*New York State 21stCCLC*

*Revised September 2024*

**Site Monitoring Visit Report**

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| **Program Name:**  |  | **Project Number:**  |
| **Student Participation Target:** **Annual Award Amount: $****SACC program:** [ ]  **Yes** [ ]  **No** **ELP program:** [ ]  **Yes** [ ]  **No** |  | **Visit Date:**  |
|  | **Reviewer(s):** |
| **Site(s) Visited:**  **Other Site(s) in the program:** |  | **Date Submitted** **to Subgrantee:**  |
| **Program Director’s Name:** |  | **Attendees (Name/Role)**: |
| **Program Director Email:**  |  |  |
| **Partnering Agencies:**  |  |

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| **Summary of actions to be taken:***\*Based on areas of partial compliance and non-compliance* | **Date** (MM/DD/YY): |
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| **Recommendations to Strengthen Practice***Areas that are compliant but need some improvement.* |
| **Promising Practices***Successful practices observed in this Out of School Time (OST) program.* |

**Using the Site Monitoring Visit Report**

The Site Monitoring Visit (SMV) Report has been developed to help ensure comprehensive and consistent monitoring of 21st Century Community Learning Centers (CCLC) in New York State. While this document is intended for use by program reviewers, it is also recommended for use by subgrantees to (1) guide program implementation, and (2) assist in preparing for a smooth site monitoring visit.

**Structure & Definitions**

□ The ‘**Indicators of Success**’ column outlines the indicator to be evaluated.

* All Indicators are coded by the lettered Sections **(A-H)** within the Monitoring Tool, and then by ascending numerical order **(1-10)** within that Section.

□ The ‘**Supporting Documents**’ column lists evidence that may be used to support successful implementation of the applicable indicator. If a sample is requested, the TARC will select a minimum of three examples to be provided.

* Each Indicator is associated with criteria represented under Supporting Documents and are coded in ascending alphabetical order **[(a)-(g)]**. E.g., **H-2(b)** references Section **H**, Indicator **H-2**, criterion **(b)**.
* **Required Documentation Key:**

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| --- | --- |
| **\*** | Required documentation for **all** programs  |
| **\*\*** | Required documentation for ***district*** programs |
| **\*\*\*** | Required documentation for programs requiring ***School-Age Childcare Registration*** |
| (A) |  Required documentation for **all** sites must be provided to reviewer(s) |

□ The ‘**Compliance**’ column is segmented into three rating options – Full, Partial, and Not. Presence/absence of the required criteria listed in the Supporting Documents column determines the rating of compliance for each Indicator.

* **Guidance for selecting a Compliance Rating:**

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| **Full** | If all the required criteria are checked, that will equate to a rating of *FULL* compliance for that indicator. If none of the supporting documents are required – i.e., designated by an asterisk – at least one of the choices must be checked in order to be in Full compliance. For programs operating multiple sites, certain supporting documentation may be required for ALL sites in order to receive a Full compliance rating.  |
| **Partial** | If at least one, but not all, of the required criteria are checked, that will equate to a rating of *PARTIAL* compliance for that indicator; this is the case even when all other non-required criteria – e.g., additional supporting evidence of an indicator – are checked. A rating of Partial compliance will also be assigned to programs that do not possess critical required documentation for each operating site (Reviewers will inform programs which critical documents need to be presented for each site during pre-visit communications). |
| **Not** | If none of the required criteria are checked, that will equate to a rating of *NOT* in compliance for that indicator; this is the case even when any other non-required criteria – e.g., additional supporting evidence of an indicator – are checked. |

* **Definitions & Implications of Indicator Compliance Ratings**

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| **Compliant** | Meets state and federal guidelines for this Indicator. |
| **Partially Compliant** | Partially meets state and federal guidelines. Programs receiving this rating must follow the reviewer’s recommendations and/or develop an action plan for achieving Full Compliance in this area.  |
| **Non-Compliant** | Does not meet state and federal guidelines. Programs receiving this rating must follow the reviewer’s recommendations and develop an action plan for improving compliance in this area. |

**Site Monitoring Visit Procedure:**

□ **Pre-Visit:**

* **Document Review & Document Preparation (off-site).** Prior to the visit, subgrantees will be asked by the Technical Assistance Resource Centers (TARCs) or NYSED to send several documents in advance; other documents will need to be made available on site. NYSED recommends that subgrantees become familiar with the Site Monitoring Visit (SMV) Report template and work to prepare for the visit in advance. Programs should develop a system to organize all the required information indicated in the tool. That way, whenever the program is notified that it has been selected to receive a visit, all the required items have already been gathered and are readily accessible during the review process. Depending on when the visit occurs, reviewers may have to review documents for the previous year. If subgrantee does not have specific documentation to substantiate an indicator at the time of visit, they have up to 24 hours to provide to the TARC.
* **Schedule & Agenda.** The TARC’s will explain the purpose and process of the site visit. The TARC reviewer will select the site(s) to be visited and coordinate schedules with the program staff to draft an agenda for the day of the visit.
* **Participation of Key Program Staff and Partners.** NYSED recommends that the program director, site coordinator(s), fiscal staff and local evaluator be available (in-person or via conference call) at points during the visit to contribute to the thorough review of all components of the program.

