PROGRAM INFORMATION FORM

Open for digital submission May 1 – May 31, 2026

*Please note: This is NOT the annual report for either DWS-OCC or USBE funded programs.
*This form is not your Program Information submission. This form may be utilized to collect information in advance that will be utilized in completing your digital submission of the Program Information Form on our website.

Introduction

The Program Information Form is designed to help out-of-school time programs gather high-quality, targeted programmatic data. This data offers valuable insights for improving program quality, including current offerings, youth and family demographics, staff demographics relative to youth demographics, program strengths, and areas for improvement. We encourage programs to use the collected data to assess their quality, build and strengthen relationships with partnering schools and districts, and demonstrate program impact to the community, potential funders, and policymakers (Afterschool Alliance, 2014, pg. 2).

This form also provides the Utah Afterschool Network with crucial information on the overall landscape of afterschool programs across Utah. We utilize this information to evaluate program growth and utilization, identify gaps in afterschool coverage statewide, and inform our advocacy and education initiatives. The data you provide is essential to our efforts in recognizing program successes and needs, and may be used in future *State of Afterschool* reports. The Utah State Board of Education, Department of Workforce Services – Office of Childcare, and Utah Education Policy Center may also access the information submitted through this Form.

Finally, the Program Information Form is used to update the Find A Program Map on our website annually.

Best Practices for Submission

To simplify the submission process for the Program Information Form (PIF), please follow these steps:

1. **Early Preparation:** Access the PIF at the start of the 2025-26 school year to understand the required information and begin collecting data.
2. **Drafting:** In late April or early May, download the fillable PDF version of the PIF. Complete this draft either digitally (using Adobe) or by hand. This allows you to work at your own pace, make notes, and refine your responses. We estimate this step will take approximately one hour.
3. **Online Submission:** Once your draft is complete, use it as a guide to enter your answers into the online form. While some online forms allow you to save and return, this feature isn't always reliable, so having your completed draft will make the submission process quick—about 10-15 minutes. Remember to click "submit" when you're finished!
4. **Handling Missing Data:** If you don't have data for a question, enter "0" for numeric answers or "N/A" for written responses.

Glossary of Terms

Organization: The administrative afterschool provider. The organization may oversee one or more afterschool programs.

Program: The program is a part of the organization and generally serves a specific age group, geographic area, or audience. Several programs may exist in a single organization.

Average Daily Attendance (ADA): ADA is calculated by adding total attendance for each day (54+38+14+16) =total (122), and dividing the total youth served per year by the number of days your program is in operation (For a program open 4 days a week, 122/4 = 30.5). ADA = 30.5.

Unduplicated Number of Students: Count each student only once for their attendance during the school year, regardless of the number of programs or activities they may have participated in throughout each day (before school, afterschool, etc.).

Youth with Disabilities: Students receiving special education and related services throughout Utah public schools and communities, such as an Individual Education Plan (IEP) or Section 504 Plan.

English Language Learners (ELLs): Students who are unable to communicate fluently or learn effectively in English, who often come from non-English speaking homes and backgrounds, and who typically require specialized or modified instruction in both the English language and in their academic courses.

Regional Network: A group of out-of-school time providers and youth-serving community organizations who convene, connect, and coordinate regularly to expand out-of-school learning opportunities for K-12 youth in Utah: https://utahafterschool.org/what-we-do/regional-networks

Thank you!

We appreciate your time and effort to collect and submit this information and for all you do to serve youth and families throughout the state!

References:

Afterschool Alliance. (2014). *Looking at Data: Afterschool Programs Using Data to Better Serve Students*.
MetLife Foundation. https://afterschoolalliance.org/documents/issue_briefs/issue_using_data_66.pdf

<u>FY26 PROGRAM INFORMATION FORM</u>

Please provide the **7-digit Program ID** of the afterschool program for which you are submitting this report.

If you do not know or are unsure about your Program ID number, DO NOT CONTINUE. Incorrect entries will result in misfiled reports. This 7-digit number should have been provided to your organization's primary contact (typically the Director or Grant Administrator) in an email from your UAN Afterschool Consultant. If you have not received this number, please contact your supervisor. They may redirect you to your OST Specialist for further assistance.

