

# **2003 SURVEY OF SOUTH CAROLINA'S AFTERSCHOOL SERVICE PROVIDERS**

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SOUTH CAROLINA AFTERSCHOOL ALLIANCE**

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Thank you for your willingness to complete this survey form. It will be used to help develop a database of information that will be helpful to you, other afterschool service providers, parents, and, most importantly, our state's children. For purposes of this survey, afterschool means any time that school is not during the regular school day.

# AFTERSCHOOL SURVEY FORM

**For Office  
Use Only**

## A. CONTACTS AND LOCATION

Check "School  
Age Care"  
Under  
NG-ListSource

*(Please Note: This Survey Form is for ONE PHYSICAL LOCATION. If your program has more than one location, please notify your surveyor to complete a separate form for each program location.)*

NG BusNam

1. Name of Program: \_\_\_\_\_

NG SponOrg

2. Name of the Sponsoring Organization: \_\_\_\_\_

NG Location

3. Physical Address: \_\_\_\_\_  
City \_\_\_\_\_ State SC Zip \_\_\_\_\_

S-PHYSLOC

4. Is this a:  Public Building  Private Building

NG Mailing

5. Mailing Address (if different from above): \_\_\_\_\_  
City \_\_\_\_\_ State SC Zip \_\_\_\_\_

NG Contact

6. Telephone Number \_\_\_\_\_ 7. Email Address \_\_\_\_\_  
8. FAX Number \_\_\_\_\_ 9. Web Address \_\_\_\_\_

NG SchIDset

10. What School District is your program located in? \_\_\_\_\_

NG County

11. What County is your program located in? \_\_\_\_\_

NG Schl/Catch

12. Please list the schools your program or center serves.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NG FNLN

13. Program/Center Director's Full Name: \_\_\_\_\_

S-RESNAME  
& S-TITLE

14. Respondent's Name: \_\_\_\_\_ 15. Title: \_\_\_\_\_

NG DateAdded

16. Today's Date: \_\_\_\_\_

S-METHOD

17. Survey Completed via:  Site Visit  Telephone

## B. ORGANIZATIONAL INFORMATION

NSpec-Type of  
Org

1. Which of these are you?
  - a. Non-Profit {501(c)(3) or 501(c)(4)}
  - b. Church
  - c. Government
  - d. Private for Profit
  - e. Other (please describe) \_\_\_\_\_

S – TYPE  
OTHER

S-ORGKIND

2. Is your program part of a bigger organization? If yes, is the larger organization a: (If no, is your program or center a:)
  - a. A community development corporation (CDC)
  - b. A youth organization (such as YMCA, Boys and Girls Club)
  - c. A recreation organization (such as recreation commission)
  - d. A public school
  - e. A private school
  - f. A church or other religious organization
  - g. A private child care facility (family, group or center)
  - h. Other (please describe) \_\_\_\_\_

NSpec –  
Geographic Area

3. What kind of geographic area does your facility or facilities serve? (If more than one, check all that apply.)
  - a. Urban Areas within City Limits (places with a population of 50,000 people or more in an area of less than 2 square miles, and a population density of at least 1,000 people per square mile; generally considered to be *incorporated cities*.)
  - b. Suburban (places with a population of 2,500 or more persons but fewer than 50,000; these are the areas that surround urban areas and have a population density of at least 500 people per square mile; generally considered as *extended cities* – places inside the city limits but whose environment remains primarily rural. *Outside city limits but dependent upon the city*.)
  - c. Incorporated Small Town (places with a population of 2,500 or more persons but fewer than 50,000, these areas stand alone from urban areas and are generally considered *small towns*.)
  - d. Rural (places with a population of less than 2,500 people or locations “not in a place,” these places are generally considered to be areas with *mostly farmland* and are more than 10 miles from the nearest urban area or urban cluster. *Country*.)

NG-AcceptAge

4. What age range of participants does your program serve?  
My program serves children from \_\_\_\_\_ years old to \_\_\_\_\_ years old.