□ **Day of Visit:**

* **Meeting & Document Review Session (on site).** On the day of the visit, members of the review team (TARC and/or NYSED program office staff) will meet with program leaders to review all required documents in the SMV Report. This meeting also provides an opportunity for program leaders/key staff to ask questions, seek clarification on documents or procedures, and inquire about technical assistance offerings.
* **Program Walk-through.** The reviewers will visit TARC selected program site(s) to observe in-session programming and to interact with leaders, staff, students, family members, and/or other program stakeholders. During these walk-throughs, reviewers will refer to the SMV report and review the relevant criteria listed for each of the indicators. Reviewers may utilize multiple methods to gather information during a walk-through; these may include impartial observation, informal interview, focus group discussion (e.g., with multiple students, parents, staff), and artifact review.
* **On-Site Support.** Program reviewers may respond to requests from program personnel for immediate feedback and/or technical assistance to help address a critical need. However, the primary purpose of the visit is to conduct a thorough review of the program. The RC support team can marshal resources and schedule follow-up technical assistance services to target program needs/ areas for improvement identified during the site monitoring visit walk-through and based on a comprehensive review of the SMV Report findings.

□ **Post-Visit:**

* **Final SMV Report.** Following the visit, the TARC reviewer will submit the completed Site Monitoring Visit Report to NYSED for review and approval. Once that has been completed, the SMV Report will be sent to the program within 30 days of the visit. Reports will identify areas of full, partial compliance, and non-compliance. Reports will also provide a summary of actions to be taken by a given date, additional recommendations to strengthen practice, and acknowledgment of promising practices.
* **Action Plan Agreement.** All subgrantees are required to operate their centers in full compliance with state and federal regulations. If areas of non-compliance or partial compliance are identified, programs are expected to submit an Action Plan Agreement to the TARC within two weeks of receiving the report. This Action Plan Agreement must identify the specific actions that the program will take to ensure compliance in the areas of greatest need. A member of the TARC support team will follow up with the program on an as-needed basis, to check progress implementing the action plan agreement, and to offer support and resources. The objective is for the program to achieve full compliance expectations within the dates stipulated by the RC’s approval of the Action Plan Agreement. Once the indicators of success have been substantiated by the subgrantee and verified by the TARC, the TARC will send a letter confirming full compliance. If the indicators for success have not been substantiated by the subgrantee, the TARC will send a notification of non-compliance and the State Program Office will be engaged to manage the process.

**A: Environment and Climate**

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| **Indicators of Success** | **Supporting Documentation** | **Compliance** |
|  |  | **Full** | **Partial** | **Not** |
| **A-1** | **Effective Supervision** of participants is provided by approved adult(s) at all times. |

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|[ ]  (a) | Reviewer observation of **staff’s supervision practices**\*  |
| [ ]  | (b) | Reviewer observation of **staff-student ratios** maintained during each activity \*\*\* |

 |[ ] [ ] [ ]
| **A-2** | **Security** is provided effectively and continuously throughout program hours.*Presence of security guards and/or security cameras, if applicable.* |

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|[ ]  (a) | Reviewer observation of **security practices**\**I.e. sign-in/out procedures, visitor procedures, designated entrances and exits* |

  |[ ] [ ] [ ]
| **A-3** | **Safety Supplies** are accessible, including first aid kits, fire extinguishers, fire alarms, and safety procedures; all fire exits are posted, etc. |

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|[ ]  (a) | **Safety Supply Inventory records**\* (A) |
|[ ]  (b) | Reviewer observation of the **accessibility of safety supplies**, and visibility of alarms/exits, etc.\* |

 |[ ] [ ] [ ]
| **A-4** | **Safety Drills** are conducted at **all** sites as required, including evacuations, shelter-in-place, and lockdowns. Drills must occur during the 21st CCLC program hours.*May include current- or prior-year completed drills.* | **School Year programming:**

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|[ ]  (a) | **Shelter-in-place records**\* (A)*SACC programs: Twice yearly**District or CBO high school programs: Once a year* |
|[ ]  (b) | **Evacuation Drills** **records**\* (A)*SACC programs: Monthly [OCFS LDSS-4439 form]**District or CBO high school programs: Twice yearly (fall & spring)* |
|[ ]  (c) | **Lockdown** **records**\*\* (A)*SACC programs: None required, but NYSED recommended**District or CBO high school programs: Twice yearly (fall & spring)* |

**Summer programming (if applicable):**

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|[ ]  (d) | **Evacuation Drill(s) records**\* (A)*SACC programs: Monthly* *District or CBO high school programs: Twice during summer* |
|[ ]  (e) | **Lockdown Drill(s) records**\*\* (A)*SACC programs: None required, but NYSED recommended**District or CBO high school programs: Once during the summer* |

 | [ ]  |[ ] [ ]
| **A-5** | **Transition Procedures** are in place to ensure safety and ease during arrival, dismissal, field trips and transitions. *These procedures specifically include:**() participant sign-in/sign-out,**() notification of changes in routine* |

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|[ ]  (a) | Reviewer observation of at least one of the following: **participant arrivals or departures\*** |
|[ ]  (b) | **Sign-in and Sign-out sheets**[[1]](#footnote-2)**\*** |
|[ ]  (c) | Reviewer observation of a **program activity transition** |

 |[ ] [ ] [ ]
| **A-6** | **Enrollment** systems are in place for staff to be prepared to address individual student’s health needs that may require immediate attention. *Participants’ files are updated and shared with staff on a need-to-know basis, and in full compliance with HIPAA [[2]](#footnote-3) and FERPA [[3]](#footnote-4) regulations.* |

