# ARMY CHILD DEVELOPMENT SERVICES *(CDS)* REPORT

For use of this form, see AR 608-10; the proponent agency is DCSPER

REPORTING PERIOD

_____ *(Month and Year)* to _____ *(Month and Year)*

*REPORTS CONTROL SYMBOL CSGPA 1717*

**SECTION I - CHILD DEVELOPMENT SERVICES *(CDS)* SUMMARY - CHILD DEVELOPMENT CENTER *(CDC)* /FAMILY CHILD CARE *(FCC)* /SUPPLEMENTAL PROGRAMS & SERVICES *(SPS)***

**PART I - INSTALLATION/MACOM IDENTIFYING DATA**

| A. INSTALLATION | B. MACOM | C. MACOM CODE | D. SUBORDINATE COMMAND CODE |
|---|---|---|---|
| | | | |

| E. CDS COMPLETE MAILING ADDRESS *(Include ZIP Code)* | F. TELEPHONE NUMBER *(Include AUTOVON and Commercial No.)* | G. PROPONENT FOR CDS *(e.g. ACS PSD)* |
|---|---|---|
| | | |

| H. NAME/GRADE/TITLE OF CDS COORDINATOR | I. SIGNATURE OF CDS COORDINATOR |
|---|---|
| | |

**PART II - FISCAL DATA**

TOTAL DOLLARS

A. CDS FUNDING SOURCE *(CDC, FCC and SPS Systems)* _____ $

1. APPROPRIATED FUNDS _____ $
2. NONAPPROPRIATED FUNDS _____ $
3. NONAPPROPRIATED FUNDS *(User Fees)* _____ $
4. USDA CHILD CARE FOOD PROGRAM/OCONUS FOOD SUBSIDY _____ $
5. DONATIONS/GRANTS _____ $

B. CDS OPERATIONAL COSTS *(CDC, FCC and SPS Systems)* _____ $

1. PERSONNEL SALARIES & BENEFITS _____ $
2. FOOD SERVICE _____ $
3. EQUIPMENT & SUPPLIES _____ $
4. OTHER _____ $

C. FUNDS COMMITTED FOR RENOVATION EFFORTS _____ FY

D. FUNDS PROGRAMMED FOR NEW CONSTRUCTION _____ FY $

**PART III**

A. ADMINISTRATIVE STAFF *(Complete 1 - 5 on each administrative position identified in 1.)*

1. POSITION IDENTIFIED *(Check appropriate block) (Fill in items a., b., and c.)* ☐ CDC COORDINATOR ☐ SPS DIRECTOR ☐ CDC DIRECTOR(s) ☐ SA/LK PROGRAM SPECIALIST ☐ FCC DIRECTOR ☐ ASSISTANT PROGRAM DIRECTOR ☐ FCC OUTREACH WORKER ☐ EDUCATION SPECIALIST ☐ FOOD SERVICE MANAGER ☐ PROGRAM OPERATIONS SPECIALIST

   a. NAME _____

   b. FACILITY MAILING ADDRESS _____

   c. AUTOVON/COMMERCIAL TELEPHONE NO. _____

2. TITLE/GRADE _____ YEAR OF EMPLOYMENT _____ GS ☐☐ UA ☐☐

3. SERIES

   a. 1701 ☐ d. 1101 ☐

   b. 1702 ☐ b. 189 ☐

   c. 1710 ☐ c. OTHER ☐

4. PERCENT OF TIME SPENT ON EACH POSITION WHEN DOUBLE FUNCTIONED

   a. PERCENT OF TIME ON FIRST POSITION AND TITLE _____ ☐

   b. PERCENT OF TIME ON SECOND POSITION AND TITLE _____ ☐

   c. SOLE RESPONSIBILITY _____ ☐

5. TRAINING *(Specify dates and nature of training)*

| | YES | NO |
|---|---|---|
| a. CFSC ENTRY LEVEL COURSE | ☐ | ☐ |
| b. CDS ANNUAL TRAINING WORKSHOP | ☐ | ☐ |
| c. ARMY AND DOD SPONSORED TRAINING | ☐ | ☐ |
| d. LOCAL PROFESSIONAL DEVELOPMENT TRAINING | ☐ | ☐ |
| e. NO TRAINING | ☐ | ☐ |
| f. CFSC CDC DIRECTOR COURSE | ☐ | ☐ |
| g. MACOM SPONSORED TRAINING | ☐ | ☐ |
| h. HQDA CDS SPONSORED TRAINING | ☐ | ☐ |