If the program does not have funding from the Department of Workforce Services – Office of Child Care or the Utah State Board of Education, please contact UAN to be assigned a Program ID number.

Program ID Number: _____

<u>SUBMITTER INFORMATION:</u>

Please provide your contact information. Please complete all fields.

First Name: _____

Last Name: _____

Title: _____

Email: _____

Office Phone: _____

Mobile Phone: _____

Please provide the following information about your program:

Organization Name (ex. Davis School District, Promise South Salt Lake, Boys and Girls Club of Utah County, etc.):

_____

Program Name (ex. Antelope Elementary, Historic Scott School, Cyprus High School, etc.):

_____

Street Address: _____

City: _____

Zip Code: _____

Program/Organization Website: _____

Program/Organization Social Media Pages: _____

GENERAL PROGRAM INFORMATION QUESTIONS:

What is your program's facility type? Select all that apply.
- School
- Recreation Center (state, city, or county recreation facilities)
- Community-Based Center (stand-alone building located within a community – ex. Boys & Girls Club)
- Licensed Child Care Center
- Faith-Based Center
- Library
- Other (Please Specify): _____

What county/counties does this program serve?
- Beaver
- Box Elder
- Cache
- Carbon
- Daggett
- Davis
- Duchesne
- Emery
- Garfield
- Grand
- Iron
- Juab
- Kane
- Millard
- Morgan
- Piute
- Rich
- Salt Lake
- San Juan
- Sanpete
- Sevier
- Summit
- Tooele
- Uintah
- Utah
- Wasatch
- Washington
- Wayne
- Weber

What school district(s) does this program serve?
- Alpine
- Beaver
- Box Elder
- Cache
- Canyons
- Carbon
- Daggett
- Davis
- Duchesne
- Emery
- Garfield
- Grand
- Granite
- Iron
- Jordan
- Juab
- Kane
- Logan
- Millard
- Morgan
- Murray
- Nebo
- North Sanpete
- North Summit
- Ogden
- Park City
- Piute
- Provo
- Rich
- Salt Lake
- San Juan
- Sevier
- South Sanpete
- South Summit
- Tintic
- Tooele
- Uintah
- Wasatch
- Washington
- Wayne
- Weber

Please select all funding sources that apply.

If you are unsure of your funding sources, please check with your supervisor before submitting.

- o 21st Century Community Learning Centers (CCLC)
- o Child Care Subsidies
- o Corporate/Business
- o Foundations/Philanthropic Organizations
- o Local Government City Funds
- o Local Government County Funds
- o Non-monetary support/In-kind support (i.e. AmeriCorps Vista)
- o Parent Fees/Tuition
- o School-Age Quality Grant (SAQ)
- o Teen Afterschool Prevention Grant (TAP)
- o Title 1 Funds
- o United Way
- o Other (Please Specify): _____

SCHOOL YEAR PROGRAMMING INFORMATION (August 2025 – May 2026)

Staff:

Number of staff working full-time (30 or more hours/week) **in the program:** _____

Number of staff working part-time (29 hours or less/week) **in the program:** _____

Does the program have an onsite coordinator/manager/director that directly oversees daily operations?

- o Yes
- o No

If so, are they full-time or part-time?

- o Full-time
- o Part-time

Does the onsite program coordinator/manager/director oversee multiple programs?

- o Yes
- o No

The following section (school year staff demographics) is optional but recommended. UAN will use the aggregated data received for advocacy efforts. The breakdown of each demographic category might be different depending on your data collection method or source. Do your best to fill in each category, according to your records. If you do not have data to answer a question, please enter a 0 for numeric answers or N/A for written answers.