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|[ ]  (a) | Sample of completed **Enrollment forms[[4]](#footnote-5)** **\*** |
|[ ]  (b) | Incident log, medication administration record, emergency care plan or other method of tracking out of school time students’ health needs\* |
|[ ]  (c) | Presence of a school nurse on site during programming hours\*If not, provide evidence ofat least one other staff trained[[5]](#footnote-6) for:[ ]  Participants who have orders for Epinephrine Auto Injector and/or Glucagon[[6]](#footnote-7) (*if applicable*) \*\* (A)**AND** |
|  |  | [ ]  CPR and AED Certification[[7]](#footnote-8) \*  |

 |[ ] [ ] [ ]
| **A-7** | **Supportive Environment & Culture of Respect** A stimulating, engaging, and welcoming environment is provided for all participants.*A culture of support, inclusion, and mutual respect is provided; one which embraces dignity for all participants, fosters a sense of belonging, and promotes physical and emotional safety.* |

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|[ ]  (a) | Reviewer observation of **engagement and support provided to participants**\* |
|[ ]  (b) | Reviewer observation of **respectful student-to-student and staff-to-student interactions\*** |
|[ ]  (c) | Other: |

 |[ ] [ ] [ ]
| **Section A Notes:** |
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**B: Program Administration/Organization**

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| **Indicators of Success** | **Supporting Documentation** | **Compliance** |
|  |  | **Full** | **Partial** | **Not** |
| **B-1** | **Staff and Student Recruitment**Programs should have clear and research-based strategies for recruitment and retention of program participants. Since full funding is based on meeting attendance targets, recruitment and retention of students is critical to the functioning of the program. Program has identified any barriers and challenges and proposed solutions in maintaining staff while to ensuring it can meet participation targets. |

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|[ ]  (a) | Evidence of **recruitment efforts\*** (e.g., recruitment plan, meeting notes, correspondence records, distribution of promotional materials, etc.) (A) |
|[ ]  (b) | Verbal discussion of **student selection protocol and program target population\*** |
|[ ]  (c) | **Written description of hiring process and required experience for staff\*** |
| [ ]  | (d) |  **Volunteer files** *(if applicable)* |
| [ ]  | (e) | Other:  |

 |[ ] [ ] [ ]
| **B-2** | **Scheduling**Program Activity schedules for all sites are current, accurate and have assigned staff. These schedules may be found in original application and approved program modifications. *Refer to* [*RFP*](https://www.p12.nysed.gov/sss/documents/NYSED21CCLC-RFP-gc-22-001_Round8.pdf)*, p. 16-17 for Eligible Activities.*  |

|  |  |
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|[ ]  (a) | **Program Activity schedule(s)** \* (A)  |
|[ ]  (b) | **Verbal discussion regarding alignment of Program Activity schedule(s) and what is entered in EZReports\*** |

 |[ ] [ ] [ ]
| **B-3** | **EZReports Data Entry** Programs are required to enter up-to date APR data and accurate data into EZReports, such as participation data, bystudent, by participation hour,regularly throughout the program year, as often as daily or no less frequently than monthly. *Note: Students ID’s must be accurate: 10-digit NYSSIS #s for ROS and 9-digit OSSIS #s for NYC subgrantees)**Evidence of effective communication between the designated Data Manager can be email correspondence about data such as: student data uploads, APR data checks (printed or screenshot), missing enrollment, missing attendance, data deadlines, GPRA requirements and deadlines.*Refer to the [*Data Management Handbook*](https://www.nys21cclc.org/_files/ugd/82a1df_561daa7522f94279aefd01db7e71624c.pdf)  for additional guidance.  |

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|[ ]  (a) |

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| **EZReports** reflects all of the following\*:[ ]  Activities with Student enrollment[ ]  Staffing[ ]  Student IDs[ ]  Student attendance[ ]  Program Contacts[ ]  Grant Director/Program Director[ ]  Data Manager[ ]  Fiscal Agent |

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| [ ]  | (b) | Data Manager runs **APR data checks**, at least once in the following months: November, February, and May. If summer programming, once in beginning of August. \* *To be fully compliant, the subgrantee must provide evidence of at least one of the following:* [ ]  Print-out of APR data check[ ]  Screen capture of APR data check[ ]  Other:  |
| [ ]  | (c) | **Correspondence records** between the Program Director and Data Manager\* *If the Program Director is also the Data Manager, this is not applicable.* |

 |[ ] [ ] [ ]
| **B-4** | **Certificates & Licenses**All applicable and required documents are maintained for program site(s). |

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|[ ]  (a) |  **Certificate of Insurance**\* |
|[ ]  (b) |  **Certificate of Occupancy**[[8]](#footnote-9),[[9]](#footnote-10)\* |
|[ ]  (c) |  **SACC Registration(s)**\*\*\* (A) |
|[ ]  (d) |  Other: |

 |[ ] [ ] [ ]
| **B-5** | **21st CCLC Program Annual Staff Orientation** Program’s internal policies, safety procedures and professional expectations are communicated to all program and partner staff within 30 days of program start up and for additional new hires. |

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|[ ]  (a) | **Agenda and attendance records \***(A) |
|[ ]  (b) | Other:*E.g., staff orientation materials or resources, etc.*  |

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| **B-6** | **Staff Schedule(s)** shows days and hours of employment for **all** program staff, including volunteers, along with their title/role in the program. |

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|[ ]  (a) | **Staff schedule(s)**\* (A) |
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 |[ ] [ ] [ ]
| **B-7** | **21st CCLC Staff Handbook** are site- specific and include all required written procedures. General district or CBO staff handbooks do not satisfy this indicator; Handbook should be specific to 21stCCLC.*I.e. Safety procedures for emergency situations, closings, dismissals, locating missing participants, etc.* |