NG-TLicCap

5. How many children (participants) can you serve at one time? \_\_\_\_\_

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S-WTGL

6. Do you have a waiting list?

- Yes
- No

S-NMWTGL

7. If yes, how many are on your waiting list? \_\_\_\_\_

S-PARTVAC

8. Does your organization have any participant vacancies?

- Yes
- No

NG-TotVac

9. If you have vacancies, how many are there? \_\_\_\_\_

NG-Languages

10. What languages are spoken by the staff at your facility?

- English
- Chinese
- Spanish
- Russian
- Korean
- Other (please specify) \_\_\_\_\_
- Vietnamese

S – LANG  
OTHER

NG-ListSource

11. Does your program participate in (please check all that apply):

- The USDA Food Program
- The ABC Child Care Voucher Program
- Neither

NG-ListSource

12. Are you regulated by the Department of Social Services?

- Yes
- No

NA-Accreditation

13. Do you hold state-recognized accreditations from any of the following organizations? (please check all that apply):

- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- National School Age Care Alliance (NSAC)
- National Child Care Association (NCCA)
- South Carolina Association of Christian Schools (SCACS)
- South Carolina Independent School Association (SCISA)
- Other (please specify) \_\_\_\_\_

S – ACCRED  
OTHER

S-OTHACCR

14. Please list any other non-state recognized accreditations your program has received from other organizations:

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**Only  
S-INTASAC**

15. If given the opportunity, would your program be interested in receiving licensing or accreditation specific to afterschool programs?

- Yes
- No

**NA-Meals**

16. Does your program provide the following meals to participants? (please check all that apply)

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Dinner
- No snacks or meals

**NA-SchoolAge  
Shifts**

17. Does your program provide (please check all that apply):

Programs before school starts for:

- 5-10 year olds
- 11-13 year olds
- 14-18 year olds
- No programs offered before school

Programs in the evening for:

- 5-10 year olds
- 11-13 year olds
- 14-18 year olds
- No programs offered in the evening

**NA-SpecialNeeds**

18. Which of the following is true for your program in regards to special needs and which special need or needs does it apply to? (please check all that apply and circle which types of special need(s) )

- You currently serve children with special needs – specify: learning, emotional, physical
- You served children with special needs in the past – specify: learning, emotional, physical
- You are trained in serving children with special needs – specify: learning, emotional, physical
- You would be willing to have training in all areas of special needs
- Do not serve children with special needs

**S-RATIOS**

19. How many staff do you have for each age group and how many participants are in each age group?

	<u># of Staff</u>	<u># of Participants</u>
a. Age 4 (Pre-School)	_____	_____
b. Ages 5 – 10 (Elementary)	_____	_____
c. Ages 11 – 13 (Middle School)	_____	_____
d. Ages 14 – 18 (High School)	_____	_____

**S-EDUC**

20. Please indicate the number of your staff whose highest level of education is:

- a. High School \_\_\_\_\_

- b. Some College \_\_\_\_\_
- c. Associate Degree \_\_\_\_\_
- d. Bachelors Degree \_\_\_\_\_
- e. Masters and above \_\_\_\_\_

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NS-Day Care  
Provided

21. On what days and during what times do you provide day care?

<u>Day</u>	<u>Start Time</u>	<u>End Time</u>
<input type="radio"/> Monday	_____	_____
<input type="radio"/> Tuesday	_____	_____
<input type="radio"/> Wednesday	_____	_____
<input type="radio"/> Thursday	_____	_____
<input type="radio"/> Friday	_____	_____
<input type="radio"/> Saturday	_____	_____
<input type="radio"/> Sunday	_____	_____

NS – Accepts  
Children

22. Does your program accept children:

- Full-Time
- Part-Time

NS-Duration

23. During what times of the year does your program operate?

- a. School year only
- b. Summer only
- c. Year round

NS-Duration

24. Does your program provide or allow: (please check all that apply)

- Drop-ins
- Rotating times for care
- Before school care
- Temporary or emergency care
- After school care
- 24-Hour care
- Care on Holidays
- Summer programs or camps

