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 | | | | | | |
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| **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 | | | | | | |
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| **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. |  |  |  |  |