

## Installation Child and Youth Operations Plan

Purpose: To outline a five-year operations plan for Child & Youth Services (CYS) on \_\_\_\_\_. This plan will serve as a blueprint for providing child care options, supervised out-of-school activities for children and youth ages 4 weeks to 18 years, Sports and Fitness, School Support Services and Parent & Outreach Services. The goal of the ICOP is to identify and implement specific actions which will improve the quality and increase the financial health of the CYS program over a five-year period and to strive to meet projected customer demand during that timeframe. It addresses all programs and services delivered on and off post as part of or on behalf of the installation CYS Program.

### Section One- Demographic Information

General Information	
Garrison:	Calendar Year:
Team Members and Position:	Quarterly update (Jan-Mar):
	Quarterly update (Apr- Jun):
	Quarterly update(Jul-Sep):
	Quarterly update (Oct-Dec):
Executive Summary:	

Registrations by Rank/Family Demographics (per Annual report)													
Data should be pulled from page 1 of the most current annual report. Use the summary from the bottom of the page after section 1a and 1b													
Senior Sponsor Status (Summary)		Spouse Status for Each Grade/Rank (Summary)											
	# Families by Senior Sponsor Status	% of Total Families	No Spouse	Spouse is E1-E4	Spouse is E5-E9	Spouse is O1-O4/WO	Spouse is O5-O10	Spouse is Eligible Contractor	Spouse is DOD Federal Employee	Spouse is Other than DOD/Fed Employed	Spouse is Retired Military	Spouse is FT Student	Spouse is Not employed
Active Duty Military													
Coast Guard													
National Guard/Reserve													
Eligible Contractors													
DOD Civilians													
Other													
Total Households													
% Total Households													

Enrollment by Age and Program (From Annual report)							
Data should be pulled from page 5 of the most current annual report. Use the data from section 5a. OS and EDGE have been removed intentionally.							
Age Breakout	CDC	FCC	SAC	MST	Sports	SKIES	Total
Infant							
Pre-Toddler 1 (13-18 Mo)							
Pre-Toddler 2 (19-24 Mo)							
Toddler (25-36 Mo)							
Preschool (3-4 yrs)							
Kindergarten Age (Kind)							
School-Age (1 <sup>st</sup> -5/6 <sup>th</sup> )							
Middle School (6/7 <sup>th</sup> -7 <sup>th</sup> )							
Middle School (8 <sup>th</sup> -9 <sup>th</sup> )							
Teen 1(10 <sup>th</sup> -12 <sup>th</sup> )							
Total							

Additional Demographic and Space Information (Using guidelines determined on page 30 in the 2017 Staffing Guide)	
Total Number of Children Registered (per CYMS- updated quarterly at ICOP review)	
Parent and Outreach Services Level (as determined by CYS Registrations)	
Youth Sports and Fitness Level (as determined by S & F Registrations)	

Wait List Access the Unmet Request Report in the Management Reports section of MCC.com. Follow the steps listed on the MCC.com handout, "MCC Reports for Inspection".					
	Infant	Pre-Toddler	Toddler	Preschool	School-Age
Immediate					
Projected Demand					

Projected Demographic Changes Obtain ASIP (Army Stationing and Installation Plan) data from your DPTMS. From the Common Operating Picture Report, enter the data on the "IMCOM Active" tab as noted below. An Army average will be calculated for you of the number of children you can expect to have on your Garrison. If you have better data available to you from a different source, that may be used instead. Make note of any major changes to your Garrison in the out years that may impact your requirements. This may include units that are deactivating or moving to and from your Garrison footprint.						
Fiscal Year	Total Full Time Military	Total Full Time Civilians	Total Mil and Civ	Estimated Children Age 0-5	Estimated Children Age 6-12	Estimated Children Age 13-18
FY						
FY						
FY						
FY						
FY						

### Garrison Units

Obtain current unit information from your local DPTMS. Annotate any current or forecasted deployments for each unit. **List those that have special considerations and may require special care such as hospital shift workers and drill staff.** Not all Units must be listed.

Unit Name	Deployment Status

### Housing Demographics

What percentage of families live on post?

What are the catchment areas?

Describe the availability of off-post care.

### Accreditation Status

Summarize the status of your current programs accreditation status. Provide an explanation for any programs that are not currently accredited. List any additional notes that are relevant to obtaining/renewing accreditation.

