

WELCOME

Welcome to the BARTHOLOMEW COUNTY INDIANA
Ready by 21 Youth Program Landscape Map!

Welcome to the Bartholomew County Indiana Ready by 21 Youth Program Landscape Map!

Our community has many programs and supports for children and youth. We have identified you and your organization as a key stakeholder in the outcomes for youth in our community. In order to gain a better picture of what supports are available in our community, we invite you to participate in a survey. This survey was developed by the Forum for Youth Investment, a nonprofit, nonpartisan "action tank" dedicated to helping communities and the nation make sure all young people are Ready by 21™: ready for college, work and life.

The data collected will be used to gain a picture of the services, supports and opportunities that are currently available to children and youth in our community. Survey information will be compiled to provide an overall landscape of youth services in the county, as well as specific programs and activities and the populations they serve.

Through an annual updating process information generated from this instrument will inform community decisions and can be utilized by individual organizations for internal processes or needs, such as grant writing or strategic planning.

The survey was developed to provide a snapshot of the available community supports for youth. The more accurate the information the sharper picture we will have. With that in mind, please do not feel that you must spend a lot of time researching for data that is not easily accessible. We ask that you report as accurately as possible, but realize a few items may be estimates. We do not wish to add additional stress to your workload. If there is someone else in your organization better equipped to answer these questions, please feel free to share this with them.

If you have any questions about the survey please contact:
Rose Ellen Adams at readams@childhoodconnections.org or 812-375-2207
Jacque Douglas at douglasj@bcsc.k12.in.us or 812-314-3858

Your time investment in completing this survey will help create greater opportunities for young people in our community. Your participation is greatly appreciated.

The survey includes the following sections:

ORGANIZATION OVERVIEW

Requests information such as contact information, number of employees, volunteer hours, and programs offered.

PROGRAM OVERVIEW (Questions 1-21)

Covers topics such as program goal areas, geographic coverage, populations targeted and program information collected.

SERVICES, SUPPORTS & OPPORTUNITIES (Questions 22-30)

Identifies the primary and secondary focus of the organization.

PROGRAM REACH (Questions 31-43)

Includes questions on when, how often, and where program activities take place; the populations that the program serves; and areas to improve the program.

PARTNERSHIPS (Questions 44-46)

Seeks information about the other organizations with whom the organization partners and the focus of the partnerships.

ABOUT YOUR ORGANIZATION

This page will be filled in only once.

For EACH program that your organization runs we ask that you answer questions 1-46.

PLEASE NOTE: Your information will automatically save when you go to the next page.

* Organization Contact Information

Organization:	<input type="text"/>
Contact Person:	<input type="text"/>
Title:	<input type="text"/>
Address:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Email:	<input type="text"/>
Fax:	<input type="text"/>
Phone Number:	<input type="text"/>

What is your organization's website?

Number of employees:

Number of volunteers:

Organization Budget:

Which category best defines your organization?

- | | |
|--|---|
| <input type="checkbox"/> School or other educational institution | <input type="checkbox"/> Independent community-based organization |
| <input type="checkbox"/> Public agency | <input type="checkbox"/> Faith-based organization |
| <input type="checkbox"/> Affiliate of national non-profit organization | <input type="checkbox"/> Business |
| <input type="checkbox"/> Other (please specify) | |

How many distinct programs does your organization provide?

How many of these programs are focused on children and youth?

PROGRAM A SURVEY

PLEASE NOTE: Your information will automatically save when you go to the next page.

* A1: Program Contact Information

Program:

Contact Person:

Title:

Address:

City/Town:

State:

ZIP/Postal Code:

Phone:

Fax:

Email:

A2: What is your program's website?

A3: Number of employees:

A4: Number of volunteers:

A5: Program Budget:

A6: Geographical Service Area Zip Codes

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 46124 | <input type="checkbox"/> 47226 | <input type="checkbox"/> 47246 |
| <input type="checkbox"/> 47201 | <input type="checkbox"/> 47232 | <input type="checkbox"/> 47247 |
| <input type="checkbox"/> 47203 | <input type="checkbox"/> 47244 | <input type="checkbox"/> 47280 |

A7: All zip codes in the:

- County of Bartholomew
- City of Columbus

A8: Geographical Service Area

- Bartholomew Consolidated School Corporation
- Flat-Rock Hawcreek School Corporation

A9: How are youth served in your program?

- Directly
- Indirectly
- Both

A10: Briefly describe your program's primary focus (max 250 words):

* A11: Which 1 or 2 of the following areas best represent your program's primary goals for young people?

- THRIVING (physical health)
- LEARNING (basic and applied academics)
- CONNECTING (social/emotional well-being)
- WORKING (career awareness/vocational development)
- CONTRIBUTING (civic and community engagement)

* A12: Which 1 or 2 of the following best represent your program's primary approach to working with young people?

