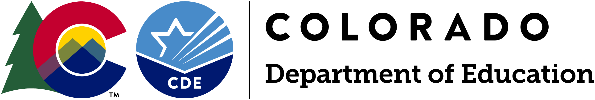
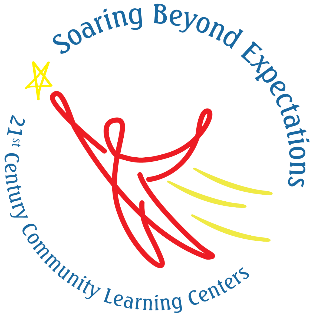
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21st Century Community Learning Centers (CCLC) Grant

**Quality Implementation Rubric and Action Tool**

**Subgrantee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RUBRIC**

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| 1. **Personnel/Leadership Indicators** – Evidence of staffing and leadership that is conducive to dynamic program implementation. | | | | | | | | | | | | |
| **Domains** | **Not Evident (1)** | | **Needs Improvement (2)** | | **Meets Expectations (3)** | | **Exceeds Expectations (4)** | | **Exemplary (5)** | | | **Not Applicable** |
| **(A)**  **Staff Capacity** | No FTE is dedicated to program implementation  or turnover of staff severely limits program implementation. | | Constraints on staff time and/or frequent turnover limit full implementation of program. | | Clearly defined roles and expectations for staff are in place and program experiences limited turnover. | | Policies are in place to minimize the impact of turnover and promote staff retention. | | Policies are reviewed and revised on an ongoing basis and high-quality staff are retained. | | | Not applicable |
| **(B)**  **Professional Development** | Staff lack training and/or have no professional development opportunities. | | Training and/or professional development opportunities are inconsistent across staff. | | Training and professional development opportunities are available to orient new staff. | | All staff members have access to a variety of ongoing professional development opportunities. | | Staff are highly trained and veteran staff members have the opportunity to coach or mentor other staff members. | | | Not applicable |
| **(C)**  **Leadership** | Leadership (e.g., CEO, principal, administration) is not involved in program implementation. | | Leadership takes a reactive approach to program implementation and problem-solving. | | Leadership demonstrates adequate support of program implementation. | | Leadership takes a proactive approach to program implementation and problem-solving. | | Leadership at all levels is actively involved in program implementation, problem -solving, and sustainability efforts. | | | Not applicable |
| **(D) Communication** | Lack of effective communication between staff and leadership is present. | | Ineffective or disorganized communication between staff and leadership is present. | | Staff and leadership have established a communication process/strategy. | | Staff and leadership have various well-defined channels of regular communication. | | Staff and leadership have various well-defined channels of regular communication with a feedback process. | | | Not applicable |
| **Please explain your rating if not evident, needs improvement, or not applicable was selected for any of the above domains:**  **Additional Comments:** | | | | | | | | | | | | |
| 1. **Process Indicators** – Evidence of recruiting and retaining target populations, delivering appropriate programming, and broadening outreach efforts. | | | | | | | | | | | | |
| **Domains** | | **Not Evident (1)** | | **Needs Improvement (2)** | | **Meets Expectations (3)** | | **Exceeds Expectations (4)** | | **Exemplary (5)** | **Not Applicable** | |
| **(A)**  **Student Recruitment** | | Identification and recruitment efforts for students are non-existent. | | Efforts to identify and recruit students to the program are inconsistent. | | Efforts to identify and recruit students are consistent. | | Multiple efforts to identify and recruit students are implemented. | | Efforts to identify and recruit students are systematic (e.g., work within feeder systems and districts). | Not applicable | |
| **(B)**  **Projected Attendance** | | Program is serving less than 50% of the projected number of unduplicated student attendees. | | Program is serving 50-74% of the projected number of unduplicated student attendees. | | Program is serving 75% of the projected number of unduplicated student attendees. | | Program is serving 100% of the projected number of unduplicated student attendees. | | Program is serving above 100% of the projected number of unduplicated student attendees. | Not applicable | |
| **(C)**  **Regular Attendance** | | Less than 20% of students are attending regularly. | | 20% to 49% of students are attending regularly. | | At least 50% of students are attending regularly. | | At least 60% of students are attending regularly and activities are highly attended. | | At least 75% of the students are attending regularly and activities are highly attended. | Not applicable | |
| **(D)**  **Family Recruitment** | | Identification and recruitment efforts for parents/families are non-existent. | | Some evidence of efforts to target parents and families are present but is not a main focus. | | Efforts are present to increase parent/family awareness of community resources. | | Active efforts are taken to increase parent/family capacity to support students and improve their own education. | | Embedded approaches to increasing parent/family capacity and education are present (e.g., monthly meetings and clear expectations for involvement). | Not applicable | |
| **(E) Diversity, Access, Equity,** **Inclusion** | | No promotion of diversity, access, equity, or inclusion in policy or practice. | | Beginning to commit to promoting diversity, access, equity, and inclusion but no policies and practices exist. | | Policies exist and recruitment efforts of students and staff focus on diversity, access, equity, and inclusion. | | Policies and practices are in place and most of the services provided are inclusive, accessible, responsive, and engaging. | | Diversity, access, equity, and inclusion are embedded in all aspects of the program (e.g., vision, activities, leadership). | Not applicable | |
| **Please explain your rating if not evident, needs improvement, or not applicable was selected for any of the above domains:**  **Additional Comments:** | | | | | | | | | | | | |

