2015-2016

**Oregon 21st CCLC Program Review Checklist**

**Date:**

**Grantee Name:**

**Cohort & Year:**

**Program Contact: Contact Phone:**

**Contact E-Mail:**

**Reviewer:**

Table of Contents

1. [Section #1 Needs and Resources 1](#_Toc442362846)
2. [Section #3 Program Design 2](#_Toc442362847)
3. [Section #6 Fiscal Compliance 4](#_Toc442362848)

| Section #1 Needs and Resources |
| --- |
| **Law Reference** | **Criteria** | **Supporting Documentation** | Compliant | Non-Compliant | Non-Applicable | **Comments** |
| 4204(b) (2)(I), 4205(b) (1)(A) | **Needs Assessment: (#1**)Is there evidence of an evaluation of community needs and available resources for the community learning center and a description of how the program is addressing those needs (including the needs of working families)? | * Include updated needs assessment based upon most up to date objective data.
* Student needs survey results, data summaries, assessments, parent surveys, etc. Include the most recent data available.
 |  |  |  |  |
| 4204(b) (2)(F) | **Recruitment: (#2)**Is there evidence that program primarily targets students who attend schools eligible for school-wide programs and the families of such students?(How are students selected and retained?)Is there a waiting list? How are students involved in planning? | * Include your program’s recruitment plan (include amendments), calendar, and current enrollment lists along with demographic information.
* Include posters, videos, clips, rosters, wait lists, program abstract, recruitment events, etc.
* Include current site wait lists & criteria.
 |  |  |  |  |
| 4204 (b) (2)(1) | **Attendance: (See site evaluation worksheet)**Is the program serving the number of students indicated in the approved grant application?(What is the regular attendance for each site? What is the staff to student ratio?) | * Include attendance records for each site during the current year. Do not send ODE student-identifiable data.
* Send ODE examples of YTD retention rates for all sites.
* Prepare original attendance documents for ODE review at the time of the visit.
 |  |  |  |  |
| 4204(b) (2)(A)(iii) | **Dissemination: (#3)**Is there evidence that the information has been disseminated about the community learning center (including its location) to the community in a manner that is understandable and accessible? | * Copy of published announcements, online information, newspaper, School Board, PTA, examples of marketing and recruitment (coordinated with community entities), video on cable TV, social media or other methods)
 |  |  |  |  |