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|[ ]  (a) | **Supervision procedures \*** *Effective Supervision of participants is provided by an approved adult at all times.* |
|[ ]  (b) | **Security procedures\*** *Examples of security includes sign-in/out procedures, visitor procedures, designated entrances, security guards, security cameras* |
|[ ]  (c) | **Safety procedures\*** *Approved safety plans[[10]](#footnote-11) and emergency procedures for all sites have been communicated to staff.**I.e., procedures for emergency situations, closings, dismissals, locating missing participants, etc.* |
|[ ]  (d) | **Transition Procedures\****Transition Procedures are in place to ensure safety and ease during arrival, dismissal, field trips and transitions.* *These procedures specifically include:**(✓) participant sign-in/sign-out,**(✓) notification of changes in routine* |
|[ ]  (e) | **Procedure for reporting harassment, bullying and discrimination\****The written procedure must accurately reflect process for reporting complaints during out of school time.* |
|[ ]  (f) | **Sample of Signed acknowledgement page \***  |

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| **Section B Notes:** |
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**C: Fiscal Administration/Organization** (based on the Federal Uniform Guidance[[11]](#footnote-12))

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| **Indicators of Success** | **Supporting Documentation** | **Compliance** |
|  |  | **Full** | **Partial** | **Not** |
| **C-1** | **Cooperative Budget Management** Program administration and the fiscal department of the lead agency work together to prepare the budget and monitor spend-down and ensure proper cash management procedures are being followed. (2 CFR §200.308, 200.302) |

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|[ ]  (a) | Meeting records specifying a planned, **cooperative budget discussion** between program leaders and fiscal managers\*  |
|[ ]  (b) | Verbal discussion of FS-25 including dates of submission.\**Programs may only request as much cash as is necessary to meet the immediate needs of a grant project*[[12]](#footnote-13) |

 |[ ] [ ] [ ]
| **C-2** | **Fiscal Records** are up to date. Systems are in place for identifying and tracking costs that are allocated specifically to the 21st CCLC program. |

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|[ ]  (a) | **Timely submission of fiscal forms:**[ ]  FS-10\* (Annually by May 15)[ ]  FS-10-F\* (Annually by Sept. 30)[ ]  FS-10-A (if applicable; annually by April 15) |
|[ ]  (b) | **Sample of Accounting System printouts\*** |
|[ ]  (c) | **Single Audit record** (2 CFR Part 200 Subpart F) \*(*if applicable) Note: If the annual award amount is $750,000 or more, a Single Audit must be completed for the year. (2CFR §200.302, 200.501).* |

 |[ ] [ ] [ ]
| **C-3** | **Personnel Time and Effort** tracking system is in place. *I.e., time sheets and Personnel Activity Reports (PARs)[[13]](#footnote-14) are available, complete, and up to date in accordance with federal regulations. (2 CFR §200.430)* |

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|[ ]  (a) | **Sample of Time sheets\*** |
|[ ]  (b) | **Sample of completed Personnel Activity Reports (PARs)\*** |
|[ ]  (c) | Other |

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| **C-4** | **Inventory Control** system is in place. *Equipment (including computers) is properly tagged and recorded; a disposal process is in place. (2 CFR §200.313)* |

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|[ ]  (a) | **Inventory tracking record**\* |
|[ ]  (b) | Other**:** |

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| **C-5** | **Fiscal Manual** includes all required policies.*Fiscal Manual of the lead applicant may be provided if it meets all of the 21st CCLC requirements.*  |

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|[ ]  (a) | **Safeguard Policy** documenting appropriate allocation of funds by funding source\*. *Fund Allocation Safeguard (Supplement, not Supplant) system is in place to ensure that existing funds for a project and its activities are not displaced by federal 21st CCLC funds and reallocated for other organizational expenses.* *Federal law prohibits recipients of federal funds from replacing/supplanting state, local, or agency funds with federal funds. (ESEA: 20 U.S.C. 7174(b)(2)(G)* |
|[ ]  (b) | **Internal Control Policy** **and Procedures** documenting program’s operating, reporting, and compliance procedures\**Internal Control System is in place to provide reasonable assurance of the effectiveness and efficiency of operations, reliability of reporting for internal and external use, and compliance with applicable laws and regulations. (2 CFR §200.303)* |
|[ ]  (c) | **Fraud Detection & Prevention Policy and Procedures,** including a **protocol** to report fraud\*Fraud Detection & Prevention system is in place to detect, prevent, and mitigate fraud. (2 CFR §200.303) |
|[ ]  (d) | **Equipment Inventory Control Policy and Procedures**\* *(2 CFR §200.313)* |
|[ ]  (e) | **Purchasing Policy and Procedures**\**Procurement/Purchasing Policy is established to guide micro-purchases, small purchases, sealed bids, competitive bids, and non-competitive or “sole source” bids. (2 CFR §200.320)* |
|[ ]  (f) | **Record Retention Policy and Procedures**\**Record Retention Policy is established. Note: New York State requires record retention for* ***seven*** *years, which supersedes the current federal requirement. (2 CFR §200.334)* |
|[ ]  (g) | **Employee Travel Policy and Procedures**\**A travel policy for employees is established. (2 CFR §200.475)* |

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| **Section C Notes** |
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**D: Staffing and Professional Development**

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| **Indicators of Success** | **Supporting Documentation** | **Compliance** |
|  |  | **Full** | **Partial** | **Not** |
| **D-1** | **21st CCLC Conference Attendance**Program Director and/or program staff attend required fall and spring 21st CCLC conferences.*If the conference(s) in the current academic year have not yet occurred, please provide evidence of conference attendance for the previous academic year.*  |

