

21st CCLC Welcome Visit Tool

The focus of the Welcome Visit is to share what is currently being implemented, ask clarifying questions, and share best practices. It is recommended that the reviewers and subgrantee review their proposal and budget in order to complete the tool.

Subgrantee Information

Site Visit Date:

Meeting location:

Name(s) of Resource Center staff member(s) conducting visit:

Subgrantee Project Number(s): 0187-24-____

Lead Applicant Name:

Program partners:

Sites in grant:

Grade levels served:

Is this program funded by any additional funding streams? Y \Box N \Box Funding source(s):

Contact information & attendance at Welcome Visit:

21st CCLC Role	First & Last Name	Email	Phone	Select if present at visit
Program Manager				
Site Coordinator(s)				
Data Manager				
Fiscal Coordinator				
Evaluator				
Education Liaison				
Other				

Program Statistics

Program start date/target start date:				
Program target enrollment number: Actual enrollment number:				
Has the program entered attendance in EZReports data tracking system: Y \square N \square				
Describe the current relationship/communication with the school:				
Does the program have an ELT component (programming during the regular school day)? Y \square N \square				
Has the program received a first visit from their evaluator? Y \square N \square				
Program Safety				
Does the program have a safety plan ¹ ? Y \square N \square				
Does the program have a safety plan ¹ ? Y \square N \square Has the safety plan been reviewed with staff members? Y \square N \square				
Has the safety plan been reviewed with staff members? Y \square N \square				
Has the safety plan been reviewed with staff members? Y \square N \square Are all staff members' fingerprints cleared (DOE, DOH, and PETS)? Y \square N \square				

Have fire/safety drills been conducted during 21st CCLC program hours? Y \Box	ND	
---	----	--

Does reviewer or subgrantees have any areas of concern around program safety? Y \square N \square

Comments:

Program Management

Are the program's staff, participant and parent/guardian handbooks complete? Y \square N \square
Have participant enrollment forms been distributed and collected? Y \square N \square
Are program materials translated for parents and students? Y \square N \square
Does the program have a current activity schedule(s)? Y \square N \square
Does the program utilize lesson plans that meet NYSED requirements? Y \Box N \Box

¹ SACC programs need to have safety plans approved by OCFS/DOH and district-run programs' safety plans need to be approved by district

Does the reviewer or subgrantee have any concerns around program management? $Y \square N \square$ Has the program held their first Advisory Board Meeting? $Y \square N \square$ Are the remaining Advisory Board Meetings scheduled for the rest of the year? $Y \square N \square$ Is the program budget approved by NYSED? $Y \square N \square$ Did the program receive the 20% advance from NYSED? $Y \square N \square$ Does the program meet regularly with the Fiscal Coordinator to review the budget? $Y \square N \square$ Does the lead agency/organization have a Fiscal Manual? $Y \square N \square$

Comments:

Promising Practices:

Subgrantee's Summary of Actions to be Taken & Goal Dates:

Additional Support to be provided by the NYSED and/or Resource Center (if needed):