



## View xForm - Research Review Board (RRB) Submission

### New RRB Submission

#### Data Entry

- Submitted 08/11/2023 3:23 PM ET by Vazquez, Liliana

#### Submission Type

RRB Number	2022-1766
Study Title	21s CCLC Study
Event Type	Modification/Continuing Review defined 08/28/2023
Schools Participating	No answer provided.

### SUBMISSION TYPE INSTRUCTIONS AND OPTIONS

**"New Submission"** - if this is a brand new RRB proposal OR you need to make requested revisions to an RRB submission that is NOT yet approved.

**"Entry of RRB project that was previously-approved outside of IRBManager"** - if you would like to enter a project into IRBManager that was reviewed and approved outside of IRBManager (i.e. before IRBManager was implemented at CPS). For this selection, there must be no changes in your study protocol from when your study was previously approved.

**"Modification/Continuing Review of RRB Project Previously approved outside of IRBManager"** - if you would like submit a modification for a study that was **approved outside of IRBManager (i.e. before IRBManager was implemented at CPS).**

#### Type of Submission

Modification/Continuing Review of a RRB project previously approved outside of IRBManager

**Please enter your RRB Protocol number below. If you're unable to find your RRB Protocol number, please indicate this in the following question.**

2022-1766-CPS

*If you're having problems looking up your RRB submission number, a "%" can be used in front of a sequence of numbers to find a RRB number containing that sequence. For example, inputting "%123" would bring up studies "2025-7123" and "2026-9123" (these numbers are examples and do not exist in the system.)*

**Were you able to find your RRB Protocol Number using the previous lookup function?**

Yes

### **Amendment Summary**

#### **Description of Research Activities to Date**

Currently in the process of evaluating Program Year 4 of this 5 year project.

## **Preliminary Results to Date**

The following is a list of additional preliminary assertions that we attained from student and parent surveys:

Nearly 79% of students participating in programming for year three are students that have previously participated in 21st-century programs either in a previous grant cycle with this organization or during program year one or two (or a combination of both). Efforts will be made to continue building on this percentage and subsequent years.

85% of students believe that participation in programs Helps them to get better grades in math at school.

84% of students believe that participation in programs helps them to get better grades in reading at school.

92% of students like participating in the 21st-century community learning center program at their school.

89% of students surveyed say that 21st CCLC programs help them in completing their homework on time.

88% of students believe that participating in the 21st CCLC programs has helped them to make new friends.

82% of students say that 21st CCLC programs have helped them maintain connections with their friends.

100% of parents surveyed believe that the 21st CCLC programs have helped their child(ren) with improving their behavior in school.

96% of parents surveyed believe that the 21st CCLC programs have helped their child(ren) to improve both their reading and math skills, and have been academically beneficial.

93% of parents surveyed believe that the 21st CCLC programs have offered a wide variety of academic and enrichment activities to their child(ren).

Overall pre and post data growth demonstrates that from beginning of programming to the end of programming (this includes the summer) there is a slight increase in students' beliefs that participating in Aspiras 21st CCLC before and after school programming has a positive impact on improving classroom grades (78% in reading for beginning of the year to 84% in reading for the end of summer programming).

In addition, pre and post data growth demonstrates that from beginning of programming to the end of programming (this includes the summer) there is a constant in students' beliefs that participating in Aspiras 21st CCLC before and after school programming helps them to maintain friendships (82% for beginning of the year to 83% for the end of summer programming).

In a randomly selected sample of program participants, across the three program sites, there was no significant decrease in 1st Quarter reading grades to 4th Quarter reading grades. In this regard it may be asserted that participating in programming helps students to at least maintain grades from the beginning of the year to the end of the year

### Type of Request

Continuing Review

*Please select continuing review if no changes have been made to your study protocol. If you plan on proposing a modification AND a continuing review, please select modification, as an approved modification will extend your approval period.*

### Optional Attachments - please attach any reports/publications that have been created thus far here.

*No answer provided.*

### Pertinent CPS Documentation

#### Submitter

Vazquez, Liliana

**Email:** mdvevaluation@aspirail.org **Business:** (312) 675-9239

## **Overview of Pertinent CPS Documentation**

The RRB is composed of members representing various Central Office academic departments as well as the Law Department. The RRB meets quarterly to evaluate new proposals to conduct research. The RRB calendar and deadlines for submissions can be found on the CPS Research Website [here](#). Decisions resulting from the research review process will be communicated to the applicant of the request as well as appropriate CPS staff in accordance with the estimated timelines outlined in the respective RRB calendar. External researchers may not begin any research activities or obtain data for research purposes without first following the procedures outlined in this policy and securing the necessary approvals.

***We expect all researchers to be familiar with the guidelines and policies guiding research within the district. Please verify that you have read and acknowledged the following:***

### **External Research Study and Data Policy**

✓ I have read and understood the External Research Study and Data Policy

### **CPS RRB Guidelines**

✓ I have read and understood the CPS RRB Guidelines

### **CPS Equity Framework**

✓ I have read and understood the CPS Equity Framework

### **CPS Vision**

✓ I have read and understood the CPS Vision

### **CPS Volunteer Policy**

✓ I have read and understood the CPS Volunteer Policy, including background check requirements

## **Study Personnel Details**

### **Study Title**

21s CCLC Study

ASPIRA, in collaboration with the LEA, Chicago Public Schools District #299 (CPS), and its community partners– has made progress in addressing the goals and objectives of its 21st Century Community Learning Centers grant.

**Does your organization participate in a Research Practice Partnership (RPP) with Chicago Public Schools?**

No

**Primary Study Organization/University**

ASPIRA Inc of IL

**Principal Investigator**

Vazquez, Liliana

**Expirations:**

**Background  
Check  
Level:**

**PI Organization**

Aspira Inc. of IL

**If the form indicates "not found" when you add the Principal Investigator, please use the link below to add the contact to the IRBManager system.**

User had the option to start a different form here.

**Are there any other study contacts?**

No

*If the person completing this form is not the Principal Investigator, it is suggested that the submitter be entered as a contact.*

**Is the Principal Investigator a Student?**

No

**Is the researcher a CPS Staff Member?**

No

**Funding and Intervention Information**

**Is this project contracted by the CPS Board of Education?**

No

**Is a funding source associated with the proposed research?**

Yes

**Who is the primary funding source?**

ISBE

**What is the amount of funding awarded?**

\$175,000.00

**Please list primary contact information of funder.**

Katherine Elvidge kelvidge@isbe.net

**Select the option that applies to your study**

My study will involve a selection of individual schools

**Please select all potential school sites involved with this study**

Alfred Nobel Elementary School  
ASPIRA Business and Finance  
ASPIRA Charter School - Early College High School  
ASPIRA Charter School - Haugan Middle School  
Jonathan Y Scammon Elementary School  
Rodolfo Lozano Bilingual & International Ctr ES

**Will this research require any in-person interaction or intervention activities?**

No

**Will this research require any virtual interaction or intervention activities (Google Meets, Zoom, etc.)?**

No

*Please note that Zoom is not approved for use with CPS Students. Any virtual activities will need to be conducted via Google Meets and safe@cps.edu must be invited to Google Meet. Please adjust virtual methods accordingly. For more information on permitted interactions with students and staff, please visit <https://www.cps.edu/about/policies/acceptable-use-policy/external-volunteers/>.*

**Please check all of the following that apply to your research protocol:**

Questionnaire

**Please outline your protocol for survey activities, describing when, where, duration, frequency, and with whom.**

Surveys will be distributed online at the beginning, middle and end of the programming, specifically, October 2023-June 2024.

**Please describe how data will be captured and stored securely**

Data will be captured via google form and stored securely on the ASPIRA network drive.

**Please attach all study materials corresponding to interview procedures (i.e., consent forms, protocol, recruitment and incentive plans)**

21st CCLC Application_Consent.pdf	Consent Forms
21st CCLC Survey Links SY23_24.pdf	Consent Forms
Adjusted 21CCLC Enrollment Form 23-24 ENG - Sheet1.pdf	Consent Forms
Adjusted 21CCLC Enrollment Form 23-24 SPN - Sheet1-2.pdf	Consent Forms
21st CCLC Application_Consent.pdf	Surveys
21st CCLC Survey Links SY23_24.pdf	Surveys
Adjusted 21CCLC Enrollment Form 23-24 ENG - Sheet1.pdf	Surveys
Adjusted 21CCLC Enrollment Form 23-24 SPN - Sheet1-2.pdf	Surveys

**Detail the method of Survey Administration (e.g. paper, online, etc.)**

The survey will be administered online

**Will this research require the use or access of existing CPS data?**

No

**Will this research require the use or access of existing non-CPS data?**

No

## Study Details



**Please select all of the following that will be participating in the study?**

Students  
Parents

**Will any of these students be under the age of 18?**

Yes

*Please be aware that the inclusion of study subjects younger than 18 requires active, written consent from the parent(s) or guardian(s). The consent form needs to explicitly inform parents of their rights to review all materials used with their children as provided for in the Protection of Pupils Rights Act. Please ensure you have added the following statement to your consent form(s) verbatim, with the appropriate personalization for your study:*

*"Parents please be aware that under the Protection of Pupils Right Act 20 U.S.C. Section 1232 ( c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your students. If you would like to do so, you should contact [INSERT APPROPRIATE CONTACT] at XXX-XXXX to obtain a copy of the questions or materials."*

**Has this project been reviewed by an Institutional Review Board (IRB)?**

No, it has not been reviewed by an IRB

**IRB of Record Name**

N/A

**IRB Protocol Number**

N/A

**Please attach all of your IRB documentation here (include approval/exemptions letters, IRB study protocol, etc.).**

RRB#2022-1766- Elizabeth Roth 2022-10-31.docx Misc/Other

**IRB of Record Primary Contact Email Address**

eroth@aspirail.org

**Please select your primary area of research from the following:**

Program Evaluation

**Secondary Study Subject(s)**

Program Evaluation

**Study Overview**

**Executive Summary or Abstract**

*Please provide a high-level overview of your study, including a summary of the motivation, design, and implications of the project.*

ASPIRA, in collaboration with the LEA, Chicago Public Schools District #299 (CPS), and its community partners– has made progress in addressing the goals and objectives of its 21st Century Community Learning Centers grant. The purpose of the proposed research is to be able to attain the information necessary to report detailed information on: 21st Century Community Learning Centers 's goals, evaluation methods, the degree of program implementation including: recruitment, student enrollments by sites, demographic information on students, average (student) daily attendance, family participation, program operations (program hours, staffing, staff training, and program governance), progress that has been made in meeting each of the project's objectives, other findings, overall recommendations and action plans, along with dissemination of 21st Century Community Learning Centers' evaluation. In addition, the evaluation process consists of data collection and analysis related to the objectives that ISBE requests for their grant recipients. ASPIRA hopes to be able to demonstrate how it has managed to attain positive outcomes at the 4 CPS schools implementing 21st CCLC programs.

## Research Questions and Hypothesis

*Please list all research questions and hypotheses associated with this project.*

The proposed research evaluation plans to address the following questions:

1) Has student achievement in reading, mathematics, and science improved (in alignment with academic achievement) as a result of participation in the 21st CCLC program? 2) Have students' social/emotional learning improved and as a result has student readiness for school/college increased due to participation in the 21st CCLC program? 3) Have parents, increased their ability to assist students with their learning (by increasing community partnerships and parent education classes/PD services) through participation in the 21st CCLC program? The hypothesis of the proposed research study is that students (and consequently, their parents) that participate in the 21st CCLC program will demonstrate significant positive growth in the areas outlined within each of the research questions. Research methods will include data collection in the form of surveys that will allow for the collection of quantitative and qualitative data.

Modified research questions:

1) Has student achievement in reading, mathematics, and science improved (in alignment with academic achievement) as a result of participation in the 21st CCLC program?

2) Have students' social/emotional learning improved as a result of participation in the 21st CCLC program?

3) Are students doing better in school (attendance, behavior and academics) as a result of participation in 21st CCLC programming?

4) Have parents, increased their ability to assist students with their learning (by increasing community partnerships and parent education classes/PD services) through participation in the 21st CCLC program?

## Purpose and Literature Review

*Please provide an overview of the existing research and literature on this subject. What is the contextual history of this subject area and how does this research build upon the body of extant knowledge?*

There was a correlation between students' GPA and their attendance at the after-school tutoring program

### **Research Activities and Student/Staff Involvement**

*Please provide an overview of all primary and secondary research activities associated with this study. Please use this space to describe, as thoroughly as possible, all that will be asked of your research subjects (e.g. surveys, focus groups, observations, etc.)*

The primary research activities for this study consists of collecting qualitative and quantitative data from students and parents regarding their participation in the 21st CCLC programs and services at their respective campuses.

### **Research Methodology and Analytical Technique**

*Please provide an overview of your research methodology and specific analytical techniques that will be utilized as part of this study.*

Validity for the project instruments will be established in the following manner: (1) evaluation will be achieved with the design and implementation of the assessment instruments. (2) Special attention will be paid to constructing assessment instruments fully aligned with the goals and activities of the 21st Century Community Learning Centers project. The instruments will be in the form of end-of-the-year program surveys for students and their families. Program site coordinators and program instructors will be responsible for implementing the surveys. No more than one instrument would be administered at a time so that responses can be as organic as possible. In addition, program staff will encourage surveyors to provide the most honest and candid answers possible so that the most accurate data can be collected. Participants will be selected, based on academic need (i.e. being the lowest performing students at their school sites) by following criteria to select students: low-income status, low academic performance, plus an eagerness and commitment to attend the after-school programming.

