Title IV, Part B, of the *Elementary and Secondary Education Act of 1965*

as amended by ESSA

Virginia Department of Education

21st Century Community Learning Centers

**On-site Monitoring Report**

**OVERVIEW:** As the recipient of federal funds for 21st Century Community Learning Centers, the Virginia Department of Education (VDOE) is required to monitor grantees’ implementation of activities and compliance with program requirements. The monitoring document will assist in determining compliance with federal statutory requirements and identify areas in which technical assistance may be helpful to ensure the objectives described in the grant proposal are being met. The visit will also be used to identify promising practices to be shared with other grantees. **Prior to the arrival of the monitor**, the grantee should complete sections A through E.

**SECTION A: Grantee and Monitoring Information**

| Grant Recipient: |  | School(s) Served: |  |
| --- | --- | --- | --- |
| Program Year: |  |
| Was grantee provided a VDOE mentor? | Yes  No | Did grantee participate in a technical assistance/premonitoring visit? | Yes Date:  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Monitoring Consultant Completing Review: |  | Date of Review: |  |
| Site(s) Visited: |  | | |
| Person(s) Interviewed: |  | | |

**SECTION B: School Year Operational Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. First Day of School Year |  | 1. First Full Day of 21st CCLC Services | | | |  | | | |
| 1. Days of Operation (Typical Week) | | Mon | Tues | Wed | Thurs | | Fri | Sat | Sun |
| 1. Number of Hours Per Day of Services | |  |  |  |  | |  |  |  |

**SECTION C: Summer Operational Information** *(Applies Only to 2nd and 3rd Year Grantees)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Was a summer program operated? If “Yes,” complete the sections below. | | | | | | Yes  No  N/A | | |
| 1. Dates of Summer Program Operation |  | through |  | Last Day of Previous School Year | | | |  |
| 3. Days of Operation (Typical Summer Week) | Mon | Tues | Wed | Thurs | Fri | | Sat | Sun |
| 4. Number of Hours Per Day of Services |  |  |  |  |  | |  |  |

**SECTION D: Extended School Year Grant – State Grant**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Does your school have an Extended School Year grant?  Yes  No | | | 1. Hours of Operation: | | | | |
| 1. Dates of the Extended School Year Program |  | through |  |  | | | |
| 1. Days of Operation | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| 1. Number of Hours Per Day of Services |  |  |  |  |  |  |  |

**SECTION E: Program Hours**

1. Complete the table below using the numbers approved in the original application, continuation application, or latest approved amendment.



1. Based on the data entered in the previous table, enter the actual and projectednumber of student program hours for each of the months in the table below.



1. Record the number of program hours for students missed and the reason in the table below.



1. Based on the data entered in the previous table, enter the actual and projectednumber of family engagement program hours for each of the months in the table below.



1. Record the number of family engagement program hours missed and the reason in the table below.



**SECTION F: Grantee Compliance** (*Have a copy of all approved amendments available.)*

| **Effective Programming** | | | |
| --- | --- | --- | --- |
| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| 1. The grantee is conducting recruitment of **eligible participants** as described in the original grant application (or approved amendments). | * Documentation of recruitment activities (e.g. letters of invitation, press releases, program fliers, informational notices to school staff) | Yes  No |  |
| 1. The grantee has identified and/is serving eligible students consistent with the original grant application (or approved amendments). | * Participation eligibility criteria * Data spreadsheet highlighting enrolled students’ and their needs for services | Yes  No |  |
| 1. The grantee is providing services to the number of students, based on the Average Week Attendance, as described in the original grant application (or approved amendments). | * Registration forms * Attendance spreadsheet with program dates * Written attendance policy * Daily Attendance Rosters * Calculation of AWA | Yes  No | Number of students enrolled in program (i.e., have attended at least one day of programming):  Proposed AWA:  Current AWA:  *(total # of unduplicated students each week* ***/*** *# of weeks)*  Number of students present on day of on-site monitoring: |

| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| --- | --- | --- | --- |
| 1. The grantee is providing the number of hours of student programming described in the original grant application (or approved amendments). | * Program calendars/schedules with hours * Attendance rosters for activities | Yes  No | Number of student hours approved in grant:  Total number of actual and projected student hours: |
| 1. The grantee is implementing the academic activities described in the original or continuation grant application (or approved amendments). | * Description of academic programming * Program academic schedules * Academic participation rosters with teachers’ names and times of instruction * Evidence of academic activities (i.e., lesson plans, student work, pictures/video, etc.). | Yes  No |  |
| 1. The grantee is implementing enrichment activities described in the original grant application (or approved amendments). | * Description of enrichment programming * Program enrichment schedules * Enrichment participation rosters with teachers’ names and times of instruction * Evidence of enrichment activities (i.e., lesson plans, student work, pictures/video, etc.). | Yes  No |  |
| 1. The grantee is implementing the parent/family programming or activities described in the original grant application (or approved amendments). | * Description of programming * Event/meeting announcements | Yes  No |  |

| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| --- | --- | --- | --- |
| 1. The grantee is providing the number of hours of parent/family programming described in the original or continuation grant application (or approved amendments). | * Program calendars/schedule with the dates, location, times, and title/topic/a brief description of the event * Sign-in sheets that includes the title/topic/a brief description of the event, date, time of the event, the parent’s name, the parent’s signature, and their child’s name | Yes  No | Number of hours approved in grant:  Total number of actual and projected parent hours: |
| 1. The grantee is providing services to the number of parents described in the original grant application (or approved amendments). | * Attendance spreadsheet with topics and dates of events, the parent’s name and child’s name (this does include parent orientation) | Yes  No | Number of unduplicated parents approved in grant:  Actual number of unduplicated parents participating in family activity programing: |
| 1. The grantee has made significant changes to the program design from those detailed in the original application and has submitted a request/amendment for approval of the revision(s) from VDOE. | * Approved amendment(s) | Yes  No |  |
| 1. The program provides a Student/Parent Handbook that communicates school procedures and policies that include but are not limited to:    * Arrival and dismissal procedures;    * Security;    * Safety (e.g. emergency procedures, student use of science labs;   machinery, and other potentially dangerous equipment); Internet use | * 21st CCLC Student and Parent Handbook | Yes  No |  |
| 1. The program provides regular communication with and outreach to participants’ families, including information regarding students’ experiences, behavior, and achievements in the program. Information is transmitted to families of English Learners in modes that are appropriate and easily understood, if applicable. | * Correspondence (email, phone, newsletters, website, notes, etc.) * Event/meeting announcements * Samples of 21stCCLC progress reports * Translation/assistive materials, if applicable |  |  |
| 1. The grantee is making progress toward meeting the goals and objectives set out in the original grant application (or approved amendments). | * Data spreadsheets with previous SOL scores, and current year’s quarterly benchmark assessments, quizzes, grades, etc. * Data to measure progress of objectives outlined in the grant * Written narrative to support the progress toward meeting the program goals and objectives | Yes  No |  |
| 1. Program staff communicates regularly and effectively with school day staff to supplement regular school educational activities and to inform and receive information from in-school teachers on students’ academic and behavioral progress. | * Correspondence (email, notes, homework logs, etc.) * Samples of 21stCCLC progress reports * Meeting schedules/minutes between regular school day staff and 21st CCLC staff | Yes  No |  |
| 1. Program staff members use positive techniques to guide the behavior of students. | * Staff handbook with procedures/protocol for behavior management | Yes  No |  |
| 1. Field trips are educational in nature and support objectives outlined in the original grant application or approved amendments and have been pre-approved by VDOE staff. | * Approved field trip forms * Student work samples of before, during, and after field trip activities | Yes  No  N/A |  |