B.

| | TOTAL NUMBERS |
|---|---|
| 1. APF STAFF POSITIONS *(full time equivalent)* | ☐☐☐ |
| 2. NAF STAFF POSITIONS *(full time equivalent)* | ☐☐☐ |

## PART IV - SERVICES

TOTAL NUMBERS

A. CDS CHILD DEVELOPMENT CENTER SYSTEM

1. CDC'S _____
2. CHILD CAPACITY _____
3. CHILD CAPABILITY _____
4. CHILD AGE GROUP ENROLLMENT _____
5. PROGRAM TYPES/AVERAGE DAILY ATTENDANCE _____
   a. FULL-DAY PROGRAM _____
   b. PART-DAY PRESCHOOL AGE PROGRAM _____
   c. PART-DAY SCHOOL AGE PROGRAM _____
   d. HOURLY PROGRAM _____
   e. SPECIAL NEEDS PROGRAM SERVICES _____

B. CDS FAMILY CHILD CARE *(FCC)* HOMES

1. CDS CERTIFIED FCC HOMES _____
2. CHILD CAPACITY _____
3. CHILD AGE GROUP ENROLLMENT _____

C. CDS SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)*

1. PROGRAMS OFFERED *(Check all that apply)*
   a. SA/LK _____ b. SHORT TERM ALTERNATIVE CHILD CARE _____ c. VOLUNTEER CHILD CARE IN UNIT SETTINGS _____ d. PARENT CO-OPS _____ e. SPS HOMES _____
   f. CIVILIAN CHILD CARE _____ g. CONTRACT CHILD CARE _____ h. SICK CHILD CARE _____ i. PRIVATE ORGANIZATION _____ j. SPECIAL INTEREST PROGRAMS _____
   k. BABY SITTER TRAINING & REFERRAL _____ l. FOSTER GRANDPARENT _____ m. OTHER _____
2. TOTAL ENROLLMENT _____
3. SERVICES OFFERED *(Check all that apply)*
   a. PARENT EDUCATION _____ b. VOLUNTEER SERVICES _____ c. RESOURCE & REFERRAL _____ d. CENTRAL ENROLLMENT _____

## PART V - UTILIZATION DATA

| | TOTAL NUMBERS | PERCENTAGE OF TOTAL CDS ENROLLMENT |
|---|---|---|
| A. SPONSORS *(Include both parents where applicable)* | | 100 |
| 1. E1 - E4 PATRONS _____ | | |
| 2. E5 - E9 PATRONS _____ | | |

**PART V - UTILIZATION DATA** *(Cont'd)*

| | TOTAL NUMBERS | PERCENTAGE OF TOTAL CDS SPONSORS |
|---|---|---|
| 3. 01- 04 PATRONS | | |
| 4. 05 - 10 PATRONS | | |
| 5. CIVILIAN PATRONS | | |

| | TOTAL NUMBERS | PERCENTAGE OF TOTAL CDS ENROLLMENT |
|---|---|---|
| B. CHILD AGE GROUP ENROLLMENT | | 1 0 0 |
| 1. INFANTS | | |
| 2. TODDLERS | | |
| 3. PRESCHOOL AGE | | |
| 4. SCHOOL-AGE | | |
| C. FAMILY STRUCTURE | | |
| 1. CDS PATRONS WITH TWO OR MORE CHILDREN ENROLLED | | |
| 2. CDS PATRONS WHO ARE SOLE PARENTS | | |
| 3. SA/LK PATRONS WHO ARE SOLE PARENTS | | |
| 4. ACTIVE DUTY COUPLES WHO ARE CDS PATRONS | | |
| 5. ACTIVE DUTY COUPLES WHO ARE SA/LK PATRONS | | |
| D. OFF-POST RESIDENT PATRONS | | |

**PART VI - REMARKS**

## SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* CHILD DEVELOPMENT CENTER SYSTEM

### PART I - FISCAL DATA

TOTAL DOLLARS

A. CENTER OPERATIONAL COSTS _____ $ [ ][ ][ ][ ][ ]

B. FEES

1. RATE STRUCTURE BASIS *(Check all applicable boxes)*

a. TOTAL FAMILY INCOME [ ] b. AGE OF CHILD [ ] c. N/A [ ] d. SPONSOR RANK [ ] e. MULTIPLE CHILD DISCOUNT [ ] f. FLAT RATE [ ]

