

32n OST Site End-of-Year Survey (September 2024)

Dear 32n OST Program Site Manager,

Thank you for participating in the 32n grant program this year. We appreciate your efforts to ensure youth have access to high-quality out-of-school time (OST) programming across the state.

An important element of the program is telling your individual, and our collective, story. To do that, we need your help with one last data collection activity: this **32n OST site end-of-year survey**. This survey serves as your end-of-year reporting to the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) and the Michigan Afterschool Partnership (MASP).

You will be asked to reflect on your experience as a site manager in this program. Your individual responses **WILL BE** presented in online maps, and organization- and state-wide reports. Data are collected for program improvement purposes. If you have any questions or concerns, please contact the evaluation coordinator Gretchen Sheneman at 517.884.1404 or archerg1@msu.edu. or Dr. Meg Blinkiewicz at meg@miafterschool.org

Thank you.

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Q1. Please select the types of activities your site offered in 2024 (Check all that apply):

January to June 2024	Summer 2024
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Leadership	<input type="checkbox"/> Leadership
<input type="checkbox"/> Community engagement	<input type="checkbox"/> Community engagement
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Hands-on Science activities	<input type="checkbox"/> Hands-on Science activities
<input type="checkbox"/> Art	<input type="checkbox"/> Art
<input type="checkbox"/> Hands-on Mathematics activities	<input type="checkbox"/> Hands-on Mathematics activities
<input type="checkbox"/> Literacy	<input type="checkbox"/> Literacy
<input type="checkbox"/> Health and recreation	<input type="checkbox"/> Health and recreation
<input type="checkbox"/> Hands-on Reading/Literacy activities	<input type="checkbox"/> Hands-on Reading/Literacy activities
<input type="checkbox"/> Music	<input type="checkbox"/> Music
<input type="checkbox"/> Social-Emotional Learning	<input type="checkbox"/> Social-Emotional Learning
<input type="checkbox"/> STEM (Science/Technology/Engineering/Math)	<input type="checkbox"/> STEM (Science/Technology/Engineering/Math)
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Other (Please explain) _____	<input type="checkbox"/> Other (Please explain) _____
<input type="checkbox"/> We did not use 32n funding to operate during this time	<input type="checkbox"/> We did not use 32n funding to operate during this time

Q2. You indicated the following activities that you offered in this program. What activities did you prioritize when working with youth (Pick no more than three activities that your program focused on the most).

January to June	Summer 2024
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Leadership	<input type="checkbox"/> Leadership
<input type="checkbox"/> Community engagement	<input type="checkbox"/> Community engagement
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Hands-on Science activities	<input type="checkbox"/> Hands-on Science activities
<input type="checkbox"/> Art	<input type="checkbox"/> Art
<input type="checkbox"/> Hands-on Mathematics activities	<input type="checkbox"/> Hands-on Mathematics activities
<input type="checkbox"/> Literacy	<input type="checkbox"/> Literacy
<input type="checkbox"/> Health and recreation	<input type="checkbox"/> Health and recreation
<input type="checkbox"/> Hands-on Reading/Literacy activities	<input type="checkbox"/> Hands-on Reading/Literacy activities
<input type="checkbox"/> Music	<input type="checkbox"/> Music
<input type="checkbox"/> Social-Emotional Learning	<input type="checkbox"/> Social-Emotional Learning
<input type="checkbox"/> STEM (Science/Technology/Engineering/Math)	<input type="checkbox"/> STEM (Science/Technology/Engineering/Math)
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Other (Please explain) _____	<input type="checkbox"/> Other (Please explain) _____
<input type="checkbox"/> We did not use 32n funding to operate during this time	<input type="checkbox"/> We did not use 32n funding to operate during this time

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Q3. On a typical program day, how many youth participated in your program?

_____ January to June 2024

_____ Summer 2024

Q4. How many unique youth did you serve?

