

21st CCLC Welcome Visit Tool

School and Provider Information

Site Visit Date: _____

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

Lead Subgrantee Name: _____

Subgrantee Project Number(s): 0187-23-____

Site visited: _____

Other sites in grant: _____

Grade levels served: _____

Staff Member(s) present during Welcome visit: _____

Name of local evaluator: _____

Any updated contact information for subgrantee? _____

Is this program funded by any additional funding streams? Y ☐ N ☐ Funding source: _____

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 ☐ N ☐

Describe the current relationship/communication with the school: _____

Does the program have an ELT component (programming during the regular school day)? Y ☐ N ☐

Has the program received a first visit from their evaluator? Y ☐ N ☐

Program Safety

Does the program have a safety plan? Y ☐ N ☐

Has the safety plan been shared with staff members? Y ☐ N ☐

Are all staff members' fingerprints cleared? Y ☐ N ☐

Is there an effective arrival/dismissal procedure for students and a plan for safe travel home? Y ☐ N ☐

Does the program have a SACC registration(s) in place? Y ☐ N ☐ N/A ☐ Other ☐

Are the program's fire/safety drill logs up-to-date? Y ☐ N ☐

Have fire/safety drills been conducted in after school hours? Y ☐ N ☐

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

Comments:

Program Management

Are the program's staff, participant and parent/guardian handbooks complete? Y ☐ N ☐

Are program materials translated for parents and students? Y ☐ N ☐

Does the program have a current activity schedule(s)? Y ☐ N ☐

Does the program utilize lesson plans that meet NYSED requirements? Y ☐ N ☐

Does the reviewer or subgrantee have any concerns around program management? Y ☐ N ☐

Has the program held their first Advisory Board Meeting? Y ☐ N ☐

Are the remaining Advisory Board Meetings scheduled for the rest of the year? Y ☐ N ☐

Is the program budget approved by NYSED? Y ☐ N ☐

Did the program receive the 20% advance from NYSED? Y ☐ N ☐

Does the program meet regularly with the Fiscal Coordinator to review the budget? Y ☐ N ☐

Does the lead agency/organization have a Fiscal Manual? Y ☐ N ☐

Comments:

Promising Practices:

Summary of Actions to be Taken:

Additional Follow-Up TA Steps Needed (if needed):