

## 2025-26

# *Annual Evaluation Report (AER) Template for NYS 21CCLC Local Evaluators*

The New York State Education Department (NYSED) is committed to maintaining and supporting high-quality local evaluation that helps drive continuous improvement and raise the effectiveness of 21CCLC programming statewide. Use this template to share program information and the accompanying tables to report on your program's performance indicators. Add rows and use additional space as needed.

Completed AERs will inform the State's understanding of local 21CCLC programs and may be included in presentations demonstrating the quality of 21CCLC activities throughout the State. In addition, AERs will be reviewed by NYSED and the Resource Centers before each subgrantee Site Monitoring Visit (SMV) or Technical Assistance visit.

**Due Date:** October 30, 2026

### Instructions for Submitting the AER and Supporting Documents

|                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Name the Word Doc file</b>                                                                                                                                                           | Save as <i>AER-[RoS/NYC]-[last 4 digits of Project ID]-Submission Year</i><br><i>Example: AER-NYC-0123-2026.docx</i>                                                                                                                                                                                                                                                                     |
| <b>2. Name the Excel File</b>                                                                                                                                                              | Save as <i>AER-[RoS/NYC]-[last 4 digits of Project ID]-Submission Year-Tables</i><br><i>Example: AER-NYC-0123-2026-Tables.xlsx</i>                                                                                                                                                                                                                                                       |
| <b>3. Name Required Supporting Documents</b>                                                                                                                                               | Use the same identification conventions as above adding any identifiers to the end.<br><i>Example: AER-NYC-0123-2026-Logic Model</i>                                                                                                                                                                                                                                                     |
| <b>4. By October 30, 2026, send one email with all attachments to <a href="mailto:EMSC21STCCLC@NYSED.GOV">EMSC21STCCLC@NYSED.GOV</a><br/>Be sure to copy your client/program director!</b> | Your report will be received and processed by the NYSED Program Office. The state-level partners – the Regional RCs and Measurement Incorporated (MI) team – will be notified about submissions and be able to commence their review.<br>Program directors and evaluators are encouraged to consider the AER report together with other supporting data as a basis for program planning. |

# 1. Project Information

|                          |                                |                |                           |
|--------------------------|--------------------------------|----------------|---------------------------|
| Program Name             | Jamestown Public Schools       | Project Number | 0187-26- 8014             |
| Lead Agency              | Jamestown Public Schools       |                |                           |
| Program Director Name    | Heather Meyer                  | email          | heather.c.meyer@jpsny.org |
|                          |                                | phone          | 716-483-4395              |
| Evaluator Name & Company | Emily Hagstrom, Via Evaluation | email          | emily@viaeval.com         |
|                          |                                | phone          | 716-362-0627              |
| Data Manager Name        | Emily Hagstonm, Via Evaluation | email          | emily@viaeval.com         |
|                          |                                | phone          | 716-362-0627              |

| Site #                               | Name of Participating Site(s) and Location (town/city) | Grade Level(s) Served at Each Site | Program Start Date for Students | Target Student Enrollment | Actual Students Enrolled with 15+ Hours by June 30 |
|--------------------------------------|--------------------------------------------------------|------------------------------------|---------------------------------|---------------------------|----------------------------------------------------|
| 1                                    | Carlyle C. Ring Elementary School, Jamestown, NY       | PreK-4                             | 7/7/25                          | 62                        | 89                                                 |
| 2                                    | Clinton V. Bush Elementary School, Jamestown, NY       | PreK-4                             | 7/7/25                          | 62                        | 70                                                 |
| 3                                    | George Washington Middle School, Jamestown, NY         | 5-8                                | 7/7/25                          | 63                        | 78                                                 |
| 4                                    | Thomas Jefferson Middle School, Jamestown, NY          | 5-8                                | 7/7/25                          | 63                        | 31                                                 |
| 5                                    |                                                        |                                    |                                 |                           |                                                    |
| 6                                    |                                                        |                                    |                                 |                           |                                                    |
| 7                                    |                                                        |                                    |                                 |                           |                                                    |
| 8                                    |                                                        |                                    |                                 |                           |                                                    |
| TOTAL Target and Actual Enrollment → |                                                        |                                    |                                 | 250                       | 268                                                |

Describe any important changes that your project experienced during the 2025-26 program year (e.g., location, major staffing changes, approved program modifications, etc.). Describe the status of any program modification requests associated with these changes.

