

TELEPHONE MONITORING INSTRUMENT

Project Name _____ Date _____

Contract # _____

Name of staff person being interviewed _____

Job Title _____ Phone Number _____

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Baseline Information

How many children is the program budgeted for?

On average, how many children does the program serve on a daily basis?

What percentage children come on a regular basis (2 or more days per week)?

Number of program sites:

Grade levels served:

Hours of operation:

How many days of programming per week?

= Hours per week:

Do you have summer programming? Y / N If so, hours/days of operation:

Budget

What is your annual funding amount?

Who administers the budget?

Does the Program Director have access to the budget and/or participate in fiscal planning and management? Y / N If so, in what manner. If not, why not?

Program Partners

What agencies or individuals are currently sub-contracted as partners or vendors in your program?

Do you have an Advisory Committee, made up of contracted partners? Y / N Is anyone else on the Advisory committee?

How often does the Advisory committee meet?

Do you have a standing agenda for these meetings? If so, what does it include?

Staff and Training

How many staff work each day? _____ (Choose by site or by entire program)

Breakdown of staff:

What type of professional development training offered to staff? How Often?

How often does staff meet as a team to discuss program planning and implementation?

Program Details

When do you start the program in the fall, and end in the spring?

Do you serve participants: Breakfast Snack Dinner

How are nutritional services paid for?

How do you provide safe transportation home for participants? (school buses, taxi's, public transportation, parent pick-up, designated walkers, etc)

Do sites conduct regular fire drills? Y / N

Are there safety plans in place in case of emergency? Y / N For what types of emergencies?

Does your program have a Staff Handbook? Y / N Participant Handbook? Y / N
Parent Handbook? Y / N

Is there a nurse on site during program hours? Y / N If not, what is the procedure for dispensing medication and/or accessing immediate medical attention?

Program Dynamics

How do you incorporate academic support into daily programming? (homework, tutoring, mentoring)

Please give me some examples of activity based learning that builds on the school day and core subject areas?

What unique enrichment opportunities and/or youth development activities can you tell me about?

How do you accommodate children with special needs?

How are students involved in program planning?

In what ways do you effectively link after-school programming with the school day?

What does your program do to promote family literacy?

What type of support do program sites receive from school administrators?

Evaluation

Outside Evaluation:

Who is your program evaluator?

How much is the evaluator paid?

How often does he/she visit the program?

What instrument(s) does the evaluator use to evaluate your program? (APR, QSA, Focus Groups, surveys, etc)

How often are you given a written report from the program evaluator?

Self Assessment:

How often do you use the Quality Self-Assessment Tool?

What is the system for utilizing the QSA and who participates in the assessment process?

How are results of the QSA used to improve program quality?

The APR:

How often does your team review the program's objectives as stated on the APR? Are they measurable?

In what other ways do you use your APR information to improve program quality?

Sustainability

What efforts has the program made toward sustainability after the grant is over?

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SED RECOMMENDATIONS

Signed By: _____

Date: _____