| **Organizational and Fiscal Management** | | | |
| --- | --- | --- | --- |
| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| 1. The grantee expends 21st CCLC funds according to the original grant application (or approved amendments) | * Budget amendments, if applicable * Purchase orders/invoices | Yes  No |  |
| 1. Reimbursements have been submitted and claimed during each quarter in which program expenses occurred. | * Completed Grant Balance Tracking Workbook * OMEGA Spenddown report * Reimbursement requests | Yes  No | **Previous** Grant Funds  *Balance of Funds Showing in Tracking Workbook:*  *Date of Last Reimbursement in OMEGA:*  **Current** Grant Funds  *Award amount:*  *Balance of Funds Showing in OMEGA:*  *Percent of grant funds remaining:*    *Date of First Reimbursement:*  *Date of most recent reimbursement request submitted in OMEGA:*  *Projected Summer Budget:* |
| 1. The grantee maintains documentation in the form of an inventory for materials and equipment purchased with 21st CCLC fundsand labels all materials. Materials are stored in a secure location, accessible to only 21st CCLC staff. | * Purchase orders/invoices * Inventory list of non-consumable material with inventory/serial no., P.O. number, location, date received, unit cost/value, description of disposition * Visual verification of the labeling and storage/location of materials | Yes  No  N/A |  |
| 1. The program has the administrative capacity and infrastructure to effectively develop budgets, track expenses, and collect and maintain program data. | * Written narrative describing the process for making purchases, approving payroll, collecting data * Organizational chart/qualifications of fiscal officer * Spreadsheets to monitor progress towards goals and objectives | Yes  No |  |
| 1. The grantee has generated program income from the following:    * Fundraiser;    * Performance(s);    * Car wash;    * Other (provide written explanation) | * Approved VDOE Program Income Request form * Program Income Year-End Report (*see 21st CCLC Administrative Handbook*) | Yes  No  N/A |  |
| 1. Observation and review of records indicate the grant recipient is using grant funds to supplement and not supplant existing school division services. | * Evidence of co-sponsored events, if applicable * Regular teacher school day work schedule * Staff daily sign in and sign out log * 21st CCLC time and effort worksheets * Written documentation of how Extended Learning Time Grant funds are used in conjunction with 21st CCLC funds, if applicable. (bus schedules, snacks, materials, personnel) | Yes  No | Starting/Ending times for regular school day teachers:  Starting/Ending times for 21st CCLC staff: |
| 1. The grantee is adhering to the plan in the approved application and/or amendment describing how the community learning center will continue after funding from the grant has ended. | * Written sustainability plan specific to individual grant that includes a description of resources that will be used to sustain the program (e.g. grants, leveraged funds, and documented in-kind donations) * Meeting notes with partners indicating discussion of sustaining the program | Yes  No |  |
| 1. Written statement to ensure that all yearly program documentation is saved, maintained, and accessible for current and potentially new 21st CCLC leadership in order to ensure a smooth transition between current and new 21st CCLC leadership. | * Written statement that includes the location of documentation (copy of the grant, financial records, USED APR, CREP survey reports, etc.) Copies of this statement should be kept at the central office/organization’s office and at the program site | Yes  No |  |

| **Program Staffing and Professional Development** | | | |
| --- | --- | --- | --- |
| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| 1. The program director or site coordinator has credentials to manage the program effectively. | * Job description * Resume of person responsible for daily operation of the program | Yes  No |  |
| 1. Appropriate documentation for employees of the grant program is maintained. Staff members hold licenses and/or endorsements in core academic areas as appropriate for the 21st CCLC program. Staff participate in an orientation that familiarizes them with the goals of the grant and employee expectations. | * Job descriptions * List of employees and positions * Licenses/credentials or a list of teachers and their licenses certified by the HR director * Letter from Human Resources verifying background checks * Staff emergency health forms * Staff Handbook * Sign in sheets that includes the topic/description, date, time of the event, the staff member’s name, and position | Yes  No |  |
| 1. Program volunteers, including parents, are recruited, receive a background check, and are trained to provide proper social, academic and/or enrichment services outlined in the original grant application. | * Volunteer job descriptions * Training materials * Letter from Human Resources verifying background checks | Yes  No  N/A |  |

| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| --- | --- | --- | --- |
| 1. Program staff members such as the program coordinator and site director (or an appropriate substitute) have attended the required state 21st CCLC meetings, i.e. the 21st CCLC Coordinator’s Academy and the 21st CCLC Professional Development Spring Institute. | * 21st CCLC Coordinator’s Academy participation certificate or program * 21st CCLC Professional Development Spring Institute participation certificate or program | Yes  No |  |
| 1. Professional development/training opportunities specific to 21st CCLC are provided to **all staff** and are aligned with the needs and objectives outlined in the application. | * Written professional development plan/schedule * Material from professional development opportunities * Staff development sign in sheets that includes the topic/description, date, time of the event, the staff member’s name, and position | Yes  No |  |
| 1. The program holds 21st CCLC staff meetings regularly (at least quarterly) that are more than administrative in nature, and that engage staff in collaboration and sharing promising practices. | * Staff meeting schedule and minutes * Staff meeting sign in sheets that includes the topic/description, date, time of the meeting, the staff member’s name, and position | Yes  No |  |

| **Partnerships** | | | |
| --- | --- | --- | --- |
| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| 1. The program works in genuine collaboration with co-applicant and partner(s) to implement program services in accordance with the original grant application (or approved amendments), to participate in partnership meetings regularly that are more than administrative in nature, and to work together to ensure long-term commitments of resources. | * Letter of agreements/ MOUs/contracts * Documentation of services/activities * Correspondence (email, notes, telephone logs with topics of discussion, etc.) * Partnership meeting agenda/minutes | Yes  No |  |

