

# 21st CCLC Mid-Year Report: January 2011

## Lead Agency Program Information

Thank you in advance for filling out the mid-year report carefully and accurately.

IMPORTANT NOTES:

ONLY THE LEAD AGENCY GRANTEE SHOULD COMPLETE THIS REPORT.

Once you complete the report and hit "Done", you will not be able to go back and re-open the report or change answers.

\*An asterisk denotes a required response.

**\* 1. Lead Agency Name**

**\* 2. Project Number (0187-11-xxxx)**

**\* 3. Name and title of individual completing report**

**\* 4. Phone Number**

**\* 5. Email Address**

**6. Number of program sites in this grant:**

jm 1

jm 2

jm 3

jm 4

jm 5

jm 6

jm 7

jm 8

jm 9

jm 10

jm 11

jm 12

## Fiscal Information

\* 1. Annual award amount

\* 2. Expenditures to-date

\* 3. Payments received from SED

4. How often is the budget reviewed?

Weekly

Monthly

Quarterly

5. Name and title of individual who manages the budget

6. Email Address:

## Independent Evaluator Information

\* **1. Name of Independent Evaluator**

\* **2. Evaluator's email address**

**3. Frequency of contact with the evaluator**

Daily

Weekly

Monthly

Quarterly

Other (please specify)

**4. Primary method of contact with evaluator**

Phone

email

in-person meetings

Other (please specify)

**5. Extent to which the evaluator provides useful information that helps improve the program:**

To a great degree

To a moderate degree

Slightly

Not at all

Comments

**6. Frequency of written reports received from the evaluator. (Check all that apply)**

Monthly

Quarterly

Semi-annually

Annually

Other (please specify)

**7. What percentage of the total grant award is paid to the evaluator each year?**

**8. In what ways could the evaluator be more helpful to you in your efforts for ongoing program improvement?**

**9. Does the evaluator give permission to SED to share contact information (including name, email and phone number) with the 21st Century Statewide Evaluator and 21st Century Technical Assistance Center?**

Yes

No

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Please fill out a separate page for each program site.

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### 5. Is School Aged Child Care (SACC) License required?

Yes

No

If Yes, please give expiration date

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**7. This program site's greatest challenge during the reporting period:**

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## Professional Development Information

### 1. Professional Development is offered to staff: (Check all that apply)

Weekly

Monthly

Quarterly

Other (please specify)

### 2. Professional Development opportunities were made available to: (Check all that apply)

Front-line Staff

Support Staff

Program Administrative Staff

School Teachers

School Administrators

Community Partners

Other (please specify)

### 3. Professional Development topics were identified through: (Check all that apply)

Staff Needs Assessment

21st Century Statewide Technical Assistance Center Information

SACC Training Regulations

Other (please specify)

### 4. Professional Development has been provided by: (Check all that apply)

Program Staff

Outside Vendor

Online Offerings

Other (please specify)

## 5. Topics covered include: (Check all that apply)

- Youth Development
- Classroom Management
- Lesson Planning
- Project Based Learning
- SACC Mandated Training
- Safety (CPR/First Aid/AED)
- Violence Prevention
- Parent Involvement
- Student Engagement
- Partnering With Community Based Organizations
- How to use the NYSAN Quality Self-Assessment tool effectively

Other (please specify)

## 6. Please list details of TWO Professional Development events that occurred in the past six months.

|  |                      |
|--|----------------------|
| Date   | <input type="text"/> |
| Topic(s)   | <input type="text"/> |
| Provider/Trainer(s)  | <input type="text"/> |
| Number of Participants   | <input type="text"/> |
| Number of Program Sites Represented                                  | <input type="text"/> |
| Overall Evaluation of Training<br>(Excellent/Good/Fair/Poor/No Eval) | <input type="text"/> |
| Date   | <input type="text"/> |
| Topic(s)   | <input type="text"/> |
| Provider/Trainer(s)  | <input type="text"/> |
| Number of Participants   | <input type="text"/> |
| Number of Program Sites Represented                                  | <input type="text"/> |
| Overall Evaluation of Training<br>(Excellent/Good/Fair/Poor/No Eval) | <input type="text"/> |

## 7. Evaluation of training provided by: (Check all that apply)

Post Training Surveys

Group Discussion

Non Conducted

Other (please specify)

## 8. Please list any specific Professional Development topics you would like to have offered by NYSED.

## Advisory Committee Information

### 1. Does your program have an Advisory committee?

Yes

No

### 2. If yes, how often does the program advisory committee meet on a regular basis?

Monthly

Quarterly

Every six months

Once a year

### 3. Please list those who participate in meetings: (Check all that apply)

Program Staff

Program Administrators

School Administrators

Community Partners

Evaluator

Students

Parents

Community Members

Other (please specify)

### 4. Agenda items include: (Check all that apply)

Program Planning and Design

Program Review

Budget Review

Use of the NYSAN Quality Self-Assessment Tool

Evaluator's Update

Other (please specify)

## 5. Dates of the last two meetings, number of attendees, and action steps taken at each meeting.

|  |                      |
|--|----------------------|
| Date of Meeting                                  | <input type="text"/> |
| Number of Attendees                              | <input type="text"/> |
| Action Steps Taken Toward<br>Program Improvement | <input type="text"/> |
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| Number of Attendees                              | <input type="text"/> |
| Action Steps Taken Toward<br>Program Improvement | <input type="text"/> |

## Program Objectives

Please list 2 program objectives, a program activity for each along with any indicators of success, or challenges.