### **Benefits and Commitment to Equity**

## Benefit to CPS

**Which (if any) CPS vision goals does your research support?**

*No answer provided.*

*[Click here to access more information on the CPS Vision Goals.](#)*

**Which (if any) of the CPS core values does your research support?**

*No answer provided.*

**How does this project support the district broadly?**

Because many of the challenges in education, particularly experienced by large school systems, are not solved with a "one size fits all" approach, the research being conducted here could provide valuable information on a streamlined approach to implementing a highly customized program via the 21st CCLC grant for different school sites across different neighborhoods/communities in the city of Chicago. This would make a positive educational contribution to all affiliated to these schools and communities as we would learn how to better reach students and their families, and how this can in turn, impact and maximize educational outcomes for all participants.

## Commitment to Equity

### **In what ways does this project reflect/challenge/progress the district's commitment to equity?**

The research project reflects challenges and efforts to make progress towards CPS' commitment to equity. Via the 21st CCLC program, ASPIRA will incorporate age appropriate extracurricular activities that will foster student learning and skills development in reading, math and science. The program will provide academic support and tutoring to students, geared to support their individual needs. In addition, the program will incorporate age appropriate extracurricular activities that foster student interest in school and learning and will consistently provide timely follow-up to students who are absent from school on a regular basis. Students will also receive individual tutoring based on their academic needs. ASPIRA will collaborate and coordinate services with other community providers and will share resources on an ongoing basis. These resources may include training and professional development opportunities, access to services for program participants, participation in coalitions of service providers, informational sessions and space sharing among others. All of these efforts will be made in order to foster equity for students and families from some of the most disenfranchised communities in the city of Chicago.

*Reflect on the district's equity framework as well as the following: As a researcher, what is my privilege / bias when it comes to this question? Am I assuming that Black and brown students will inherently perform poorly? Have I consulted those whose communities I want to research? Is the research designed with the holistic humanity of the people I am researching in mind? Do I perceive the communities I want to research as allies, or as research subjects? Am I interrogating / challenging policies and systems that may be contributing to inequities? Will this project create an undue burden on the communities I am seeking to research?*

### **How are your research activities accessible to individuals with disabilities?**

Surveys will be administered online. Any student and/or parent that may need accommodations to complete the survey will receive support from an ASPIRA team member.

### **Are your research activities translated into languages other than English as appropriate for the community?**

Surveys to be administered are in English and Spanish.

**Please use the table below to list all District CPS Supporters and the**

**role they will have in your study. Use the details box to describe your supporters' title and role in the district. List your primary supporter first.**

*Please click "save" after each line.*

**CPS Supporter Email Address**

**CPS Supporter Details**

**Link to New Contact Form**

User had the option to start a different form here.

**How will you share your research findings with the population(s) you are studying?**

Findings will be shared with students and families along with school administrators through the sharing of the final report.

**Research Activities**

**Start Date of Recruitment**

09/04/2023

**End Date of Recruitment**

03/01/2024

**Please provide the date that you will begin primary data collection**

10/23/2023

**Please provide the end date of primary data collection**

07/01/2024

**Please provide the date that you will begin analysis**

11/06/2023

**Please provide the end date of analysis**

07/01/2024

**Please provide the approximate date that you will finalize your research report.**

06/30/2024

**Description of Deliverable/Final Product (i.e., academic/journal article, white paper, memo, report)**

Final report to be shared with all stakeholders and submitted to ISBE

**Will any portion of this research, including recruitment or consent, take place during or in any way interfere with standard activities?**

No

*With very few exceptions, research procedures cannot be carried out during or in any way interfere with standard activities, including instruction time or professional development sessions.*

**Will this study involve study subject randomization or a control group?**

No

**Will your research employ study-subject deception or non-disclosure?**

No

**Will this research involve Product Testing?**

No

**Will this research involve collection of biological samples or biometric data?**

No

**Does this research involve other research procedures not described previously?**

No

**Is this research tied to a standard or novel curriculum, teaching or other program, staff professional development training or program, or other non-research activity or activities?**

No



**Does this study involve the use of educational technology (including survey tools, video conference platforms, and third party websites. See note for add'l details)?**

Yes

*Please be aware that under The Student Online Personal Protection Act, SOPPA (105 ILCS 85/), any platform students interact with must be compliant with current data security and student privacy regulations. Please note that this definition includes online survey tools such as Qualtrics. Please use the following website to check if your proposed platform is complaint with SOPPA: <https://cps.app.learnplatform.com/new/public/tools>*

**Please describe the use of educational technology as part of this study**

Chromebooks and computers are used by students for activities and surveys.

**Is the described educational technology a CPS SOPPA operator?**

Unknown

*Please use the following website to check if your proposed platform is complaint with SOPPA: <https://cps.app.learnplatform.com/new/public/tools>*

## Study Population

**Will you be submitting a secondary Data Request?**

No

**RRB Number**  
2022-1766-CPS

*This is your RRB Number. Please reference this in any data request associated with this study.*

**Study Subject Inclusion Criteria**

N/A

*If the research involves more than one study subject population (e.g. students, parents, teachers, staff), please individually detail the inclusion criteria for each.*

### Study Subject Exclusion Criteria

N/A

*If the research involves more than one study subject population, please individually detail the inclusion criteria for each*

### Please select all special populations that may be targeted for your study

Bilingual  
Economically Disadvantaged  
Diverse Learner  
English Language Learner  
Foster Care  
Experiencing Homelessness or Temporary Housing  
Immigrant Populations  
Multilingual Learners  
Non-English Speaking  
Other Vulnerable Populations

### Describe the potential direct and/or indirect benefits for all detailed research procedures and populations

N/A

### Describe the anticipated potential risks, however minimal, associated with the detailed research procedures and subject populations

There would be minimal to zero risks for populations participating in this study.

### How will the identified risks for all research procedures and subject populations be minimized and/or mitigated to the greatest extent possible?

N/A

### What procedures will you use in the event that research questions/processes produce observable stress/distress in subjects?

N/A

### Will you compensate study subjects?

No

## Study Recruitment

**Outline every aspect of the recruitment process for students.**

21st Century Community Learning Centers staff will collaborate with principals and teachers to identify and recruit the lowest achieving students. Students and family members from the Centers, or sites, will be recruited into the 21st Century Community Learning Centers Academy program during the school year. If students drop out of the program, replacements will be recruited from the schools. Publicity, Marketing, and Application Strategies: To recruit, enroll, and involve students and their families into 21st Century Community Learning Centers, will use an extensive array of marketing methods, including: weekly individual and group sessions with eligible students (in person and remotely); an informational booth at each school; mailings; meetings with school teachers and administrators, posters; flyers; the distribution of applications (with identifying information, needs, a statement of commitment, and academic interests); school assemblies; school and ASPIRA websites; e-mails; school open houses; and visits to classrooms. All communication will be in English and Spanish.

**Outline every aspect of the recruitment process for parent participants.**

Parents will be recruited solely from the students that are actually participating in the program. Parents will simply be asked for their participation from the pool of active students.

**Please attach all recruitment materials not attached elsewhere (Optional).**

Adjusted 21CCLC Enrollment Form 23-24 ENG - Sheet1-1.pdf Misc/Other

**Please attach all consent/assent forms associated with this study not already attached elsewhere (Optional).**

*No answer provided.*

**Identify study team members who will recruit subjects.**

Program site coordinators at each school campus  
Program instructors at each school campus  
School administrators and staff will encourage/recommend students for the program

**Will this research involve screening procedures**

No

**Compliance**

## FERPA

*For more information on FERPA, click here.*

**Is any aspect of this research subject to FERPA?**

Yes

**Is the proposed research in compliance with FERPA?**

Yes

## ISSRA

*For more information on ISSRA, click here.*

**Is any aspect of this research subject to ISSRA?**

Yes

**Is the proposed research in compliance with ISSRA?**

Yes

## PPRA

*For more information on PPRA, click here.*

**Is any aspect of this research subject to PPRA?**

Yes

**Is the proposed research in compliance with PPRA?**

Yes

## Permission, Confidentiality, and Security

**Attach a draft of the permission letter that will be sent to school Principals**

ASPIRA of Illinois 21st  
CCLC FY15 Renewal  
MOU.pdf

Support  
Letters

*Please note that Principals have final  
authority over what happens in their  
schools.*

**How will you protect the privacy of prospective research subjects? Please detail how study subject privacy will be protected during recruitment, screening, consent, and all research procedures. Provide an accounting for all applicable research procedures and study populations.**

N/A will provide

**Describe the data confidentiality or security provisions that will be in place for all research data.**

The Researcher, Program Team Members, and Network level Leadership will be reviewing the results of the surveys. No student identifiable information will be shared in any summaries or reports shared externally. The survey data is stored on the ASPIRA internal network drive and only accessible to those internally who have been given permissions.

**How will you store participant data?**

With direct identifiers

*These details must be included in all applicable consent forms*

**List the identifiers that will be stored and explain if identifiers will be deleted at a later date**

Student names, parent names, student DOB, student ID #s. These will be deleted after reporting.

**Will you keep participants' contact information on file after the data have been collected?**

No

**Will you share individual-level data with other researchers or practitioners beyond the designated key research personnel?**

No

**What will you do with the data once the research has been completed (choose all that apply)?**

Destroy the data immediately after study conclusion.

*Please note that the district discourages storing study data for longer than three years after study completion.*

**Attachments**

**Please attach all miscellaneous attachments**

*No answer provided.*

*If you are resubmitting your protocol following initial review, please attach your response letter here.*

**Are there any additional finalized contracts or agreements associated with this research that have not been attached elsewhere as part of this application (e.g. CPS Data Authorization Agreements)?**

No

**Are there any pending (i.e. not yet signed by both parties) contracts or agreements associated with this research that have not been attached elsewhere as part of this application?**

No

## Acknowledgements

### Acknowledgements

**Please acknowledge the following:**

- ✓ All parts of this submission are accurate, complete, consistent, and clear.
- ✓ I have accurately and completely described all intended human subjects research procedures and the populations with whom they will be carried out.
- ✓ I have attached all study materials, including, but not limited to, all materials that will be given to, sent to, read to, or otherwise used with all prospective study subject populations.
- ✓ This submission adhere to all CPS policies and guidance as outlined in the link below  
<https://www.cps.edu/about/district-data/conduct-primary-research/>
- ✓ I have accurately identified all personnel who will be involved in this study.
- ✓ I acknowledge that any/all changes required by the CPS RRB in the course of its review of this submission will be reported to my IRB of record during the entire lifetime of this study.
- ✓ I attest that I will work with my IRB of record to address any concerns raised in the review of this submission.
- ✓ I attest that all of the research procedures detailed in this submission have been carried out with prospective IRB review and approval.
- ✓ I agree to comply with all background check and volunteer procedures required of my study, per the official CPS Volunteer Policy (link provided below):  
<https://policy.cps.edu/download.aspx?ID=272>

**Submission Date**

08/11/2023

**All RRB new submissions, modifications, continuing reviews require a \$50 processing fee. Please click on the following link to access our payment system. You will need to reference your assigned RRB number listed below:**

**CPS RRB/Data Request ePay System**

*Once you navigate to the Illinois E-Pay Site, please click on the blue text "RRB / Data Request Payment Option " to display the appropriate payment options. Once selected, your total will be displayed. Do not attempt to type in your total manually.*

**RRB #**

2022-1766-CPS

**Payment Confirmation Number**

N/A

**Verification of Previously Approved RRB**  
**- Submitted 08/28/2023 4:18 PM ET by Corson, Adam**

**Office Verification**

**Ready for processing?**

Ready for processing

**Verify RRB #**

2022-1766-CPS

**Please indicate which of the following applies.**

Project Currently Exists within IRBManager

**Office RRB # Lookup**

2022-1766-CPS



**Load Initial Submission into IRBManager**  
**- Submitted 08/28/2023 4:19 PM ET by System, The**

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**Load CR/Mod into IRBManager**

**- Submitted 08/28/2023 4:19 PM ET by System, The**

CR/Mod Processing

- Submitted 08/28/2023 4:20 PM ET by Corson, Adam

CR/Mod Processing

**Ready for Review**

Approve

**Approval Date**

08/28/2023

**Approval Period (in number of months)**

12

**Existing Background Check Level**

Level I

**Existing Background Check Justification**

Interactions with students

**Does background check level need to be updated?**

No

**Notes for Letter**

*No answer provided.*

**RRB Meeting Date for Notification**

09/15/2023

### Current School Sites

400013 - ASPIRA Charter School - Early College High School  
400017 - ASPIRA Charter School - Haugan Middle School  
400172 - ASPIRA Business and Finance  
610029 - Rodolfo Lozano Bilingual & International Ctr ES  
610098 - Alfred Nobel Elementary School  
610159 - Jonathan Y Scammon Elementary School

### School Sites Chosen Within Data Entry

Alfred Nobel Elementary School  
ASPIRA Business and Finance  
ASPIRA Charter School - Early College High School  
ASPIRA Charter School - Haugan Middle School  
Jonathan Y Scammon Elementary School  
Rodolfo Lozano Bilingual & International Ctr ES

### School Contacts for Sites Chosen

Adrianzen, Manuel

**Email:** MOAdrianzen@cps.edu

**Phone:**

De Jesus Guerra, Raul

**Email:** rguerra@aspirail.org

**Phone:**

Roth, Elizabeth

**Email:** eroth@aspirail.org

**Phone:**

Stolle, Brenda

**Email:** bstolle@aspirail.org

**Phone:**

T Liberos, Christos

**Email:** cliberos@cps.edu

**Phone:**

Teresa Campos, Maria

**Email:** MTCampos@cps.edu

**Phone:**

### Are the Supplementary Sites the same?

False

### Administrative Reviewer

Corson, Adam

**Email:** ACorson1@cps.edu

**Phone:**

## Determination Letter Finalization

- Submitted 08/28/2023 4:26 PM ET by Corson, Adam

**Review Generated Letter and Confirm Before Sending**

### RRB #

2022-1766

### Study Title

21s CCLC Study

### Principal Investigator

Roth, Elizabeth

**Email:** eroth@aspirail.org

**Phone:**

### Redisplayed Board Determination

#### Determination Letter

**In some cases you may see other determination letters attached by the submitter. However, only the generated determination letter will be sent in the decision email.**

