

**UTAH OFFICE OF CHILD CARE  
ANNUAL PROGRAM REPORT & MONITORING  
Youth Connections**

The Office of Work & Family Life has developed guidelines for youth program monitoring, reporting and data collection. This specific format has been developed to help the process. Please call Caroline Kueneman at 801-468-0024 or email [ckueneman@utah.gov](mailto:ckueneman@utah.gov) with questions regarding how to provide data or answer any of the report questions.

**WRITTEN REPORT**

All grantees must submit this report.

Please MAIL reports to Caroline Kueneman, DWS-WFL, 1385 South State St, Salt Lake City, UT 84115.

**DUE:**

**Annual**

**May 13, 2010**

**Reporting period: July 2009 – May 2010**

**WRITTEN REPORT: SECTION I  
COVER PAGE**

**Complete ONE Form Per GRANT**

**Date Submitted:** \_\_\_\_\_

**Contractor** \_\_\_\_\_  
(Agency, Individual, Business, Organization, School District, etc)

**Program Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**WRITTEN REPORT: SECTION II**  
**SITE INFORMATION FORM- BEFORE SCHOOL**

Complete ONE Form Per SITE / PROGRAM

In a *typical* week record the hours the site is in operation and calculate the total daily and weekly hours of operation:

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday	<b>Total Wk.</b>
<b>Before School Hours</b>								
<i>Total Daily Hours</i>								

<b>1 Total # of days in operation:</b>	
<b>2 Total # of hours in operation:</b>	
<b>3 What is the number of staff at this site?</b>	
<b>4 Total # of volunteer hours:</b>	
<b>5 Staff/Volunteer to Student Ratio:</b>	
<b>6 Total # of children enrolled during the reporting period unduplicated:</b>	
<b>7 Average Daily Attendance: ADA</b>	
<b>8 % of youth attending regularly (2 or more days per week):</b>	
<b>9 % of youth attending the program regularly (2+ days per week) for the entire program year?</b>	

<b>10 Tuition charged for this program site: (Include sliding fee scale rates)</b>	
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**11 Ethnic Groups Being Served- Number (not percent) of children:**

Caucasian	Hispanic	African-American	Native-American	Asian, Pacific Islander	Other	TOTAL

**12 Number of Students with Special Needs:** \_\_\_\_\_

**13 Types of Special Needs:** \_\_\_\_\_

**WRITTEN REPORT: SECTION II**  
**SITE INFORMATION FORM- AFTER SCHOOL**

Complete ONE Form Per SITE / PROGRAM

In a *typical* week record the hours the site is in operation and calculate the total daily and weekly hours of operation:

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday	<b>Total Wk.</b>
<b>After School Hours</b>								
<i>Total Daily Hours</i>								

<b>1 Total # of days in operation:</b>	
<b>2 Total # of hours in operation:</b>	
<b>3 What is the number of staff at this site?</b>	
<b>4 Total # of volunteer hours:</b>	
<b>5 Staff/Volunteer to Student Ratio:</b>	
<b>6 Total # of children enrolled during the reporting period unduplicated:</b>	
<b>7 Average Daily Attendance: ADA</b>	
<b>8 % of youth attending regularly (2 or more days per week):</b>	
<b>9 % of youth attending the program regularly (2+ days per week) for the entire program year?</b>	

<b>10 Tuition charged for this program site: (Include sliding fee scale rates)</b>	
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**11 Ethnic Groups Being Served- Number (not percent) of children:**

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**12 Number of Students with Special Needs:** \_\_\_\_\_

**13 Types of Special Needs:** \_\_\_\_\_

WRITTEN REPORT NARRATIVE: SECTION III

(Annual Report-Only)  
DUE May 13, 2010

- I. Program survey evaluations**
  - A. Required Survey Questions, report accordingly. (attached)
  
- II. Attachments**
  - A. Copies of monthly activity calendars. One copy of TWO different months.
  - B. Copies of your parent newsletter(s) or parent information sheets(s). Three samples.
  
- III. Documentation of required training, twenty hours for two program staff.**

Attached Training Documentation Forms.
  
- IV. Describe the prevention program goals and accomplishments:** (limit of 1 page per component)

## Program Surveys Evaluation Summary Sheet

**Instructions:** After completing the surveys, summarize what you have learned. The goal is to help you improve the quality of your after school program.

Total number of parent surveys returned \_\_\_\_\_ Total number of youth surveys returned \_\_\_\_\_

### **Parents Survey Results**

1. List, in order importance of the program, as stated by parents through the surveys.

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2. List, in order, the 5 reasons parents say their youth attend the program.

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3. Describe the plan you and your staff have to strengthen the program as related to the survey results.

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### **Youth Survey Results**

1. List the 5 most common reasons youth say they attend the program.

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2. List, in order, how often youth attend the program.

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3. List, in order, the response for youth input toward program planning.

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4. Describe the plan you and your staff have developed to address the results of the survey.

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