| Section #3 Program Design |
| --- |
| **Law Reference** | **Criteria** | **Supporting Documentation** | Compliant | Non-Compliant | Non-Applicable | **Comments** |
| 4201(a) (1) 4205(a) | **Academic Activities: (See calendar/lesson plans)**Is there evidence that the program includes academic activities? What specifically? | * Send ODE schedule of activities.
* Include program calendar and weekly schedule for each site.
* Sample lesson plans for each site & annual student academic outcome measures.
 |  |  |  |  |
| 4201(a) (1-3)4205 (a) (1) – (12)ODE RFP Pgs. 3, 17 4204(b) (2)(B)4205(b) (1)(C) | Are the program’s academic services aligned with Oregon State Standards in Reading, Math, and/or Science and the Oregon Diploma requirements?Are the after-school program goals aligned with the School Improvement plan to meet the needs of students in the regular school day?Is the program evidence-based? | * Send ODE information that links afterschool activities and academic achievement.
* Provide evidence that all activities being provided are included in the approved application.
* Student’s Annual Program Review results
* Schedule of academic activities
* Evidence academic activities help improve student academic achievement.
 |  |  |  |  |
| 4201(a) (2); 4205(a); 4204(a) (2); ODE RFP Pgs. 16-19, incl. Att. F | **Enrichment Activities: (#8)**Is there evidence that the program includes enrichment activities as approved in the application? What specifically? | * Give examples of recreational activities & rationale for each.
* Schedule and observation of enrichment activities
 |  |  |  |  |
| 4201(a)(3) | **Family Education Activities: (#9)**Is there evidence that the program includes family education/literacy activities?What specifically? | * Show evidence of types of activities
* Annual program report and interview
 |  |  |  |  |
| ODE RFP Pgs. 5-6, 21 | **Program Hours/Schedule: (See site evaluation)**Are the weekly operational hours consistent with the approved grant application? (Req’d minimum: 12 add’l hours/week, 4 days/week) | * Site schedules as approved
* Student attendance records per site.
* Site and data observations
 |  |  |  |  |
| 4204(b) (2)(A)(i)4204(c) | **Safety: (#10)**Is there evidence that the program takes place in a safe and easily accessible facility?If activities are taking place in a location other than a school, is there evidence that the location is at least as available and accessible to the students as if the program were located in an elementary school or secondary school? | * Photos, analysis by the district or the agency risk manager
* Evidence that the facility is ADA accessible
* Assessment of facility by school risk manager or other safety officer able to make assessment.
* Send ODE an assurance from risk manager.
* Onsite observation results
 |  |  |  |  |
| 4204(b) (2)(A)(ii) | Is there evidence that students participating in the program travel safely to and from the center and home? | * Send description from program, parent handbook, or transportation notices.
* Program enrollment forms with student travel plans.
* Send ODE parent handbook or information on transportation safety and protective services.
 |  |  |  |  |
| 4204(b) (2)(E) | **Principles of Effectiveness: (#11)**Is there evidence that the activities are meeting the principles of effectiveness? | * See 4205(b)(1)(C)
* Application
* Provide evidence that the program or activity helps students meet State & local student academic achievement standards
* Provide evidence that the program or activity undergoes periodic evaluation to assess its progress toward achieving its goals
* Provide evidence that evaluation results are used to refine, improve, and strengthen the program or activity and are made available to the public, with public notice provided.
 |  |  |  |  |

| Section #6 Fiscal Compliance |
| --- |
| **Law Reference** | **Criteria** | **Supporting Documentation** | Compliant | Non-Compliant | Non-Applicable | **Comments** |
| Federal Audit Regulations | Is there documentation that 21st CCLC funds are maintained in a separate account? **(#15)** | * Provide a detailed expenditure report for the current program year.

NOTE: This report should clearly show the title of funds, expenditure category, and vendor.  |  |  |  |  |
|  | Is there evidence of inventories and invoices for materials and equipment purchased with 21st CCLC? | * Send 21st CCLC Inventory List to include the inventory items purchased in cost-sharing with other resources (identified with percentage).
 |  |  |  |  |
|  | Is there evidence that supplies, materials, and equipment purchased with 21st CCLC funds are used for intended purposes? | * Documentation confirming and identifying items; labeling
 |  |  |  |  |
| Federal Audit Regulations | Is there evidence of time and effort schedules for employees of the grant program? | * Timesheets or other records verifying procedures for single-funded employees and those funded by multiple sources.
* Include written verification procedures for employee timesheets
 |  |  |  |  |
| 4204(b) (2)(G) | Is there evidence the funds are used to supplement and not supplant?  | * Specific documentation
* Expenditure reports
* Interviews
* 21st CCLC budget
 |  |  |  |  |
| Federal Audit Regulations | Is there evidence that any prior audit problems, exceptions, findings, and/or site visit concerns have been resolved and corrected? | * Most recent audit report

NOTE: ODE will review audit report. |  |  |  |  |
| Federal Audit Regulations  | Is there evidence that funds have been spent for purposes outlined in applicable OMB Circular and have not been used for non-allowable costs? | * Detailed expenditure report [including

(1) object category, (2) vendor name, (3) amount & date.* Send detailed expenditure report.
 |  |  |  |  |
|  | Has ODE been notified of any changes in program management? (Name of person responsible for program coordination) | * Interviews & program updates (List program staff changes)
* Correspondence (e-mail or more formally
 |  |  |  |  |
|  | Has fiscal agent notified ODE of changes over 10% of total budget? (Use object codes) | * Interview
* Provide documentation of Amendment, budget impacts and ODE approval.
 |  |  |  |  |