\_\_\_\_\_ of \_\_\_\_\_ CDC's accredited

\_\_\_\_\_ of \_\_\_\_\_ SAC's accredited

Explanation of non-accredited programs:

Additional notes on accreditation:

## **Section Two- Facility Information**

## Facility Operational Capacity

Facility Operational Capacity is defined as the number of spaces available in a facility according to both ratio groups and/or square footage capacity. This number includes temporary changes such as a room closed for renovations. This is not the same as your CYMS maximum capacity that includes current and compensatory enrollment/vacancies.

[illegible]

## Facility Conditions

Please describe any concerns with facility conditions to include the facility itself and/or the playground. This may also include sports fields. **(Additional space is available in the supplemental pages at the end of the report.)**

Building Name/Number	Date Built	Facility	Playground	Other
Comments:				
Building Name/Number	Date Built	Facility	Playground	Other
Comments:				
Building Name/Number	Date Built	Facility	Playground	Other
Comments:				

### Projected Facility Projects

AR 420-1, Army Facilities Management defines the following key construction terms as follows:

**Repair** - Restoration of a real property facility (RPF) to such condition that it may be used effectively for its designated functional purpose or correction of deficiencies in failed or failing components of existing facilities or systems to meet current Army standards and codes where such work, for reasons of economy, should be done concurrently with restoration of failed or failing components.

**Alteration** - Change to the interior or exterior facility arrangements to improve use of the facility for its Current purpose; includes renovations and remodeling's.

**Addition** - A physical increase in the overall external dimensions of a real property facility; includes expansions and extensions. (An addition is new construction.)

**Conversion** - A change to a facility's interior or exterior arrangement so that the facility may be used for a new purpose and/or change in use from existing facility category code to another facility category code. (a conversion is new construction)

**New Work** - That work which results in the creation of an addition to an existing facility, or of a building component or system which did not exist prior to the work, irrespective of whether the work is funded from a construction or an operation and maintenance (O&M) account.

**New Construction** - The erection, installation, or assembly of a new real property facility, includes additions and conversions.

FY__ Projected	Building Name/Number	Type:	Projected Cost: _____ Projected Type of Funding:
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Additional Information:			
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FY__ Projected	Building Name/Number	Type:	Projected Cost: _____ Projected Type of Funding:
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Additional Information:			
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Additional Information:			
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FY__ Projected	Building Name/Number	Type:	Projected Cost: _____ Projected Type of Funding:
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Additional Information:			
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**For additional Projected Facility Projects, see supplemental pages located at the end of this document.**

### **Section Three- Funding**

#### **Spaces and Funding**

Funding and spaces for the current fiscal year should be captured here. These are provided by IMCOM after being negotiated with your ID. They are based on what you are currently delivering and any anticipated changes. Actual spaces are the number of spaces you are delivering at the time. Data should be taken from your most recent MIS on the Spaces\_Facilities tab. % of funded spaces being delivered will be calculated for you once you enter your data. The goal is to be as close to 100% as possible in each age group.

	\$ amount received	Number of Funded Spaces	Average annual spaces as of date of ICOP	% of Funded Spaces Delivered (enter as a decimal)
Infant				
Pre-Toddler				
Toddler				
Pre-School				
Kinder-CDC				
Kinder-SAC				
School Age				
Family Child Care				
Middle School (6-10 years)				
Middle School (11-12 years)				
Teen (16-18 years)				
Sports and Fitness				
Outreach				
<b>Totals</b>				

Fields with numbers already listed will calculate for you.

**Current and historical financial status (NIBD)**

List your current Net Income Before Depreciation (NIBD) for the last full fiscal year in the first column. List NIBD for the previous years in the additional four columns. List by program, there is no need to break out by location.

Current Year		Previous Years			
NIBD	FY__	FY__	FY__	FY__	FY__
JG					
PC					
PD					
PG					
PL					
QM					
JH					
JM					
PH					
PJ					
PM					
QL					

**Additional Action Items to Consider**

List any additional automation concerns/challenges/costs, deployment cycles and any other issues that have not already been addressed.

Automation:

Deployment Cycles:

Other:

## **Section Four-Staffing and Inspections**

### **Staffing Issues**

Review monthly MIS reports and identify local issues or trends that have an impact on staffing.

Consider the following:

- Hard to fill positions
- Time to onboard
- Adequate pool of applicants from which to recruit
- Background checks (LOSS)
- Retention issues (turnover rate)

### **Inspection Analysis**

Conduct a review of your most recent AHHI, MDTI, and Comprehensive inspections. Identify any systemic findings or repeat findings that may require attention. Identify issues that may need a long term resolution that are not already captured elsewhere in the tool



## **Section Five-SWOT and Goal Setting**

### **Strengths, Weaknesses, Opportunities, Threats**

Using all the above data, identify the four criteria for each of your programs. Recognizing your strengths and weaknesses will enable you to begin to develop your short and long term goals based on need. Look for opportunities to grow and strengthen your program and identify any potential threats to your goals.