- TREATMENT/REMIEDIATION
- PREVENTION
- DEVELOPMENT/PREPARATION
- ENGAGEMENT/LEADERSHIP

A13: Estimated total number of youth served per year: (leave blank if not applicable)

A14: Estimate the total number of families served per year: (leave blank if not applicable)

A15: Estimated total capacity (number of slots) of the program per year: (leave blank if not applicable)

A16: Estimated number of children/youth currently on waiting list: (leave blank if not applicable)

A17: Which of the following ages does your program support? (check all that apply)

- | | | |
|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 9 | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 10 | <input type="checkbox"/> 19 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 11 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 12 | <input type="checkbox"/> 21 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 13 | <input type="checkbox"/> 22 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 14 | <input type="checkbox"/> 23 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 15 | <input type="checkbox"/> 24 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 16 | |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 17 | |

A18: Of the number of youth served per year, please estimate what percentage fall in to the following age categories.

NOTE: Please ensure that your total = 100% OR leave blank if not applicable.

- 0-5 years old:
- 6-10 years old:
- 11-14 years old:
- 15-18 years old:
- 19-24 years old:

A19: Of the number of youth served per year, please estimate what percentage fall in to the following gender categories.

NOTE: Please ensure that your total = 100% OR leave blank if not applicable.

- Male:
- Female:

A20: Of the number of youth served per year, please estimate what percentage fall in to the following race/ethnicity categories.

NOTE: Please ensure that your total = 100% OR leave blank if not applicable.

- Black/African American:
- White/Caucasian:
- American Indian/Alaskan Native:
- Asian:
- Hispanic/Latino:
- Native Hawaiian/Other Pacific Islander:
- Multiracial:
- Other:

A21: What kind of information do you collect related to your program? (Check all that apply)

- Participation (e.g., attendance, duration, frequency)
- Program Quality (e.g., standards, service delivery)
- Program Outcomes (e.g., changes in knowledge, skills, behavior)
- Other (please specify)

A22: What methods do you currently use to collect information? (Select all that apply)

- Management Information System
- Surveys
- Interviews
- Observation
- Focus groups
- Anecdotal documentation

A23: Please check the areas that are of primary OR secondary focus within your program. (One choice per row)

Categories in this list are based on America's Promise Alliance's Promise #1 - Caring Adults

	Primary	Secondary
Child abuse and neglect prevention/related services	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence prevention	<input type="checkbox"/>	<input type="checkbox"/>
Activities to support adults who work with youth	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Long-term mentoring (at least 12-month relationship)	<input type="checkbox"/>	<input type="checkbox"/>
Short-term mentoring (less than 12-month relationship)	<input type="checkbox"/>	<input type="checkbox"/>
Parental/Family involvement activities	<input type="checkbox"/>	<input type="checkbox"/>
Parental and family intervention	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual or faith-based connections/youth groups	<input type="checkbox"/>	<input type="checkbox"/>
"Someone to talk to" readily available	<input type="checkbox"/>	<input type="checkbox"/>
Family education and involvement	<input type="checkbox"/>	<input type="checkbox"/>
Family support	<input type="checkbox"/>	<input type="checkbox"/>
Other (please fill in box below)	<input type="checkbox"/>	<input type="checkbox"/>

Other

A24: Please check the areas that are of primary OR secondary focus within your program. (One choice per row)

Categories in this list are based on America's Promise Alliance's Promise #2 - Safe Places

	Primary	Secondary
Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Violence Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Safe place to hang out	<input type="checkbox"/>	<input type="checkbox"/>
Violence/crime/delinquency prevention activities	<input type="checkbox"/>	<input type="checkbox"/>
Gang/violence intervention	<input type="checkbox"/>	<input type="checkbox"/>
Other (please fill in box below)	<input type="checkbox"/>	<input type="checkbox"/>
Other		
<input type="text"/>		

A25: Please check the areas that are of primary OR secondary focus within your program. (One choice per row)

Categories in this list are based on America's Promise Alliance's Promise #3 - Healthy Start and Healthy Development

	Primary	Secondary
AIDS/STD prevention	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease prevention	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Counseling - emotional (self-esteem, other)	<input type="checkbox"/>	<input type="checkbox"/>
General health care	<input type="checkbox"/>	<input type="checkbox"/>
Health education	<input type="checkbox"/>	<input type="checkbox"/>
Health/medical services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition & Food programs	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition - obesity prevention	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>
Smoking prevention/cessation activities	<input type="checkbox"/>	<input type="checkbox"/>
Social services/welfare	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse prevention activities	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse counseling	<input type="checkbox"/>	<input type="checkbox"/>
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>
Athletic activities	<input type="checkbox"/>	<input type="checkbox"/>
Other (please fill in box below)	<input type="checkbox"/>	<input type="checkbox"/>
Other		