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| 1. **Evidence-Based Programs and Practices** – Evidence of consistent use of promising practices or evidence-based strategies in program implementation. ESSA guidelines state that programs and practices should be Tier 1 through 4 to be “evidence-based”. For more information on Tiers 1 through 4 under ESSA, see the “Evidence-Based Programming and Practices” document at <http://www.cde.state.co.us/21stcclc/subgranteeresources>. | | | | | | |
| **Domains** | **Not Evident (1)** | **Needs Improvement (2)** | **Meets Expectations (3)** | **Exceeds Expectations (4)** | **Exemplary (5)** | **Not Applicable** |
| **(A)**  **Evidence-Based Programming** | No use of evidence-based programming, research, or guiding practices. | Limited evidence-based practices and programming are available for students and parents/families. | Variety of evidence-based practices and programs are available for students and parents/families. | Variety of evidence-based practices and programming available for students that are specifically focused on academics, positive youth development, and parent/family enrichment. | Variety of evidence-based practices and programming are specifically aligned to the school day (e.g., school standards and curriculum). | Not applicable |
| **(B)**  **Fidelity** | No clear program/implementation guide, or handbook (including strategies and activities, timelines and interim benchmarks, and roles and responsibilities) have been developed. | A program/implementation guide or handbook has been developed but has not been used to guide consistent implementation. | A program/implementation guide or handbook has been developed and has been followed/implemented consistently. | A program/implementation guide or handbook has been implemented consistently with periodic fidelity/quality assessments (e.g., rubrics, observations). | An implementation plan has been followed consistently with continuous fidelity/quality assessments. Results from the fidelity assessments are used for program adjustments. | Not applicable |
| **Please explain your rating if not evident, needs improvement, or not applicable was selected for any of the above domains:**  **Additional Comments:** | | | | | | |