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|[ ]  (a) | **Conference attendance records for BOTH fall & spring**\* [ ]  Fall Conference attendance certificate[ ]  Spring Conference attendance certificate |
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| **D-2** | **Assessment & Support of Staff**An internal method for assessing and supporting all program staff with the implementation of high-quality program activities and consistent use of evidence based Out of School Time (OST) best practices is in place and occurs at least twice a program year.*Providing adequate support, guidance and coaching to staff includes the use of targeted performance feedback.*  |

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|[ ]  (a) | Sample of completed **staff observation forms** (Program Activity Implementation Review (PAIR) or similar) \**Check all that apply:*[ ]  Fall observation forms[ ]  Spring observation forms |

 |[ ] [ ] [ ]
| **D-3** | **Collaborative Planning Time (CPT)**Time should be allocated for collaborative planning for school staff and partnering organizations in order to build strong systems of program delivery.*Please note: CPT is not the same as the Advisory Board. The Advisory Board focuses on large scale planning, while CPT focuses on smaller scale/day-to-day planning. Both meetings require program partners and may include vendors that provide programming.*  |

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|[ ]  (a) | **CPT agenda(s) or notes, and attendance records\*** |
|[ ]  (b) | Other:*E.g., CPT materials or resources, etc.* |

 |[ ] [ ] [ ]
| **D-4** | **Professional Development (PD) of Personnel**Programs must provide ongoing relevant professional development for teachers, program staff and community partners in alignment with the goals and objectives of promoting quality programming and the school and district goals. *This excludes PD staff orientation [see B-5] or Fall and Spring Conferences [see D-1].* |

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|[ ]  (a) | **PD agenda(s) with learning objectives and attendance records\***  |
|[ ]  (b) | Other:*E.g., PD materials or resources, etc.* |
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| **Section D Notes:** |
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**E: Programming & Activities**

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| **Indicators of Success** | **Supporting Documentation** | **Compliance** |
|  |  | **Full** | **Partial** | **Not** |
| **E-1** | **Support for Students of Special Populations** Provides reasonable accommodations including special materials, equipment, and designed instruction as necessary for all participants[[14]](#footnote-15) during the program and at special events. | *To be fully compliant, the subgrantee must provide evidence of at least one of the following:*

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| --- | --- |
|[ ]  (a) | **Supplies or equipment used to support students of special populations.** |
|[ ]  (b) | Reviewer observation of the **provision of support for students of special populations.** |
|[ ]  (c) | Other: |

 |[ ] [ ] [ ]
| **E-2** | **Academic Enrichment and Additional Services**Program activities include both academic enrichment and a broad array of additional services that support both academic and social emotional development through active learning designs not typically offered during the regular school day. *Examples of Active learning designs include experiential learning, hands-on learning, project-based learning, and service learning.*  |

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|[ ]  (a) | **Sample of lesson plans reflect the following:**[ ]  Learning objective(s)\*[ ]  Alignment with NYS Learning Standards\*[ ]  Reflect SEL guidelines/benchmarks[[15]](#footnote-16)\*[ ]  Adherence to principles and evidence-based practices that support CR-S Education |
|[ ]  (b) | **Programming, as seen through observations, program activity schedules, and lesson plans, reflects all of the following:**[ ]  **Academic enrichment experiences** to help students deepen their understanding of the academic subject and broaden their skills\*[ ]  **Active learning designs** to help students practice and apply a holistic set of skills\* |
|[ ]  (c) | Reviewer observation of **staff’s delivery/implementation** of activities demonstrate strong adherence/fidelity to the lesson plans\* |

 |[ ] [ ] [ ]
| **E-3** | **Culturally Responsive-Sustaining (CR-S) Education** [[16]](#footnote-17)CR-S Education is grounded in a cultural view of learning and human development in which multiple expressions of diversity are recognized and regarded as assets for teaching and learning.  Program activities that are intentionally designed to include student voice and choice – as well as designed to encompass the four principals of culturally responsive sustaining education: * Welcoming and Affirming Environment
* High Expectations and rigorous instruction
* Inclusive curriculum and assessment
* Ongoing professional learning

CR-S Education includes but is not limited to the acknowledgement of differences in race, religion, ethnicity, language, mental or physical ability, sexual orientation, gender identity, and/or sex. |

|  |  |
| --- | --- |
|[ ]  (a) | Reviewer observation of **staff’s delivery** of evidence-based practices that support CR-S Education\* (*if applicable*) |
|[ ]  (b) | Program & activity lesson plans demonstrate **adherence to principles and evidence-based practices that support CR-S Education\*** |
|[ ]  (c) |

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| **Family outreach materials (i.e., flyers, event agendas/plans)** reflecting CR-S Education principles and content\* |
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 |[ ] [ ] [ ]
| **E-4** | **21st CCLC Student and Family Handbook(s)** are site- specific includes written procedures.  |

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|[ ]  (a) | **Safety Procedures \*** *I.e., procedures for emergency situations, closings, dismissals, etc.* |
|[ ]  (b) | **Policy/procedure for reporting harassment, bullying and discrimination\***  |
|[ ]  (c) | **Sample of Student Code of Conduct with signed acknowledgement page\*** |
|[ ]  (d) | **Outline of Program Activity schedule(s)** |
| [ ]  | (e) | Other:  |

 |[ ] [ ] [ ]
| **E-5** | **Communication of Expectations to Students and Families**Expectations, responsibilities, rules for program participation, and opportunities for family involvement, have been communicated clearly to students’ families in all pertinent languages. |

