

Subgrantee Name:								
Review Date:			Review Period:			Test Month:		
Program Contact Name:			Program Contact Phone #:			Program Contact Email:		
		Official I	Program Start Date at Eac	h Site				
Site #1:	Site #2:		Site #3:					
Projected Number of Students as per co	I ontract:	#	of Students Served (Youthservio	es):		# of Regula	ar Attendees (Youthservices):	
		F	PROGRAM DESIGN					
Verification Ite	ems	Suppo	rting Documentation	С	NC	N/A	Comments	
A. Master Schedule								
O Master schedule should show program hours, enrichment activities offered, academic enrichment (i.e., games, manipulatives, hands-on activities, technology assisted instruction, etc.)				0	0	0		
§4205(a)								
B. Academics								
List core subject areas that academi	c instruction is being provi	ded:						
O Mathematics O Reading/ELA O	Other:			0	0	0		
1. Improving Academic Achievemen	nt							
Program working to align the 21st Co initiatives	CLC activities with LDOE	O Copies of S		0				
EDGAR §76.770 §4202(c)(3)(A); §4204(b)(2)(B) §4204(b)(2)(D)(ii); §4205(a)(1)-(14)	3/6.770 (3)(A); §4204(b)(2)(B) and Sign-ir		al Development Agendas, a sheets					
2. Enrichment Activities								
Programs providing a variety of acad activities to engage students and incimprovement		·	Schedules, Student Surveys, orms aligning activities to	0	0	0		

lessons taught

EDGAR §76.770

§4202(c)(3)(A); §4204(b)(2)(B); §4204(b)(2) (J); §4205(a)(1)-(14)



			PROGRAM DESIGN				
	Verification Iten	าร	Supporting Documentation	С	NC	N/A	Comments
3. Recreational A	3. Recreational Activities						
Programs providing a variety of recreational activities to engage students and increase academic improvement 4. Equitable Services *Programs provide equitable opportunities of participation for both public and private school students. *Program provides services and accommodations to children with special needs (if applicable) EDGAR §76.770 §4202(c)(3)(A);§4204(b)(2)(I) §4205(a)(2)-(14) §4205(a)(2)-(14) §9501 §4205(a)(5)		 Copies of Schedules, Student Surveys, and Field Trip forms aligning activities to lessons taught *List of private schools located within the geographic area served and evidence that private school officials are given opportunity to participate. *Number of student with IEPs served and list of accommodations and/or modifications provided by site during program hours. 	0	0	0		
§4204(N) C. Enrichment Ac	tivities Offered (Ch	eck all that apply)					<u> </u>
O Arts and Crafts O Dance O Drama O Foreign Language O Music O Karate	O Photography O Public Speaking O Cooking O Computer O Literacy O Robotics	O Social Skills O Entrepreneurial ship O Guest Speakers O Career Fairs O STEM O Digital Media	O Other (list below):	0	0	0	



			PROGRAM DESIGN				
	Verification Item	s	Supporting Documentation	С	NC	N/A	Comments
D. Linkage to Sch	ool Day (Check all th	at apply)					
Collaboration wit	h Stakeholders						
O 21st CCLC staff communicated with school day instructional staff the past month		O Copies of Agenda, Sign-in Sheets,					
 *21st CCLC staff communicated with school day principal(s) and administration staff the past month O Community Collaboration with partners was evident in program activities, (i.e., active advisory council volunteers, mentors, service learning opportunities, additional funding sources, etc.) EDGAR §76.770 §4204(b)(2)(D)(i) §4204(b)(2)(A)(iii); 4204(b)(2)(D)(i); 		Meeting Notes O Documents that reflect what activities, when meetings were held, who attended, and the topics discussed O *Include evidence of standard reoccurring correspondence: • Emails • Letters • Progress reports	0	0	0		
§4204(b)(2)(H)(I); § §4205(a)(10)	34205(a)(14)						
E. Recreational A	ctivities Offered (Ch	eck all that apply)					<u> </u>
O Gymnastics O Playground O Basketball O Football O Kickball O Volleyball O Tennis O Golf O Swimming	O Aerobic O Walking O Baseball/ Softball O SPARK PE O GeoFitness O Wii Recreation O Other: (list below)	§4205 (1-14)		0	0	0	