Name	Type	Date
RRB#2022-1766-Elizabeth Roth 2023-08-28.docx	Determination Letter	08/28/2023

*This determination letter will be automatically attached to an email being sent to the principal investigator.*

**Please use the link below, click on the Attachments link on the left side of the page if you need to upload an edited version of the above letter.**

Modification/Continuing Review defined 08/28/2023

### Output Background Check Level

N/A

### Additional Attachments to Decision Email

*No answer provided.*

### Notes for Determination Email

*No answer provided.*

### Study Site Contact Background Check Expirations

Name	Role	Background Check Expiration
Ramirez, Nilsa	Coordinator	Missing
Roman, Amaris	CC Recipient	Missing
Roth, Elizabeth	Principal Investigator	Missing

**Please use the text box above to indicate the background check level required or any other pertinent information.**

Level I

### Background Check Level Justification

Interactions with students

### Other Notes in Letter

N/A

### RRB Meeting Date for Acknowledgment of Final Determination

09/15/2023

*Please select the next meeting date of the RRB.*

**Please enter the date by which the coordinator should submit the Data Use Agreement. Automatic notifications will be sent out based upon this date.**

10/01/2023



ASN 21st Century Community Learning Centers (21st CCLC)

Aspira Forma De Registración Del XXI CCLC

Información Del Solicitante

Nombre: \_\_\_\_\_ - Raza: ☐ Afro Americano ☐ Nativo Americano ☐ Blanco Sexo: ☐  
Masculino ☐ Femenino ☐ Otro: \_\_\_\_\_ ☐ Hispano ☐ Asiatico ☐ Native Hawaiian  
Fecha de Nacimiento: \_\_\_\_\_ Numero de Telefono: \_\_\_\_\_ - ¿Recibe almuerzo gratis / reducido?  
dirección de domicilio: \_\_\_\_\_ ☐ Si ☐ No  
Ciudad: \_\_\_\_\_ - Estado: \_\_\_\_\_ - Zona Postal: \_\_\_\_\_  
Correo Electronico: \_\_\_\_\_ - Grado Escolar: \_\_\_\_\_ - Nº de ID: \_\_\_\_\_

Información Padre/ Guardian

Nombre: \_\_\_\_\_ Relacion al Participante: \_\_\_\_\_  
Numero de Telefono: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

Contacto de Emergencia

Nombre: \_\_\_\_\_ - Relacion al Participante: \_\_\_\_\_  
-Numero de Telefono: \_\_\_\_\_ - Correo Electronico: \_\_\_\_\_

Condiciones Medicas De Las Cuales ASPIRA Debe Estar Enterado (Medicacion, Alergias, Restricciones):

Consentimiento De Padre/ Guardian

Yo doy a ASPIRA 21st CCLC y Alternative Schools Network permiso de usar fotos y video de mi hijo(a) para propositos promocionales dentro de la Escuela y Programas de Enriquecimiento. ☐ Si ☐ No

Doy permiso a la escuela de notificar al contacto de emergencia autorizado por mi para actuar en mi favor en caso que no pueda ser localizado(a) durante una emergencia medica.

Padre / Guardian Iniciales: \_\_\_\_\_

Doy permiso mi hijo(a) para tomar parte en los programas y actividades proporcionadas por el programa ASPIRA 21st CCLC

Padre / Guardian Iniciales: \_\_\_\_\_

Comprendo que este programa se enfoca en tutoría académica y enriquecimiento, deportes y recreación, la educacion de habilidades de vida, asi como prevencion de abuso de sustancias.

Padre / Guardian Iniciales: \_\_\_\_\_

Comprendo que las facturas médicas incurridas por un accidente son mi responsabilidad y no voy a responsabilizar a ASPIRA ni a sus socios por tales incidentes.

Padre / Guardian Iniciales: \_\_\_\_\_

Comprendemos y afirmamos las expectativas siguientes del estudiante:

Cada estudiante tiene el derecho de aprender y participar en el programa, a menos que sea revocado debido a medidas disciplinarias. Cada empleado tiene derecho de enseñar, presentar sus materiales y actividades.

Padre / Guardian Iniciales: \_\_\_\_\_

Todos tienen el derecho de sentirse física y emocionalmente seguros.

Participante Iniciales: \_\_\_\_\_

Comprendemos y afirmamos esta póliza de asistencia:

Estoy de acuerdo en asistir a todas las sesiones de cualquier programa para el que me registro.

Padre / Guardian Iniciales: \_\_\_\_\_

Estoy de acuerdo que faltas de 3 sesiones consecutivas o 5 o mas sesiones en

un semestre, sin documentación puede resultar en ser expulsado del programa.

Participante Iniciales: \_\_\_\_\_

Comprendemos y afirmamos esta póliza de comportamiento:

Comprendo que mis padres/guardianes serán notificados si me involucro en mi conducta inapropiada (conducta que amenaza la seguridad física o emocional de cualquiera o que interrumpa la atmósfera educativa) y ese caso como resultado mi despido del programa para el resto del cuarto de semestre en el que el caso ocurra.

Padre / Guardian Iniciales: \_\_\_\_\_

Mantendre conducta apropiada de acuerdo con el codigo de estudiante de conducta de ASPIRA.

Participante Iniciales: \_\_\_\_\_

Yo doy permiso al personal del programa de 21st CCLC a que revise la información escolar de mi hijo(a) (resultados de exámenes, tarjetas de calificaciones, asistencia y otros índices de medición) con el propósito de proveer asistencia individual e instrucción académica y evaluar la efectividad del programa. También doy permiso al personal del programa de 21st CCLC de que vigile el progreso de mi hijo(a) y que requiera que mi hijo(a) complete encuestas de evaluación con el propósito

Padre / Guardian Iniciales: \_\_\_\_\_

de determinar efectividad del programa.

Participante Iniciales: \_\_\_\_\_

Transportación

Mi estudiante: ☐ Caminará a la casa después del programa ☐ Tomará el autobús después del programa

☐ Será recogido por un padre / guardian

Si su hijo(a) necesita salir temprano durante la programación, asegúrese de informar al coordinador,

Firma

Firma Del Padre/Guardian: \_\_\_\_\_ - Fecha: \_\_\_\_\_

SCHOOL:



ASN 21st Century Community Learning Centers (21st CCLC)

Aspira Program Application

Applicant Information

Name: \_\_\_\_\_ Race: ☐ African American ☐ American Indian ☐ White  
Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_ ☐ Hispanic ☐ Asian ☐ Native Hawaiian  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Do you receive free/ reduced lunch?  
Current Address: \_\_\_\_\_ ☐ Yes ☐ No  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Student School ID: \_\_\_\_\_

Parent/ Guardian Information

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Medical conditions of which ASPIRA 21st CCLC & ASN should be aware of (Medication, Allergies, Restrictions):

Parental Consents

I give ASPIRA 21st CCLC & Alternative Schools Network permission to use photos and video of my child for promotional purposes within the scope of the After-School and Enrichment Program. ☐ Yes ☐ No

I give permission to the school to notify the emergency contact listed above to act on my behalf in the event that I cannot be reached during a medical emergency. Parent/ Guardian Initials: \_\_\_\_\_

I give permission for the child listed above to participate in the programs and activities provided by the ASPIRA and ASN 21st CCLC grant program. Parent/ Guardian Initials: \_\_\_\_\_

I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills education, as well as substance abuse prevention. Parent/ Guardian Initials: \_\_\_\_\_

I understand that any medical bills incurred by an accident are my responsibility and I will not hold ASPIRA or their partners liable for such occurrences. Parent/ Guardian Initials: \_\_\_\_\_

We understand and affirm the following student expectations:

Every student has the right to learn and participate in the program, unless revoked due to disciplinary measures.

Every staff member has a right to teach, coach, or present their materials / activities.

Everyone has the right to feel physically and emotionally safe.

Parent/ Guardian Initials: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

We understand and affirm the attendance policy:

I agree to attend all sessions of any program for which I register.

I agree that missing 3 consecutive sessions, or 5 or more sessions in a semester, Parent/ Guardian Initials: \_\_\_\_\_ without documentation may result in being dropped from the program. Participant Initials: \_\_\_\_\_

We understand and affirm the following behavior policy:

I understand that my parent/guardian will be notified if I engage in inappropriate behavior (behavior that threatens the physical or emotional safety of of anyone else or that disrupts from the educational atmosphere) and that any instance of such will result in my dismissal from the program for the remainder of the quarter in which the instance occurs. Parent/ Guardian Initials: \_\_\_\_\_

I will maintain appropriate behavior in accordance with the ASPIRA Student Code of Conduct.

Participant Initials: \_\_\_\_\_

I give permission for the 21st CCLC staff to review my child's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instructions and assessing the effectiveness of the After School Program. I also give permission for 21st CCLC Program Staff to monitor my child's progress and to require Parent/ Guardian Initials: \_\_\_\_\_

my child to complete evaluation surveys for the purpose determining program effectiveness.

Participant Initials: \_\_\_\_\_

Transportation

My child will: ☐ Walk home from school after programming ☐ Ride the bus after programming

☐ Be picked up by parent/guardian

If your child needs to leave early during programming please make sure to inform the after school coordinator, (773) 303-3559

Signature

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL:





3013 North Monticello Avenue  
Chicago, Illinois 60618  
(773) 252-0970  
www.aspirail.org

## 21st Century Community Learning Centers Survey SY21-22

Online parent

survey: [https://docs.google.com/forms/d/1WV6VuV3KznjCVB5p\\_WKBDF4gY2FKW9w\\_Y59VFmyVUW4/edit?usp=sharing](https://docs.google.com/forms/d/1WV6VuV3KznjCVB5p_WKBDF4gY2FKW9w_Y59VFmyVUW4/edit?usp=sharing)

Online student survey: <https://docs.google.com/forms/d/18tm-uQc842UkmRtVZPbaBr6HW7BSUWY2iLvhMfi6LCo/edit?usp=sharing>

*To empower the Puerto Rican and Latino community through advocacy and the education and leadership development of its youth.*

**21st Century Community Learning Centers (21st CCLC)****SCHOOL Student Program Application****Applicant Information**

Name: \_\_\_\_\_ Race: ☐ African American ☐ Native American ☐ White  
Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_ ☐ Hispanic ☐ Asian ☐ Other  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Free, Paid or Reduced Lunch:  
Current Address: \_\_\_\_\_ ☐ Free ☐ Reduced ☐ Paid  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Grade Level: \_\_\_\_\_ CPS Student ID: \_\_\_\_\_

**Parent/ Guardian Information**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical conditions of which CPS community schools initiative should be aware of (Medication, Allergies, Restrictions):****Parental Consents**

I give the CPS Community Schools Initiative permission to use photos of my child for promotional purposes within the scope of the After-School and Enrichment Program ☐ Yes ☐ No **Parent/ Guardian Initials:** \_\_\_\_\_

I give permission to the school to notify an emergency contact listed above to act on my behalf in the event that I cannot be reached during a medical emergency. **Parent/ Guardian Initials:** \_\_\_\_\_

I give permission for the child listed above to participate in the programs and activities provided by the CPS Community Schools Initiative 21st CCLC grant program. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills education, as well as substance abuse prevention. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that any medical bills incurred by an accident are my responsibility and I will not hold CPS Community Schools Initiative or their partners liable for such occurrences. **Parent/ Guardian Initials:** \_\_\_\_\_

We understand and affirm the following student expectations:

- Every student has the right to learn and participate in the program, unless revoked due to disciplinary measures.
- Every staff member has a right to teach, coach, or present their materials and activities.
- Everyone has the right to feel physically and emotionally safe.

We understand and affirm this attendance policy:

- I agree to attend all sessions of any program for which I register. **Parent/ Guardian Initials:** \_\_\_\_\_
- I agree that missing 3 consecutive sessions, or 5 or more sessions in a semester, without documentation may result in being dropped from the program. **Participant Initials:** \_\_\_\_\_

We understand and affirm the following behavior policy:

- I will maintain appropriate behavior in accordance with the CPS Student Code of Conduct.
- I understand that my parent/guardian will be notified if I engage in inappropriate behavior (behavior that threatens the physical or emotional safety of anyone else or that disrupts from the educational atmosphere) and that any instance of such will result in my dismissal from the program for the remainder of the quarter in which the instance occurs.

I give permission for the 21st CCLC staff to review my child's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instructions and assessing the effectiveness of the After School Program. I also give permission for 21st CCLC Program Staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness. **Parent/ Guardian Initials:** \_\_\_\_\_

**Transportation**

My child will: ☐ Walk home from school after programming ☐ Ride the late bus after programming  
☐ Be picked up by parent/guardian

If your child needs to leave early during programming please make sure to inform the after school coordinator, **CONTACT INFO.**

**PPRA Statement**

Parents please be aware that under the Protection of Pupils Right Act 20 U.S.C. Section 1232 ( c )(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your students. If you would like to do so, you should contact ASPIRA MDV Staff at 773-252-0970 or Info@aspirail.org to obtain a copy of the questions or materials.