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|[ ]  (a) | Evidence that the 21st CCLC Student and Family Handbook [E-4] **has been shared** with **students and families** within 30 days of program start up and for open enrollment\* (e.g., agendas, assembly dates, sign-in sheets, etc.) |
| [ ]  | (b) | **Evidence of ongoing family communication** (e.g., informational flyers, announcements, etc.) |

 |[ ] [ ] [ ]
| **E-6** | **Adherence to Program’s Grant Proposal** Programming aligns with the ***Template for Goals and Objectives*** as it appears in proposal and/or *NYSED-approved* program modifications. |

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| ☐ | (a) | **Verbal conversation about Program Modification requests\* (if applicable)**  |
| ☐ | (b) | Other: |

 | ☐ | ☐ | ☐ |
| **Section E Notes:** |
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**F: Establishes Strong Links to the School**

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| --- | --- | --- |
| **Indicators of Success** | **Supporting Documentation** | **Compliance** |
|  |  | **Full** | **Partial** | **Not** |
| **F-1** | **Educational Liaison[[17]](#footnote-18) communicates** regularly with school staff to support alignment to schools’ lessons and remain informed of the academic and behavioral progress of students.  |

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|[ ]  (a) | Evidence of **Educational Liaison activity\****Correspondence records demonstrating* ***communication between education liaison and school(s) staff \**** *(i.e., agendas, minutes, program content planning, notes.)* |
|  |  |  |
| ☐ | (b) | Evidence of **programming aligned with school day curriculum** |
|  |  |  |

 |[ ] [ ] [ ]
| **F-2** | **Communication regarding data**Program maintains on-going communication with school administration, helping to ensure a mutually supportive relationship, in order to access all relevant data required for Annual Performance Report (APR) and program evaluation.*Note: Some programs may need to apply for the required APR data to be released through an Institutional Review Board (IRB).*  | **Rest of State:**

|  |  |
| --- | --- |
|[ ]  (a) | **Meeting records or emails** documenting the communication/ contact **between program and school-day leaders regarding data**\* |
|[ ]  (b) | **Institutional Review Board (IRB)** approval *(if necessary)* \* |
|[ ]  (c) | **Other** |

**New York City:**

|  |  |
| --- | --- |
|[ ]  (a) | **Not applicable** |

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| **Section F Notes:** |
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**G: Participation, Engagement, & Partnerships**

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| **Indicators of Success** | **Supporting Documentation** | **Compliance** |
|  |  | **Full** | **Partial** | **Not** |
| ***Engaging & Communicating with Students*** |
| **G-1** | **Surveying Students about Program Offerings[[18]](#footnote-19)**Regularly elicits input from students at all sites to determine programming that matches students’ needs and interests. *These surveys should reflect the grades served within the grant.*  | *To be fully compliant, the subgrantee must provide evidence of at least one of the following:*

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|[ ]  (a) | A sample of **Student Interest Surveys** developed, administered, and results provided about program offerings (A) |
|[ ]  (b) | **Focus group protocols & notes** documenting (findings and recommendations) with participants to be used to inform program design/activity offerings |
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 |[ ] [ ] [ ]
| ***Advisory Board*** |
| **G-2** | **Advisory Board Membership, Attendance, and Schedule [[19]](#footnote-20)**Members regularly attend meetings and actively participate in proceedings.Advisory Board meetings are scheduled in advance and take place at least *four times* per year. |

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|[ ]  **(a)** | **Member roster(s)\*** (A)*Include(s) the following:*[ ]  School administration (e.g., principals, teachers, etc.) [ ]  Representation from lead agency [ ]  Representation from partners[ ]  Families [ ]  Evaluator [ ]  Age-appropriate students (middle/high school, *if applicable*) [ ]  Other  |
|[ ]  (b) | **Attendance records,** including names of all attendees with title/roles\* (A)  |
|[ ]  (c) | **Advisory Board Meeting Schedule\*** (A)[ ]  Advisory Board #1 (July-Sept)*Include date/scheduled:*[ ]  Advisory Board #2 (Nov-Dec)*Include date/scheduled:*[ ]  Advisory Board #3 (Feb-Mar)*Include date/scheduled:*[ ]  Advisory Board #4 (May-June)*Include date/scheduled:* |
|[ ]  (d) | **Advisory Board Meeting agendas and/or minutes\*** (A) |

 |[ ] [ ] [ ]
| ***Engaging & Communicating with Families*** |

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| **G-3** | **Gathering Family Members’ Input about Program Offerings**Regularly elicits input from families to inform program decision-making and planning **at all sites**.*Parents should be meaningfully involved in planning and design of the program, and should continue to have ongoing, meaningful involvement in planning throughout the duration of the program.* |

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| ☐ | (a) | **Parent/Guardian/Family surveys** are developed and administered to gather input **about program design/activity offerings**\* (A) |
| ☐ | (b) | Summary of findings. |

 | ☐ | ☒ | ☐ |

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| **G-4** | **Needs Assessment** is conducted annually, at all sites, and the data is used to ensure that the program remains aligned with potentially shifting needs of the target population while adhering to the program's goals and objectives. |

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|[ ]  (a) | **Needs Assessment**.: An annual check-in with adults has been implemented at all sites to help program staff understand & identify families’ needs, capacity, and interest in educational programming and support service information \*(A) *[Possible implementation strategies may include an inventory, household surveys assessing family service needs, individual interviews, focus groups]* Date last administered: |
|[ ]  (b)  | Summary of findings\* |

 |[ ] [ ] [ ]
| **G-5** | **Adult Learning Opportunities**Program offers opportunities for families that support empowerment, including but not limited to, family literacy, parenting skills, English as a Second Language, résumé building, financial and computer literacy[[20]](#footnote-21). |