No major changes were made this year

## 2. Site Visits

### 2a. First Site Visit - Readiness Review & Walkthrough Include each site listed on page 2

The Local Evaluator and Program Leaders schedule the first site visit to review startup activities and procedures. During this collaborative visit, evaluators may observe early program implementation efforts if possible. Evaluators use a protocol to verify alignment across the program's grant proposal, the logic model, and the program implementation. This visit should serve to identify any obstacles to implementation.

| Site #<br>(from<br>page 2) | Visit<br>Date(s)* | Activities Observed (List Activity Titles that Match with AS21 Activity Titles if Possible) | Total N<br>Students<br>Observed |
|----------------------------|-------------------|---------------------------------------------------------------------------------------------|---------------------------------|
| 1                          | 11/5/25           | Initial Walk-through and Fidelity of Implementation Checklist                               | 38                              |
| 2                          | 11/5/25           | Initial Walk-through and Fidelity of Implementation Checklist                               | 36                              |
| 3                          | 11/5/25           | Initial Walk-through and Fidelity of Implementation Checklist                               | 8                               |
| 4                          | 11/5/25           | Initial Walk-through and Fidelity of Implementation Checklist                               | 20                              |
| 5                          |                   |                                                                                             |                                 |
| 6                          |                   |                                                                                             |                                 |
| 7                          |                   |                                                                                             |                                 |
| 8                          |                   |                                                                                             |                                 |

#### Findings & Recommendations Shared with (select all that apply)

- ☒ Project Director
 ☒ Advisory Committee
 ☒ Site Coordinators
 ☐ Other – Describe below

#### How were site visit findings shared? (select all that apply)

- ☒ Meeting (in person or virtual)
 ☒ Email
 ☐ Newsletter
 ☐ Other – Describe below

#### Brief Summary of Findings and Recommendations OR upload your site visit reports

Briefly summarize the findings and recommendations for each site for your first site visit(s) or upload your site visit report(s).

*\*If the first site visit was not conducted, please explain the reason(s) it was not conducted.*

- ☒ Select if site visit report(s) are being uploaded separately.

**2b. Second Site Visit – Point of Service Quality Review** - Include each site listed on page 2

The purpose of the second site visit is to focus on assessing fidelity at full implementation.

| Site #<br>(from<br>page 2) | Visit<br>Date(s)* | Activities Observed (List Activity Titles that Match with AS21 Activity Titles if Possible) | Total N<br>Students<br>Observed |
|----------------------------|-------------------|---------------------------------------------------------------------------------------------|---------------------------------|
| 1                          | 5/12/26           | Snack/SEL/Rules, Striders, Math, Drawing                                                    | 40                              |
| 2                          | 5/12/26           | Snack/SEL/Rules, Water Safety Guest Speaker                                                 | 33                              |
| 3                          | 5/12/26           | Tutoring, Lego Club, Striders                                                               | 6                               |
| 4                          | 5/12/26           | Main Activity (Origami), Tutoring/Striders                                                  | 6                               |
| 5                          |                   |                                                                                             |                                 |
| 6                          |                   |                                                                                             |                                 |
| 7                          |                   |                                                                                             |                                 |
| 8                          |                   |                                                                                             |                                 |

**Findings & Recommendations Shared with** (select all that apply)

- ☒ Project Director
 ☒ Advisory Committee
 ☒ Site Coordinators
 ☐ Other – Describe below

**How were site visit findings shared?** (select all that apply)

- ☒ Meeting (in person or virtual)
 ☒ Email
 ☐ Newsletter
 ☐ Other – Describe below



**To what extent were recommendations from the first site visit implemented?**

- ☐ 1 Not at all
 ☐ 2
 ☐ 3
 ☒ 4
 ☐ 5 To a Great Extent

**Comment:**

Both AS21 and the schedules had been updated following the initial visits

**Summary of Findings and Actionable Recommendations**

Briefly summarize the findings and recommendations from your second site visit(s) or upload your site visit report(s).