### 1. Objective 1:

Program Objective

A program activity offered this year that supported the objective

An indicator that the activity was successful in helping meet the objective

Any challenges in meeting the objective

### 2. Objective 2:

Program Objective

A program activity offered this year that supported the objective

An indicator that the activity was successful in helping meet the objective

Any challenges in meeting the objective

## Program Quality Self-Assessment Tool

### 1. Has your program used the NYSAN Program Quality Self-Assessment Tool this year?

Yes

No

If No, why not?

### 2. Which stakeholders were involved in using the Tool to assess your program? (Check all that apply)

Program administrators

Program staff

School administrators

School staff

Students

Parents

Partnering Agencies

Volunteers

Community members

Other (please specify)

### 3. How/when has your program utilized the Tool? (Check all that apply)

At staff meetings

At advisory committee meetings

Gave to individuals to fill out on their own

Filled out the whole Tool at once

Focused on one Element at a time

Other (please specify)

**4. Which Elements of the Tool has the program used to assess its level of competency thus far? (Check all that apply)**

- Environment/Climate
- Administration/Organization
- Relationships
- Staffing/Professional Development
- Programming/Activities
- Linkages Between Day and After School
- Youth Participation/Engagement
- Parent/Family/Community Partnerships
- Program Sustainability/Growth
- Measuring Outcomes/Evaluation

**5. Please briefly describe one improvement your program has made as a result of using the Program Quality Self-Assessment Tool.**

|  |   |
|--|---|
|  | 5 |
|  | 6 |

**6. Does your program need further assistance in learning how to use the Tool more effectively?**

Yes

No

**Linkages with the School Day**

**1. Please give two examples of how current program activities are linked with the school day curriculum.**

1.

2.

## Student Involvement

**1. Are students regularly and meaningfully involved in program design, structure and policy?**

Yes

No

**2. Describe how students are meaningfully involved.**

|  |   |
|--|---|
|  | 5 |
|  | 6 |

## Family Literacy

### 1. Ongoing family literacy opportunities that were offered during the last year:

- GED
- ESL
- Computer skills
- Job readiness skills
- Money management
- Family reading
- Parenting classes

Other (please specify)

### 2. Please list the average number of parents or guardians attending the following activities:

|                      |                      |
|----------------------|----------------------|
| GED                  | <input type="text"/> |
| ESL                  | <input type="text"/> |
| Computer skills      | <input type="text"/> |
| Job readiness skills | <input type="text"/> |
| Money management     | <input type="text"/> |
| Family reading       | <input type="text"/> |
| Parenting Classes    | <input type="text"/> |
| Other                | <input type="text"/> |

### 3. Please list the average amount of time spent in the following activities (in hours):

|                      |                      |
|----------------------|----------------------|
| GED                  | <input type="text"/> |
| ESL                  | <input type="text"/> |
| Computer skills      | <input type="text"/> |
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| Other                | <input type="text"/> |

### 4. Please briefly describe any practices that your program has found to be effective in improving participation in family literacy activities.

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |



## Family Engagement

### 1. Family engagement opportunities that occurred during the last year:

- Program orientation
- Family events (game nights, movies, etc)
- Student showcases
- Cultural awareness events
- Volunteer opportunities

Other (please specify)

### 2. Please list the average number of parents or guardians attending the following activities:

|                           |                      |
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| Student showcases         | <input type="text"/> |
| Cultural awareness events | <input type="text"/> |
| Volunteer opportunities   | <input type="text"/> |
| Other                     | <input type="text"/> |

### 3. Please list the average amount of time spent in the following activities:

|                           |                      |
|---------------------------|----------------------|
| Program orientation       | <input type="text"/> |
| Family events             | <input type="text"/> |
| Student showcases         | <input type="text"/> |
| Cultural awareness events | <input type="text"/> |
| Volunteer opportunities   | <input type="text"/> |
| Other                     | <input type="text"/> |

### 4. Please briefly describe any practices that your program has found to be effective in improving parent participation in family engagement activities.

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

# 21st CCLC Mid-Year Report: January 2011

## Program Challenges and Questions for SED

Please be sure to include program challenges, questions and/or concerns in the areas below, and State Education Department program staff will respond to your needs as soon as possible.

Thank you for completing the mid-year report!

### 1. Briefly describe any challenges your program has been facing, and steps taken to resolve them. Let us know if further assistance is needed.

CHALLENGE:

Steps taken to resolve the issue:

Results:

Remaining problem(s):

Assistance needed:

CHALLENGE:

Steps taken to resolve the issue:

Results:

Remaining problem(s):

Assistance needed:

### 2. Remaining questions or concerns for State Education Department program staff:

|                      |   |
|----------------------|---|
| <input type="text"/> | 5 |
| <input type="text"/> | 6 |