S-FEES

25. What fees do you charge for each age group for each length of time? (If no, mark "0")

AGE GROUP	DAILY		WEEKLY		MONTHLY	
	PT	FT	PT	FT	PT	FT
Age 4						
Ages 5 – 10						
Ages 11 – 13						
Ages 14 – 18						

S – PRORATE

- Offer pro-rated rates
- No fees charged

NS – No Fees  
Charged

26. What additional fees does your program charge and how much are the fees?

- Registration fees (not including insurance) \_\_\_\_\_
- Insurance fees \_\_\_\_\_

NS – Reg Fee

S - INS FEES

NS – Act Fees

S - OTH FEE

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- Activity fees \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

### C. PROGRAMS

S-SVCS

1. Please indicate what services are provided by your organization by checking the appropriate boxes.

SERVICE	PARTICIPANT AGE GROUP			
	Ages 4	Ages 5-10	Ages 11-13	Ages 14-18
Sports/Recreation				
Arts/Culture				
First Grade Readiness Skills				
Computer Training				
Character Development				
Conflict Resolution				
Homework/Tutoring				
Community Service Learning				
Leadership Development				
Life Skills				
Teen Clubs				
Jobs/Career Choices				
College Prep				

S-OTHSVCS

If your program provides other services, please list them and the participant age group(s) to whom they are offered.

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S-3CHALL

2. What are the most difficult challenges to overcome in offering afterschool services? (please check the **top three**)

- |   |  |
|---|--|
| <input type="radio"/> Recruitment of participants | <input type="radio"/> Funding                |
| <input type="radio"/> Retention of participants   | <input type="radio"/> Housing                |
| <input type="radio"/> Staffing                    | <input type="radio"/> Supplies               |
| <input type="radio"/> Space                       | <input type="radio"/> Equipment              |
| <input type="radio"/> Transportation              | <input type="radio"/> Other (please specify) |

\_\_\_\_\_

NG-Transportation

3. In regards to transportation, which of the following is true for your program? (please check all that apply)
- Currently have buses for transportation
  - Currently have vans for transportation
  - Looking to purchase buses
  - No funding available for buses
  - Located near public transportation
  - Some participants walk to your program
  - Do not transport

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## D. TECHNOLOGY

NA - Internet

1. Do you have access to the Internet on-site?
- Yes (on-site for staff)
  - No (none onsite)

NA - Internet

2. If you have access to the Internet on-site, is the Internet available to your participants?
- Yes (available to participants)
  - No (not available to participants)

## E. PARENT AND COMMUNITY INVOLVEMENT IN PROGRAM

S-PARACT

1. Which activities do parents participate in? (please check all that apply)
- Attend planning meetings
  - Provide volunteer support
  - Provide financial support
  - Sit on board or advisory group
  - Other (please specify) \_\_\_\_\_
  - No parent participation.

NG-Services  
for Families

2. Which services does your program offer to families? (please check all that apply)
- Parent Resources
  - Parent Seminars
  - Parents Stay First Day
  - Parent-Teacher Conferences
  - Parent Involvement in Planning and Evaluation of Program
  - Parent Volunteer Support
  - Other (please specify) \_\_\_\_\_
  - No services offered to families

S - SVCS  
OTHER

3. Which of the following community stakeholders are involved with your program?

- Local businesses
- Elected officials
- Religious organizations
- Seniors
- Law enforcement
- Human service staff (i.e. DHEC, DHHS, etc)
- Juvenile justice officials
- Health professionals (i.e. nurses, dentists, doctors, etc.)
- Community volunteers
- School (for volunteers, space, or funds)
- Colleges and universities (for volunteers and interns)
- Others (please specify) \_\_\_\_\_
- No community stakeholder involvement.

## F. FUNDING

NSpec –  
Sources of  
Funding

1. What sources of funding does your organization utilize? (please check all that apply)

- Participant payments
- Fundraising activities
- Parent organization's budget
- Private donors
- Federal grants/contracts
- State grants/contracts
- Local grants/contracts
- Corporate donations
- Private foundation grants or donations
- Other (please specify) \_\_\_\_\_

Other –  
S-FUNDOTH

S-TOP3FUND

2. What are the **top three** sources of funding for your organization? (please select only three)

- Participant payments
- Fundraising activities
- Parent organization's budget
- Private donors
- Federal grants/contracts
- State grants/contracts
- Local grants/contracts
- Corporate donations
- Private foundation grants or donations
- Other (please specify) \_\_\_\_\_

NSpec -  
Comments

3. If your program receives grants or contracts as one of your top three sources of funding, what organization(s) are they from?