Number of staff in each racial/ethnic population:

African American: _____   Middle Eastern: _____

Asian: _____   Multi-Racial: _____

Asian American: _____   Native American/Alaskan Native: _____

Black: _____   Pacific Islander: _____

Caucasian/White: _____   Unknown: _____

Hispanic/Latinx/Spanish: _____

Number of staff with a disability/disabilities (refer to glossary for definition)**:** _____

Number of staff who are English Language Learners (refer to glossary for definition)**:** _____

Number of staff with refugee status: _____

To the best of your knowledge, enter the number of staff at each education level:

Some high school: _____   Master's Degree: _____

High School Diploma or GED: _____   Doctorate or PhD: _____

Associate's Degree: _____   Other (please specify): _____

Bachelor's Degree: _____

School Year Program/Youth:

What grades does the program serve? Select all that apply:
- o Pre-K
- o K – 6
- o 7 – 12

Does the program serve students before school?
- o Yes
- o No

Number of youth with a disability/disabilities (refer to glossary for definition)**:** _____

Number of youth who are English Language Learners (refer to glossary for definition)**:** _____

Number of youth with refugee status: _____

Number of youth in each racial/ethnic population:

African American: _____   Middle Eastern: _____

Asian: _____   Multi-Racial: _____

Asian American: _____   Native American/Alaskan Native: _____

Black: _____   Pacific Islander: _____

Caucasian/White: _____   Unknown: _____

Hispanic/Latinx/Spanish: _____

Number of youth in program by gender/sex:

Cisgender Women: _____

Cisgender Men: _____

Transgender Men: _____

Transgender Women: _____

Non-binary/non-conforming: _____

Choose not to disclose: _____

Unduplicated number of youth registered for school year (refer to glossary for definition): _____

Average Daily Attendance (ADA): _____

Number of unduplicated youth that have attended the program 30 days or more this school year: _____

What strategies have been effective in encouraging youth to attend more than 30 days?:

_____

_____

_____

Activity Offerings:

What types of activities are offered and/or intentionally implemented? Select all that apply:

- o Tutoring and Homework Assistance
- o Targeted Academic Remediation
- o Literacy and reading
- o Visual and Performing Arts/Fine Arts
- o Career and Job Exploration
- o Financial Literacy
- o Sports and Recreation
- o Health and Wellness
- o Healthy Relationships
- o Character Education
- o Mentoring
- o Cultural Enrichment and Diversity
- o Civic Engagement and Community Service
- o Family and Parent Activities
- o Addiction Prevention
- o Pregnancy and STI Prevention
- o Suicide Prevention
- o Programming Supporting Inclusive Practices
- o STEM (Science, Technology, Engineering, and Mathematics)
- o Entrepreneurship
- o Other activities: _____

Partnerships:

What types of partnerships do you utilize in your program? Select all that apply:

- o LEA (Local Education Agency/school)
- o Non-profit Organization
- o Private Business
- o Municipality or County
- o Federal Agency
- o Faith-Based Organization
- o Higher Education
- o State or Local Government Agency
- o Foundation/Philanthropic Organization
- o Local Health or Mental Health Care Organization
- o Law Enforcement
- o Other: _____

Number of partnerships: _____

Does your program offer services for families, such as a food pantry, clothing donation, medical/dental/vision clinics, etc.?
- o Yes
- o No

If so, which family services are offered?
- o Food Pantry
- o Take-home snacks/dinners
- o Clothing Donations
- o Medical Clinics
- o Dental Clinics
- o Vision Clinics
- o English language classes
- o Parent Education
- o Other: _____

School Year Tuition:

Does the program charge tuition?
- o Yes
- o No

If yes, how frequently do you charge tuition?
- o Drop-in Fee
- o Weekly
- o Monthly
- o Quarterly
- o Annually

Tuition fee: _____

Does the program have a sliding fee scale?
- o Yes
- o No

How many families utilize the sliding fee scale? _____

Programming Details:

Does the program serve students before school?
- o Yes
- o No

Total number of days program was offered during the 2025-26 school year: _____

Days of operation (select all that apply):
- o Monday
- o Tuesday
- o Wednesday
- o Thursday
- o Friday
- o Weekends

Hours of operation (include before school programming hours):
- o   Monday: _____
- o   Tuesday: _____
- o   Wednesday: _____
- o   Thursday: _____
- o   Friday: _____
- o   Weekends: _____

Will your days of operation change during the 2026-27 school year?
- o   Yes
- o   No

If so, what will your 2026-27 school year days of operation be?