*\*If the second site visit was not conducted, please explain the reason(s) it was not conducted.*

- ☒ Select if site visit report(s) are being uploaded separately.

### 3. Advisory Committee

21CCLC programs are required to hold quarterly Advisory Committee meetings that allow stakeholders to have meaningful involvement in program planning and decision-making. Issues addressed at Advisory Committee meetings should include effectiveness of program features, student development, and other aspects of program evaluation.

Which best describes this program's Advisory Committee(s)? (select one)

☐ One Advisory Committee for all sites combined

☒ One Advisory Committee per site

Enter Total Number of Advisory Committees →

4

☐ A different configuration – explain:

#### Advisory Committee Narrative

Provide a brief description of your program's Advisory Committee(s) and how it has meaningful involvement in program design planning, implementation, and evaluation. What recommendations and resources did they provide?

The site-level advisory committees are comprised of site directors, the 21st CCLC program director, site principals, partner directors (YMCA, YWCA, Chautauqua Striders, JCLC), site staff members, site students, and site parents (when possible). Together, the teams discuss what is currently happening in each of the afterschool programs and see if there are concerns or ways to make the program better. Principals and site directors communicate any issues at their site, and the team collaborates to brainstorm possible solutions. The results of parent and student surveys are reviewed at each site. Principals have been very helpful at providing information about student data so the program can make sure to reach the students' academic needs as well as their SEL needs.

Advisory Committee Meeting Dates & Configuration - Complete one table for each Advisory Committee.

*If your program convenes one Advisory Committee for all sites combined, complete the first table only.*

*For each additional Advisory Committee, click on the ► to the left of each Advisory Committee Number to open an additional table, up to 12 tables.*

For each table, enter the **Advisory Committee Name** (e.g., *Site ABC* or *All Sites Combined*) and

|                                                                            |                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Meeting Dates</b>                                                    | Enter the date of each meeting.<br>*Provide an explanation if fewer than 4 Advisory Committee meetings were convened.                                                                                                                      |
| <b>2. Representation at Each Advisory Committee Meeting – Enter Number</b> | For each Advisory Committee meeting, enter the number of attendees who represented each role. Count attendees once for every role they represent (e.g., a single attendee representing roles a, e, and f is counted three times).          |
| <b>3. Number of Unique Attendees</b>                                       | Record the number of unique attendees at each Advisory Committee meeting. This number will be lower than the sum of the roles represented in 2 if attendees represented multiple roles (e.g. one attendee represented both roles b and c). |

Advisory Committee 1

Advisory Committee 1 Name →

Ring

| Meeting # | 1. Meeting Dates* | 2. Representation at Each Advisory Committee Meeting – Enter Number Count all applicable roles for each attendee. |                               |                      |                           |                                   |                         |            |             |               |             |                                                                                                           | 3. Number of Unique Attendees |
|-----------|-------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|---------------------------|-----------------------------------|-------------------------|------------|-------------|---------------|-------------|-----------------------------------------------------------------------------------------------------------|-------------------------------|
|           |                   | a. Program Directors/Managers                                                                                     | b. Site Coordinators/Managers | c. Other Lead Agency | d. Other Partner Agencies | e. School Administrators or Staff | f. Educational Liaisons | g. Vendors | h. Families | i. Evaluators | j. Students | k. Other Role -Describe and Enter Number<br>Examples: Community Representative – 1<br>Law Enforcement - 2 |                               |
| 1         | 9/16/25           | 1                                                                                                                 | 1                             |                      | 6                         | 1                                 |                         |            |             |               | 2           |                                                                                                           | 10                            |
| 2         | 11/5/25           | 1                                                                                                                 | 4                             |                      | 7                         | 4                                 | 1                       |            |             | 2             |             |                                                                                                           | 15                            |
| 3         | 2/23/26           |                                                                                                                   | 1                             |                      | 3                         | 1                                 |                         | 2          |             |               |             |                                                                                                           | 7                             |
| 4         | 5/12/26           | 1                                                                                                                 | 1                             | 0                    | 3                         | 3                                 | 0                       | 0          | 1           | 1             | 2           |                                                                                                           | 12                            |

\*Provide an explanation if fewer than four Advisory Committee meetings were convened.