**Additional Information**

I understand that participation in the research activities is not required in order to participate in 21 CCLC programming. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that all data collected will be used to inform effectiveness of programming services along with identifying modifications for program improvement in future programming. **Parent/ Guardian Initials:** \_\_\_\_\_

**Signature**

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_







## Siglo 21 Iniciativa De Escuela De Comunidad (21 CCLC)

### Forma De Registracion Del Programa

#### Informacion Del Solicitante

Nombre:	Raza: <input type="checkbox"/> Afro Americano <input type="checkbox"/> Nativo Americano <input type="checkbox"/> Blanco		
Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Otro: _____	<input type="checkbox"/> Hispano <input type="checkbox"/> Asiatico <input type="checkbox"/> Otro		
Fecha de Nacimiento:	Numero de Telefono:	Almuerzo Gratis, Pagado o Reducido:	
Direccion Actual:			<input type="checkbox"/> Gratis <input type="checkbox"/> Pagado <input type="checkbox"/> Reducido
Ciudad:	Estado:	Zona Postal:	
Correo Electronico:	Grado Escolar:	Identificación de CPS:	

#### Informacion Padre/ Guardian

Nombre:	Relacion al Participante:
Numero de Telefono:	Correo Electronico:

#### Contacto de Emergencia

Nombre:	Relacion al Participante:
Numero de Telefono:	Correo Electronico:

#### Condiciones Medicas De Las Cuales CPS- 21st CCLC Debe Estar Enterado (Medicacion, Alergias, Restricciones):

#### Consentimiento De Padre/ Guardian

Yo doy a CPS- 21st CCLC permiso de usar fotos de mi hijo/a para propósitos promocionales dentro del alcance del programa de Despues de la Escuela y Programas de Enriquecimiento. ☐ Si ☐ No **Padre/ Guardian Iniciales:** \_\_\_\_\_

Doy permiso a la escuela de notificar a un contacto de emergencia autorizado por mi para actuar en mi favor en caso que no pueda ser localizado durante una emergencia medica. **Padre/ Guardian Iniciales:** \_\_\_\_\_

Doy permiso al niño/niña para tomar parte en los programas y actividades proveidos por la Iniciativa de Escuela de Comunidad 21st CCLC. **Padre/ Guardian Iniciales:** \_\_\_\_\_

Comprendo que este programa se centra en dar clases privadas academicas y enriquecimiento, los deportes y la recreacion, la educacion de habilidades de vida, asi como prevencion de abuso de sustancias. **Padre/ Guardian Iniciales:** \_\_\_\_\_

Comprendo que alguna cuenta médica contraída por un accidente es mi responsabilidad y yo no mantendré al CPS o a sus socios obligados por tales ocurrencias. **Padre/ Guardian Iniciales:** \_\_\_\_\_

Comprendemos y afirmamos las expectativas siguientes del estudiante:

- Cada estudiante tiene el derecho de aprender y participar en el programa, a menos que sea revocado debido a medidas disciplinarias.
- Cada empleado tiene derecho de enseñar, presentar sus materiales y actividades.
- Todos tienen el derecho de sentirse fisica y emocionalmente seguros.

Comprendemos y afirmamos esta poliza de asistencia:

- Estoy de acuerdo en asistir a todas las sesiones de cualquier programa para el que me registro.
- Estoy de acuerdo que faltas de 3 sesiones consecutivas o 5 o mas sesiones en un semestre, sin documentacion puede resultar en ser expulsado del programa. **Padre/ Guardian Iniciales:** \_\_\_\_\_ **Participante Iniciales:** \_\_\_\_\_

Comprendemos y afirmamos esta poliza de comportamiento:

- Mantendre conducta apropiada de acuerdo con el código de estudiante de conducta de CPS.
- Comprendo que mis padres/guardianes serán notificados si hay en mi conducta inapropiada (conducta que amenaza la seguridad física o emocional a terceros o que interrumpa la atmósfera educativa) y ese caso como resultado mi despido del programa para el resto del cuarto de semestre en el que el caso ocurra.

Yo doy permiso al personal del programa de 21st CCLC a que revise la información escolar de mi hijo/a (resultados de exámenes, tarjetas de calificaciones, asistencia y otros índices de medición) con el propósito de proveer asistencia individual e instrucción académica y evaluar la efectividad del programa. También doy permiso al personal del programa de 21st CCLC de que vigile el progreso de mi hijo/hija y que requiera que mi hijo/a complete encuestas de evaluación con el propósito de determinar efectividad del programa. **Padre/ Guardian Iniciales:** \_\_\_\_\_

#### Transportacion

Mi estudiante va:	<input type="checkbox"/> A caminar a la casa despues del programa <input type="checkbox"/> El autobús tardío después del programa
	<input type="checkbox"/> Recogido(a) por un padre/ guardian

Si su hijo necesita salir temprano durante la programación, asegúrese de informar al coordinador de actividades extracurriculares, **CONTACT**

#### Declaración PPRA

Padres, por favor tengan en cuenta que bajo la Ley de Protección de los Derechos de los Alumnos 20 U.S.C. Sección 1232 (c)(1)(A), tiene derecho a revisar una copia de las preguntas formuladas o los materiales que se utilizarán con sus alumnos. Si desea hacerlo, debe comunicarse con ASPIRA MDV Staff at 773-252-0970 or Info@aspirail.org para obtener una copia de las preguntas o materiales.

#### Información Adicional

Entiendo que la participación en las actividades de investigación no es necesaria para poder participar en la programación 21 CCLC.	<b>Padre/ Guardian Iniciales:</b> _____
Entiendo que todos los datos recopilados se utilizarán para informar la efectividad de los servicios de programación junto con la identificación de modificaciones para mejora del programa en el futuro.	<b>Padre/ Guardian Iniciales:</b> _____

#### Firma

Firma Del Padre/Guardian:	Fecha:
---------------------------	--------



ASN 21st Century Community Learning Centers (21st CCLC)

Aspira Forma De Registración Del XXI CCLC

Información Del Solicitante

Nombre: \_\_\_\_\_ - Raza: ☐ Afro Americano ☐ Nativo Americano ☐ Blanco Sexo: ☐  
Masculino ☐ Femenino ☐ Otro: \_\_\_\_\_ ☐ Hispano ☐ Asiatico ☐ Native Hawaiian  
Fecha de Nacimiento: \_\_\_\_\_ Numero de Telefono: \_\_\_\_\_ - ¿Recibe almuerzo gratis / reducido?  
dirección de domicilio: \_\_\_\_\_ ☐ Si ☐ No  
Ciudad: \_\_\_\_\_ - Estado: \_\_\_\_\_ - Zona Postal: \_\_\_\_\_  
Correo Electronico: \_\_\_\_\_ - Grado Escolar: \_\_\_\_\_ - Nº de ID: \_\_\_\_\_

Información Padre/ Guardian

Nombre: \_\_\_\_\_ Relacion al Participante: \_\_\_\_\_  
Numero de Telefono: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

Contacto de Emergencia

Nombre: \_\_\_\_\_ - Relacion al Participante: \_\_\_\_\_  
-Numero de Telefono: \_\_\_\_\_ - Correo Electronico: \_\_\_\_\_

Condiciones Medicas De Las Cuales ASPIRA Debe Estar Enterado (Medicacion, Alergias, Restricciones):

Consentimiento De Padre/ Guardian

Yo doy a ASPIRA 21st CCLC y Alternative Schools Network permiso de usar fotos y video de mi hijo(a) para propositos promocionales dentro de la Escuela y Programas de Enriquecimiento. ☐ Si ☐ No

Doy permiso a la escuela de notificar al contacto de emergencia autorizado por mi para actuar en mi favor en caso que no pueda ser localizado(a) durante una emergencia medica.

Padre / Guardian Iniciales: \_\_\_\_\_

Doy permiso mi hijo(a) para tomar parte en los programas y actividades proporcionadas por el programa ASPIRA 21st CCLC

Padre / Guardian Iniciales: \_\_\_\_\_

Comprendo que este programa se enfoca en tutoría académica y enriquecimiento, deportes y recreación, la educacion de habilidades de vida, asi como prevencion de abuso de sustancias.

Padre / Guardian Iniciales: \_\_\_\_\_

Comprendo que las facturas médicas incurridas por un accidente son mi responsabilidad y no voy a responsabilizar a ASPIRA ni a sus socios por tales incidentes.

Padre / Guardian Iniciales: \_\_\_\_\_

Comprendemos y afirmamos las expectativas siguientes del estudiante:

Cada estudiante tiene el derecho de aprender y participar en el programa, a menos que sea revocado debido a medidas disciplinarias. Cada empleado tiene derecho de enseñar, presentar sus materiales y actividades.

Padre / Guardian Iniciales: \_\_\_\_\_

Todos tienen el derecho de sentirse física y emocionalmente seguros.

Participante Iniciales: \_\_\_\_\_

Comprendemos y afirmamos esta póliza de asistencia:

Estoy de acuerdo en asistir a todas las sesiones de cualquier programa para el que me registro.

Padre / Guardian Iniciales: \_\_\_\_\_

Estoy de acuerdo que faltas de 3 sesiones consecutivas o 5 o mas sesiones en

un semestre, sin documentación puede resultar en ser expulsado del programa.

Participante Iniciales: \_\_\_\_\_

Comprendemos y afirmamos esta póliza de comportamiento:

Comprendo que mis padres/guardianes serán notificados si me involucro en mi conducta inapropiada (conducta que amenaza la seguridad física o emocional de cualquiera o que interrumpa la atmósfera educativa) y ese caso como resultado mi despido del programa para el resto del cuarto de semestre en el que el caso ocurra.

Padre / Guardian Iniciales: \_\_\_\_\_

Mantendre conducta apropiada de acuerdo con el codigo de estudiante de conducta de ASPIRA.

Participante Iniciales: \_\_\_\_\_

Yo doy permiso al personal del programa de 21st CCLC a que revise la información escolar de mi hijo(a) (resultados de exámenes, tarjetas de calificaciones, asistencia y otros índices de medición) con el propósito de proveer asistencia individual e instrucción académica y evaluar la efectividad del programa. También doy permiso al personal del programa de 21st CCLC de que vigile el progreso de mi hijo(a) y que requiera que mi hijo(a) complete encuestas de evaluación con el propósito

Padre / Guardian Iniciales: \_\_\_\_\_

de determinar efectividad del programa.

Participante Iniciales: \_\_\_\_\_

Transportación

Mi estudiante: ☐ Caminará a la casa después del programa ☐ Tomará el autobús después del programa

☐ Será recogido por un padre / guardian

Si su hijo(a) necesita salir temprano durante la programación, asegúrese de informar al coordinador,

Firma

Firma Del Padre/Guardian: \_\_\_\_\_ - Fecha: \_\_\_\_\_

SCHOOL: \_\_\_\_\_



ASN 21st Century Community Learning Centers (21st CCLC)

Aspira Program Application

Applicant Information

Name: \_\_\_\_\_ Race: ☐ African American ☐ American Indian ☐ White  
Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_ ☐ Hispanic ☐ Asian ☐ Native Hawaiian  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Do you receive free/ reduced lunch?  
Current Address: \_\_\_\_\_ ☐ Yes ☐ No  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Student School ID: \_\_\_\_\_

Parent/ Guardian Information

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Medical conditions of which ASPIRA 21st CCLC & ASN should be aware of (Medication, Allergies, Restrictions):

Parental Consents

I give ASPIRA 21st CCLC & Alternative Schools Network permission to use photos and video of my child for promotional purposes within the scope of the After-School and Enrichment Program. ☐ Yes ☐ No

I give permission to the school to notify the emergency contact listed above to act on my behalf in the event that I cannot be reached during a medical emergency. Parent/ Guardian Initials: \_\_\_\_\_

I give permission for the child listed above to participate in the programs and activities provided by the ASPIRA and ASN 21st CCLC grant program. Parent/ Guardian Initials: \_\_\_\_\_

I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills education, as well as substance abuse prevention. Parent/ Guardian Initials: \_\_\_\_\_

I understand that any medical bills incurred by an accident are my responsibility and I will not hold ASPIRA or their partners liable for such occurrences. Parent/ Guardian Initials: \_\_\_\_\_

We understand and affirm the following student expectations:

Every student has the right to learn and participate in the program, unless revoked due to disciplinary measures.

Every staff member has a right to teach, coach, or present their materials / activities.

Everyone has the right to feel physically and emotionally safe.

Parent/ Guardian Initials: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

We understand and affirm the attendance policy:

I agree to attend all sessions of any program for which I register.

I agree that missing 3 consecutive sessions, or 5 or more sessions in a semester, Parent/ Guardian Initials: \_\_\_\_\_ without documentation may result in being dropped from the program. Participant Initials: \_\_\_\_\_

We understand and affirm the following behavior policy:

I understand that my parent/guardian will be notified if I engage in inappropriate behavior (behavior that threatens the physical or emotional safety of of anyone else or that disrupts from the educational atmosphere) and that any instance of such will result in my dismissal from the program for the remainder of the quarter in which the instance occurs. Parent/ Guardian Initials: \_\_\_\_\_

I will maintain appropriate behavior in accordance with the ASPIRA Student Code of Conduct.

Participant Initials: \_\_\_\_\_

I give permission for the 21st CCLC staff to review my child's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instructions and assessing the effectiveness of the After School Program. I also give permission for 21st CCLC Program Staff to monitor my child's progress and to require Parent/ Guardian Initials: \_\_\_\_\_

my child to complete evaluation surveys for the purpose determining program effectiveness.

