

Purpose

The purpose of this report is to document continued compliance with the New York State Network for Youth Success Quality Standards and to communicate any changes your accredited program may have made in the past year. Please fill out the form, and be sure to indicate any changes in Program Director, Administrator, location and/or name. Feel free to contact us with any questions or concerns.

Basic Information

Date of Accreditation: _____

Year 1 2 3

Program Name: _____

Program Contact: _____ Contact Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: (____) _____ Fax: (____) _____

Report Completed by: _____ Date: _____

Location

Has there been any change in your location in the past year? Yes No

If yes, please describe the changes in both indoor and outdoor program space.

Mission

Has there been any change in your mission in the past year? Yes No

If yes, please write your new mission below.

Next Page ►►►

Regulatory Status

Has your program been cited for not complying with NYS OCFS Regulations in the past year?

Yes No

If yes, please elaborate.

Employees

Has there been any change in the Administrator in the past year?

Yes No

If yes, was this position filled through a promotion?

Yes No

Has there been any change in the Program Director in the past year?

Yes No

If yes, was this position filled through a promotion?

Yes No

Please describe how you are orienting new employees with the AfterSchool Works! NY Standards, your program improvement plan, and the self-study process:

Program Improvement in the Past Year

Please answer each question thoroughly. Additional pages may be added if needed.

What have you done to continue program improvement and what results have you recorded?
Please ensure to comment on all areas that were listed in "Areas for future program growth and development" on your endorsement visit report.

How have you continued to receive feedback from staff, families, and children?

What results were recorded from this feedback and what changes were made as a result?

What are the challenges you have had continuing program improvement?

Is there anything else you would like the Network for Youth Success to know?

Signature of Person Completing this Report

Date

Please mail or email your Interim Report to: erin@networkforyouthsuccess.org or
New York State Network for Youth Success
415 River Street, Second Floor
Troy, NY 12180