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|[ ]  (a) | **Schedule of family educational programming** that reflect Needs Assessment results\* [Related to G-4] |
|[ ]  (b) | **Attendance Records** from family events\* |
|[ ]  (c) | **Evidence of sessions’ resources/materials** for adult education programs/events |
|[ ]  (d) | Other |

 |[ ] [ ] [ ]
| **Section G Notes:** |
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**H: Measuring Outcomes, Evaluation, and Program Sustainability**

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| **Indicators of Success** | **Supporting Documentation** | **Compliance** |
|  |  | **Full** | **Partial** | **Not** |
| ***Joint Responsibility – Local Evaluator AND Program Administration*** |
| **H-1** | **Annual Evaluation Report**All required elements of local evaluation, as per the Local Evaluation Framework and Timeline, have been met, such that the evaluator has provided each of the required services and the program leaders have facilitated completion of those activities.*If the site visits in the current academic year have not yet occurred, please provide evidence of those from the prior program year.*  |

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|[ ]  (a) | **Proof of timely email and submission of Annual Evaluation Report \***(due Sept. 30)  |
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|[ ]  (d) | **Evidence of two visits per site in each program year**\* *(e.g., observation summary notes; dated memo outlining the protocol used, activities observed, persons interviewed, etc.)*[ ]  Site Visit #1 Evidence (Nov-Dec)[ ]  Site Visit #2 Evidence (Mar-May; Point of Service Quality Review) |
| [ ]  | (c) | **AER Evaluation Plan & Results Tables** (excel workbook) measuring the implementation and outcome indicators match the awarded grant components defined in the Template for Goals and Objectives and any NYSED-approved program modifications. |

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| **H-2** | **Additional Evaluation Requirements**Ongoing communications between evaluators and stakeholders regarding both formative and summative findings and recommendations that support continuous, data-driven program improvement. |

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|[ ]  (a) | **Evidence of improvement activities informed by recommendations in the AER\*** |
|[ ]  (b) | **Proof of timely email and submission of Interim Evaluation Report to program directors** (recommended Feb/March annually) \* |
|[ ]  (c) | **Correspondence records between the program director and evaluator \*** |

 | [ ]  | [ ]  | [ ]  |
| **H-3** | **Evaluability** is established, and **Program Fidelity** is maintained, through active collaboration between program director and evaluator.*Program Fidelity refers to how well the program, as implemented, adheres to the program's plan described in the NYSED-approved grant application and program modifications (if applicable).* |

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|[ ]  (a) | **Evaluability Checklist (first year of program operation only)** \*Date submitted: |
|[ ]  (b) | Up to date/annually reviewed **Program Logic Model[[21]](#footnote-22)** (Years 2-5) \* |

  |[ ] [ ] [ ]
| **H-4** | **Surveying Students’ satisfaction and perception of program impact** is formally assessed towards the end of programming for all participants in grades 4 and above, at each site. *Note: Instruments and items related to soliciting* ***student choice*** *in programming are evidence of* ***Indicator G-1***  |

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|[ ]  (a) | A sample of **age-appropriate Surveys and/or other sources of feedback**, (interviews, focus groups, rap sessions, etc.) is developed, administered, and results provided. The method should assess the following:[ ]  **Satisfaction** with services provided\*(Satisfaction indicators focus on the quality of the implementation of the program as experienced by participants – offerings, delivery, interactions with the staff, the space, etc.) [ ]  **Perceived impact** of the program\*(Impact indicators focus on participants’ perceptions of their own change as a result of the program – in attitudes, behavior, confidence, self-efficacy, problem solving, schoolwork, etc.)  |

 |[ ] [ ] [ ]
| ***Program’s Responsibility regarding Evaluation*** |
| **H-5** | **Program Self-Assessment tools, including the Mid- Year Report,** are completed and used to promote ongoing program improvement. The QSA Tool must be used by all 21st CCLCs twice each year for self-assessment and planning for program improvement. It provides an opportunity for program leaders and key staff, in collaboration with other stakeholders, to utilize a common set of standards to assess, plan, design and execute strategies for ongoing program improvement. |

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|[ ]  (a) | **Sample of completed QSAs\*** [ ]  Fall QSA *Date:* [ ]  Spring QSA *Date:* |
|[ ]  (b) | **Evidence of at least two meeting(s) to discuss QSA results\***  |
|[ ]  (c) | **QSA Action Plans** and/or evidence of improvement activities informed by QSA results/ findings\* |
|[ ]  (d) | **Mid-Year Report**\* (due to NYSED annually in February) |
|  |  |   |

 |[ ] [ ] [ ]
| **H-6** | **Communication of Evaluation Findings**Families and community stakeholders at all sites are actively informed about program evaluation.*Results of the evaluation must be made available to public upon request, in format that is accessible to a lay audience, with public notice of such availability provided and kept continuously up to date using at least one of the specified communication methods.* |

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|[ ]  (a) | **Evidence of evaluation report and/or summaries being distributed/presented via a communication mechanism. \***Check all that apply:[ ]  Program/district/school website[ ]  E-blasts[ ]  21st CCLC school/site bulletin board[ ]  Electronic distribution of brochure[ ]  Use of other media platforms[ ]  Stakeholder meeting agendas |
|[ ]  (b) | Other: |

 |[ ] [ ] [ ]
| **H-7** | **Sustainability Plan**A preliminary plan for sustainability is in place or there is a long-term plan for sustaining the afterschool program, including multi-year funding plan with diversified sources of funding.[[22]](#footnote-23)  |