Participant Initials: \_\_\_\_\_

Transportation

My child will: ☐ Walk home from school after programming ☐ Ride the bus after programming

☐ Be picked up by parent/guardian

If your child needs to leave early during programming please make sure to inform the after school coordinator, (773) 303-3559

Signature

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL:





3013 North Monticello Avenue  
Chicago, Illinois 60618  
(773) 252-0970  
[www.aspirail.org](http://www.aspirail.org)

## 21st Century Community Learning Centers Survey SY21-22

Online parent

survey: [https://docs.google.com/forms/d/1WV6VuV3KznjCVB5p\\_WKBDF4gY2FKW9w\\_Y59VFmyVUW4/edit?usp=sharing](https://docs.google.com/forms/d/1WV6VuV3KznjCVB5p_WKBDF4gY2FKW9w_Y59VFmyVUW4/edit?usp=sharing)

Online student survey: <https://docs.google.com/forms/d/18tm-uQc842UkmRtVZPbaBr6HW7BSUWY2iLvhMfi6LCo/edit?usp=sharing>

*To empower the Puerto Rican and Latino community through advocacy and the education and leadership development of its youth.*

**21st Century Community Learning Centers (21st CCLC)****SCHOOL Student Program Application****Applicant Information**

Name: \_\_\_\_\_ Race: ☐ African American ☐ Native American ☐ White  
Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_ ☐ Hispanic ☐ Asian ☐ Other  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Free, Paid or Reduced Lunch:  
Current Address: \_\_\_\_\_ ☐ Free ☐ Reduced ☐ Paid  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Grade Level: \_\_\_\_\_ CPS Student ID: \_\_\_\_\_

**Parent/ Guardian Information**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical conditions of which CPS community schools initiative should be aware of (Medication, Allergies, Restrictions):****Parental Consents**

I give the CPS Community Schools Initiative permission to use photos of my child for promotional purposes within the scope of the After-School and Enrichment Program ☐ Yes ☐ No **Parent/ Guardian Initials:** \_\_\_\_\_

I give permission to the school to notify an emergency contact listed above to act on my behalf in the event that I cannot be reached during a medical emergency. **Parent/ Guardian Initials:** \_\_\_\_\_

I give permission for the child listed above to participate in the programs and activities provided by the CPS Community Schools Initiative 21st CCLC grant program. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills education, as well as substance abuse prevention. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that any medical bills incurred by an accident are my responsibility and I will not hold CPS Community Schools Initiative or their partners liable for such occurrences. **Parent/ Guardian Initials:** \_\_\_\_\_

We understand and affirm the following student expectations:

- Every student has the right to learn and participate in the program, unless revoked due to disciplinary measures.
- Every staff member has a right to teach, coach, or present their materials and activities.
- Everyone has the right to feel physically and emotionally safe.

We understand and affirm this attendance policy:

- I agree to attend all sessions of any program for which I register. **Parent/ Guardian Initials:** \_\_\_\_\_
- I agree that missing 3 consecutive sessions, or 5 or more sessions in a semester, without documentation may result in being dropped from the program. **Participant Initials:** \_\_\_\_\_

We understand and affirm the following behavior policy:

- I will maintain appropriate behavior in accordance with the CPS Student Code of Conduct.
- I understand that my parent/guardian will be notified if I engage in inappropriate behavior (behavior that threatens the physical or emotional safety of anyone else or that disrupts from the educational atmosphere) and that any instance of such will result in my dismissal from the program for the remainder of the quarter in which the instance occurs.

I give permission for the 21st CCLC staff to review my child's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instructions and assessing the effectiveness of the After School Program. I also give permission for 21st CCLC Program Staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness. **Parent/ Guardian Initials:** \_\_\_\_\_

**Transportation**

My child will: ☐ Walk home from school after programming ☐ Ride the late bus after programming  
☐ Be picked up by parent/guardian

If your child needs to leave early during programming please make sure to inform the after school coordinator, **CONTACT INFO.**

**PPRA Statement**

Parents please be aware that under the Protection of Pupils Right Act 20 U.S.C. Section 1232 ( c )(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your students. If you would like to do so, you should contact ASPIRA MDV Staff at 773-252-0970 or Info@aspirail.org to obtain a copy of the questions or materials.

**Additional Information**

I understand that participation in the research activities is not required in order to participate in 21 CCLC programming. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that all data collected will be used to inform effectiveness of programming services along with identifying modifications for program improvement in future programming. **Parent/ Guardian Initials:** \_\_\_\_\_

**Signature**

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_







## Siglo 21 Iniciativa De Escuela De Comunidad (21 CCLC)

### Forma De Registracion Del Programa

#### Informacion Del Solicitante

Nombre:	Raza: <input type="checkbox"/> Afro Americano <input type="checkbox"/> Nativo Americano <input type="checkbox"/> Blanco		
Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino <input type="checkbox"/> Otro: _____	<input type="checkbox"/> Hispano <input type="checkbox"/> Asiatico <input type="checkbox"/> Otro		
Fecha de Nacimiento:	Numero de Telefono:	Almuerzo Gratis, Pagado o Reducido:	
Direccion Actual:			<input type="checkbox"/> Gratis <input type="checkbox"/> Pagado <input type="checkbox"/> Reducido
Ciudad:	Estado:	Zona Postal:	
Correo Electronico:	Grado Escolar:	Identificación de CPS:	

#### Informacion Padre/ Guardian

Nombre:	Relacion al Participante:
Numero de Telefono:	Correo Electronico:

#### Contacto de Emergencia

Nombre:	Relacion al Participante:
Numero de Telefono:	Correo Electronico:

#### Condiciones Medicas De Las Cuales CPS- 21st CCLC Debe Estar Enterado (Medicacion, Alergias, Restricciones):

#### Consentimiento De Padre/ Guardian

Yo doy a CPS- 21st CCLC permiso de usar fotos de mi hijo/a para propósitos promocionales dentro del alcance del programa de Despues de la Escuela y Programas de Enriquecimiento. ☐ Si ☐ No **Padre/ Guardian Iniciales:** \_\_\_\_\_

Doy permiso a la escuela de notificar a un contacto de emergencia autorizado por mi para actuar en mi favor en caso que no pueda ser localizado durante una emergencia medica. **Padre/ Guardian Iniciales:** \_\_\_\_\_

Doy permiso al niño/niña para tomar parte en los programas y actividades proveidos por la Iniciativa de Escuela de Comunidad 21st CCLC. **Padre/ Guardian Iniciales:** \_\_\_\_\_

Comprendo que este programa se centra en dar clases privadas academicas y enriquecimiento, los deportes y la recreacion, la educacion de habilidades de vida, asi como prevencion de abuso de sustancias. **Padre/ Guardian Iniciales:** \_\_\_\_\_

Comprendo que alguna cuenta médica contraída por un accidente es mi responsabilidad y yo no mantendré al CPS o a sus socios obligados por tales ocurrencias. **Padre/ Guardian Iniciales:** \_\_\_\_\_

Comprendemos y afirmamos las expectativas siguientes del estudiante:

- Cada estudiante tiene el derecho de aprender y participar en el programa, a menos que sea revocado debido a medidas disciplinarias.
- Cada empleado tiene derecho de enseñar, presentar sus materiales y actividades.
- Todos tienen el derecho de sentirse fisica y emocionalmente seguros.

Comprendemos y afirmamos esta poliza de asistencia:

- Estoy de acuerdo en asistir a todas las sesiones de cualquier programa para el que me registro.
- Estoy de acuerdo que faltas de 3 sesiones consecutivas o 5 o mas sesiones en un semestre, sin documentacion puede resultar en ser expulsado del programa. **Padre/ Guardian Iniciales:** \_\_\_\_\_ **Participante Iniciales:** \_\_\_\_\_

Comprendemos y afirmamos esta poliza de comportamiento:

- Mantendre conducta apropiada de acuerdo con el código de estudiante de conducta de CPS.
- Comprendo que mis padres/guardianes serán notificados si hay en mi conducta inapropiada (conducta que amenaza la seguridad física o emocional a terceros o que interrumpa la atmósfera educativa) y ese caso como resultado mi despido del programa para el resto del cuarto de semestre en el que el caso ocurra.

Yo doy permiso al personal del programa de 21st CCLC a que revise la información escolar de mi hijo/a (resultados de exámenes, tarjetas de calificaciones, asistencia y otros índices de medición) con el propósito de proveer asistencia individual e instrucción académica y evaluar la efectividad del programa. También doy permiso al personal del programa de 21st CCLC de que vigile el progreso de mi hijo/hija y que requiera que mi hijo/a complete encuestas de evaluación con el propósito de determinar efectividad del programa. **Padre/ Guardian Iniciales:** \_\_\_\_\_

#### Transportacion

Mi estudiante va:	<input type="checkbox"/> A caminar a la casa despues del programa <input type="checkbox"/> El autobús tardío después del programa
	<input type="checkbox"/> Recogido(a) por un padre/ guardian

Si su hijo necesita salir temprano durante la programación, asegúrese de informar al coordinador de actividades extracurriculares, **CONTACT**

#### Declaración PPRA

Padres, por favor tengan en cuenta que bajo la Ley de Protección de los Derechos de los Alumnos 20 U.S.C. Sección 1232 (c)(1)(A), tiene derecho a revisar una copia de las preguntas formuladas o los materiales que se utilizarán con sus alumnos. Si desea hacerlo, debe comunicarse con ASPIRA MDV Staff at 773-252-0970 or Info@aspirail.org para obtener una copia de las preguntas o materiales.

#### Información Adicional

Entiendo que la participación en las actividades de investigación no es necesaria para poder participar en la programación 21 CCLC.	<b>Padre/ Guardian Iniciales:</b> _____
Entiendo que todos los datos recopilados se utilizarán para informar la efectividad de los servicios de programación junto con la identificación de modificaciones para mejora del programa en el futuro.	<b>Padre/ Guardian Iniciales:</b> _____

#### Firma

Firma Del Padre/Guardian:	Fecha:
---------------------------	--------



42 W. Madison | 2<sup>nd</sup> Floor | Chicago, IL 60602  
Telephone: (773) 553-4444  
Fax: (773) 553-2421

10/31/2022

Elizabeth Roth

Dear Roth,

Thank you for your interest in conducting research in The Chicago Public Schools. The Research Review Board has reviewed your Continuing Review proposal 10/31/2022 for research, titled: 21s CCLC Study.

The Research Review Board has completed the review of your Continuing Review proposal and has approved your request to conduct this research. Although your study is approved, school principals have final authority over activities that are allowed to take place in the school. If data collection continues beyond a year from this approval, please complete the Modification & Continuing Review Process Form through IRBManager.

Please note the following--

Background Check Level Required: Level I

Other Notes: Interactions with students

Upon completion of the research study, a copy of the final report or summary of the results must be provided to the Research Review Board. The Board reserves the right to use the information in the research report or summary for planning, solicitation or grants, and staff development.

Please note that your study has been assigned Project ID #2022-1766. If you have any questions, please contact our office by email at [research@cps.edu](mailto:research@cps.edu).

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Dickson".

Sarah Dickson  
Co-Chair, Research Review Board

**21st Century Community Learning Centers (21st CCLC)****SCHOOL Student Program Application****Applicant Information**

Name: \_\_\_\_\_ Race: ☐ African American ☐ Native American ☐ White  
Gender: ☐ Male ☐ Female ☐ Other: \_\_\_\_\_ ☐ Hispanic ☐ Asian ☐ Other  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Free, Paid or Reduced Lunch:  
Current Address: \_\_\_\_\_ ☐ Free ☐ Reduced ☐ Paid  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Grade Level: \_\_\_\_\_ CPS Student ID: \_\_\_\_\_

**Parent/ Guardian Information**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical conditions of which CPS community schools initiative should be aware of (Medication, Allergies, Restrictions):****Parental Consents**

I give the CPS Community Schools Initiative permission to use photos of my child for promotional purposes within the scope of the After-School and Enrichment Program ☐ Yes ☐ No **Parent/ Guardian Initials:** \_\_\_\_\_

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I give permission for the child listed above to participate in the programs and activities provided by the CPS Community Schools Initiative 21st CCLC grant program. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills education, as well as substance abuse prevention. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that any medical bills incurred by an accident are my responsibility and I will not hold CPS Community Schools Initiative or their partners liable for such occurrences. **Parent/ Guardian Initials:** \_\_\_\_\_

We understand and affirm the following student expectations:

- Every student has the right to learn and participate in the program, unless revoked due to disciplinary measures.
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We understand and affirm this attendance policy:

- I agree to attend all sessions of any program for which I register. **Parent/ Guardian Initials:** \_\_\_\_\_
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We understand and affirm the following behavior policy:

- I will maintain appropriate behavior in accordance with the CPS Student Code of Conduct.
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I give permission for the 21st CCLC staff to review my child's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instructions and assessing the effectiveness of the After School Program. I also give permission for 21st CCLC Program Staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness. **Parent/ Guardian Initials:** \_\_\_\_\_

**Transportation**

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☐ Be picked up by parent/guardian

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**Additional Information**

I understand that participation in the research activities is not required in order to participate in 21 CCLC programming. **Parent/ Guardian Initials:** \_\_\_\_\_

I understand that all data collected will be used to inform effectiveness of programming services along with identifying modifications for program improvement in future programming. **Parent/ Guardian Initials:** \_\_\_\_\_

**Signature**

**Signature of Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_







## 21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS

### Memorandum of Understanding

This Memorandum of Understanding (“**MOU**”) is by and between the Board of Education of the City of Chicago, commonly known as the Chicago Public Schools (the “**Board**” or “**CPS**”), and the non Local Education Agency (“**LEA**”) partner Aspira of Illinois (“**Fiscal Agent**”), with offices located at 3013 N. Monticello Ave., Chicago, IL

### RECITALS

Fiscal Agent is submitting a grant application to the Illinois State Board of Education (“**ISBE**”) to receive funds for the 21<sup>st</sup> Century Community Learning Center (“**21<sup>st</sup> CCLC**”) program in which CPS is named as a co-applicant. The 21<sup>st</sup> CCLC program described in the grant application submitted by the Fiscal Agent proposes to establish 21<sup>st</sup> CCLC community learning centers to provide academic, social, mental, and physical services to meet individual, family, and community needs (the “**Program**” or “**21<sup>st</sup> CCLC Program**”). This MOU describes the relationship between the parties to design, develop, implement, and evaluate the 21<sup>st</sup> CCLC program in accordance with any CPS Community Schools Initiative (“**CSI**”) and 21<sup>st</sup> Century Community Learning Centers Grant awarded funds (“**Grant**”).