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| 1. **Clear Linkages and Performance** – Evidence of clear links between State Performance Measures (including priority areas for Cohort 7) and activities that are related to the grant for current funding year. | | | | | | |
| **Domains** | **Not Evident (1)** | **Needs Improvement (2)** | **Meets Expectations (3)** | **Exceeds Expectations (4)** | **Exemplary (5)** | **Not Applicable** |
| **(A)**  **Performance Measure Linkages** | No linkage between program State Performance Measures, activities/programming being implemented, and intended outcomes. | Minimal linkage between program State Performance Measures, activities/programming being implemented, and intended outcomes. | Clear linkages between all State Performance Measures, activities/programming being implemented, and intended outcomes. | Clear and evolving linkages between all State Performance Measures, activities/programming being implemented, and intended outcomes and linkages are documented in a program theory of action or logic model. | For all State Performance Measures there are clear and evolving linkages between activities and outcomes documented in a program theory of action or logic model. Additional valid outcomes beyond the State Performance Measures are documented and being tracked. | Not applicable |
| **(B)**  **Data Collection Efforts** | No data collection efforts present. | Data collection efforts are present but limited to process indicators. | Data collection efforts are present and align with the State Performance Measures | Data collection efforts are present and align with the State Performance Measures and other identified short-term and intermediate outcomes. Data collection tools are valid and reliable. | Baseline data or other means of establishing change over time (e.g., long-term outcomes) and/or methods for participant comparisons are used (pre- post design, comparison group) for State Performance Measures and additional valid and reliable outcomes. | Not applicable |
| **(C)**  **Meeting Performance Measures** | Evidence of not meeting State Performance Measures. | Evidence that the program is meeting minimal State Performance Measures. | Evidence that the program is meeting the majority of State Performance Measures, and improvement plans are in place for measures rated as making progress. | Evidence that the program is exceeding some State Performance Measures, while meeting others. | Evidence that the program is exceeding all State Performance Measures. | Not applicable |
| **Please explain your rating if not evident, needs improvement, or not applicable was selected for any of the above domains:**  **Additional Comments:** | | | | | | |

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| 1. **Quality Improvement Feedback Loop** – Evidence that data are being used to improve program implementation. | | | | | | |
| **Domains** | **Not Evident (1)** | **Needs Improvement (2)** | **Meets Expectations (3)** | **Exceeds Expectations (4)** | **Exemplary (5)** | **Not Applicable** |
| **(A)**  **Evaluation Capacity** | No individual(s) have been identified to function as the internal/external evaluator. | Individual(s) have been identified who will function as the internal or external evaluator, but no evaluation plan has been developed. | Internal/external evaluator(s) had developed and is implementing an evaluation plan. | Frontline staff and leadership are actively involved in implementing the evaluation plan and making evaluation decisions geared towards continuous program improvement. | Stakeholders, youth, and parents/families are actively involved in providing feedback, implementing the evaluation plan, and making evaluation decisions geared for continuous program improvement. | Not applicable |
| **(B)**  **Communicating Results** | No process has been identified for communicating data outcomes (e.g., formal reports, annual meeting, factsheets, infographics, dashboard). | An identified process for communicating data outcomes exists but has not been implemented. | The identified process has been implemented and data outcomes have been communicated internally (e.g., leadership, staff, and participants) to improve program outcomes. | Data results have been continuously communicated internally and externally (e.g., stakeholders, funders, public) to improve program outcomes. | Data results have been continuously communicated internally and externally. A process is in place for the program to be held accountable for student and parent/family outcomes based on the communicated outcomes. | Not applicable |
| **(C)**  **Continuous Improvement** | No evidence of a data feedback loop for staff to facilitate program improvements. | Data are used for program accountability (e.g., submits required reports to CDE). | Results of the data are used for accountability and are being reviewed with staff. | Data are used multiple times per year to evaluate and improve programs. | Data are used continually to monitor students’ and parents’/families’ progress and to generate ideas about critical program elements. | Not applicable |
| **Please explain your rating if not evident, needs improvement, or not applicable was selected for any of the above domains:**  **Additional Comments:** | | | | | | |