- o   Monday
- o   Tuesday
- o   Wednesday

- o   Thursday
- o   Friday
- o   Weekends

If so, what will your hours of operation be during the 2026-27 school year?
- o   Monday: _____
- o   Tuesday: _____
- o   Wednesday: _____
- o   Thursday: _____
- o   Friday: _____
- o   Weekends: _____

Transportation:

Does your program provide transportation?
- o   Yes
- o   No

If no, why is transportation not provided?: _____

Details:

Did your program have a waiting list?

UAN uses this data in their advocacy work to highlight the need for out of school time programs, specifically providing data to how many youth are underserved in the state.
- o   Yes
- o   No

If yes, how many youth are typically on the waiting list?: _____

Does the program offer a snack?
- o   Yes
- o   No

Estimated number of snacks served during the 2025-26 school year? _____

Does the program offer dinner?
- o Yes
- o No

Estimated number of dinners served during the 2025-26 school year? _____

SUMMER PROGRAMMING INFORMATION (June – August 2025, if applicable)

Staff:

Number of staff working full-time (30 or more hours/week) **in the summer program:** _____
Number of staff working part-time (29 hours or less/week) **in the summer program:** _____

The following section (school year staff demographics) is optional but recommended. UAN will use the aggregated data received for advocacy efforts. The breakdown of each demographic category might be different depending on your data collection method or source. Do your best to fill in each category, according to your records. If you do not have data to answer a question, please enter a 0 for numeric answers or N/A for written answers.

Number of staff in each racial/ethnic population:

African American: _____   Middle Eastern: _____

Asian: _____   Multi-Racial: _____

Asian American: _____   Native American/Alaskan Native: _____

Black: _____   Pacific Islander: _____

Caucasian/White: _____   Unknown: _____

Hispanic/Latinx/Spanish: _____

Number of staff with a disability/disabilities (refer to glossary for definition): _____
Number of staff who are English Language Learners (refer to glossary for definition): _____
Number of staff with refugee status: _____

Program/Youth:

Unduplicated number of youth registered for summer program (refer to glossary for definition): _____
Average Daily Attendance (ADA): _____
Number of unduplicated youth that attended summer program 30 days or more: _____

What strategies have been effective in encouraging youth to attend more than 30 days?:

_____
_____
_____

Number of youth in each racial/ethnic population:

African American: _____   Middle Eastern: _____

Asian: _____   Multi-Racial: _____

Asian American: _____   Native American/Alaskan Native: _____

Black: _____   Pacific Islander: _____

Caucasian/White: _____   Unknown: _____

Hispanic/Latinx/Spanish: _____

Number of youth with a disability/disabilities (refer to glossary for definition): _____

Number of youth who are English Language Learners (refer to glossary for definition): _____

Number of youth with refugee status: _____

Number of youth in program by gender/sex:

Cisgender Women: _____

Cisgender Men: _____

Transgender Men: _____

Transgender Women: _____

Non-binary/non-conforming: _____

Choose not to disclose: _____

<u>**Activity Offerings:**</u>

What types of activities were offered and/or intentionally implemented? Select all that apply:

- o Tutoring and Homework Assistance
- o Targeted Academic Remediation
- o Literacy and reading
- o Visual and Performing arts/Fine Arts
- o Career and Job Exploration
- o Financial Literacy
- o Sports and Recreation
- o Health and Wellness
- o Healthy Relationships
- o Character Education
- o Mentoring
- o Cultural Enrichment and Diversity
- o Civic Engagement and Community Service
- o Family and Parent Activities
- o Addiction Prevention
- o Pregnancy and STI Prevention
- o Suicide Prevention
- o Programming Supporting Inclusive Practices
- o STEM (Science, Technology, Engineering, and Mathematics)
- o Entrepreneurship
- o Digital Literacy/Computer Training
- o Other activities: _____

<u>Partnerships:</u>

What types of partnerships did you utilize in your program? Select all that apply:

- o LEA (Local Education Agency/school)
- o Non-profit Organization
- o Private Business
- o Municipality or County
- o Federal Agency
- o Faith-Based Organization
- o Higher Education

- o State or Local Government Agency
- o Foundation/Philanthropic Organization
- o Local Health or Mental Health Care Organization
- o Law Enforcement
- o Other: _____

Number of partnerships: _____

<u>Summer Program Tuition:</u>

Did the summer program charge tuition?