			PROGRAM DESIGN				
	Verification Item	ıs	Supporting Documentation	С	NC	N/A	Comments
F. Parental and S	F. Parental and Sibling Involvement Activities (Check all that apply)						
O Volunteer Opportunities O Family Night Events O Lights On After-School O Computer Training O Resume Writing O Family Financial Fitness O Effective Parenting	O Interview Skills O GED Preparation O Job Readiness O Dissemination of Information to the Community O Other: (list below)	§4201(a)(3) §4205(a)(10)	O Include evidence of standard reoccurring correspondence by providing one or more of the following: • Samples (2-3 per site) of routine emails, letters or progress reports • Dated newsletters for parents • Dated meeting agendas with corresponding sign-in sheet	0	0	0	
G. Health and Saf	ety						
*Updated em *Protocol for obehavior May also inclu	tudent pick-up/Drop-c ergency student/staff encouraging/enforcing	contact information	 Provide copies of completed sign-in and/or sign-out forms per site *Provide sample completed student emergency contact information forms for each site *Evidence of positive student behavior implementation, such as positive reinforcements, character education, anti- bullying measures 	0	0	0	



PROGRAM DESIGN					
Verification Items	Supporting Documentation	С	NC	N/A	Comments
 1. Transportation (if other than district) O Proof of Insurance O Insurance Documents (Liability and automobile, if applicable) 	O Copies of Insurance for O Vehicles that transport students for the 21st CCLC program	0	0	0	
EDGAR §76.770 §4202(c)(3)(A); §4204(b)(2)(A)(ii) 2. Health and Safety					
O Fire Marshal's Report O Fire Extinguishers O Safety Drills O Fire Drills EDGAR §76.770 §4202(c)(3)(A); §4204(b)(2)(A)(i)	O Dates of review within the last year O Copy of Certificate O Name of Inspector and Badge Number O Facility Handicap Accessible	0	0	0	
3. Insurance Documentation O Liability Insurance Documents EDGAR §76.770 §4202(c)(3)(A); §4204(b)(2)(A)(i)	O Insurance Agency O Policy Number and period it covers	0	0	0	

Agency Name: Policy Number:		Policy Period:				
H. Sustainability and Collaboration Efforts						
O In-kind services or products						
O Human resources of time		0				
O Monetary resources						
O Mutual partnerships						



	PROGRAM QUALITY					
Verification Items	Supporting Documentation	С	NC	N/A	Comments	
A. Subgrantee Monitoring						
O Ongoing Program Assessment §4205(b)(1)(A) EDGAR 76.770	O (Surveys, Feedback Questionnaire - teacher, community, students, schools, other stake- holders regarding satisfaction and effectiveness)	0	0	0		
O Copy of Program Evaluation §4205(b)(2)(A)	O Must set aside no more than \$5,000 for annual program evaluation.	0	0	0		
 O The subgrantee monitors the use of the results of individual monitoring efforts and evaluations to refine, improve, and strengthen the program and to refine subgrantee performance measures. O *The subgrantee documents regularly occurring classroom observations, formal mid- year, and formal end-of- year evaluations of all instructional staff. O *The subgrantee utilizes data results to assess the programs progress toward achieving goals and regularly/ effectively communicates these results to staff, partners, students, parent, and other stakeholders. 	O Provide documents as reference for review to show how the subgrantee is monitoring the grant at the site level and program level through selfmonitoring and evaluations	0	0	0		
	O *Provide samples of completed: informal classroom observation forms, formal mid-year evaluations, evidence of formal end-of-year evaluations instrument to be used	0	0	0		
	O *Evidence of continuous academic revisions or recommendations based on data collected. Evidence can include: dated meeting notes, sign-ins and agendas	0	0	0		
\$4204(b)(2)(E) \$4205(b)(2)(B)(i)	O *Evidence that most recent evaluation results (Formative/summative evaluations, report card results, surveys) were made readily available to staff, stakeholders, students (ie, Newsletter articles, letters, Website screenshots, etc.)	0	0	0		



