# FY23 ESSER CrossAct

## Introduction

The United States Department of Education (USED) is requiring the Department of Elementary and Secondary Education (DESE) to report on any activities supported by ESSER funds (including any of ESSERs I, II, and III) at both the district and state levels during FY23 (from July1, 2022 through June 30, 2023).

Cross-Act ESSER Annual Report
All districts that received an ESSER grant (including any of ESSERs I, II, and III) and made expenditures from July 1, 2022 through June 30, 2023 must complete this survey by May 10, 2024 @ 11:59PM EST. The information will be reported to USED and will be published on USED's website to promote transparency in the distribution and use of funds.

For support materials and other information, please visit DESE's [ESSER Data Collection website](https://www.doe.mass.edu/federalgrants/esser/data-collection.html).

## Recipient Information

### 1) ****You are providing data for:****

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 2) Your name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 3) Your email address (a pdf copy of your completed submission will be sent to this email address) \*

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Are you the lead district for a ****Schedule A Consortium**** (i.e., did you join with other districts and apply for the grant on everyone's behalf)for ESSER grants?Most districts will likely select "No."If you answer "yes," note that Schedule A lead districts are answering the following questions on behalf of all consortium members *****combined***** (i.e. not separately). Should the US Department of Education require that DESE submit data for all individual districts, DESE will break out the Schedule A lead district's answers proportionately, based on allocation amounts.\*

( ) Yes

( ) No

#### If “Yes”, list all districts in the Schedule A Consortium and 4-digit district codes below:

|  |  |  |
| --- | --- | --- |
|  | **Consortium Member District** | **LEA Code** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

## The following questions address ESSER expenditures for recipients of any of the ESSER awards. This would include the ESSER I, II, III grants (i.e., Fund Codes 113, 115, and 119), in the reporting period from July1, 2022 through June 30, 2023.

#### 4) Did the district expend ESSER funds on any of the items below ****in the reporting period from July 1, 2022 through June 30, 2023? (Select all that Apply)****Remember, in this section, "ESSER" refers to any of the ESSER grant awards.

[ ] Promoting vaccination

[ ] Consistent and correct mask use

[ ] Physical distancing

[ ] Screening testing to promptly identify cases, clusters, and outbreaks

[ ] Ventilation

[ ] Handwashing and respiratory etiquette

[ ] Staying home when sick and getting tested

[ ] Contact tracing

[ ] Cleaning and disinfection

[ ] None of the Above

#### 5) Did the district use ESSER to provide home Internet access for any students in the ****in the reporting period from July 1, 2021 through June 30, 2022?****Remember, "ESSER" refers to any of the ESSER grant awards.

( ) Yes

( ) No

#### 6) What type(s) of home Internet services were provided by the district using ESSER funds? Internet Service type: ****(Select all that Apply)****

[ ] Mobile hotspots with paid data plans

[ ] Internet connected devices with paid data plans

[ ] District pays for the cost of home Internet subscription for student

[ ] District provides home Internet access through a district-managed wireless network

[ ] Other (Please specify):: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 7) Did the district seek to reengage students with poor attendance or participation during FY23?Please provide a response regardless of whether you spent ESSER funds for these activities.

( ) Yes

( ) No

#### 8) How did the district seek to reengage students with poor attendance or participation?Provide a response regardless of whether you spent ESSER funds for these activities.

[ ] Direct outreach to families

[ ] Engaging the school district homeless liaison

[ ] Partnering with community-based organizations

[ ] Offering home internet service and/or devices

[ ] Implementing new curricular strategies to improve student engagement

[ ] Offering credit recovery and/or acceleration strategies

[ ] Other (please describe):: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 9) Did the district allocate some portion of ESSER funds to schools in the reporting period from ****July 1, 2022 through June 30, 2023?****Reminder: "ESSER" refers to any of the ESSER grant awards.

( ) Yes

( ) No

#### 10) How did the district allocate ESSER funds to its schools? Mark to indicate whether the below criteria were used to allocate ESSER funds to schools.For example, if the district allocated funds using a weighted formula of total number of enrollments AND total number of enrolled students with disabilities, the district should mark the first two options below.

[ ] Flat amount per school or per pupil

[ ] Number or proportion of students at the school with specific curricular needs, such as students with disabilities or English language learners

[ ] Number or proportion of students at the school who are eligible for Free or Reduced-Price Lunch and/or other indicators of low-income background

[ ] Measure(s) of lost instructional time (“learning loss”)

[ ] Stakeholder or community input

[ ] Title I status

[ ] Other data (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ESSER Support for Learning Recovery or Acceleration by Student Group

#### 11) Evidence-based summer learning or summer enrichment programs?

( ) Yes

( ) No

## Evidence-based Summer Learning or Summer Enrichment Programs

#### 12) Was this summer program available to all students?

( ) Yes

( ) No

### 13) If no, indicate the number of students this program serves at full capacity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 14) Total *****unique***** headcount of students that participated in this activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 15) Indicate the percentage of eligible students from that student group that *****participated***** in this activity:*****Eligible***** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. Student Group (Note, the total unique headcount does ****not**** need to equal the sum of all rows as a student may be counted in multiple rows.)

|  |  |
| --- | --- |
|  | **Percent participating eligible students by subgroup. You can provide an estimated percentage, given that your process of estimation is documented and could be replicated (%)** |
| Students with one or more disabilities |  |
| Low-income students |  |
| English learners |  |
| Students in foster care |  |
| Migratory students |  |
| Students experiencing homelessness |  |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Hispanic/Latino |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Two or more races |  |
| Other student subpopulation (Please specify): |  |

