

NORTH CAROLINA CENTER FOR AFTERSCHOOL PROGRAMS SURVEY



The following survey is designed to gather information from program directors of sites that offer **organized activities for at least two hours between the end of the school day and 6 p.m.** These programs must meet **3 or more times a week during the school year and serve a minimum of ten students between grades K-12.** Please complete the survey only if your program meets these criteria and you serve as the program director. The information that you provide will be extremely beneficial in obtaining an accurate knowledge of afterschool programs in North Carolina.

BASIC PROGRAM INFORMATION (Optional)

Program Name (e.g., The All Stars)	
Site Name (e.g., Eastway Elementary)	
Address 1 (Street)	
Address 2 (Mailing)	
City, ST, Zip Code	
Phone Number	
Email	
Website	
Program Director	

PROGRAM OPERATIONS (Required)

Date (Month/Year) Program Began Operation:	_____ / _____	County where program is located:	
On average, number of days per week the program operates:	_____ days per week		
Times of operation (please check all that apply): _____ Before School _____ Afterschool _____ Summer _____ Saturdays			
Program operating Budget for school year 2003-2004 \$ _____			

Type of facility in which the program is delivered at this site. Select only one choice.

- | | | |
|---|--|---|
| <input type="checkbox"/> Community Based Org.
(Community Center) | <input type="checkbox"/> Park District | <input type="checkbox"/> Employee Workplace |
| <input type="checkbox"/> School | <input type="checkbox"/> Housing Development | <input type="checkbox"/> Child Care Facility/Home |
| <input type="checkbox"/> Church | <input type="checkbox"/> Boys and Girls Club | <input type="checkbox"/> Other (Please indicate) |
| | <input type="checkbox"/> YMCA/ YWCA | _____ |
| | | _____ |

TYPES OF SERVICES AND ACTIVITIES PROVIDED

Place an "X" next to the item(s) that describe the type of services and activities provided in your program. For each item you mark below, please place another mark in the columns to the right identified as strength of focus. (Mark All That Apply.)

	STRENGTH OF FOCUS		
	Minor	Moderate	Major
	(less than 10% of program)	(10-30% of program)	(over 30% of program)
<input type="checkbox"/> Arts and Crafts			
<input type="checkbox"/> Career Planning and Preparation			
<input type="checkbox"/> Core Subject Classes <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Language Arts <input type="checkbox"/> Other (Please Specify) _____ _____			
<input type="checkbox"/> Cultural Enrichment			
<input type="checkbox"/> Health/ Preventive Education			
<input type="checkbox"/> Homework Assistance			
<input type="checkbox"/> Individual Tutoring			
<input type="checkbox"/> Life Skills and/or Character Education			
<input type="checkbox"/> Mentoring			
<input type="checkbox"/> Recreation/ Physical Activity			
<input type="checkbox"/> Service Projects/Service Learning			
<input type="checkbox"/> Snacks and Meals			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Other (Please Specify) _____ _____			

SOURCES OF TRAINING AND TECHNICAL ASSISTANCE

Please put an "X" next to the item(s) that describe where you and your staff obtain training and technical assistance. (Mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> 21 st Century Community Learning Center | <input type="checkbox"/> Department of Public Instruction (DPI) | <input type="checkbox"/> Boys and Girls Club |
| <input type="checkbox"/> 4-H School-Age Care Program/Cooperative Extension | <input type="checkbox"/> Governor's Crime Commission | <input type="checkbox"/> YMCA/YWCA |
| <input type="checkbox"/> Center for the Prevention of School Violence | <input type="checkbox"/> North Carolina Child Care Resource and Referral | <input type="checkbox"/> Local Schools |
| <input type="checkbox"/> Communities in Schools | <input type="checkbox"/> Parks and Recreation | <input type="checkbox"/> Conferences |
| | <input type="checkbox"/> Support Our Students | <input type="checkbox"/> Other (Please indicate) _____ |
| | <input type="checkbox"/> Universities | |

SPECIFIC TRAINING NEEDS

Please put an "X" next to each item that represents the training needs of your program. Mark all that apply.

- | | | |
|--|---|---|
| <u>Administration Components</u> | <u>Curriculum Components</u> | <u>Program Quality Components</u> |
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Age Appropriate Activities | <input type="checkbox"/> Climate Control |
| <input type="checkbox"/> Program Standards/ Evaluation | <input type="checkbox"/> Cultural Enrichment Activities | <input type="checkbox"/> Development Partnerships/ Collaborations |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Health, Nutrition, and Safety | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Social Competencies | <input type="checkbox"/> Inclusion |
| <input type="checkbox"/> Program Sustainability | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Parent Involvement |
| <input type="checkbox"/> Staffing | <input type="checkbox"/> Learning Styles | <input type="checkbox"/> Sustainability |
| <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> School Day Alignment | |
| | <input type="checkbox"/> Arts Integration | |
| | <input type="checkbox"/> Technology | |
| | <input type="checkbox"/> Service Learning | |

(Specific Training Needs Continued)

Are there any other components (administrative, curriculum, or program) that represent the needs of your program?
 (Please indicate in the space provided).