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|[ ]  (a) | Written **Sustainability Plan, including the date of the last annual updates \*** |
| [ ]  | (b) | **Verbal discussion of contingency efforts** when there is **turnover** in key staff positions.\**Key staff positions include, but are not limited to, program director, site coordinator, fiscal manager, education liaison, and data manager.* |
|[ ]  (c) | **List** of **current partners and service providing vendors** and summary of their roles \* |
|[ ]  (d) | **List of prospective additional funding efforts/sources and/or coordination 21st CCLC with other federal, state and local programs to effectively utilize public resources** |
|[ ]  (e) | **List of prospective community assets/resources**  |

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| **Section H Notes:** |
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1. Sign in and sign out procedures may differ across sites based on age-level groups/programs. Sign out is only required if leaving the program early. [↑](#footnote-ref-2)
2. Health Information Portability and Accountability Act (HIPAA) regulations: <http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/#HIPAA> [↑](#footnote-ref-3)
3. Family Educational Rights and Privacy Act (FERPA) regulations: <http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/#FERPA> and <https://studentprivacy.ed.gov/resources>. [↑](#footnote-ref-4)
4. For sample and translated enrollment forms, see: <https://www.nys21cclc.org/forms> [↑](#footnote-ref-5)
5. Staff must be trained by one of the following: Registered Nurse, Medical Doctor, Doctor of Osteopathic Medicine, Physician’s Assistant or Nurse Practitioner [↑](#footnote-ref-6)
6. Education law permits schools to train unlicensed persons to administer both medications to students who have orders for such. A school nurse can train the staff. [↑](#footnote-ref-7)
7. Cardiopulmonary Resuscitation and Automated External Defibrillator; School districts are required by Ed Law Article 19 to have at least one person certified in CPR/AED use, along with an AED at all school sponsored functions in a school building. A district-led SACC program with an OCFS waiver will need to comply with all laws which schools are required to follow. [↑](#footnote-ref-8)
8. New York City’s Certificate of Occupancy (CO) regulations: <https://www.nyc.gov/site/buildings/property-or-business-owner/certificate-of-occupancy.page> [↑](#footnote-ref-9)
9. Information about Fire Safety and Certificates of Occupancy, issued by NYSED’s Office of Facilities Planning: <http://www.p12.nysed.gov/facplan/articles/B08_certificate_of_occupancy_referen.html> and <http://www.p12.nysed.gov/facplan/FireSafety/fire_safety_report_homepage.html> [↑](#footnote-ref-10)
10. SACC programs need to have safety plans approved by OCFS/DOH and district-run programs’ safety plans need to be approved by district [↑](#footnote-ref-11)
11. Based on the Education Department General Administrative Regulations (EDGAR) and [Electronic Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/text-idx?SID=6214841a79953f26c5c230d72d6b70a1&tpl=/ecfrbrowse/Title02/2cfr200\_main\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?SID=6214841a79953f26c5c230d72d6b70a1&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl) .

Federal regulations refer to the established accounting practices of the non-federal entity, NYSED. [↑](#footnote-ref-12)
12. https://www.oms.nysed.gov/cafe/guidance/payments.html [↑](#footnote-ref-13)
13. Sample PARs are available at: https://www.nysed.gov/student-support-services/21stcclc-templates [↑](#footnote-ref-14)
14. According to US ED’s General Education Provisions Act (GEPA), programs must ensure equitable access to meet the needs of special populations (e.g. students with disabilities, English Language Learners, and socio-economic status). [↑](#footnote-ref-15)
15. Social Emotional Learning benchmarks and other guidance are available: <http://www.p12.nysed.gov/sss/sel>. [↑](#footnote-ref-16)
16. Culturally Responsive-Sustaining Education Framework is available as an additional resource: http://www.nysed.gov/crs [↑](#footnote-ref-17)
17. *Educational Liaison is* responsible *for facilitating linkage between the school day and OST programming. Refer to “*[*Maximizing the Education Liaison Role In 21st CCLC programs*](https://www.nys21cclc.org/_files/ugd/2eca12_2cc4e57c900f4faaac37975362377267.pdf) [↑](#footnote-ref-18)
18. **Indicator G-1** is focused on engaging participants in the *design and selection of program activities* – i.e., student choice. This can be differentiated from **Indicator H-4** which focuses on the collection of feedback from participants regarding their *satisfaction with the quality of program service delivery and their perceptions of program impact*. [↑](#footnote-ref-19)
19. If subgrantees use other platforms to discuss 21st CCLC programming (e.g. Community School Team/School Leadership Team, etc.) they must show evidence of attendance and/or supporting documentations, such as agenda and meeting minutes that are specific to 21C, as well as attendance representation from 21C partners, 21C evaluator, 21C parents, etc [↑](#footnote-ref-20)
20. See RFP p. 16-17 for Eligible Activities [↑](#footnote-ref-21)
21. Requirements for the co-creation of a program Logic Model at the end of Year 1, and subsequent annual review of this document, are specified on Page 17 in New York State’s 21st CCLC Evaluation Manual: <http://www.p12.nysed.gov/sss/21stCCLC/NYSEvaluationManual.pdf> [↑](#footnote-ref-22)
22. See RFP pages 15 and 45. [↑](#footnote-ref-23)