



# Teen REACH Site Visit Portfolio

Please complete all necessary fields and upload all requested documents to your secure DropBox folder using the link provided.

For ACT Now use **ONLY**: Staff participating in Site Visit:

Chelsea Corbett	Jackie Tichler	Mike Sandidge
Kasey Brown	Nikki Gillani	Other

## A. Identifying Information

1. Agency Name:

2. Address:

3: Teen REACH Program Sites:



4. Teen REACH Program Staff:

First & Last Name	Title	Email
First & Last Name	Title	Email
First & Last Name	Title	Email
First & Last Name	Title	Email

For ACT Now use **ONLY**:  
Background Check



**A. Identifying Information**

**4. Teen REACH Program Staff:**

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

First & Last Name                      Title                      Email

For ACT Now use **ONLY:**  
Background Check



**A. Identifying Information**

5. Submit background checks for employees hired from _____ to _____	<b>Check off Complete</b>
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6. Do you use volunteers to conduct or assist with Teen REACH programming?	<b>Check off</b>
	Yes                      No

7. If yes, submit background checks for volunteers hired from _____ to _____	<b>Check off Complete</b>
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**B. Quality of Afterschool Program Staff and Practices**

**8. ACT Now Center for Afterschool Learning (ANCAL):**

- Do all Teen REACH program staff have an ANCAL account?	<b>Check off</b>
	Yes                      No

- If no, please explain:
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- Do you need technical assistance for using ANCAL?	<b>Check off</b>
	Yes                      No

**9. Illinois Quality Program Self-Assessment (QPSA):**

- Are you a newsletter subscriber?	<b>Check off</b>
	Yes                      No

- Please share any questions you have about the FY24 IL-QPSA syllabus:
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## B. Quality of Afterschool Program Staff and Practices

### 10. Capacity Building Assessment Tool for Organizations:

- Are you signed up for ICOY's trauma initiatives newsletter?	Yes	<b>Check off</b>	No
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- Did you achieve a trauma-informed status in FY23?	Yes	<b>Check off</b>	No
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- Please describe ways you are working to improve trauma-informed practices for FY24.
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### 11. Teen REACH Quarterly Meetings:

- What feedback do you have regarding Quarterly Meetings?
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- Are you willing to present during Quarterly Meetings this fiscal year?	Yes	<b>Check off</b>	No
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### 12. Professional Development Opportunities:

- Teen REACH grantees can expense up to 10 professional development days per fiscal year. Please describe how you will use these professional development opportunities this fiscal year.
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- Please list professional development and training topics you would like offered this year.
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### C. Data Management Practices

#### 13. eCornerstone:

- Do all staff who need it have eCornerstone credentials?	<b>Check off</b> Yes                  No
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- How frequently is data entry updated in eCornerstone? (please check one)			
<b>DAILY</b>	<b>WEEKLY</b>	<b>MONTHLY</b>	<b>OTHER</b>

- Please share any feedback or notes regarding eCornerstone you would like relayed to DHS.
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- Would you like a one-on-one eCornerstone training with DHS?	<b>Check off</b> Yes                  No
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#### 14. Business Objects:

- Are you able to pull the following reports: (select all that apply)
STATEWIDE PERFORMANCE INDICATORS
STATEWIDE DOSAGE REPORT
ENROLLMENT REPORT FOR PROVIDERS
CORE SERVICES PROVIDED FOR PROVIDERS
DISCHARGE REPORT FOR PROVIDERS

- Please share any feedback or notes regarding Business Objects you would like relayed to DHS.
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- Would you like a one-on-one Business Objects training with DHS?	<b>Check off</b> Yes                  No
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### C. Data Management Practices

#### 15. PPR Data Review:

- Reported program sites match DHS records.	<b>For ACT Now use ONLY:</b> Yes                      No
- Please describe strategies to increase or maintain projected youth <b>Enrollment</b> numbers for this fiscal year.	
- Please describe strategies to increase or maintain projected <b>Average Daily Attendance</b> numbers for this fiscal year.	
- Please describe strategies to increase or maintain projected <b>Days Open</b> for this fiscal year.	
- Please describe strategies to increase or maintain projected <b>Youth Attendance Hours</b> this fiscal year.	
- Please describe your process for tracking / documenting homework completion, school attendance, and grades.	
- Do you have specific program and/or performance data concerns you'd like to discuss during your Site Visit?	<b>Check off</b> Yes                      No



**D. Core Service Areas**

**16. Academic Performance:**

- What academic areas would you say are most challenging for your participants?