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| 1. **Congruency** – Evidence exists that program staff and leadership are aware of and engaging in activities that are congruent with the activities of the grant/program plan. | | | | | | |
| **Domains** | **Not Evident (1)** | **Needs Improvement (2)** | **Meets Expectations (3)** | **Exceeds Expectations (4)** | **Exemplary (5)** | **Not Applicable** |
| **(A)**  **Compliance** | Program is not in compliance with grant requirements (e.g., fiscal, activities, reporting, and policies) described in the RFA, GALs, and other CDE guidance. | Program struggles with grant requirements and remaining in compliance. | Program is in compliance with grant requirements and issues are quickly addressed. | Program is continuously in compliance with grant requirements. | Programs serve as an example for grant compliance. | Not applicable |
| **(B)**  **Plan and Outcomes** | Frontline staff and leaders are not aware of the program/implementation plan and targeted program outcomes. | Frontline staff and leaders are vaguely aware of the program/implementation plan and targeted program outcomes. | Most frontline staff and leaders are aware of the program/implementation plan and targeted outcomes. | All frontline staff and leaders are aware of the program/implementation plan and targeted program outcomes. | Frontline staff and leaders are involved in future grant development, revising program/implementation plans, and selecting/revising program outcomes. | Not applicable |
| **(C)**  **Alignment with Grant** | Program activities and program plans are markedly incongruent with the approved grant application and/or approved updates. | There is some evidence of congruency between activities and the approved grant application and/or approved updates. | Moderate degree of congruency between activities and the approved grant application and/or approved updates. | High degree of congruency between activities and the approved grant application and/or approved updates. | All activities are congruent with the approved grant application and/or approved updates. | Not applicable |
| **Please explain your rating if not evident, needs improvement, or not applicable was selected for any of the above domains:**  **Additional Comments:** | | | | | | |

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| 1. **Sustainability** – Evidence exists that the program is engaged in efforts to foster culture change and enhance sustainability. | | | | | | |
| **Domains** | **Not Evident (1)** | **Needs Improvement (2)** | **Meets Expectations (3)** | **Exceeds Expectations (4)** | **Exemplary (5)** | **Not Applicable** |
| **Key Stakeholder Involvement** | Key stakeholders (e.g., advocates, community partners, schools) for the sustainability efforts have not been identified. | Key stakeholders are in the process of being identified. | Key stakeholders who will support ongoing funding and sustainability efforts are in place. | Key stakeholders identified community linkages/partnerships to address the sustainability needs (e.g., interagency groups and/or funding sources). | Key stakeholders have established resources and additional funding (e.g., internal and external). | Not applicable |
| **Sustainability Efforts** | No awareness or efforts to create sustainable programming. | Awareness of the need to sustain program services but no efforts in place. | Established sustainability plan with ongoing sustainability efforts in mind. | Evidence of established sustainability plan for beyond grant funding and ongoing sustainability efforts. | Evidence of policy and/or funding changes to support ongoing services beyond the grant (e.g., shift toward school or external funding). | Not applicable |
| **(C)**  **Partnerships** | No community partnerships and collaboration exist. | Knowledge and use of different community resources but no formal partnerships. | At least one formal partnership evident during the year was developed to meet student and parent/family needs. | Evidence of multiple established formal (e.g., MOU) and informal community partnerships during the length of the grant. | Multiple ongoing partnerships (including schools) and actively expanding new community partnerships and/or deepening existing partnerships that are expected to be sustained past the grant. | Not applicable |
| **Please explain your rating if not evident, needs improvement, or not applicable was selected for any of the above domains:**  **Additional Comments:** | | | | | | |

**SCORING**

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| --- | --- | --- | --- |
| **Areas** | **A.**  **Number of domains that were met, exceeded, or exemplary** | **B.**  **Possible domains** | **C.**  **% of domains that were met, exceeded, or exemplary (A/B)** |
| 1. **Personnel/Leadership Indicators** – Evidence of staffing and leadership that is conducive to dynamic program implementation. |  |  |  |
| 1. **Process Indicators** – Evidence of recruiting and retaining target populations, delivering appropriate programming, and broadening outreach efforts. |  |  |  |
| 1. **Evidence-Based Programs and Practices** – Evidence of consistent use of promising practices or evidence-based strategies in program implementation. |  |  |  |
| 1. **Clear Linkages and Performance** – Evidence of clear links between State Performance Measures (including priority areas for Cohort 7) and activities that are related to the grant for current funding year. |  |  |  |
| 1. **Quality Improvement Feedback Loop** – Evidence that data are being used to improve program implementation. |  |  |  |
| 1. **Congruency** – Evidence exists that program staff and leadership are aware of and engaging in activities that are congruent with the activities of the grant/program plan. |  |  |  |
| 1. **Sustainability** – Evidence exists that the program is engaged in efforts to foster culture change and enhance sustainability. |  |  |  |
| **Total Points:** |  |  | **Overall % =** |
| **Overall Comments:** | | | |