A26: Please check the areas that are of primary OR secondary focus within your program. (One choice per row)

Categories in this list are based on America's Promise Alliance's Promise #4 - Effective Education for Marketable Skills

	Primary	Secondary
Academic services/educationally related services	<input type="checkbox"/>	<input type="checkbox"/>
Alternative education	<input type="checkbox"/>	<input type="checkbox"/>
After school programs	<input type="checkbox"/>	<input type="checkbox"/>
Summer programs	<input type="checkbox"/>	<input type="checkbox"/>
Arts education	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual education	<input type="checkbox"/>	<input type="checkbox"/>
Basic literacy support	<input type="checkbox"/>	<input type="checkbox"/>
Basic math support	<input type="checkbox"/>	<input type="checkbox"/>
Computer/Internet lab	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic/learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>
Job training/employment skills development	<input type="checkbox"/>	<input type="checkbox"/>
Career research and planning	<input type="checkbox"/>	<input type="checkbox"/>
Interests and skills assessments	<input type="checkbox"/>	<input type="checkbox"/>
Career counseling	<input type="checkbox"/>	<input type="checkbox"/>
Resume and job search assistance	<input type="checkbox"/>	<input type="checkbox"/>
Work readiness skills	<input type="checkbox"/>	<input type="checkbox"/>
Career fairs/days	<input type="checkbox"/>	<input type="checkbox"/>
Job shadowing/job rotations	<input type="checkbox"/>	<input type="checkbox"/>
Matching with employers for internships/work	<input type="checkbox"/>	<input type="checkbox"/>
GED preparation	<input type="checkbox"/>	<input type="checkbox"/>
Test preparation	<input type="checkbox"/>	<input type="checkbox"/>
College research and planning	<input type="checkbox"/>	<input type="checkbox"/>
College exploration and readiness activities	<input type="checkbox"/>	<input type="checkbox"/>
Financial aid/scholarships	<input type="checkbox"/>	<input type="checkbox"/>
Self-sufficiency skills development	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills development	<input type="checkbox"/>	<input type="checkbox"/>
Life skills development	<input type="checkbox"/>	<input type="checkbox"/>
Study skills	<input type="checkbox"/>	<input type="checkbox"/>
Counseling - education	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>

Enrichment activities - arts, media, etc.	jñ	jñ
Dropout prevention	jñ	jñ
Other (please fill in box below)	jñ	jñ
Other		

A27: Please check the areas that are of primary OR secondary focus within your program. (One choice per row)

Categories in this list are based on America's Promise Alliance's Promise #5 - Opportunities to Contribute

	Primary	Secondary
Leadership skills development	jñ	jñ
Character education	jñ	jñ
Peer activities	jñ	jñ
Cultural activities	jñ	jñ
Civic/political activities	jñ	jñ
Service activities	jñ	jñ
Community service/youth activism projects	jñ	jñ
Other (please fill in box below)	jñ	jñ
Other		

A28: Please check the areas that are of primary OR secondary focus within your program. (One choice per row)

Basic Care and Services

	Primary	Secondary
Assessment of service needs	jñ	jñ
Child care	jñ	jñ
Conflict resolution/anger management skills	jñ	jñ
Crisis Intervention	jñ	jñ
Resources referrals	jñ	jñ
Transportation	jñ	jñ
Other (please fill in box below)	jñ	jñ
Other		

A29: Please check the areas that are of primary OR secondary focus within your program. (One choice per row)

Indirect Services or Capacity-Building Strategies

	Primary	Secondary
Advocacy on behalf of youth	<input type="checkbox"/>	<input type="checkbox"/>
Capital improvement	<input type="checkbox"/>	<input type="checkbox"/>
Clearinghouse/resource center	<input type="checkbox"/>	<input type="checkbox"/>
Convening collaborative groups for planning/organizing	<input type="checkbox"/>	<input type="checkbox"/>
Economic/community development	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation activities	<input type="checkbox"/>	<input type="checkbox"/>
Administering or providing funding for services/supports	<input type="checkbox"/>	<input type="checkbox"/>
Funding for conferences/meetings	<input type="checkbox"/>	<input type="checkbox"/>
Improvement of/application of technology	<input type="checkbox"/>	<input type="checkbox"/>
Information dissemination	<input type="checkbox"/>	<input type="checkbox"/>
Institutional systems support	<input type="checkbox"/>	<input type="checkbox"/>
Planning and program development	<input type="checkbox"/>	<input type="checkbox"/>
Developing or coordinating programs/models	<input type="checkbox"/>	<input type="checkbox"/>
Organizing employers to provide employment/internships/career info to youth	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Professional development to teachers/providers	<input type="checkbox"/>	<input type="checkbox"/>
Training/technical assistance	<input type="checkbox"/>	<input type="checkbox"/>