Advisory Committee 2 (click ► to open)

Advisory Committee 2 Name →

Bush

| Meeting # | 1. Meeting Dates* | 2. Representation at Each Advisory Committee Meeting – Enter Number Count all applicable roles for each attendee. |                               |                      |                           |                                   |                         |            |             |               |             |                                                                                                           | 3. Number of Unique Attendees |
|-----------|-------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|---------------------------|-----------------------------------|-------------------------|------------|-------------|---------------|-------------|-----------------------------------------------------------------------------------------------------------|-------------------------------|
|           |                   | a. Program Directors/Managers                                                                                     | b. Site Coordinators/Managers | c. Other Lead Agency | d. Other Partner Agencies | e. School Administrators or Staff | f. Educational Liaisons | g. Vendors | h. Families | i. Evaluators | j. Students | k. Other Role -Describe and Enter Number<br>Examples: Community Representative – 1<br>Law Enforcement - 2 |                               |
| 1         | 9/17/25           | 1                                                                                                                 | 1                             |                      | 4                         | 1                                 |                         |            |             |               | 2           |                                                                                                           | 8                             |
| 2         | 11/5/25           | 1                                                                                                                 | 4                             |                      | 7                         | 4                                 | 1                       |            |             | 2             |             |                                                                                                           | 15                            |
| 3         | 2/24/26           | 1                                                                                                                 | 1                             | 3                    |                           | 1                                 |                         |            |             |               |             |                                                                                                           | 5                             |
| 4         | 5/13/26           | 1                                                                                                                 | 1                             | 0                    | 3                         | 3                                 | 0                       | 0          | 1           | 1             | 3           |                                                                                                           | 13                            |

\*Provide an explanation if fewer than four Advisory Committee meetings were convened.

**Advisory Committee 3** (click ► to open)

Advisory Committee 3 Name →

Jefferson

| Meeting # | 1.<br>Meeting Dates* | 2. Representation at Each Advisory Committee Meeting – Enter Number Count all applicable roles for each attendee. |                                      |                         |                              |                                      |                            |               |                |                  |                |                                                                                                                      | 3.<br>Number of Unique Attendees |
|-----------|----------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|------------------------------|--------------------------------------|----------------------------|---------------|----------------|------------------|----------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------|
|           |                      | a.<br>Program Directors/<br>Managers                                                                              | b.<br>Site Coordinators/<br>Managers | c.<br>Other Lead Agency | d.<br>Other Partner Agencies | e.<br>School Administrators or Staff | f.<br>Educational Liaisons | g.<br>Vendors | h.<br>Families | i.<br>Evaluators | j.<br>Students | k.<br>Other Role -Describe and Enter Number<br><i>Examples: Community Representative – 1<br/>Law Enforcement - 2</i> |                                  |
| 1         | 10/29/25             | 1                                                                                                                 | 1                                    |                         | 4                            | 3                                    |                            |               |                |                  | 2              |                                                                                                                      | 10                               |
| 2         | 11/5/25              | 1                                                                                                                 | 4                                    |                         | 7                            | 4                                    | 1                          |               |                | 2                |                |                                                                                                                      | 15                               |
| 3         | 2/24/26              | 1                                                                                                                 | 1                                    |                         | 2                            | 2                                    |                            |               |                |                  | 1              |                                                                                                                      | 6                                |
| 4         | 5/12/26              | 1                                                                                                                 | 1                                    | 0                       | 3                            | 3                                    | 0                          | 0             | 0              | 1                | 1              |                                                                                                                      | 9                                |

\*Provide an explanation if fewer than four Advisory Committee meetings were convened.