2. MULTIPLE CHILD DISCOUNT RATE

PERCENTAGE

a. SECOND CHILD _____ [ ][ ]

b. THIRD CHILD _____ [ ][ ]

c. EACH ADDITIONAL CHILD _____ [ ][ ]

TOTAL DOLLARS/CENTS

3. MOST FREQUENTLY PAID HOURLY RATE PER CHILD _____ $ [ ][ ][ ]

4. MOST FREQUENTLY PAID WEEKLY RATE PER CHILD _____ $ [ ][ ][ ][ ]

5. MOST FREQUENTLY PAID MONTHLY RATE PER CHILD _____ $ [ ][ ][ ][ ][ ]

6. PRESCHOOL MONTHLY RATE PER CHILD

a. 5 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

b. 3 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

c. 2 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

7. PART DAY SCHOOL-AGE MONTHLY RATE PER CHILD

a. BEFORE SCHOOL [ ][ ][ ][ ][ ] b. AFTER SCHOOL [ ][ ][ ][ ][ ] c. BEFORE AND AFTER SCHOOL [ ][ ][ ][ ][ ]

### PART II - PERSONNEL

| | TOTAL NUMBERS | PERCENTAGE OF STAFF |
|---|---|---|
| A. REGULARLY SCHEDULED FULL TIME AND PART TIME EMPLOYEES IN THE FULL DAY PROGRAM | [ ][ ][ ] | [ ][ ] |
| B. REGULARLY SCHEDULED FULL TIME AND PART TIME EMPLOYEES IN THE HOURLY PROGRAM | [ ][ ][ ] | [ ][ ] |
| C. INTERMITTANT-ON-CALL EMPLOYEES IN CDC | [ ][ ][ ] | [ ][ ] |

## PART III - SERVICES

A. OPERATIONS *(Check all applicable boxes)*

1. PART-DAY PRESCHOOL SESSIONS

| | | | |
|---|---|---|---|
| a. 5 DAY AM | ☐ | e. 2 DAY AM | ☐ |
| b. 5 DAY PM | ☐ | f. 2 DAY PM | ☐ |
| c. 3 DAY AM | ☐ | g. N/A | ☐ |
| d. 3 DAY PM | ☐ | | |

2. SCHOOL-AGE PROGRAM SERVICES

| | | | |
|---|---|---|---|
| a. BEFORE SCHOOL | ☐ | d. SUMMER | ☐ |
| b. AFTER SCHOOL | ☐ | e. N/A | ☐ |
| c. VACATIONS | ☐ | | |

3. CHILD CARE SERVICES PROVIDED

| | | | |
|---|---|---|---|
| a. NORMAL DUTY HOURS | ☐ | d. SPECIAL FUNCTIONS | ☐ |
| b. EVENINGS | ☐ | e. UNIQUE MISSION RELATED REQUIREMENTS | ☐ |
| c. WEEKENDS | ☐ | | |

4. SPECIAL NEEDS PROGRAM SERVICES

| | | | | | |
|---|---|---|---|---|---|
| a. MAIN STREAM CDS PROGRAM | ☐ | c. REFERRED/ON-POST | ☐ | e. N/A | ☐ |
| b. SEPARATE CDS PROGRAM | ☐ | d. REFERRED/OFF-POST | ☐ | | |

5. OPERATIONAL HOURS

TOTAL HOURS PER WEEK

a. FULL-DAY PROGRAM _____ ☐☐☐☐

b. HOURLY PROGRAM _____ ☐☐☐☐

c. PART-DAY PRESCHOOL PROGRAM _____ ☐☐☐☐

d. PART-DAY SCHOOL-AGE PROGRAM _____ ☐☐☐☐

e. SPECIAL NEEDS SERVICES _____ ☐☐☐☐

| | TOTAL NUMBERS *(Children)* | PERCENTAGE OF CENTER CHILD CAPACITY |
|---|---|---|
| PROGRAM TYPE CAPACITY | ☐☐☐☐ | 1 0 0 |
| 1. FULL-DAY PROGRAM | ☐☐☐☐ | ☐☐ |