HUMAN RELATIONS						
Verification Items	Supporting Documentation	С	NC	N/A	Comments	
A. Employee Time and Attendance						
Test Month/Year:/ O Sign-in Sheets (date of pay period, printed name of staff, time-in and time-out, number of hours worked, hourly wage, verification by site coordinator, and signature or initialed by staff)			0	0		
B. Payroll Policy						
O Copy of Payroll Policy O Evidence of Agency employee handbook O Evidence of Differentiated Work Hours O Evidence of A-87 (employees paid from more than one funding source)			0	0		
C. Background Checks						
O Local Law Enforcement Agency O State Police O Private O Other:			0	0		
		,		,		
	STUDENT ATTENDANCE					
Verification Items						
	Supporting Documentation	С	NC	N/A	Comments	
A. Sign-In and Sign-Out Student Procedures	Supporting Documentation	C	NC	N/A	Comments	
A. Sign-In and Sign-Out Student Procedures O Evidence of Youth Services Student Sign-in Sheet O Evidence of students' names pre-printed O Evidence of student signatures O Evidence of student time-in/time-out (if outside of regular operating hours, in addition to parent or guardian's signature at check-in/check-out) O Program Implementing sign-in/sign-out flexibility §4202(c)(3)(A); §4204(b)(2)(N) EDGAR §76.770	O Copies of Sign-in Sheets for the test month indicated showing students signed in and out correctly O Students served show agency using a 1 teacher to 15 students or 1 teacher to 10 students with justification	0	O	N/A O	Comments	
O Evidence of Youth Services Student Sign-in Sheet O Evidence of students' names pre-printed O Evidence of student signatures O Evidence of student time-in/time-out (if outside of regular operating hours, in addition to parent or guardian's signature at check-in/check-out) O Program Implementing sign-in/sign-out flexibility §4202(c)(3)(A); §4204(b)(2)(N)	O Copies of Sign-in Sheets for the test month indicated showing students signed in and out correctly O Students served show agency using a 1 teacher to 15 students or 1 teacher				Comments	



	FISCAL REVIEW				
Verification Items	Supporting Documentation	С	NC	N/A	Comments
A. Audits					
O Programs receiving \$750,000 or more in total federal funds must have an annual financial audit done. Audit expense cannot exceed \$10,000 annually.		0	0	0	
OMB Circular A-133, Sec. 200(b) 2 CFR 200.501(b)					
B. Fiduciary Accountability					
O Fiscal review of records O Payroll EDGAR §76.770 §4202(c)(3)(A); §4204(b)(2)(N)	 O Identification of separate checking account and/codes for 21st CCLC and/or Policy and Procedure Manual for Purchases and Reimbursements O Sample Staff Sign-in Sheets O Sample Contract for Contractors O Documents reflecting Expanded Day Staff Timesheets 	0	0	0	
C. Reimbursements					
O Program must send receipts, invoices, requisitions, purchase orders, etc. in order to document reimbursement request for sample test month. Salaries (canceled checks, ledger, etc.) Test Month/Year:/		0	0	0	



Recommendations/Commendations:						
This report serves as the official notification to the provider of the Louisiana Department provider must respond to any areas of concern by submitting a Performance Improvement not require a Program Improvement Plan but may be assessed during observations, des	ent Plan (PIP) within 30 working days. Recommendations and commendations do					
Signatures:						
21st CCLC Subgrantee Project Director Signature:	Date:					
X						
LDOE Monitor Signature:	Date:					
V						