This MOU details the collaboration among CPS, the CPS school principal(s) for the CPS school(s) being served through the Grant, and the Fiscal Agent that is applying for the Grant and providing services to the CPS school(s). If Fiscal Agent is not awarded the Grant, this MOU will automatically terminate and be null and void.

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, including but not limited to those recitals set forth above, which are incorporated herein, and other good and valuable consideration, the receipt and sufficiency of which the parties acknowledge, the parties agree as follows:

1. **TERM:** This MOU is for a term commencing on July 1, 2019 (“**Effective Date**”) and ending at the end of the FY24 ISBE Grant period (June 30, 2024 or August 31, 2024) (“**Term**”), unless terminated sooner as provided herein. The Board shall have the right to terminate this MOU for any reason by providing fifteen (15) calendar days prior written notice.
2. **PROGRAM GUIDELINES:** The above-mentioned parties agree that:

The 21<sup>st</sup> CCLC Program is to be developed in collaboration with the CPS principal(s) of the CPS schools that are participating in the Grant, with the oversight provided by the CPS CSI staff;

The Fiscal Agent in collaboration with school administration and staff must conduct needs and asset assessments prior to selecting programming for the school’s 21st CCLC Program.

If the CPS school is a designated community school, the Fiscal Agent must recognize the community school model, helping to ensure that all programming and services are linked to a

needs assessment of the students, and implemented with a clear aim to solve specific problems as manifested by demonstrated needs of the students and their families.

The Fiscal Agent, CPS school principal(s), and teachers are to agree on a process for aligning 21<sup>st</sup> CCLC Program activities to the regular school day and the school's Continuous Improvement Work Plan ("CIWP");

The Fiscal Agent, CPS school principal(s), and teachers for the 21<sup>st</sup> CCLC Program are to agree on the method(s) for selecting students for the Program described to be implemented at the respective schools;

The Fiscal Agent will prepare and submit to the CPS at regular intervals the following items and such other items as reasonably requested by CPS including, but not limited to, the following: attendance information (via the CPS online attendance reporting system option, or other system as may be directed by the Board), number of active Program participants, summary of Program effectiveness, and annual evaluations reports as submitted to ISBE;

The Fiscal Agent and Fiscal Agent's Community School Coordinator and school staff for each CPS school participating in the Grant will participate in meetings and professional development activities associated with the CSI;

The CPS school and Fiscal Agent must agree to utilize the common best practices of the CPS Community School Strategy including, but not limited to:

- Extension of the time in which the school building is open and in use;
- Forming a Community School Advisory Committee or other governing structure, so that the needs of students and families guide the selection of programming in the school;
- Hiring a Community School Resource Coordinator who is responsible for developing and managing student and adult programs in partnership with key school and Fiscal Agent staff;

The Fiscal Agent will work cooperatively with all stakeholders to present the stipulations of the Grant and to monitor the fulfillment of Grant requirements;

3. **SERVICES:** If Fiscal Agent is awarded the Grant to provide services to CPS students, Fiscal Agent agrees to provide the services in accordance with the terms and conditions contained in this MOU. "Services" means, collectively, the services, deliverables, duties and responsibilities and any and all work necessary to complete them or carry them out fully and to the standard of performance required hereunder. Fiscal Agent must provide CPS with a copy of the program description which Fiscal Agent will provide within ten (10) calendar days of when requested by the Board's Program Officer.

The list of Services that are available to the Fiscal Agent by the Board to support the 21<sup>st</sup> CCLC Program shall include, but not be limited to, the following categories: data, professional development and technical assistance.

As a part of the Services, the Board shall outline a commitment to providing the Fiscal Agent with a timeline and the requirements for data requests, both ad hoc and standing requests (data needed quarterly, annually, etc.). The Fiscal Agent shall receive a memo from the Board that will be updated annually to communicate these items to the Fiscal Agent.

4. **COMPENSATION PAYABLE TO BOARD:** Fiscal Agent agrees to pay the Board the cost for a license to CitySpan and the professional development services that are offered as part of the CSI in which Fiscal Agent requests to participate. The option to participate in such services is solely in the discretion of the Fiscal Agent. Such costs shall be paid no later than thirty (30) days from Fiscal Agent's receipt of invoice from the Board.
5. **STAFF:** Fiscal Agent shall assign and maintain during the Term of this MOU, an adequate staff of competent personnel that is fully equipped, licensed as appropriate, available as needed, qualified and assigned to perform the Services. **"Staff"** shall include employees, agents, subcontractors, volunteers and other persons providing Services hereunder for the Fiscal Agent. If the Board determines, in its sole discretion, that any of Fiscal Agent's Staff is not performing in accordance with the performance standards or other requirements of this MOU, the Board shall have the right to direct the Fiscal Agent to remove that person from performing Services under this MOU. Fiscal Agent agrees that it shall bear any costs associated with the removal of such persons.
6. **BACKGROUND CHECK.** Fiscal Agent shall comply with the following requirements for DNH Check, Criminal History Records Check and DCFS Check, and such other procedures as may be determined necessary by the Board from time to time, for each Staff (**"Background Check"**). Contact via text messages, live chats, emails, telephone, in person, or through any other means shall be considered "contact" for purposes of this Section. Fiscal Agent shall not allow any Staff to: (1) provide Services until the Board has completed a DNH Check; or (2) have contact with students until Fiscal Agent has confirmed with the Board that each respective Staff has successfully completed the Criminal History Records Check in accordance with the following requirements:
  - A. **Do Not Hire List.** As an initial screening step that must be completed as part of the Background Check, the Board will perform a check of eligibility of each Staff that may provide Services hereunder by checking the Board's "Do Not Hire" (**"DNH"**) records (**"DNH Check"**). The Board will utilize the DNH Check process that the Board uses for its own prospective staff. Staff with a DNH designation shall not provide Services hereunder.
  - B. **Criminal History Records Check.** Fiscal Agent shall, at its own cost and expense, have a complete fingerprint-based criminal history records check conducted on each Staff who may have contact with CPS students through the process established by the Board, including using the Board's contracted vendor for conducting such checks on all Staff, and otherwise in accordance with the Illinois School Code (105 ILCS 5/34-18.5), the Sex Offender and Child Murderer Community Notification Law (730 ILCS 152/101 et seq.), and the Murderer and Violent Offender Against Youth Registration Act (730 ILCS 154/1 et seq.) (**"Criminal History Records Check"**). The results of each Criminal History Records Check shall be adjudicated by the Board. Staff shall not

have contact with CPS students prior to successfully completing the Criminal History Records Check. When the Board determines that any Staff has not passed a Criminal History Records Check, such Staff shall not access any Board facility and shall not have contact with any CPS student hereunder. A complete Criminal History Records Check includes the following:

- (1) Fingerprint-based checks through the Illinois State Police and the Federal Bureau of Investigation;
- (2) A check of the Illinois Sex Offender Registry and the Nationwide Sex Offender Registry; and
- (3) A check of the Illinois State Police Murderer and Violent Offender Against Youth Registry.

C. **Department of Children and Family Services Check.** At Fiscal Agent's cost and expense, the Board shall have the right to check for indicated reports of child abuse and/or neglect with the Illinois Department of Children and Family Services ("DCFS") State Automated Child Welfare Information System (or a comparable determination of child abuse or neglect by a government agency in another jurisdiction) for each Staff who may have contact with CPS students ("DCFS Check"). Fiscal Agent shall follow the directives and processes of the Board for initiating any DCFS Check and the results of each DCFS Check shall be adjudicated by the Board. Staff determined by the Board not to have passed a DCFS Check shall not provide Services, shall not access a Board facility and shall not have contact with any CPS student hereunder.

D. **Background Check Representations and Warranties:** With respect to each Background Check, Fiscal Agent further represents and warrants that Fiscal Agent shall:

- (1) Utilize the process established by the Board for completing each Background Check and immediately initiate all action, as directed by the Board, to have such Background Check performed;
- (2) Obtain and provide the Board with a signed copy of any release and consent required by the Board to conduct the Background Check from each of its prospective and current Staff in the form determined by, and as directed by the Board;
- (3) Confirm with the Board's Chief of Safety and Security that each respective Staff has successfully completed the Background Check through the process established by the Board and complied with the Board's directives regarding the results of each Background Check;
- (4) Not allow: (a) any Staff to provide Services until a DNH Check has been completed by the Board; (b) any Staff who may have contact with CPS students to have contact with any CPS student until the Criminal History Records Check has been successfully completed and adjudicated by the Board for each such Staff, and the results of the Criminal History Records Check satisfy, at a minimum, the requirements of 105 ILCS 5/34-18.5 and the requirements of all other Acts and Laws referenced in this Section, as may be

- amended; and (c) any Staff to provide Services under this MOU if Fiscal Agent knows that he/she did not successfully pass a DCFS Check;
- (5) Comply with and require compliance of all Staff with directives from the Board relating to any updates to any Background Check (which updates shall be received and adjudicated by the Board) and provide any other information requested by the Board necessary for the performance by Board of the Background Check and its update process; and
  - (6) Immediately remove from providing Services and terminate access for any Staff determined by the Board not to have passed a Background Check or update for any matters arising after an initial Background Check.

E. **Allocation of Costs and Liquidated Damages.** Fiscal Agent is obligated to cause the Background Check to be performed for all Staff, and Fiscal Agent shall be responsible for the costs of such Background Check. Whether or not Fiscal Agent allocates the costs to its subcontractors shall not affect Fiscal Agent's obligations in this Section.

If Fiscal Agent fails to comply with this Section, in whole or in part, then, in addition to the Remedies set forth in this MOU, the Board may exercise additional remedies, including but not limited to: (i) withholding payments due under this MOU, and any other agreement Fiscal Agent may have or enter into with the Board until Fiscal Agent remedies such non-compliance to the Board's reasonable satisfaction; (ii) immediately terminating this MOU without any further obligation by the Board of any kind (other than payment for Services previously rendered pursuant to the terms herein); (iii) seeking liquidated damages; (iv) or taking any other action or remedy available under this MOU or by law.

Liquidated damages shall be calculated as \$5,000.00 per breach of this Section, which, for purposes of clarity, for the aggregate calculation of liquidated damages, will include each instance of contact with CPS students by Staff as a separate breach. It is understood and agreed that Fiscal Agent's non-compliance with this Section shall constitute a material breach of this MOU.

7. **INDEMNIFICATION:** Fiscal Agent agrees to defend, indemnify, and hold harmless the Board, its members, employees, agents, officers and officials from and against liabilities, losses, penalties, damages, and expenses, including costs and attorney fees, arising out of all claims, liens, damages, obligations, actions, suits, judgments or settlements, or causes of action, of every kind, nature, and character (collectively "Claims") arising or alleged to arise out of the negligent acts or omissions or willful misconduct of Fiscal Agent, its officials, agents and employees and subcontractors in the performance of this MOU. The foregoing obligation extends to and is intended to encompass any and all Claims that the Services infringe, misappropriate, or otherwise violate any confidentiality, proprietary, or intellectual property rights of a third party.

And, in the event of unauthorized access, use, or disclosure of the Board's Confidential Information arising or alleged to arise from the acts or omissions of Fiscal Agent, its employees, agents, and subcontractors, in addition to the obligations provided in this Section, Fiscal Agent shall cover any costs or fees associated with (i) providing notices of data breach to affected persons and to regulatory bodies and (ii) remedying and otherwise mitigating any

potential damages or harm from the data breach, including but not limited to call centers and providing credit monitoring or credit restoration services as may be requested by the Board.

Fiscal Agent shall, at its own cost and expense, appear, defend and pay all attorney fees and, other costs and expenses arising hereunder. In addition, if any judgment shall be rendered against the Board in any such action, the Fiscal Agent shall, at its own expense, satisfy and discharge such obligation of the Board. The Board shall have the right, at its own expense, to participate in the defense of any suit, without relieving the Fiscal Agent of any of its obligations hereunder. The Board retains final approval of any and all settlements or legal strategies which involve the interest of the Board.

However, if Fiscal Agent, after receiving notice of any such proceeding, fails to immediately begin the defense of such claim or action, the Board may (without further notice to Fiscal Agent) retain counsel and undertake the defense, compromise, or settlement of such claim or action at the expense of Fiscal Agent, subject to the right of Fiscal Agent to assume the defense of such claim or action at any time prior to settlement, compromise or final determination thereof. The cost and expense of counsel retained by the Board in these circumstances shall be borne by Fiscal Agent and Fiscal Agent shall be bound by, and shall pay the amount of, any settlement, compromise, final determination or judgment reached while the Board was represented by counsel retained by the Board pursuant to this paragraph, or while Fiscal Agent was conducting the defense.

To the extent permissible by law, Fiscal Agent waives any limits to the amount of its obligations to defend, indemnify, hold harmless, or contribute to any sums due under any losses, including any claim by any employee of Fiscal Agent that may be subject to the Workers Compensation Act, 820 ILCS 305/1 *et seq.* or any other related law or judicial decision (such as *Kotecki v. Cyclops Welding Corporation*, 146 Ill. 2<sup>nd</sup> 155 (1991)). The Board, however, does not waive any limitations it may have on its liability under the Illinois Workers Compensation Act, the Illinois Pension Code, any other statute or judicial decision.

The indemnities set forth herein shall survive the expiration or termination of this MOU.

8. **CONFIDENTIAL INFORMATION:** In the performance of the MOU, Fiscal Agent may have access to or receive certain information that is not generally known to others (“**Confidential Information**”). Such Confidential Information may include but is not limited to: student data, employee data, technical data or specifications, software, ideas, budget figures, operational details, unpublished school information, CPS financial information, and CPS business plans. It is understood and agreed that Confidential Information also includes proprietary or confidential information of third parties provided by the Board to Fiscal Agent. Confidential Information will not include information that is: (i) or becomes part of the public domain through no fault of Fiscal Agent; (ii) made available to Fiscal Agent by an independent third party having the legal right to make such disclosure; and (iii) information that can be established and documented by Fiscal Agent to have been independently developed or obtained by Fiscal Agent without violating the confidentiality obligations of this MOU and any other agreements with the Board.