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## G. EVALUATION AND QUALITY ASSURANCE

S-EVAL  
PROGRESS

1. How do you evaluate the progress of program participants? (please check all that apply)

- Grades in school
- Standardized tests
- Social scales
- Behavioral scales
- Other (please specify) \_\_\_\_\_
- No evaluation used

S-OUT  
PROGEVAL

2. Do you use an outside program evaluator?

- Yes
- No

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S-EVAL  
PROGRAM

3. How do you evaluate your program? (please check all that apply)
- Specific outcomes (such as attendance, school improvement, behavioral improvement)
  - Numbers served
  - Process evaluation (comparing performance/delivery with the plan – Did you carry out your plan as you proposed to do? Does not include evaluation of quality, outcome, etc.)
  - Participant and client satisfaction
  - Funders' satisfaction
  - Other (please specify) \_\_\_\_\_
  - Do not evaluate

## H. TRAINING

NA –  
Training

1. How is training provided for your staff? (please check all that apply)

- Provide internal training
- Use external training
- Staff utilizes TEACH scholarships
- Other (please specify) \_\_\_\_\_
- Do not provide training

S -  
TRAINOTH

S-VOLTRNG

2. Do you provide training for your community volunteers? (including interns)

- Yes
- No
- Don't use volunteers/interns

NA-Safety

3. Do you have staff that are trained/certified in the following areas? (please check all that apply)

- Current CPR certification
- Current First Aid training
- Mandated Reporter Training (child abuse and neglect)

## I. NEEDS

S-NEEDSUP

1. Please indicate areas in need of support: (please check all that apply)

- |  |  |
|--|--|
| <input type="radio"/> Equipment            | <input type="radio"/> Access to information about training |
| <input type="radio"/> Training             | <input type="radio"/> Access to education for staff        |
| <input type="radio"/> Materials            | <input type="radio"/> Additional space                     |
| <input type="radio"/> Program management   | <input type="radio"/> Internet connections                 |
| <input type="radio"/> Management of staff  | <input type="radio"/> Recruiting volunteers                |
| <input type="radio"/> Financial assistance | <input type="radio"/> Other (please specify) _____         |

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Use Only**

**S-NEED  
EQUIPMAT**

2. If you need equipment or materials, which of the following do you need? (check all that apply)
- |  |   |
|--|---|
| <input type="radio"/> Furniture            | <input type="radio"/> Educational materials                     |
| <input type="radio"/> Fencing              | <input type="radio"/> Computers (have none)                     |
| <input type="radio"/> Playground equipment | <input type="radio"/> New Computers (current are obsolete)      |
| <input type="radio"/> Security devices     | <input type="radio"/> Additional Computers (do not have enough) |
| <input type="radio"/> Books                | <input type="radio"/> Computer Software                         |
| <input type="radio"/> Videos               | <input type="radio"/> Other (please specify) _____              |
| <input type="radio"/> Toys                 |   |

**S-NEED  
TRNG**

3. If training could be provided free of charge, what would be of interest to you? (please check all that apply)
- |  |   |
|--|---|
| <input type="radio"/> Working with parents           | <input type="radio"/> School-age curriculum                   |
| <input type="radio"/> Marketing                      | <input type="radio"/> Program management                      |
| <input type="radio"/> Retaining program participants | <input type="radio"/> Grant writing/identifying opportunities |
| <input type="radio"/> Business management            | <input type="radio"/> Other (please specify) _____            |

**J. ADDITIONAL COMMENTS**

**FOR  
SURVEYORS**

1. Please list the names of any afterschool service providers you can think of. (Including other physical locations/sites for your program.)

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**S-ADD  
COMMENTS**

2. Please make any additional comments.

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