

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

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 SCHOOL-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 provide services to school-age children? <i>(X all that apply)</i>				a. During School Year	
<input type="checkbox"/> (1) Off-installation schools	<input type="checkbox"/> (5) Youth Centers			b. During Summer Camps	
<input type="checkbox"/> (2) On-installation schools (DoDEA)	<input type="checkbox"/> (6) Other on-base facilities			c. During School Holiday Camps	
<input type="checkbox"/> (3) On-installation schools (Other)	<input type="checkbox"/> (7) Designated in-home care exclusive for SAC			d. During Specialty Camps	
<input type="checkbox"/> (4) Child Development Centers	<input type="checkbox"/> (8) Other <i>(Specify)</i>				
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			
b. After Only programs		b. DoD Civilian			
c. Before and After School programs		c. Reservists on Active Duty or during inactive duty personnel training			
d. Summer Programs		d. Contractor			
e. Holiday Programs		e. Coast Guard			
8. NUMBER OF CHILDREN WITH SPECIAL NEEDS ENROLLED IN THE SAC PROGRAM*		f. Other <i>(Specify)</i>			
		g. TOTAL			
9. FISCAL YEAR NONAPPROPRIATED FUND (NAF) FINANCIAL DATA FOR SAC			10. TOTAL DIRECT/NON-SUPERVISORY SERVICE POSITIONS FILLED* (APF/NAF/Contractor)		
a. NAF income generated from parent fees			NAF: a. CC 1		APF: f. GS 2
			b. CC 2		g. GS 3
			c. CC 3		h. GS 4
			d. CC 4		i. GS 5
			e. CC 5		j. GS 6/7
11. NUMBER OF DIRECT SERVICE STAFF WHO ARE FAMILY MEMBERS OF ACTIVE DUTY* (Spouse Employment)			Total NAF		Total NAF
12. NUMBER OF DIRECT SERVICE STAFF RECEIVING BENEFITS*			Total Contractor		
13. NUMBER OF DIRECT SERVICE STAFF IN THE FOLLOWING CATEGORIES*			14. NUMBER OF SCHOOL-AGE CARE SPACES THAT CANNOT BE FILLED DUE TO LACK OF STAFF*		
NAF:		APF:			
a. Regular		c. Full-Time			
b. Flex		d. 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 <i>(Attach additional pages if necessary.)</i>					