January to June 2024	Summer 2024
<input type="checkbox"/> K-2 nd grades	<input type="checkbox"/> K-2 nd grades
<input type="checkbox"/> 3 rd to 5 th grades	<input type="checkbox"/> 3 rd to 5 th grades
<input type="checkbox"/> 6 th to 8 th grades	<input type="checkbox"/> 6 th to 8 th grades
<input type="checkbox"/> 9 th to 12 th grades	<input type="checkbox"/> 9 th to 12 th grades

Q5. What are the racial/ethnic backgrounds of the youth participants you served? How many of them are from each group?

January to June 2024	Summer 2024
<input type="checkbox"/> White _____	<input type="checkbox"/> White _____
<input type="checkbox"/> Black _____	<input type="checkbox"/> Black _____
<input type="checkbox"/> Latinx _____	<input type="checkbox"/> Latinx _____
<input type="checkbox"/> Asian _____	<input type="checkbox"/> Asian _____
<input type="checkbox"/> Middle Eastern _____	<input type="checkbox"/> Middle Eastern _____
<input type="checkbox"/> Multiracial _____	<input type="checkbox"/> Multiracial _____
<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____

Q6. Did you have to put youth on a waitlist because your program reached its capacity? If yes, roughly how many?

_____ January to June 2024

_____ Summer 2024

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Q7. What is the racial/ethnic makeup of your staff team, including yourself? How many of them are from each group?

January to June 2024	Summer 2024
<input type="checkbox"/> White _____	<input type="checkbox"/> White _____
<input type="checkbox"/> Black _____	<input type="checkbox"/> Black _____
<input type="checkbox"/> Latinx _____	<input type="checkbox"/> Latinx _____
<input type="checkbox"/> Asian _____	<input type="checkbox"/> Asian _____
<input type="checkbox"/> Middle Eastern _____	<input type="checkbox"/> Middle Eastern _____
<input type="checkbox"/> Multiracial _____	<input type="checkbox"/> Multiracial _____
<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____

Q8. Did your organization have more than one 32n OST program site?

- a. YES (how many sites?)
- b. NO

Q9. How often did you receive support from your grant management team in the following ways?

	Monthly	Every 2-3 months	Every 6 months	About once this program year
Program Site Visit				
Virtual Meetings				

Q10. How often do you typically communicate with your grant management team about the following?

	Weekly	Bi-weekly	Monthly	Every 2-3 months	Every 6 months	About once this program year
Program/Student Attendance						
Staffing						
Program Issues						
Training/Professional Development						

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Q11. Does your organization/program participate in a continuous quality improvement process? This means your program collects data related to program quality and uses it to make improvements.

- c. YES, go to Question 12
- d. NO, go to Question 13

Q12. Does your organization use any of the following assessment tools?

- Program Quality Assessments from the Weikart Center (YPQA, SEL-PQA, STEM-PQA, SLPQA)
- Developmental assets
- MOST standards
- Other: _____

Q13. Were there any significant challenges you've encountered during the **SCHOOL YEAR** when operating 32n programming? (Please check all that apply)

- Staff shortages
- High turnover rates
- Insufficient funds to run the program
- Lack of youth participation or interest
- Family communications
- Youth needing social-emotional or mental health supports that we're unable to provide
- Families having needs that we're unable to provide
- Transportation to/from our program
- Other challenges: _____

Q14. Were there any significant challenges you've encountered during the **SUMMER** when operating 32n programming? (Please check all that apply)

- Staff shortages
- High turnover rates
- Insufficient funds to run the program
- Lack of youth participation or interest
- Family communications
- Youth needing social-emotional or mental health supports that we're unable to provide

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- Families having needs that we're unable to provide
- Transportation to/from our program
- Other challenges (please explain): _____

Q15. Are there areas of topics of support that you wished you had more support or information about for your 32n OST program?

Q16. Is there any additional information you wish to share with us about your program, your staff, or your students?

Thank you!