**Program Implementation Rubric for 21st CCLC (Current Subgrantees)**

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| 1. **Personnel/Leadership Indicators** – Evidence of staffing and leadership that is conducive to dynamic program implementation. | | | | |
| **Not Evident (0)** | **Needs Improvement (1)** | **Meets Expectations (2)** | **Exceeds Expectations (3)** | **Exemplary (4)** |
| *For example…*  No FTE dedicated to program implementation or turnover of staff severely limits program implementation. | *For example…*  Constraints on staff time and/or frequent turnover limit full implementation of program. | *For example…*  Clearly defined roles and expectations for staff and limited turnover. | *For example…*  Policies in place to minimize the impact of turnover and promote staff retention. | *For example…*  Policies are reviewed and revised on an ongoing basis and high quality staff are retained. |
| Staff lack training and/or 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. |
| 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. |
| 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. |
| **Comments:** | | | | |

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| 1. **Process Indicators** - Evidence of recruiting and retaining target populations, delivering appropriate programming, and broadening outreach efforts. | | | | |
| **Not Evident (0)** | **Needs Improvement (1)** | **Meets Expectations (2)** | **Exceeds Expectations (3)** | **Exemplary (4)** |
| *For example…*  Identification and recruitment efforts for students are non-existent. | *For example…*  Inconsistent efforts to identify and recruit students to the program. | *For example…*  Consistent effort to identify and recruit students. | *For example…*  Multiple efforts to identify and recruit students. | *For example…*  Systemic efforts to identify and recruit students (e.g., work within feeder systems and districts). |
| Serving less than 30% of the projected number of regular student attendees projected. | Serving 30-69% of the projected number of regular student attendees projected. | Serving 70% of the projected number of regular student attendees projected. | Serving 80% of the projected number of regular student attendees projected. | Serving at least 90% of the projected number of regular student attendees projected. |
| 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). |
| 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. |
| 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 focused 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). |
| **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 3 to be “evidence-based”. For more information on Tiers 1 through 3 under ESSA, see the “Evidence-Based Programming and Practices” document at [www.cde.state.co.us/21stcclc](http://www.cde.state.co.us/21stcclc). | | | | |
| **Not Evident (0)** | **Needs Improvement (1)** | **Meets Expectations (2)** | **Exceeds Expectations (3)** | **Exemplary (4)** |
| *For example…*  No use of evidence- based programming, research, or guiding practices. | *For example…*  Limited evidence-based practices and programming available for students and parents/families. | *For example…*  Variety of evidence-based practices and programs (ESSA Tier 1-3) available for students and parents/families. | *For example…*  Variety of evidence-based practices and programming (ESSA Tier 1-3) available for students that are specifically focused on academics, recreation, positive youth development, and parent/family enrichment. | *For example…*  Variety of evidence-based practices and programing specifically aligned to the school day (e.g., school standards and curriculum). |
| 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). |
| **Comments:** | | | | |

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| 1. **Clear Linkages and Performance** - Include evidence of clear links between performance measures in priority areas and activities that are related to the grant for current funding year. | | | | |
| **Not Evident (0)** | **Needs Improvement (1)** | **Meets Expectations (2)** | **Exceeds Expectations (3)** | **Exemplary (4)** |
| *For example…*  No linkage between program performance measures in priority areas, activities, and intended outcomes. | *For example…*  Minimal linkage between program performance measures in priority areas, activities, and intended outcomes. | *For example…*  For all performance measures in priority areas, there are clear linkages between activities and outcomes. | *For example…*  For all performance measures in priority areas, there are clear and evolving linkages between activities and outcomes. Changes are based on ongoing learning and feedback. | *For example…*  For all performance measures in priority areas, there are clear and evolving linkages between activities and outcomes. Changes are based on formal evaluation. Additional outcomes beyond the performance measures are also present. |
| No data collection efforts are present. | Data collection efforts are present but limited. | Data collected matches the performance measures in priority areas. | Baseline data or other means of establishing change are present (pre- post, comparison group, use of local norms) for performance measures in priority areas. | Programs have sample specific data about the measures they are using (e.g. reliability and validity). |
| Evidence of not meeting performance measures in all priority areas. | Evidence that the program is meeting minimal performance measures in priority areas. | Evidence that the program is meeting the majority of performance measures in priority areas and improvement plans are in place. | Evidence that the program is exceeding some performance measures in priority areas while meeting others and improvement plans are in place. | Evidence that the program is exceeding performance measures in all priority areas. |
| **Comments:** | | | | |

