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21st Century Community Learning Centers (CCLC) Grant

**Quality Implementation Rubric**

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| 1. **Personnel/Leadership Indicators** – Evidence of staffing and leadership that is conducive to dynamic program implementation. | | | | | | |
| **Domains** | **Not Evident** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Exemplary** | **Not Applicable** |
| **(A)**  **Staff Capacity** | No FTE 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 and limited turnover. | Policies 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**  **(B)** | Staff lack training and/or have no professional development opportunities. | Inconsistent training and/or professional development opportunities. | Training and professional development opportunities are available to orient new staff. | All staff have access to a variety of ongoing professional development opportunities. | Staff are highly trained and veteran staff have the opportunity to coach or mentor other staff members. | Not applicable |
| **(C)**  **Leadership** | Lack of leadership involvement in program implementation (e.g., CEO, principal, administration). | Reactive approach to program implementation and problem solving. | Demonstrates adequate support of program implementation and problem solving. | Proactive approach to program implementation and problem solving. | Leadership at all levels of the program is actively involved in program implementation and problem solving. | Not applicable |
| **(D) Communication** | Lack of effective communication between staff and leadership. | Ineffective or disorganized communication between staff and leadership. | 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:** | | | | | | |

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| 1. **Process Indicators** – Evidence of recruiting and retaining target populations, delivering appropriate programming, and broadening outreach efforts. | | | | | | |
| **Domains** | **Not Evident** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Exemplary** | **Not Applicable** |
| **(A)**  **Student Recruitment** | Identification and recruitment efforts for students are non-existent. | Inconsistent efforts to identify and recruit students to the program. | Consistent effort to identify and recruit students. | Multiple efforts to identify and recruit students. | Systemic efforts to identify and recruit students (e.g., work within feeder systems and districts). | Not applicable |
| **(B)**  **Projected Attendance** | Serving less than 50% of the projected number of unduplicated student attendees. | Serving 50-74% of the projected number of unduplicated student attendees. | Serving 75% of the projected number of unduplicated student attendees. | Serving 100% of the projected number of unduplicated student attendees. | 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 but is not a main focus. | Efforts are present to increase parent/family awareness of community resources. | Active efforts to increase parent/family capacity to support students and improve their own education. | Embedded approaches to increasing parent/family capacity and education (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** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Exemplary** | **Not Applicable** |
| **(A)**  **Evidence-Based Programming** | No use of evidence-based programming, research, or guiding practices. | Limited evidence-based practices and programming available for students and parents/families. | Variety of evidence-based practices and programs (ESSA Tiers 1-3) available for students and parents/families. | Variety of evidence-based practices and programming (ESSA Tiers 1-3) available for students that are specifically focused on academics, recreation, positive youth development, and parent/family enrichment. | Variety of evidence-based practices and programing specifically aligned to the school day (e.g., school standards and curriculum). | Not applicable |
| **(B)**  **Fidelity** | No use of evidence-based programming, research, or guiding practices. | Evidence-based programming or practices are not aligned with program outcomes. | Evidence-based programming or practices support at least one outcome. | Evidence-based programming or practices support multiple outcomes. | Implementing evidence- based programming with fidelity checks (e.g., rubrics, observations). | 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** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Exemplary** | **Not Applicable** |
| **(A)**  **Performance Measure Linkages** | No linkage between program State Performance Measures (and priority areas for Cohort 7), activities, and intended outcomes. | Minimal linkage between State Performance Measures (and priority areas for Cohort 7), activities, and intended outcomes. | For all State Performance Measures (and priority areas for Cohort 7), there are clear linkages between activities and outcomes. | For all State Performance Measures (and priority areas for Cohort 7), there are clear and evolving linkages between activities and outcomes. Changes are based on ongoing learning and feedback. | For all State Performance Measures (and priority areas for Cohort 7), there are clear and evolving linkages between activities and outcomes. Changes are based on formal evaluation. Additional outcomes beyond the State Performance Measures are also present. | Not applicable |
| **(B)**  **Data Collection Efforts** | No data collection efforts present. | Data collection efforts are present but limited. | Data collected matches the State Performance Measures (and priority areas for Cohort 7). | Baseline data or other means of establishing change are present (pre- post, comparison group, use of local norms) for State Performance Measures. | Program has sample-specific data about the measures they are using (e.g. reliability and validity). | Not applicable |
| **(C)**  **Meeting Performance Measures** | Evidence of not meeting State Performance Measures (and priority areas for Cohort 7). | Evidence that the program is meeting minimal State Performance Measures (and priority areas for Cohort 7). | Evidence that the program is meeting the majority of State Performance Measures (and priority areas for Cohort 7), and improvement plans are in place. | Evidence that the program is exceeding some State Performance Measures (and priority areas for Cohort 7), while meeting others and improvement plans are in place. | Evidence that the program is exceeding all State Performance Measures (and priority areas for Cohort 7). | 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** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Exemplary** | **Not Applicable** |
| **(A)**  **Evaluation Capacity** | No individual(s) have been identified to function as the internal or external evaluator. | Individual(s) have been identified who will function as the internal or external evaluator but is not qualified. | Qualified internal or external evaluator(s) already working on evaluation efforts. | Frontline staff and leadership are actively involved in the process of reviewing data and making evaluation decisions. | Stakeholders, youth, and parents/families are actively involved in the process of reviewing data and making evaluation decisions. | Not applicable |
| **(B)**  **Communicating Results** | No identified process for communicating data outcomes for program improvement exists. | An identified process for communicating data outcomes for program improvement exists (e.g., annual meeting, dissemination). | Evidence that the identified process was used to improve program outcomes. | Evidence that the identified process is continuously used to improve program outcomes. | Process in place for staff to be held accountable for student and parent/family 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 is used 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** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Exemplary** | **Not Applicable** |
| **(A)**  **Compliance** | Program is not in compliance with grant requirements (e.g., fiscal, activities, reporting, and policies). | 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 plan and targeted program outcomes. | Frontline staff and leaders are vaguely aware of the program plan and targeted program outcomes. | Most frontline staff and leaders are aware of the program plan and targeted outcomes. | All frontline staff and leaders are aware of the program plan and targeted program outcomes. | Frontline staff and leaders are involved in future grant development, revising program 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** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Exemplary** | **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 and 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** | Lack of community partnerships and collaboration outside of grant. | Knowledge and use of different community resources but no formal partnerships. | At least one formal partnership evident during the year that 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. |  | 4 |  |
| 1. **Process Indicators** – Evidence of recruiting and retaining target populations, delivering appropriate programming, and broadening outreach efforts. |  | 5 |  |
| 1. **Evidence-Based Programs and Practices** – Evidence of consistent use of promising practices or evidence-based strategies in program implementation. |  | 2 |  |
| 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. |  | 3 |  |
| 1. **Quality Improvement Feedback Loop** – Evidence that data are being used to improve program implementation. |  | 3 |  |
| 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. |  | 3 |  |
| 1. **Sustainability** – Evidence exists that the program is engaged in efforts to foster culture change and enhance sustainability. |  | 3 |  |
| **Total Points:** |  | **23** | **Overall % =** |
| **Overall Comments:** | | | |

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