## Evidence-based Afterschool Programs

#### 16) Evidence-based afterschool programs?

( ) Yes

( ) No

## Evidence-based Afterschool Programs

#### 17) Was this afterschool program available to all students?

( ) Yes

( ) No

### 18) If no, indicate the number of students this program serves at full capacity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 19) Total *****unique***** headcount of enrolled students:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 20) Total Percent LEA Student Enrollment by Demographic Subgroup:(Note, the total unique headcount in the previous question does not need to equal the sum of all rows as a student may be counted in multiple rows.)

|  |  |
| --- | --- |
|  | **Percent participating eligible students by subgroup. You can provide an estimated percentage, given that your process of estimation is documented and could be replicated (%)** |
| Students with one or more disabilities |  |
| Low-income students |  |
| English learners |  |
| Students in foster care |  |
| Migratory students |  |
| Students experiencing homelessness |  |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Hispanic/Latino |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Two or more races |  |
| Other student subpopulation (Please specify): |  |

## Extended Instructional Time

#### 21) Extended Instructional Time (including extended school day or school week or school year)?

( ) Yes

( ) No

## Extended Instructional Time

#### 22) Was this extended instructional time program available to all students?

( ) Yes

( ) No

### 23) If no, indicate the number of students this program serves at full capacity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 24) Total *****unique***** headcount of students that participated in this activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 25) Indicate the percentage of eligible students from that student group that *****participated***** in this activity:*****Eligible***** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. Student Group (Note, the total unique headcount does not need to equal the sum of all rows as a student may be counted in multiple rows.)

|  |  |
| --- | --- |
|  | **Percent participating eligible students by subgroup. You can provide an estimated percentage, given that your process of estimation is documented and could be replicated (%)** |
| Students with one or more disabilities |  |
| Low-income students |  |
| English learners |  |
| Students in foster care |  |
| Migratory students |  |
| Students experiencing homelessness |  |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Hispanic/Latino |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Two or more races |  |
| Other student subpopulation (Please specify): |  |

## Evidence-based High Dosage Tutoring

#### 26) Evidence-based high dosage tutoring?

( ) Yes

( ) No

## Evidence-based High Dosage Tutoring

#### 27) Was this evidence-based high dosage tutoring program available to all students?

( ) Yes

( ) No

### 28) If no, indicate the number of students this program serves at full capacity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 29) Total *****unique***** headcount of students that participated in this activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 30) Indicate the percentage of eligible students from that student group that *****participated***** in this activity:*****Eligible***** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. Student Group (Note, the total unique headcount does not need to equal the sum of all rows as a student may be counted in multiple rows.)

|  |  |
| --- | --- |
|  | **Percent participating eligible students by subgroup. You can provide an estimated percentage, given that your process of estimation is documented and could be replicated (%)** |
| Students with one or more disabilities |  |
| Low-income students |  |
| English learners |  |
| Students in foster care |  |
| Migratory students |  |
| Students experiencing homelessness |  |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Hispanic/Latino |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Two or more races |  |
| Other student subpopulation (Please specify): |  |

## Early Childhood Education Program Expansion

#### 31) Early childhood education program expansion or enhancement?

( ) Yes

( ) No

## Early Childhood Education Program Expansion

#### 32) Did your LEA expand its early childhood program?

( ) Yes

( ) No

### 33) If yes, how many additional students or slots were funded with ESSER I, ESSER II or ESSER III in the most recent school year?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 34) Did your LEA enhance its early childhood program?

( ) Yes

( ) No

### 35) Total *****unique***** headcount of students enrolled in an early childhood education program within the LEA:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 36) Indicate the percentage of eligible students from that student group that *****participated***** in this activity:*****Eligible***** refers to students within the student group who meet eligibility criteria for participation, such as belonging to the appropriate grade for the activity. Student Group (Note, the total unique headcount does not need to equal the sum of all rows as a student may be counted in multiple rows.)

|  |  |
| --- | --- |
|  | **Percent participating eligible students by subgroup. You can provide an estimated percentage, given that your process of estimation is documented and could be replicated (%)** |
| Students with one or more disabilities |  |
| Low-income students |  |
| English learners |  |
| Students in foster care |  |
| Migratory students |  |
| Students experiencing homelessness |  |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Hispanic/Latino |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Two or more races |  |
| Other student subpopulation (Please specify): |  |

## Full-Service Community Schools

#### 37) Full-Service Community Schools?

( ) Yes

( ) No

## Full-Service Community Schools

### 38) How many new or additional full-service community schools were launched using these funds in the LEA?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 39) How many current full-service community schools received additional services and/or support using these funds?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 40) What was the total enrollment in full-service community schools supported with ESSER funds within your LEA?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Purchasing Educational Technology

#### 41) Purchasing educational technology?

( ) Yes

( ) No

## Purchasing Educational Technology

#### 42) Was educational technology purchased for all students?

( ) Yes

( ) No

### 43) If no, indicate the number of students for whom educational technology was purchased:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 44) Indicate the percentage of eligible students from that student group that *****received or were directly supported by***** the educational technology:*****Eligible***** refers to students within the student group who meet eligibility criteria for the educational technology, such as belonging to the appropriate grade and/or having a specific need for the educational technology. Student Group (Note, the total unique headcount does not need to equal the sum of all rows as a student may be counted in multiple rows.)

|  |  |
| --- | --- |
|  | **Percent participating eligible students by subgroup. You can provide an estimated percentage, given that your process of estimation is documented and could be replicated (%)** |
| Students with one or more disabilities |  |
| Low-income students |  |
| English learners |  |
| Students in foster care |  |
| Migratory students |  |
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| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Hispanic/Latino |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Two or more races |  |
| Other student subpopulation (Please specify): |  |

## District Certification

## Thank You