

U.S. Office of Personnel Management
Report on Agency Results of Child Care Subsidy Program

Please **Type or Print** clearly

1. Agency Name
2. Agency Address
3. Is your agency currently implementing a child care subsidy program under the authority of P. L. 107-67, section 630 (child care subsidy program)?
<input type="checkbox"/> No <input type="checkbox"/> Yes <div style="float: right; border-left: 1px solid black; padding-left: 5px; width: 150px;">Date implementation began</div>
4. If your agency had a child care subsidy program in the past, but does not have one now, please explain below.
5. If you have not implemented a child care subsidy program, do you have plans for implementing a program in the future?
<input type="checkbox"/> No <input type="checkbox"/> Yes Please explain below:

Results of Funds Disbursement During the Past Fiscal Year (FY)

6a. Total amount of funds that were disbursed during the past FY?															
6b. The highest weekly amount your agency awarded during the past FY?															
6c. The lowest weekly amount your agency awarded the past FY?															
6d. The average weekly amount of child care subsidy during the past FY?															
6e. Number of employees who received child care subsidy during the past FY?															
6f. Number of your employees who received child care subsidy during the past FY by grade level. If both parents work for your agency, count both parents.															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 14%;">GS 1 -</td> <td style="width: 14%;">GS 2 -</td> <td style="width: 14%;">GS 3 -</td> <td style="width: 14%;">GS 4 -</td> <td style="width: 14%;">GS 5 -</td> <td style="width: 14%;">GS 6 -</td> <td style="width: 14%;">GS 7 -</td> </tr> <tr> <td>GS 8 -</td> <td>GS 9 -</td> <td>GS 10 -</td> <td>GS 11 -</td> <td>GS 12 -</td> <td>GS 13 -</td> <td>Other -</td> </tr> </table>	GS 1 -	GS 2 -	GS 3 -	GS 4 -	GS 5 -	GS 6 -	GS 7 -	GS 8 -	GS 9 -	GS 10 -	GS 11 -	GS 12 -	GS 13 -	Other -	
GS 1 -	GS 2 -	GS 3 -	GS 4 -	GS 5 -	GS 6 -	GS 7 -									
GS 8 -	GS 9 -	GS 10 -	GS 11 -	GS 12 -	GS 13 -	Other -									
6g. Number of children who benefited from child care subsidy during the past FY?															
7. Total number of centers															
a. Child care centers															
b. Family child care homes															

8. Did you use any of the models or a variation of a model from OPM's guide?

Yes - Check below the model(s) you used
 Attach a chart and/or description of your program regardless of whether or not you use an OPM model and be sure to include the Total Family Income ceiling established in your policy.

Model A
 Model B
 Model C
 Model D
 Model E

No

OPM Models can be viewed at <http://www.opm.gov.wrkfam/html/guide/assist.asp>.

9. Did your agency place any restrictions on the funds?		
<input type="checkbox"/> Yes, indicate below how they were restricted		<input type="checkbox"/> No
Describe restrictions.		
10. Did your agency offer child care subsidy on a first-come, first-serve basis?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
11. Are employees required to recertify for child care subsidy on an annual basis?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
Program Administration		
12a. Did your agency administer the program?		
<input type="checkbox"/> Yes, show the organization in your agency below.		
Organization _____		
<input type="checkbox"/> No		
12b. Did your agency contract with another organization to administer the funds?		
<input type="checkbox"/> Yes, show the organization and indicate the type (e.g. non-profit)		
Organization _____		
Type _____		
<input type="checkbox"/> No		
12c. What was the cost of the contract to administer the program during the past fiscal year?		\$
12d. Explain below how the contractor cost is determined.		
Agency Certification		
13a. Signature		13b. Date
13c. Name	13d. Telephone number	13e. FAX number
13f. Title	13g. Email	

Mail or fax completed form to:

U.S. Office of Personnel Management
Office of Work/Life Programs
1900 E St. NW, Room 7315
Washington, DC 20415
Fax: (202) 606-2091

Attach a chart and/or description of your program regardless of whether or not you use an OPM model and be sure to include the Total Family Income ceiling established in your policy.