

Nita M. Lowey 21st Century Community Learning Centers

2020-21 Restart Plan - Rubric

Agency Name:	
Date Restart Plan was Submitted:	
Hyperlink to the subrecipient's Restart Plan:	
Name and title of person responsible for completion and submission of the Restart Plan:	
Phone:	Email:
Project Name:	Project Number: (2020-21)
Site Name	Option Selected (Option 1 = Innovative Approach, Option 2 = Traditional)

Directions: *If the same reopening plan is being used for multiple sites, please list all project numbers followed by the site name in the space below. If the subrecipient provided different reopening plans for multiple sites, please copy the rubric below for each site as many times as needed.*

I) Project(s) and Site Name(s):

Directions: *If selecting option 2, please skip to A05 - Application Operations Plan (Option 2)*

A01 - Proposed Restart Model (Option 1)

Does the subrecipient's proposed Restart Plan appear to be in alignment with the approved reopening plan submitted by the district in which the target school of the 21st CCLC program is located?
(All charter school projects must be planned in alignment with the approved charter school reopening plan. Click [here](#) to locate all the approved reopening plans.)

- Yes/Compliant
 No/Not Compliant

Comments:

Directions: *If selecting option 2, please skip to A06 - Application Operations Plan (Option 2)*

A02 - Proposed Restart Model (Option 1)

a) Does the proposed approach include synchronous services for all students? (The innovative program approach may include synchronous virtual services, face-to-face services or a combination of the two.)	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
b) Does the subrecipient explain in detail the proposed innovative approach for each program site?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
c) Does the subrecipient propose a staggered approach to bringing students back to face-to-face? If yes, what is the proposed date?	<input type="checkbox"/> Yes, Proposed Date(s): _____ <input type="checkbox"/> No/Not Compliant
d) Does the subrecipient outline the types of synchronous virtual programming and the methods of programming that will be delivered?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
e) Does the subrecipient describe how they will ensure that the programming reaches the students?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
f) Does the subrecipient Restart Plan ensure each student in the program is afforded the full breadth of programming each week?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
g) Does the subrecipient Restart Plan appear to require continuous and ongoing services to all students?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
h) Are students are expected to participate in 21 st CCLC programs on a regular basis, and encouraged to fully participate in all the daily activities and long term engagement in the program?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
i) Does the subrecipient appear to have a formal process for accurately tracking when each student is being served individually, with sign-in and out times?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
j) Does the subrecipient's Reopening Plan propose at least the same level of <u>adult family member activities</u> as their original approved application?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
k) Does the subrecipient's Reopening Plan propose at least the same level of <u>academic enrichment services</u> as their original approved application?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
l) Does the subrecipient's Reopening Plan propose at least the same level of <u>personal enrichment services</u> as their original approved application?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
m) Does the subrecipient's Reopening Plan describe a methods of offering nutritious snacks/meals that meet the requirements of the USDA guidelines for afterschool snacks and summer meal supplements?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
n) Did the MCU identify any additional concerns?	
A03 - Adapted GEPA Provisions	
a) Did the subrecipient describe how the agency will provide the full array of services that are specified in the approved application, for students with special needs?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
A04 - Facility Adaptations	
a) Did the subrecipient describe how the agency will provide sufficient resources to students to participate in the innovative approach?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant

b) Did the subrecipient describe the method for how materials like curriculum and equipment will be tracked for student use? (Consumables do not need to be tracked.)	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant <input type="checkbox"/> Not Applicable
c) Did the subrecipient describe the safety provisions in the innovative approach, including how the agency will monitor student safety in synchronous virtual programming?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
A05 - Restart Plan Assurances (Option 1)	
Did the subrecipient's agency head agree to ALL of the assurances by initialing next to each assurance? <ul style="list-style-type: none"> Assurance 1: Upon restart, the agency will assure that all 21st CCLC programs are offered for the dates and times as indicated on the site profile worksheet for all eligible students to attend. Assurance 2: The agency will assess all students enrolled in the program to collect baseline data. The baseline data must be submitted to the Department in a manner described by the Department. Assurance 3: If a student receiving services through the innovative approach option fails to attend, the agency will conduct outreach to the student and his/her family weekly and document each attempt. 	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant
<i>Directions: If selecting Option 1, please skip to section A07</i>	
A06 - Application Operations Plan (Option 2)	
Did the subrecipient's agency head agree to ALL of the assurances by initialing next to each assurance? <ul style="list-style-type: none"> Assurance 1: The agency's 21st CCLC programs will be offered for the dates and times as indicated on the site profile worksheet for all eligible students to attend. Safety considerations will be implemented following the guidance for child care providers issued by the Florida Department of Children and Families. The guidance is found at https://www.myflfamilies.com/covid19/child-care.shtml. 	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant <input type="checkbox"/> Not Applicable
A07 - Acknowledgement	
Did the agency head sign the "acknowledgement" section of their Restart Plan?	<input type="checkbox"/> Yes/Compliant <input type="checkbox"/> No/Not Compliant

This plan was reviewed by:

Reviewer's Signature

Reviewer's Name and Position (Print)

Date