

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

The Office of Work & Family Life has developed guidelines for Youth Connections 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 with questions regarding how to provide data or answer any of the report questions.

All grantees must submit a Mid Year Report. Please email the report to ckueneman@utah.gov

Report is due:

Mid Year November 16, 2009 Reporting period: July 2009 – October 2009

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	Total Wk.
Before School Hours								
<i>Total Daily Hours</i>								

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

10	Tuition charged for this program site: (Include sliding fee scale rates)	
----	---	--

11 Ethnic Groups Being Served- Number 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	Total Wk.
After School Hours								
<i>Total Daily Hours</i>								

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

10	Tuition charged for this program site: (Include sliding fee scale rates)	
----	---	--

11 Ethnic Groups Being Served- Number 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- *SUMMER PROGRAM*
 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	Total Wk.
Summer School Hours								
<i>Total Daily Hours</i>								

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

10	Tuition charged for this program site: (Include sliding fee scale rates)	
----	---	--

11 Ethnic Groups Being Served- Number 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 NARRATIVE: SECTION III

- I. **Briefly describe your program's Lights On! Activities.**
Attach a separate document with a couple of paragraphs.

- II. **Describe how the two prevention education components are being implemented in your program.**
Attach a separate document with one paragraph for each component.

- III. **Attach documentation that the program has completed the Utah Afterschool Quality and Improvement Tool program self evaluation.**