***\*Note:*** *Do not include scores for an area if Not Applicable was selected*

**ACTION TOOL**

This tool is to be used to address quality issues as identified in the Quality Implementation Rubric (QIR). In the table below, list a high-priority action step to address the specific domain that was rated as “Not Evident” or “Needs Improvement” on the QIR.

|  |  |
| --- | --- |
|  | **Action Item** |
| **Domain name and rubric rating from the QIR** |  |
| **Provide a brief discussion of the issues identified for improvement**  **2** |  |
| **Describe the specific action steps** (**activities, strategies) that will resolve the identified problem**  **3** |  |
| **Identify the data, policies and procedures, and/or research that supports the specific steps that were selected**  **4** |  |
| **Identify who is responsible for implementing these actions steps** |  |
| **Provide a timeline for implementation with specific benchmarks and dates** |  |
| **Identify the measures used to assess the success of the proposed action** |  |

*\*\*\*EXAMPLE\*\*\**

|  |  |
| --- | --- |
|  | **Action Item** |
| **Domain name and rubric rating from the QIR** | 2D - FAMILY RECRUITMENT |
| **Provide a brief discussion of the issues identified for improvement**  **2** | The original grant included GED classes, computer café, and parenting classes for parent of student participants. Parenting classes never got implemented. Though we advertised, attendance ranged from 3-8 for GED classes. The computer café was not regularly attended, sometime no one at all. |
| **Describe the specific action steps** (**activities, strategies) that will resolve the identified problem**  **3** | Review programming to better align with grant goals and to meet parent/family identified needs.  Begin w/ PD for staff to increase professional knowledge: Complete y4y.ed.gov course on family Involvement to focus on strengthening interaction w/ families, selecting activities that engage families, and exploring how to target hard to reach families.  Establish a written review and implementation plan based on research base of Y4Y course. |
| **Identify the data, policies and procedures, and/or research that support the specific steps that were selected**  **4** | Y4Y.ed.gov, family involvement, Learning library resources.  Surveys and discussion/focus groups with families. |
| **Identify who is responsible for implementing these actions steps** | Project Director will facilitate PD and establishment of staff project team. Staff project team is responsible for developing a plan in consultation with parents, other specialists. |
| **Provide a timeline for implementation with specific benchmarks and dates** | Month 1 (due 2/28/19): Completion of 4 modules in y4y Parent Involvement Training. Project director uses PD to observe and recruit staff for project team.  Month 2-4 (begin 3/1/19): Project team meets every other week, with assigned tasks for in between weeks. Reviews additional research and resources on Y4Y site/Parent Involvement Course. Conducts formal and informal surveys about parent/family interests. . . Identify practices to offer and/or expand. Build programming based in the following areas: developing their own skills and talents, engaging in fun and educational activities with their children, participating in running afterschool programs, and connecting with schools and with community resources (from Y4Y.ed.gov).  Month 4 (due 6/19): Plan 2-3 specific programming activities for following semester, including an outreach plan. Identify other providers that the program can tie into (e.g. migrant education, McKinney-Vento homeless education).  Months 5-11 (summer school time frame or fall semester based upon input from parents): offer programming.  Review programming. Revise. full programming with offering in each of the following categories: *developing their own skills and talents, engaging in fun and educational activities with their children, participating in running afterschool programs, and connecting with schools and with community resources* (from Y4Y.ed.gov*).* |
| **Identify the measures used to assess the success of the proposed action** | 1. Staff completion of PD/attendance. 2. Establishment of project team/meeting agenda and minutes. 3. Development of initial programming/schedule, resources and partners identified, outreach plan. 4. Summative participant evaluation of activity (at end of each program activity series). 5. Informal, formative evaluation steps during programming to assist with strengthening programming (attendance, discussion/informal conversations with participants, input from parent advisors). |