**Advisory Committee 4** (click ► to open)

Advisory Committee 4 Name →

Washington

| Meeting # | 1.<br>Meeting Dates* | 2. Representation at Each Advisory Committee Meeting – Enter Number Count all applicable roles for each attendee. |                                      |                         |                              |                                      |                            |               |                |                  |                |                                                                                                                      | 3.<br>Number of Unique Attendees |
|-----------|----------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|------------------------------|--------------------------------------|----------------------------|---------------|----------------|------------------|----------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------|
|           |                      | a.<br>Program Directors/<br>Managers                                                                              | b.<br>Site Coordinators/<br>Managers | c.<br>Other Lead Agency | d.<br>Other Partner Agencies | e.<br>School Administrators or Staff | f.<br>Educational Liaisons | g.<br>Vendors | h.<br>Families | i.<br>Evaluators | j.<br>Students | k.<br>Other Role -Describe and Enter Number<br><i>Examples: Community Representative – 1<br/>Law Enforcement - 2</i> |                                  |
| 1         | 9/15/25              | 1                                                                                                                 | 1                                    |                         | 2                            | 3                                    |                            |               |                |                  |                |                                                                                                                      | 6                                |
| 2         | 11/5/25              | 1                                                                                                                 | 4                                    |                         | 7                            | 4                                    | 1                          |               |                | 2                |                |                                                                                                                      | 15                               |
| 3         | 2/24/26              | 1                                                                                                                 | 1                                    |                         | 1                            | 3                                    |                            |               | 1              |                  | 2              |                                                                                                                      | 8                                |
| 4         | 5/11/26              | 0                                                                                                                 | 1                                    | 0                       | 3                            | 3                                    | 0                          | 0             | 1              | 1                | 2              |                                                                                                                      | 11                               |

\*Provide an explanation if fewer than four Advisory Committee meetings were convened.

## 4. Conclusions & Recommendations

Provide site-specific information where appropriate.

On the table below, briefly summarize the surveys and focus groups that were conducted as part of this year's evaluation. Insert additional rows as needed.

| Survey or Focus Group? | Description of Participants (e.g., students, family members, etc.) | N Invited | N Responded or Included | Briefly Describe Any Important Findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------|--------------------------------------------------------------------|-----------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Survey                 | Students                                                           | -         | 25                      | Most student respondents agreed that program staff cared about them, treated them well, and helped them. Most students felt safe, accepted for who they are, liked coming to the program, and wanted to come back for next year. Students were the most mixed in terms of whether students were nice to each other, with most students only indicating "kind of." Students were split on whether they would recommend the program to a friend, with more than a third of respondents indicating they would not.          |
| Survey                 | Family members                                                     | -         | 26                      | All surveyed parents agreed that the program hours met their needs, their child was safe in the program, and that the program was good for their child. Most parents agreed that the program was high quality, their child enjoyed attending, their child liked the staff, and they had a good level of communication with the staff. About 1 in 4 parents indicated that family programming and events were not applicable to them, but among those that did participate, most indicated they were worthwhile for them. |

If you engaged in data collection or evaluation activities that were not included in your program's plan but were especially helpful or meaningful, please describe them here.

To what extent is each site implementing its program as intended?

| Site #<br>(from page 2) | Not at All<br>1          | 2                        | 3                        | 4                                   | To a Great Extent<br>5   | Comment                                                                                     |
|-------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------------------------------------------------------------------|
| 1                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other than summer program running only 6 weeks, the site is generally operating as intended |
| 2                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other than summer program running only 6 weeks, the site is generally operating as intended |
| 3                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other than summer program running only 6 weeks, the site is generally operating as intended |
| 4                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other than summer program running only 6 weeks, the site is generally operating as intended |
| 5                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                             |
| 6                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                             |
| 7                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                             |
| 8                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                             |

Describe this project's successes, including those successes tied to Performance Indicators.

Nearly all performance indicators were met, including some not previously met in any year of the grant. Advisory committee meetings took place at each site all year, incorporating feedback from parents and students in a more consistent way than previous years.

**Describe this program's struggles and/or challenges.**

While the summer program was offered one more week this year than previously, it was still less than the originally intended 7 weeks. The new data collection system also proved to be a challenge at some sites.

**What are your recommendations for this program?**

*Look into disciplinary referrals.* While the objective was met, nearly all the students who did improve came from Bush. Some students had a dramatic increase in the number of referrals. It may be worth looking into why students are being referred and if the referrals are consistently being given across schools.

## ***5. Logic Model and/or Theory of Change Model***

**Insert or attach separately your most up-to-date logic model and/or theory of change model.**

☒ Select if the logic model/theory of change model has been updated from the program's accepted application.

← Year of most recent version if updated

☒ Select if the logic model/theory of change model is being uploaded separately.

*6. Evaluation Plan & End-of-Year Results Tables*