A. **Use of Confidential Information:** Fiscal Agent shall only use Confidential Information for the sole purpose of providing the Services to the Board hereunder and shall



not disclose the Confidential Information except to those of its officers, agents, employees, and subcontractors who have a need to access the Confidential Information for the performance of the obligations set forth in this MOU. Fiscal Agent shall not copy or reproduce in any manner whatsoever the Confidential Information of the Board without the prior written consent of the Board, except where required for its own internal use in accordance with this MOU. Fiscal Agent shall use at least the same standard of care in the protection of Confidential Information as Fiscal Agent uses to protect its own confidential information, but in any event, such Confidential Information shall be protected in at least a commercially reasonable manner. Notwithstanding the foregoing, it is understood and agreed that such protection of Confidential Information may be subject to the special requirements of FERPA and ISSRA as described in the Compliance with Laws Section.

**B. Dissemination of Information:** Fiscal Agent shall not disseminate any information obtained in performance or delivery of Services and/or materials for the Board to a third party without the prior written consent of the Board. Fiscal Agent shall not issue publicity news releases or grant press interviews during or after the performance or delivery of the Services and/or materials, except as may be required by law or with the prior written consent of the Board. If Fiscal Agent is presented with a request for documents by any administrative agency or with a *subpoena duces tecum* regarding any Confidential Information which may be in Fiscal Agent's possession as a result of Services and/or materials provided under this MOU, Fiscal Agent shall immediately give notice to the Board and its General Counsel with the understanding that the Board shall have the opportunity to contest such process by any means available to it prior to submission of any documents to a court or other third party. Fiscal Agent shall not be obligated to withhold delivery of documents beyond the time ordered by a court of law or administrative agency, unless the request for production or subpoena is quashed or withdrawn, or the time to produce is otherwise extended. Fiscal Agent shall cause its personnel, staff, subcontractors, agents, and volunteers, if any, to undertake the same obligations regarding dissemination of information as agreed to by Fiscal Agent under this MOU.

**C. Injunctive Relief:** In the event of a breach or threatened breach of this Section, Fiscal Agent acknowledges and agrees that the Board would suffer irreparable injury not compensable by money damages and would not have an adequate remedy at law. Accordingly, Fiscal Agent agrees that the Board shall be entitled to immediate injunctive relief to prevent or curtail any such breach, threatened or actual. The foregoing shall be in addition and without prejudice to such rights that the Board may have in equity, by law or statute.

**D. Ownership:** Fiscal Agent agrees that all Confidential Information as well as any as well as any trademarks, trade dress, copyrights, and other intellectual property rights (collectively "Intellectual Property") arising therefrom and any Work Product as defined below, shall at all times be and remain the property of the Board. Any Intellectual Property or other documents and materials created by the Board either alone or in cooperation with Fiscal Agent in connection with the Services, including but not limited to such materials that were adapted or reproduced from Fiscal Agent's materials ("Board Materials"), shall be the property of the Board. Any and all finished or unfinished documents, screens, reports, writings, procedural manuals, forms, source code, object code, work flow, charts, methods, processes, drawings, maps, files, records, computer printouts, designs or other materials prepared in the performance of Services ("Work Product") is exclusively deemed to be "works for hire" within

the meaning and purview of the United States Copyright Act, 17 U.S.C. § 101 *et seq.* To the extent that any Work Product does not qualify as a work for hire, the Fiscal Agent irrevocably grants, assigns, and transfers to the Board all right, title, and interest in and to the Work Product in all media throughout the world in perpetuity and all intellectual property rights therein, free and clear of any liens, claims, or other encumbrances, to the fullest extent permitted by law. Fiscal Agent shall execute all documents and perform all acts that the Board may request in order to assist the Board in perfecting or protecting its rights in and to intellectual property rights as defined in this Section. Board Materials shall exclude any and all (i) third party intellectual property and (ii) pre-existing Fiscal Agent Intellectual Property that is delivered to the Board as part of the Services. Upon written agreement between the parties, Fiscal Agent may be licensed to use the Board's Intellectual Property for specifically defined uses and terms.

E. **Return or Destruction of Board Property:** Upon demand of the Board, after termination of this MOU for any reason or the expiration of this MOU by its terms, Fiscal Agent shall turn over to the Board or its designee within three (3) business days of demand, all Confidential Information, Intellectual Property, materials, supplies, equipment owned or purchased by the Board, completed or partially completed Work Product and any other information relating in any way to this MOU or the performance or furnishing of Services hereunder and pursuant to the Grant award, except that Fiscal Agent may keep a copy of such information for its own records, subject to the use and ownership provisions of this MOU. If any of the above items are lost or damaged while in the Fiscal Agent's possession, such items shall be restored or replaced at Fiscal Agent's expense.

F. **Data:** Fiscal Agent shall follow the CPS Office of Research and Evaluation "External Data Request" process to attain student data for students whose parents have provided specific consent for the release of that data. Fiscal Agent shall submit a sample copy of the consent form, CPS External Data Request form, and the list of CPS student identification numbers of students whose parents have provided consent for the release of 1st and 4th quarter reading and math course grades and the prior year and current year state reading and math results. For questions or support, Fiscal Agent shall email [research@cps.edu](mailto:research@cps.edu) or consult the information on the website at <http://www.cps.edu/research/Pages/Research.aspx>. CPS shall return a report that will display the consented students' data, specifically: 1<sup>st</sup> and 4<sup>th</sup> quarter reading and math course grades and the prior year and current year Illinois State Assessment reading and math scale scores, proficiency levels, and national percentile ranking.

As mentioned above, the Board shall outline a commitment to providing the Fiscal Agent with a timeline and the requirements for data requests, both ad hoc and standing requests (data needed quarterly, annually, etc.). The Fiscal Agent shall receive a memo from the Board that will be updated annually to communicate these items to the Fiscal Agent.

G. **Transmitting and Storing Confidential Information:** Fiscal Agent shall comply with the following standards when transmitting or storing Confidential Information:

- (1) When mailing physical copies of Confidential Information that is personally identifiable ("**Personally Identifiable Confidential Information**"), send the

Personally Identifiable Confidential Information in a tamper-proof, labeled container, with a tracking number and a delivery confirmation receipt;

- (2) Encrypt all Confidential Information stored on portable and removable electronic media, such as CDs, DVDs, electronic tape, flash drives, etc. Encryption must utilize the Advanced Encryption Standard (“AES”) algorithm with a key of 256 bits or greater (“**Encrypt**”). Personally Identifiable Confidential Information stored in any portable or removable electronic media shall only be mailed in accordance with the provisions of Section 8.G(1) above;
- (3) Not send with Encrypted Confidential Information, via mail or electronically, any password or other information sufficient to allow decryption of Encrypted Confidential Information;
- (4) Keep all physical copies (paper, portable or removable electronic media, or other physical representations) of Confidential Information under lock and key, or otherwise have sufficient physical access control measures to prevent unauthorized access. Fiscal Agent shall not leave Confidential Information unsecured and unattended at any time;
- (5) Fiscal Agent shall password protect any laptop, desktop, or any other device that contains Confidential Information. Additionally, any laptop, desktop, or any other device that contains Confidential Information shall have its full hard drive Encrypted. Fiscal Agent shall not leave any laptop, desktop, or any other device unattended without enabling a screen-lock or otherwise blocking access to the device. Fiscal Agent shall ensure that no password or other information sufficient to access a laptop, desktop, or any other device containing Confidential Information is attached to or located near the laptop, desktop, or any other device at any time.
- (6) Fiscal Agent shall secure Confidential Information on its systems, including but not limited to any servers, by employing adequate security measures to prevent unauthorized access to that information, including but not limited to policies, procedures, and technical elements relating to data access controls. In addition, Fiscal Agent shall use industry standard security protocols and mechanisms to protect the exchange and transmission of Confidential Information.
- (7) Confidential Information shall be stored, backed up, and served only on servers located within the continental United States. Fiscal Agent’s network where Confidential Information may be stored shall have an in-line intrusion prevention system that inspects incoming data transmissions. Fiscal Agent should have a documented disaster recovery plan for the electronic systems where Confidential Information may be stored. Data stored in cloud-based systems must be protected in the same manner as local data as described throughout this MOU.

H. **Unauthorized Access, Use or Disclosure of Confidential Information:** If the Fiscal Agent becomes aware of any unauthorized access, use, or disclosure of the Confidential Information, it shall: (i) notify the Board immediately, which shall be no more than twenty-four hours from the Fiscal Agent receiving notice of the unauthorized access, use, or disclosure of the Confidential Information; (ii) take prompt and appropriate action to prevent further unauthorized access, use, or disclosure; (iii) cooperate with the Board and any government authorities with respect to the investigation and mitigation of any such unauthorized access, use, or disclosure, including the discharge of the Board's duties under the law; and (iv) take such other actions as the Board may reasonably require to remedy such unauthorized access, use or disclosure, including if required under any federal or state law, providing notification to the affected persons. Fiscal Agent shall bear the losses and expenses (including attorneys' fees) associated with a breach of Confidential Information including, without limitation, any costs: (1) of providing notices of a data breach to affected persons and to regulatory bodies; and (2) of remedying and otherwise mitigating any potential damage or harm of the data breach including, without limitation, establishing call centers and providing credit monitoring or credit restoration services, as requested by the Board. Fiscal Agent shall include provisions consistent with this Section in contracts with any subcontractors providing any Services under the MOU.

I. **Survival:** The provisions of this Section shall survive the termination or expiration of this MOU.

9. **INSURANCE:** Fiscal Agent, at its own expense, shall procure and maintain Insurance covering all operations under this MOU, whether performed by Fiscal Agent or by subcontractors. All insurers shall be licensed by the State of Illinois and rated A-VII or better by A.M. Best or a comparable rating service and policies shall not contain non-standard exclusions. Fiscal Agent shall submit to the Board satisfactory evidence of insurance coverage prior to the performance of any Services and upon request, shall promptly provide a certified copy of any applicable policy of insurance. Minimum insurance requirements are:

A. **Workers' Compensation and Employers' Liability Insurance.** Workers' Compensation Insurance affording workers' compensation benefits for all employees as required by law and Employers' Liability Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence. The workers' compensation policy must contain a waiver of subrogation clause.

B. **Commercial General Liability Insurance (Primary).** Commercial General Liability Insurance or equivalent with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) in the aggregate for bodily injury, personal injury and property damage liability. Coverage shall include, but not be limited to: all operations, contractual liability, independent contractors, products/completed operations (for a minimum of two (2) years following completion), and defense. General Liability must include coverage for sexual abuse and molestation. If Fiscal Agent's Commercial General Liability policy excludes claims for sexual abuse and molestation, then Fiscal Agent shall furnish separate Sexual Abuse & Molestation Insurance as specified below.

C. **Sexual Abuse & Molestation Insurance:** Sexual Abuse & Molestation Insurance or equivalent with limits of not less than One Million Dollars (\$1,000,000.00) per claim and Two

Million Dollars (\$2,000,000.00) in the aggregate. If coverage is claims made, the policy shall have a retroactive date effective upon the Effective Date of the MOU and have extended reporting period of not less than two (2) years following completion of the MOU. Any retroactive date or prior act exclusion must predate the Effective Date of this MOU and any earlier commencement of Services.

D. **Automobile Liability Insurance.** Automobile Liability Insurance when any motor vehicle (whether owned, non-owned or hired) is used in connection with this MOU, with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence for bodily injury and property damage.

E. **Professional Liability/Errors and Omissions Insurance.** If professional services are rendered, Fiscal Agent shall maintain such coverage with limits of not less than Two Million Dollars (\$2,000,000.00) per claim for errors and omissions in conjunction with professional services. The policy shall have a retroactive date effective with the commencement of professional services and have an extended reporting period of not less than two (2) years following completion of such professional service.

F. **Cyber Liability and Privacy & Security Insurance.** If Fiscal Agent is transmitting Confidential Information, Cyber Liability and Privacy & Security Coverage is required for damages arising from a failure of computer security, or wrongful release of private information, including expenses for notification as required by local, state or federal guidelines, with limits of liability not less than Two Million Dollars (\$2,000,000.00) per claim and Four Million Dollars (\$4,000,000.00) in the aggregate. Coverage shall include failure to prevent transmission of malicious code. The policy will be a claims-made program with any prior acts exclusion predating both the date of the MOU and any earlier commencement of Services. Such coverage shall either be maintained continuously for a period of two (2) years after expiration or termination of the MOU or Fiscal Agent must secure a 2-year extended reporting provision.

G. **Umbrella/Excess Liability Insurance.** Umbrella or Excess Liability Insurance with limits not less than Two Million Dollars (\$2,000,000.00) per occurrence, which will provide additional limits for employers' general and automobile liability insurance and shall cover the Board and its employees, subject to that of the primary coverage.

H. **Additional Insured.** Fiscal Agent shall have its General, Umbrella and Automobile Liability Insurance policies endorsed to provide that "the Board of Education of the City of Chicago, a body politic and corporate, and its members, employees and agents, and any other entity as may be designated by the Board are named as additional insured on a primary basis without recourse or right of contribution from the Board".