<b>Strength</b>	<b>Weakness</b>	<b>Opportunity</b>	<b>Threat</b>

Analysis of Need:

Capture short-term needs based on the information above and the discrepancies between current spaces and wait list data. Capture long-term need based on expected demographics, future troop movement, and the Garrison mission. Transformation/closure plans captures impact from the gaining and losing of units.

Short Term Need:

Long Term Need:

Transformation/closure plans:

### Short Term Goals

Short-term goals should be accomplished within a one year timeframe. Choose goals that cover the four main areas, availability, affordability, quality, and accountability. List the specific action items that need to be accomplished to meet the identified objective. Assign responsibility. As you review the report, document milestones and timelines. Annotate progress of the goal in the status (pending, initial meeting scheduled, concepts outlined, etc.)

#### Goal #1 (Availability):

Objectives	Actions	Responsible System/Individual	Milestone	Status

#### Short Term Goals (to be accomplished in year 1)

#### Goal #2 (Affordability):

Objectives	Actions	Responsible System/Individual	Milestone	Status

#### Short Term Goals (to be accomplished in year 1)

#### Goal #3 (Quality):

Objectives	Actions	Responsible System/Individual	Milestone	Status

#### Short Term Goals (to be accomplished in year 1)

#### Goal #4 (Accountability):

Objectives	Actions	Responsible System/Individual	Milestone	Status

**For additional goals, see supplemental pages located at the end of this document.**

### Long Term Goals

Long-term goals should be planned for years 2-5 of the plan. List the specific action items that will need to be accomplished to meet the identified objective. Assign responsibility. As you review the report, document the milestones and timelines. Annotate progress of the goal in the status (pending, initial meeting scheduled, concepts outlined, etc.) Goals may be written as a whole or by individual program/facility. Use this section to plan for Furniture, Fixtures and Equipment (FF&E), life cycle replacement of appliances, vehicles, etc., and personnel concerns.

FY	Objectives	Actions	Responsible System/Individual	Milestone	Status

**For additional long term goals, see supplemental pages located at the end of this document.**

### Training Plan

Driving Factors:

Delivery Methods: (Traditional classroom setting, peer training and mentoring-individual or group, on-the-job, coaching, on-line classes, etc.)

### Training Goals:

Course Title	Cost	Dates	Location	Audience

### Commander Approval

Commanders Name:

Signature:

Date:

### References:

AR 608-10, Installation Child Care Availability Plan (ICCAP) 2-33  
CYS Operations Manual, Section 1-2, b.1.d (Parent & Outreach Programs)  
DoDI 6060.02, Enclosure 2, 5.g  
AHFI FY17 Consolidated Criteria, A.1.c.5

## **Section Six- Supplemental Pages**

Facility Conditions				
Please describe any concerns with facility conditions to include the facility itself and/or the playground. This may also include sports fields.				
Building Name/Number	Date Built	Facility	Playground	Other
Comments:				
Building Name/Number	Date Built	Facility	Playground	Other
Comments:				
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Comments:				
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Additional Information:			
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Additional Information:			
FY__ Projected	Building Name/Number	Type:	Projected Cost: _____ Projected Type of Funding:
Additional Information:			
FY__ Projected	Building Name/Number	Type:	Projected Cost: _____ Projected Type of Funding:
Additional Information:			

Short Term Goals (to be accomplished in year 1)				
Goal # ____ (____):				
Objectives	Actions	Responsible System/Individual	Milestone	Status

Short Term Goals (to be accomplished in year 1)				
Goal # ____ (____):				
Objectives	Actions	Responsible System/Individual	Milestone	Status

Short Term Goals (to be accomplished in year 1)				
Goal # ____ (____):				
Objectives	Actions	Responsible System/Individual	Milestone	Status

Short Term Goals (to be accomplished in year 1)				
Goal # ____ (____):				
Objectives	Actions	Responsible System/Individual	Milestone	Status



Long Term Goals (to be accomplished in year 2-5)					
FY	Objectives	Actions	Responsible System/Individual	Milestone	Status

### Miscellaneous Supplemental

Use this space to capture any additional data that may impact your Garrison. You may list additional team members, results of Teen Chain of Communication or any other unique concerns that may need to be taken into account when planning to meet mission requirements.