A30: Please check the areas that are of primary OR secondary focus within your program. (One choice per row)

Services for Special Populations

	Primary	Secondary
Juvenile offender services	<input type="checkbox"/>	<input type="checkbox"/>
Offender treatment	<input type="checkbox"/>	<input type="checkbox"/>
Services for homeless and runaway youth	<input type="checkbox"/>	<input type="checkbox"/>
Services related to child abuse/neglect/domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Support for pregnant and parenting youth	<input type="checkbox"/>	<input type="checkbox"/>
Victim assistance	<input type="checkbox"/>	<input type="checkbox"/>
Other (please fill in box below)	<input type="checkbox"/>	<input type="checkbox"/>

Other

A31: When are the services and program activities that you provide available in a day? (Select all that apply)

- Before school
- Evening
- During school day
- Daytime for out of school youth
- After school

A32: When are the services and program activities you provide available?

- Monday-Friday
- Weekends
- All Week

A33: When are the services and program activities you provide available? (Select all that apply)

- School year
- School holidays
- Summer
- All year

A34: How long is each activity session?

- Short (less than 1 hour)
- Medium (1-5 hours)
- Long (over 5 hours)
- Ongoing (24/7)
- Not Applicable

A35: How often do activities occur?

- Once
- Occasionally (e.g., every week)
- Consistently (e.g., 5 times per week)
- Ongoing (e.g., 24/7)
- Not Applicable

A36: Where are the services provided? (Select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Recreation Center | <input type="checkbox"/> Child Welfare Agency |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Community Center | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> High School | <input type="checkbox"/> Private Facility | <input type="checkbox"/> Business Venue |
| <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> Clinic or Health Care Facility | <input type="checkbox"/> Juvenile Justice Agency |
| <input type="checkbox"/> Park/Field | <input type="checkbox"/> Client Home | <input type="checkbox"/> Social Services Agency |
| <input type="checkbox"/> Library | <input type="checkbox"/> At a Mall | |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Street (Outreach) | |
| <input type="checkbox"/> Other (please specify) | | |

A37: Are services primarily provided individually or in a group setting?

- Individually
- Group
- Both
- Not Applicable

A38: Are the services/supports provided by this program available to all youth in the geographic service area?

- Yes
- No

A39: Are there any specific populations this program is designed to support? (Select all that apply)

- Female only
- Male only
- Children of Incarcerated Parents
- Drop out
- Homeless/Transient
- Immigrant
- In Foster Care
- Involved with Juvenile Justice System
- Other (please specify)
- LGBTQ
- Limited English speaking
- Low income
- Migrant
- Physical or Learning Disabilities
- Teen Parents/Pregnant and Parenting Youth
- Not Applicable

A40: In what language(s) are your services provided? (Select all that apply)

- English
- Spanish
- Chinese
- French
- German
- Tagalog
- Vietnamese
- Italian
- Korean
- Russian
- Polish
- Arabic

A41: Are youth/families charged for services?

- No Charge
- Yes - Membership Fee
- Yes - Program-Specific Fees
- Yes - Sliding Scale
- Other

If fee is associated, please give amount:

* A42: What are the top 3 things that would most improve your program?

NOTE: A total of 3 choices are allowed.

Publicity

Funding

Equipment/supplies

Transportation

Collaboration Collaboration

Training

Meals/Snacks/Individual Items

Space

Research/Evaluation

Staff

Repair/Renovation

Volunteers

Other (please specify)

A43: Conservatively, how many more youth do you estimate could be served with improvements based on the answers you selected above? NOTE: Leave blank if not applicable.

A44: Do you work in partnership with other organizations on this program?

Yes

No

PROGRAM A: TYPES OF PARTNERSHIPS

A45: What is the focus of the partnership? (Select all that apply)

- Coordinating Cross-Cutting Efforts
- Economic/Community Development
- Facilities/Operations Resources
- Funding
- Information Sharing
- Program Sharing
- Program Development
- Publicity/Contacts
- Research/Evaluation
- Staff/Implementation
- Training
- Other (please specify)

A46: What partnerships/collaborations is this program a part of? (Please separate with commas)

ADDITIONAL PROGRAMS

Are there additional programs at your organization?

I have additional programs to add.

I DO NOT have additional programs to add.

SURVEY COMPLETED!!

You have completed the Landscape Mapping Survey. We thank you for your time!

Once leaving this site, you will be redirected to our Ready by 21 Quality Counts Homepage.