PROGRAM GOALS AND EXPECTED OUTCOMES

Choose only one answer per question.	YES	NO
Are there any program attendance requirements (e.g., must attend a minimum number of days)? If yes, please describe briefly: _____		
Can youth "drop in" at program sites?		
Does the program have a waiting list? If yes, how many youth are currently on the list? Please indicate: _____		
Does the program have any vacancies? If yes, how many? Please indicate: _____		
Does the program have an advisory board/collaborative group?		

PROGRAM EVALUATION

What types of information do you use for feedback on your program?

Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> School attendance | <input type="checkbox"/> High school graduation data | <input type="checkbox"/> Other skills tests (to assess participants' level of skill in a particular area targeted by the program) |
| <input type="checkbox"/> School Drop Out Rate | <input type="checkbox"/> Youth surveys assessing outcomes (e.g., changes in feelings about school, sense of future, drug use) | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> School Discipline/ Behavior incidents | <input type="checkbox"/> Information on what happens to participants after high school (college/career placement) | |
| <input type="checkbox"/> Student Grades | <input type="checkbox"/> End of Grade/End of Course Tests | |
| <input type="checkbox"/> Teacher reports | | |

PROGRAM ATTENDANCE

How do you track attendance? _____ Daily _____ Weekly _____ Monthly

Do you keep attendance records for each participant? _____ Yes _____ No

How many children are enrolled in the program now? _____

What is the average daily attendance? _____

PROGRAM STAFFING

Total number of full-time program staff at this site: _____

Total number of part-time program staff at this site: _____

Please circle the staff: child ratio that looks most like the one in your program.

- 1:5 1:10 1:15 1:20 1:25 1:30

Are the following required or preferred for staff working directly with youth at your program?

	Preferred	Required	Neither
Holds a teaching credential/certificate			
High School Diploma/G.E.D.			
Associates degree			
Bachelors degree			
Masters degree			
Neighborhood resident			
Reflect ethnicity of children served			
Prior experience working with children or youth			
Other (specify)			

Is your program serving special populations?

Please give the number of children served. (*e.g.*, 20 academically at-risk)

	YES	NO
Academically at-risk _____		
Foster children _____		
Special needs (e.g. physical disability, hearing impairment, asthma)_____		
Special Education _____		
Gifted and Talented _____		
Limited English Proficiency _____		
Homeless _____		
Dropouts _____		
Other (specify)		

Program Needs

Place an "X" next to the item(s) that describe your program needs in the column below. For each item marked below, place another mark in the columns to the right identified as the priority of needs. (Mark all that apply.)

	Program Needs		
	Low	Medium	High
<input type="checkbox"/> Additional Staff			
<input type="checkbox"/> Activities and Resources			
<input type="checkbox"/> Community and Business Involvement			
<input type="checkbox"/> Homework Assistance/Tutoring			
<input type="checkbox"/> Money			
<input type="checkbox"/> Mentoring			
<input type="checkbox"/> Parent Involvement			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Other (Please Specify) _____ _____			

DEMOGRAPHIC INFORMATION

The type of area where you work. (Please select only 1 area.)

- Rural area
 Small city
 Large city/Urban area

Ages of youth served.

Give number of children served daily. (For example: 20 5-8 yr olds)

- 5 - 8 years of age
 9 -12 years of age
 13 -15 years of age
 above 15 years of age

Race/ethnic groups served.

Give number of children served daily. (For example: 20 Hispanic)

- American Indian
 Asian or Pacific Islander
 Black
 Hispanic
 White
 Multiracial

Sources of referral to your program.

Give number of children served. (For example: 20 Parent referred)

- Parent referred
 School referred
 Court referred
 Self referred
 Child Care Resource and Referral
 Other type of referral. (Please specify) _____

SOURCES OF FUNDING

Place an "X" next to the item(s) that describe the funding sources for your program's budget. (Mark all that apply)

	STRENGTH OF FOCUS		
	Minor	Moderate	Major
	(less than 10% of program budget)	(10-30% of program budget)	(over 30% of program budget)
<input type="checkbox"/> 21 st Century Community Learning Center Grant			
<input type="checkbox"/> Child Care Development Fund Grant			
<input type="checkbox"/> Title One Funds			
<input type="checkbox"/> Businesses			
<input type="checkbox"/> Child and Adult Food Program			
<input type="checkbox"/> Child Care Subsidy Funds			
<input type="checkbox"/> City and County Funds			
<input type="checkbox"/> Civic Organizations			
<input type="checkbox"/> Community Based Organizations			
<input type="checkbox"/> Faith Based Organizations			
<input type="checkbox"/> Foundations			
<input type="checkbox"/> Fund Raisers			
<input type="checkbox"/> Governor's Crime Commission			
<input type="checkbox"/> Individual Contributions			
<input type="checkbox"/> Parent Fees			
<input type="checkbox"/> Parent Organizations			
<input type="checkbox"/> Support Our Students (SOS)			
<input type="checkbox"/> Temporary Assistance For Needy Families (TANF)			
<input type="checkbox"/> United Way			
<input type="checkbox"/> Workforce Development			
<input type="checkbox"/> Other State Funding (Please Specify) _____ _____			
<input type="checkbox"/> Other Federal Funding (Please Specify) _____ _____			
<input type="checkbox"/> Other (Please Specify) _____ _____			

Thank you so much for taking time to complete the North Carolina Center for Afterschool Programs Survey.