| **Health, Safety, and Nutrition** | | | |
| --- | --- | --- | --- |
| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| 1. Snacks are provided each regular program day and are donated or provided through the USDA program. | * USDA forms or documentation provided by donating organization of receipt of donations or Memorandum of Understanding with partnering organization | Yes  No |  |
| 1. Emergency contact and health information for students are maintained in an easily accessible, but secure central location. | * Emergency response plan/emergency cards | Yes  No |  |
| 1. The program is located in a safe and accessible facility with a student/staff ratio (not to exceed 24:1) that is appropriate and safe for the specific activity conducted and meets student needs. | * Written safety policies and procedures (e.g. building security, emergency exits, student use of science labs, machinery and other potentially dangerous equipment) that are communicated with program staff, facility managers, students, and volunteers * Cafeteria and fire marshal inspections for all sites * Attendance rosters for each activity with the names and position of all teachers/staff serving students during the activity, including snack and dismissal | Yes  No | Date safety policies were communicated with staff, facility managers, students, and volunteers:  Average Student/Staff Ratio Proposed in Grant:  Avg. Student/Staff Ratio on day of on-site monitoring  Snack:  Activities:  Dates of facility inspections  Cafeteria:  Fire Marshal: |
| 1. The program accommodates students with special needs as required by local, state, and federal statutory requirements. | * Documentation of accommodations provided * Visual verification of accessible access to the facility * Facility map with handicap accessible areas identified | Yes  No  N/A |  |
| 1. The program addressed the transportation needs of all students, follows established procedures for authorized student pick-ups and has provided notice of these procedures to staff and families. Bus safety/evacuation drills have been conducted to ensure students know proper procedures during an emergency. | * Meeting minutes, notes, telephone logs, etc. documenting transportation needs of students * Documentation of bus drills. | Yes  No | Bus Drill Dates  First Semester:  Second Semester: |
| 1. If not provided by the Local Education Agency (LEA), vehicles used for transportation are safely maintained and inspected on a regular basis. | * Vehicle inspection records | Yes  No  N/A |  |

| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| --- | --- | --- | --- |
| 1. Each program site, including partner sites, conducts a fire drill once per semester.   *Note: The division or organization may require additional safety drills. Evidence of additional drills is not required for monitoring by the VDOE 21st CCLC program.*  *.* | * Record of fire drills conducted | Yes  No | Fire Drill Dates  First Semester:  Second Semester: |
| 1. The program has adequate security in place. | * Visual verification of adequate security | Yes  No |  |
| 1. If the program uses the Internet for academic or enrichment activities, the program avoids transmitting any material in violation of any U.S. or state regulation via the Internet. This includes, but is not limited to, copyrighted materials and threatening or obscene materials. | * Internet Security Agreement | Yes  No  N/A |  |

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| --- | --- | --- | --- | --- |
| **Program Evaluation** | | | | |
| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** | |
| 1. Staff and volunteers are observed regularly and given clear feedback for continuous improvement. | * Completed staff observations/walkthrough forms (teacher observations must be conducted by someone who is qualified to conduct a classroom observation, i.e. administrator, instructional coach, site coordinator with teaching endorsement, following observation guidelines of the school division, identifying information can be blacked out) | Yes  No | Frequency of staff/volunteers observations: | |
| 1. The grantee completes the United States Education Department (USED) 21st CLCC Annual Performance Report (APR) and participates in the state monitoring and evaluation process as required and according to established deadlines. Provide the date for each survey. | * Documentation of completed USED APR survey and state evaluation surveys. | Yes  No | USED APR  (2nd and 3rd year programs only) | NA |
| CREP ALERT |  |
| SSWS Student Attendance Survey  (2nd and 3rd year programs only) | NA |
| CREP GMD  (2nd and 3rd year programs that did not participate in onsite monitoring only) | NA |
| CREP Teacher Surveys | NA |
| CREP Student Surveys | NA |
|  | |

| **Requirement** | **Required Documentation** | **Requirement Met?** | **Comments** |
| --- | --- | --- | --- |
| 1. The *Virginia* *21st CCLC Program Quality Self-Assessment Tool (VA 21st CCLC PQSA Tool)* wascompleted reviewed by 21st CCLC staff. | * Analysis of results | Yes  No | Date Completed:  Date *PQSA Tool* written analysis and results that includes strengths and areas of growth discussed with staff/stakeholders: |
| 1. The program has adopted an evaluation process to measure program goals and outcomes, and uses the information to improve the program. | * Written narrative describing the evaluation process and changes made to program * Evaluation meeting agenda/minutes * Parent, teacher, and student surveys developed by program staff | Yes  No | Survey Administration Dates  Parents:  Teacher:  Student: |

**SECTION G: Summary**

**Areas for corrective action:**

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| --- | --- |
| **Item #** | **Comments** |
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**Recommendations for improvement:**

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| --- | --- |
| **Item #** | **Comments** |
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**Summary comments.**

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