other - Specify on Comment Sheet
9. Nonapplicable

CHILD DEVELOPMENT SERVICES (CDS) PROGRAM/FACILITY REPORT (Cont'd.)

SECTION III - CHILD DEVELOPMENT SERVICES (CDS) FAMILY CHILD CARE (FCC) HOME SYSTEM

INSTALLATION	MAILING ADDRESS	TELEPHONE NO./AUTOVON	REPORTING PERIOD <i>(Month and Year)</i>
MACOM	MACOM CODE	SUBORDINATE COMMAND CODE	

FAMILY CHILD CARE SYSTEM MINIMUM STANDARDS CORRECTIVE ACTION PLAN

REFERENCE	NONCOMPLIANCE			DESCRIPTION OF CORRECTIVE ACTION TAKEN/TO BE TAKEN	COMPLIANCE DATE(S)	SIGNATURE OF REGULATORY OFFICIAL
	ITEM NO.	AREA	CODE			

DATE	COMMAND REPRESENTATIVE <i>(Signature)</i>	TELEPHONE NO.(S) <i>(AUTOVON and Commercial)</i>
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