The insurance company, or its representative, shall submit an insurance certificate evidencing all coverage as required hereunder and indicating the Additional Insured status as required above. The Board reserves the right to stop all work this MOU pending receipt of satisfactory proof of insurance meeting the requirements set forth herein. The Certificate must provide thirty (30) days prior written notice of material change, cancellation, or non-renewal be given to:

Risk Management  
Board of Education of the City of Chicago  
42 W. Madison Street, 2<sup>nd</sup> Floor  
Chicago, Illinois 60602  
[riskmanagement@cps.edu](mailto:riskmanagement@cps.edu)

Any failure of the Board to demand or receive proof of insurance coverage shall not constitute a waiver of Fiscal Agent's obligation to obtain the required insurance. The receipt of any certificate does not constitute agreement by the Board that the insurance requirements in this MOU have been fully met or that the insurance policies indicated on the certificate are in compliance with all MOU requirements. Fiscal Agent's failure to carry or document required insurance shall constitute a breach of the Fiscal Agent's MOU with the Board. In the event Fiscal Agent fails to fulfill the insurance requirements of this MOU, the Board reserves the right to stop all work until proper evidence of insurance is provided, or this MOU may be terminated.

Any deductibles or self-insured retentions on referenced insurance coverage must be borne by Fiscal Agent. Any insurance or self-insurance programs maintained by the Board do not contribute with insurance provided by the Fiscal Agent and subcontractors under this MOU. All Fiscal Agent and subcontractor insurance are considered by the parties to this MOU to be primary and collectible above all other coverage, including, but not limited to, the Board's insurance and self-insurance.

All subcontractors are subject to the same insurance requirements of Fiscal Agent unless otherwise specified in this MOU. The Fiscal Agent shall require any subcontractors under this MOU to maintain comparable insurance naming the Fiscal Agent, the Board inclusive of its members, employees and agents, and any other entity designated by the Board, as Additional Insureds. The Fiscal Agent will maintain a file of subcontractor's insurance certificates evidencing compliance with these requirements.

The coverages and limits furnished by Fiscal Agent in no way limit the Fiscal Agent's liabilities and responsibilities specified within this MOU or by law. The required insurance is not limited by any limitations expressed in the indemnification language in this MOU, if any, or any limitation that might be placed on the indemnity in this MOU given as a matter of law.

The Fiscal Agent agrees that insurers waive their rights of subrogation against the Board.

10. **RIGHT OF ENTRY AND PRINCIPAL'S RIGHT TO DIRECT:**

A. **Right of Entry:** Fiscal Agent and any of its officers, employees, subcontractors, volunteers or agents performing Services hereunder shall be permitted to enter upon Board property in connection with the performance of Services hereunder, subject to the terms and conditions contained herein and those rules established by the Board and the subject school principal. Fiscal Agent shall provide advance notice to the Board whenever applicable, of any such intended entry. Consent to enter upon a site given by the Board shall not create, nor be deemed to imply, the creation of any additional responsibilities on the part of the Board. Fiscal

Agent shall use, and shall cause each of its officers, employees, subcontractors, volunteers and agents to use, the highest degree of care when entering upon any property owned by the Board in connection with the Services. Any and all claims, suits or judgments, costs, or expenses, including reasonable attorney fees, arising from, by reason of, or in connection with any such entries shall be treated in accordance with the applicable terms and conditions of this MOU, including without limitation, the indemnification provisions contained in this MOU.

B. **Principal's Right to Direct:** The principal at each school receiving Services has the authority, to the maximum extent possible, to direct Fiscal Agent and its Staff when performing the Services on the school site.

11. **REPRESENTATIONS AND WARRANTIES OF FISCAL AGENT:** Fiscal Agent represents and warrants that the following shall be true and correct as of the effective date of this MOU and shall continue to be true and correct during the Term of this MOU.

A. **Compliance with Laws:** Fiscal Agent is and shall remain in compliance with all applicable federal, state, county, and municipal, statutes, laws, ordinances, and regulations relating to this MOU and the performance of Services in effect now or later and as amended from time to time, including but not limited to the Drug-Free Workplace Act, the Illinois School Student Records Act, the Family Educational Rights and Privacy Act, the Protection of Pupil Rights Amendment, the Health Insurance Portability and Accountability Act of 1996, as set forth in Title 45, Parts 160 and 164 of the Code of Federal Regulations ("HIPAA"), and any others relating to non-discrimination. Further, Fiscal Agent is and shall remain in compliance with all applicable Board policies and rules. Board policies and rules are available at <http://www.cps.edu/>.

B. **Licensed Professionals:** Fiscal Agent is appropriately licensed under Illinois law to perform Services required under this MOU and shall perform no Services for which a professional license is required by law and for which Fiscal Agent, its employees, agents, or subcontractors, as applicable, are not appropriately licensed.

C. **Research Activities and Data Requests:** Fiscal Agent shall not conduct research in the Chicago Public Schools or use CPS Confidential Information for research purposes, unless specifically at the request of the Board in accordance with the terms of this MOU. In the event Fiscal Agent seeks to conduct research activities in the Chicago Public Schools or use CPS student data for research, Fiscal Agent shall comply with the Board's Research Study and Data Policy adopted on July 28, 2010, as may be amended from time to time. Fiscal Agent acknowledges and agrees that it may not begin any research activities or obtain data for research purposes without the prior written consent of the Board's Chief Education Officer or his/her designee.

D. **Authorization:** In the event Fiscal Agent is an entity other than a sole proprietorship, Fiscal Agent represents that it has taken all action necessary for the approval and execution of this MOU, and execution by the person signing on behalf of the Fiscal Agent is duly authorized by Fiscal Agent and has been made with complete and full authority to commit Fiscal Agent to the all terms and conditions of this MOU which shall constitute valid, binding obligations on Fiscal Agent.

E. **OMB Circular A-133 Assurances:** Fiscal Agent assures the Board that it complies with A-133 and that it will notify the Board of completion of required audits and of any adverse findings which impact this MOU.

F. **Compliance with Grant.** In performing its responsibilities under this MOU, the Fiscal Agent shall fully comply with the regulations and costs principles, including subsequent amendments, set forth in any Grant Award Notification made by ISBE and the requirements set forth in any Grant agreement pursuant to that Grant award which are incorporated herein as if set forth in their entirety.

G. **Grant Reporting.** Fiscal Agent shall complete any necessary reports upon completion of Services in the format as requested by ISBE. Fiscal Agent is responsible for the expenditure of funds and maintaining adequate supporting records consistent with generally accepted accounting practices. Fiscal Agent shall supply the Board with copies of all reports required by ISBE which are submitted by Fiscal Agent pursuant to the Grant requirements.

12. **USE OF BOARD'S NETWORKS:** If at any time, Fiscal Agent has access to the Board's computer network, Fiscal Agent warrants that it is and shall remain in compliance with the Board's Information Security Policy adopted September 25, 2013 (13-0925-PO1), and the Board's Staff Acceptable Use Policy, adopted August 22, 2018 (18-0822-PO2), both as amended, during the term of the MOU and any renewals thereof. Fiscal Agent shall not act or fail to act in any manner that will cause any CPS student to not comply with the Board's Student Acceptable Use Policy, adopted August 22, 2018 (18-0822-PO1), as may be amended.
13. **NON-LIABILITY OF BOARD OFFICIALS:** Fiscal Agent agrees that no Board member, employee, agent, officer or official shall be personally charged by Fiscal Agent, its members if a joint venture, or any subcontractors with any liability or expense under the MOU or be held personally liable under this MOU to Fiscal Agent, its members if a joint venture, or any subcontractors.
14. **GOVERNING LAW:** This MOU shall be governed as to performance and interpretation in accordance with the laws of the State of Illinois. Fiscal Agent irrevocably submits itself to the original jurisdiction of those courts located in the County of Cook, State of Illinois, with regard to any controversy arising out, or relating to, or in any way concerning the execution or performance of this MOU. Fiscal Agent agrees that service of process on the Fiscal Agent may be made, at the option of the Board, by either registered or certified mail addressed to the office identified on the first page of this MOU, by registered or certified mail addressed to the office actually maintained by the Fiscal Agent, or by personal delivery on any officer, director, or managing or general agent of the Fiscal Agent. If any action is brought by the Fiscal Agent against the Board concerning this MOU, the action shall only be brought in those courts located within the County of Cook, State of Illinois.
15. **AUDIT AND DOCUMENT RETENTION:** Fiscal Agent shall permit and cooperate in good faith in any audits by the Board or its agents for compliance by Fiscal Agent with this MOU. Fiscal Agent will furnish the Board with such information as may be requested relative to the progress, execution, and costs of the Services. Failure of Fiscal Agent to comply in full and cooperate with the requests of the Board or its agents shall give the Board, in addition to all other rights and remedies hereunder, the right to charge Fiscal Agent for the costs of such



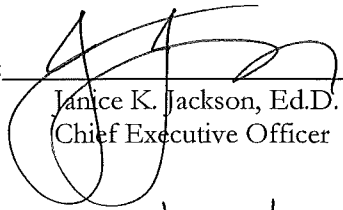
audit. Fiscal Agent will maintain all records under the MOU. As used in this Section, “**records**” shall include all correspondence, receipts, vouchers, memoranda, and other data, regardless of type or medium (including emails or other electronically stored data) relating to this MOU and Fiscal Agent’s performance of the Services. All records referenced above will be retained for at least five (5) years after the expiration or termination of this MOU and shall be subject to inspection and audit by the Board. If any audit, litigation, or other action involving the records is being conducted or has not been resolved, all applicable records must be retained until that proceeding is closed. Fiscal Agent will include, in all of its subcontractor agreements for Services, provisions requiring subcontractors to maintain the above-described records and allowing the Board and/or its contractors the same right to inspect and audit said records as set forth herein.

16. **ETHICS:** No officer, agent or employee of the Board is or shall be employed by Fiscal Agent or has or shall have a financial interest, directly, or indirectly, in this MOU or the compensation to be paid hereunder except as may be permitted in writing by the Board’s Code of Ethics adopted May 25, 2011 (11-0525-PO2), as amended from time to time, which policy is hereby incorporated by reference into and made a part of this MOU as if fully set forth herein.
17. **INSPECTOR GENERAL:** Each party to this MOU hereby acknowledges that in accordance with 105 ILCS 5/34-13.1, the Inspector General of the Chicago Board of Education has the authority to conduct certain investigations and that the Inspector General will have access to all information and personnel necessary to conduct those investigations.
18. **SURVIVAL/SEVERABILITY** All express warranties, representations and indemnifications made or given in this MOU shall survive the completion of the Services or the termination of this MOU for any reason. Invalidity of any provision, term or condition of this MOU for any reason shall not render any other provision, term or condition of this MOU invalid or unenforceable.
19. **COUNTERPARTS AND FACSIMILE:** This MOU may be executed in any number of counterparts, each of which shall be deemed to be an original, but all of which together shall constitute but one instrument. A signature delivered by facsimile or electronic means shall be considered binding.

**[SIGNATURE PAGES TO FOLLOW]**

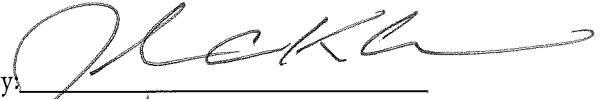
IN WITNESS WHEREOF, the parties hereto have caused this MOU to be executed by their duly authorized representatives as of the Effective Date.

**BOARD OF EDUCATION  
OF THE CITY OF CHICAGO**

By:   
Janice K. Jackson, Ed.D.  
Chief Executive Officer

Date: 1/26/20

**ASPIRA OF ILLINOIS  
[FISCAL AGENT]**

By:   
Name: JOHN A. KOWAR

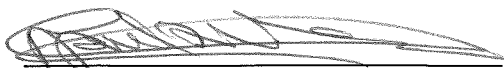
Title: COO

Date: 1/16/2020

Approved as to Legal Form:   
Joseph T. Moriarty  
General Counsel

Manuel Adrianzen

Principal's Name



Principal's Signature

Nobel

School Name

4127 W. Hirsch

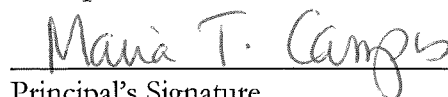
School Address

1/15/20

Date

Mania T. Campos

Principal's Name



Principal's Signature

Lozano

School Name

1501 N. Greenview

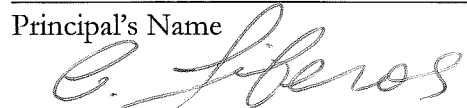
School Address

1/15/20

Date

Christos Liberios

Principal's Name



Principal's Signature

Scammon

School Name

4201 W. Henderson  
School Address

1/16/2020  
Date

\_\_\_\_\_  
Principal's Name

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Name

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Name

\_\_\_\_\_  
Principal's Signature

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School Name

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School Address

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Date

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Principal's Name

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Principal's Signature

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School Name

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School Address

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Date



42 W. Madison | 2<sup>nd</sup> Floor | Chicago, IL 60602  
Telephone: (773) 553-4444  
Fax: (773) 553-2421

08/28/2023

Elizabeth Roth

Dear Roth,

Thank you for your interest in conducting research in The Chicago Public Schools. The Research Review Board has reviewed your Continuing Review proposal 08/28/2023 for research, titled: 21s CCLC Study.

The Research Review Board has completed the review of your Continuing Review proposal and has approved your request to conduct this research. Although your study is approved, school principals have final authority over activities that are allowed to take place in the school. If data collection continues beyond a year from this approval, please complete the Modification & Continuing Review Process Form through IRBManager.

Please note the following--

Background Check Level Required: Level I

Other Notes: Interactions with students

Upon completion of the research study, a copy of the final report or summary of the results must be provided to the Research Review Board. The Board reserves the right to use the information in the research report or summary for planning, solicitation or grants, and staff development.

Please note that your study has been assigned Project ID #2022-1766. If you have any questions, please contact our office by email at [research@cps.edu](mailto:research@cps.edu).

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Dickson". The signature is fluid and cursive, with the first name "Sarah" and last name "Dickson" clearly distinguishable.

Sarah Dickson  
Co-Chair, Research Review Board