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| 1. **Feedback Loop/Quality Improvement** – Evidence that data are being used to improve program implementation. | | | | |
| **Not Evident (0)** | **Needs Improvement (1)** | **Meets Expectations (2)** | **Exceeds Expectations (3)** | **Exemplary (4)** |
| *For example…*  No individual(s) have been identified to function as the internal or external evaluator. | *For example…*  Individual(s) have been identified who will function as the internal or external evaluator but is not qualified. | *For example…*  Qualified Internal or external evaluator(s) already working on evaluation efforts. | *For example…*  Frontline staff and leadership are actively involved in the process of reviewing data and making evaluation decisions. | *For example…*  Stakeholders, youth, and parents/families are actively involved in the process of reviewing data and making evaluation decisions. |
| 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 process was used to improve program outcomes. | Evidence that the process is continuously used to improve program outcomes. | Process in place for staff to be held accountable for student and parent/family outcomes. |
| 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 hypotheses about critical program elements. |
| **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. | | | | |
| **Not Evident (0)** | **Needs Improvement (1)** | **Meets Expectations (2)** | **Exceeds Expectations (3)** | **Exemplary (4)** |
| *For example…*  Program is not in compliance with grant requirements (e.g., fiscal, activities, reporting, and policies). | *For example…*  Program struggles with grant requirements and remaining in compliance. | *For example…*  Program is in compliance with grant requirements and issues are quickly addressed. | *For example…*  Program is continuously in compliance with grant requirements. | *For example…*  Programs serve as an example for grant compliance. |
| 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. |
| Program activities and program plans are markedly incongruent with the approved grant application. | There is some evidence (<50%) of congruency between activities and the program plan. | Moderate degree (1/2 -2/3 of all activities listed) of congruency between activities and the program plan. | High degree (>2/3) of congruency between activities and the program plan. | All activities are congruent with the program plan. |
| **Comments:** | | | | |

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| 1. **Sustainability** – Evidence exists that the program is engaged in efforts to foster culture change and enhance sustainability. | | | | |
| **Not Evident (0)** | **Needs Improvement (1)** | **Meets Expectations (2)** | **Exceeds Expectations (3)** | **Exemplary (4)** |
| *For example…*  Key stakeholders (e.g., advocates, community partners, schools) for the sustainability efforts have not been identified. | *For example…*  Key stakeholders are in the process of being identified. | *For example…*  Key stakeholders who will support ongoing funding and sustainability efforts are in place. | *For example…*  Key stakeholders identified community linkages/partnerships to address the sustainability needs (e.g., interagency groups and/or funding sources). | *For example…*  Key stakeholders have established resources and additional funding (e.g., internal and external). |
| 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 grant reductions 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). |
| **Comments:** | | | | |

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| **Number of Points Per Item**  **NE=0 Points, NI=1 Point, ME=2 Points, EE=3 Points, EX=4 Points** | **Points** | 0 to 3 points  4 to 10 points  11 to 17 points  18 to 24 points  25 to 28 points | = Not Evident (NE)  = Needs Improvement (NI)  = Meets Expectations (ME)  = Exceeds Expectations (EE)  = Exemplary (Ex) | |
| 1. Personnel/Leadership Indicators |  |
| 1. Process Indicators |  |
| 1. Evidence-based Programs |  |
| 1. Clear Linkages |  |
| 1. Feedback Loop |  |
| 1. Congruency |  |
| 1. Sustainability |  |
| **Total Points:** |  | **Overall Implementation Rating:** | |  |

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| **Overall Comments:** |