- o Yes
- o No

If yes, how frequently did you charge tuition?

- o Drop-in Fee
- o Weekly

- o Monthly

Tuition fee: _____

Did the summer program have a sliding fee scale?

- o Yes
- o No

How many families utilize the sliding fee scale? _____

<u>Programming Details:</u>

Total number of days program was offered during the summer: _____

Months of operation (select all that apply):

- o June
- o July
- o August

Hours of operation:

- o Full-Day
- o Half-Day

Transportation:

Did your summer program provide transportation?
- o Yes
- o No

If no, please explain why transportation is not provided: _____

Details:

Did the summer program offer a snack?
- o Yes
- o No

Estimated number of snacks served during Summer 2025? _____

Did the summer program offer lunch?
- o Yes
- o No

Estimated number of lunches served during Summer 2025? _____

Did the summer program offer dinner?
- o Yes
- o No

Estimated number of snacks served during Summer 2025? _____

DATA COLLECTION PRACTICES

Which of the following academic sources is the program tracking and/or utilizing for academic program improvement and/or outcomes? Check all that apply:

- o Grades
- o RISE Scores
- o SHARP Surveys (Student Health and Risk Prevention)
- o Sage Scores
- o DIBELS Scores
- o Homework completion
- o Dropout rates
- o Graduation rates
- o SAT/ACT scores
- o School-day attendance
- o FAFSA completions
- o Do not have access to information (please explain): _____
- o Other academic data (please specify): _____

What data platform do you utilize to track programmatic data (ex. youth attendance, activity participation, etc.)? Check all that apply:

- o Kidtrax
- o Salesforce
- o Excel
- o Google Sheets
- o Other: _____

Are you interested in learning more about Salesforce, a statewide system that UAN provides to track programmatic data (ex. youth attendance, activity participation, etc.)?

- o Yes

o   No

o   Maybe

Do you track behavioral data?

o   Yes

o   No

If so, what behavioral data is being tracked? _____

What tools are used to track behavioral data? _____

Please provide a brief success story or specific outcome measure that highlights the impact tracking behavioral data has had on the youth and families you serve.

_____

_____

_____

Do you track social and emotional outcomes?

o   Yes

o   No

If so, what social and emotional outcomes are being tracked? _____

What tools are used to track social and emotional outcomes? _____

Please provide a brief success story or specific outcome measure that highlights the impact tracking social and emotional outcomes has had on the youth and families you serve.

_____

_____

_____

Do you track family engagement efforts?

o   Yes

o   No

If so, what family engagement efforts are being tracked? _____

What tools are used to track family engagement efforts? _____

Please provide a brief success story or specific outcome measure that highlights the impact tracking family engagement efforts has had on the youth and families you serve.

_____

_____

_____

What types of surveys do you conduct? Check all that apply:

o   Youth Surveys   o   Staff Surveys

o   Parent/Family Surveys   o   Classroom Teacher Surveys

o Community Surveys
o Staff Exit Surveys
o Not currently conducting surveys

o Other (please specify):
_____

Can UAN connect with your main program contact regarding your findings from the surveys listed above?

o Yes
o No

We utilize data to drive our ongoing quality improvement efforts:

o Strongly Disagree
o Disagree
o Neutral

o Agree
o Strongly Agree

We utilize data to identify staff professional development needs:

o Strongly Disagree
o Disagree
o Neutral

o Agree
o Strongly Agree

All program staff understand why and how all data is collected:

o Strongly Disagree
o Disagree
o Neutral

o Agree
o Strongly Agree

All data collected is reflective of current objectives and goals:

o Strongly Disagree
o Disagree
o Neutral

o Agree
o Strongly Agree

Please provide a brief success story or specific outcome measure that highlights the impact your program has had on the youth and families you serve. For example, 85% of youth attending 30 days or more (100 youth) increased their school-day attendance.

_____
_____
_____

UTAH AFTERSCHOOL NETWORK TOOLS

Quality Tool & Action Plan:

Did the implementation of the Quality Tool Self-Assessment Tool help increase program quality?

o Yes
o No

Did your program complete an Action Plan for the 2025-26 school year?

o Yes
o No

If so, please complete the narrative section describing the program's progress on goals:

_____

_____

_____

<u>**UAN Support:**</u>

Did the program receive support from a member of our Afterschool Consultant team throughout the year?
- o Yes
- o No

Who is your program's Afterschool Consultant? _____

What type of support did the program receive from an Afterschool Consultant? Check all that apply:
- o In-person Support
- o Program Observation
- o Training or Presentation
- o Resources or Curriculum Support
- o Email Resources
- o UAN Newsletter
- o Coaching
- o Social Media
- o Other: _____

Did the resources and/or support received from your Afterschool Consultant help increase program quality?
- o Yes
- o No

Please provide a narrative to describe the resources and support you received and how they were or were not effective in supporting your quality improvement.

_____

_____

_____

<u>**Professional Learning:**</u>

Did one or more staff from the program participate in a UAN Professional Learning event or training this year?
- o Yes
- o No

Which event(s) did you and/or your staff participate in?
- o Jump Start Conference
- o Southern Recharge Workshop
- o Northern Recharge Workshop
- o Well-Being Institute
- o UAN eLearning Institute

Did participation in one or more UAN Professional Learning events enhance professional growth for you and/or your staff?
- o Strongly Disagree
- o Disagree
- o Neutral
- o Agree
- o Strongly Agree

Please provide a narrative about why UAN Professional Learning events did or did not increase program quality.

_____

_____

_____

Did participation in one or more UAN Professional Learning events deepen personal and/or staff reflection and self-assessment of exemplary program quality?

- o Strongly Disagree
- o Disagree
- o Neutral
- o Agree
- o Strongly Agree

What training(s) or strategies would have been most useful to you during this school year?

_____

_____

_____

Regional Networks:

Did one or more staff from the program participate in a Regional Network this past year? Select all that apply.

- o Yes
- o No
- o I don't know what a Regional Network is.
- o I want to learn more about how I can participate.

If so, did participating in a Regional Network help increase program quality?

- o Yes
- o No

Please provide a narrative about why participating in a Regional Network this year did or did not increase program quality.

_____

_____

_____

School Day Alignment:

Did the program complete the [Align for Success: Out of School Time Partnership Rubric](#) for the 2025-26 school year?

- o Yes
- o No

Please provide a description of the progress the program has made with the goals set in the Align for Success: Out of School Time Partnership Rubric between the school day and afterschool teams.

_____

_____

_____

Did completing the Align for Success: Out of School Time Partnership Rubric help increase program quality?

- ○ Yes
- ○ No

Please provide a narrative about why completing the Align for Success: Out of School Time Partnership Rubric this year did or did not increase program quality.

_____

_____

_____

Did the program utilize the [Parent Consent for Data Sharing with OST Programs template](#) for the 2025-26 school year?

- ○ Yes
- ○ No

Did utilizing the Parent Consent for Data Sharing with OST Programs template help increase program quality?

- ○ Yes
- ○ No

Please provide a description of the progress the program has made regarding data sharing between the school day and afterschool teams and why utilizing the program data sharing tools this year did or did not increase program quality.

_____

_____

_____

Did utilizing school day and afterschool alignment resources on the UAN website help increase program quality?

- ○ Yes
- ○ No

Please provide a narrative about why utilizing the alignment resources this year did or did not increase program quality.

_____

_____

_____

Advocacy:

What advocacy events did your program participate in this year?

- o Advocacy 101
- o Afterschool Day on the Hill
- o Lights on Afterschool
- o National Summer Learning Week
- o Utilized UAN Day on the Hill materials
- o Invited your legislator(s) or local leaders to your program
- o Sent messages to your legislators
- o Invited UAN to your Lights On event

Please provide a narrative about a successful event, visit with a legislator, or advocacy effort you participated in this year.

_____

_____

_____

Are you interested in getting more involved in municipal, state, and federal advocacy efforts?

- o Yes
- o No
- o Maybe