- Does your program use any academic based curriculum?	<b>Check off</b>
	Yes                      No

- If yes, please list the curriculums used:

- Please name any resources that you feel would help you deliver higher quality academic performance activities:

**17. Life Skills Education:**

- Do you offer Life Skills Education on the following topics:

Substance Use & Abuse	Early Sexual Activity & Pregnancy
Anger Management	Conflict Resolution
Decision Making	Problem Solving
Health	Nutrition

- Does your program use any life skills educational curriculum?	<b>Check off</b>
	Yes                      No

- If yes, please list the curriculums used:



**D. Core Service Areas**

**18. Life Skills Education:**

- Please name any resources that you feel would help you deliver higher quality life skills education activities:

**19. Parental Involvement:**

- Please describe the ways in which you engage with participants parents and caregivers on a regular basis:

- Please list any parent involvement activities you have hosted or plan to host in FY24:

- Please describe any strategies in place to improve family engagement this fiscal year:

- Please name any resources that you feel would help you deliver higher quality parental involvement activities:

**20. Recreation, Sports, Cultural / Artistic**

- Please describe how your program celebrates varying cultures and identities:





**D. Core Service Areas:**

**20. Recreation, Sports, Cultural / Artistic:**

- Does your program use any recreation, sports, and/or cultural / artistic curriculum?	Yes	<b>Check off</b>	No
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- If yes, please list the curriculums used:

- Please name any resources that you feel would help you deliver higher quality recreation, sports, and/or cultural/artistic activities:

**21. Positive Adult Mentors:**

- Please describe how youth engage positively with adult mentors during programming:

- If your program uses volunteers and/or interns, please describe your training and supervision process:

- Please name any resources that you feel would help you deliver higher quality positive adult mentor engagement:

**22. Service-Learning:**

- Please describe how service-learning projects are or will be identified and facilitated this fiscal year:



**D. Core Service Areas**

**22. Service-Learning:**

- How is youth voice and choice prioritized when planning service-learning projects?

- Does your program use any service-learning curriculum?	<b>Check off</b>
	Yes                  No

- If yes, please list the curriculums used:

- Please name any resources that you feel would help you deliver higher quality service-learning activities:

**23. STEM:**

- Please describe the type of STEM activities you do or will offer this fiscal year:

- Please describe any barriers you experience in delivering high quality STEM activities:

- Does your program use any STEM curriculum?	<b>Check off</b>
	Yes                  No

- If yes, please list the curriculums used:



**D. Core Service Areas**

**23. STEM:**

- Please name any resources that you feel would help you deliver higher quality STEM activities:

**24. Community Awareness Events:**

- Will you or did you participate in Lights on Afterschool this fiscal year?	<b>Check off</b>	
	Yes	No

- If yes, please describe what activities you participated in:

- Please describe what additional community awareness events you've hosted or will host this fiscal year:

- Please name any resources that you feel would help you deliver higher quality community awareness events and/or engagement this fiscal year:

**Please use the next page to track your progress as you upload the requested compliance documentation.**



### E. Required Compliance Documentation

All required documentation is due **3 days before** your scheduled Site Visit.  
Please **do not** submit any documentation outside of what is outlined below.

Agency DropBox Link:

Item or Topic	Check Off
Most recent Periodic Performance Report (PPR)	
Staff Background Checks	
Volunteer Background Checks (if applicable)	
Current Liability Insurance	
Three Participant Attendance Sheet samples from each quarter (submit as applicable)  Q1  Q2  Q3  Q4	
Three Program Calendar samples	
FY24 School Linkage Agreements	
FY24 Subcontractor Agreements	
FY24 Advisory Board Roster	
Three Advisory Board Meeting Minute samples from FY24	

**Access to review your secure, DropBox folder available upon request.**



# For ACT Now use **ONLY:** Compliance Tracking

## A. Identifying Information

Item or Topic	Check Off
Program Staff Background Checks	
Volunteer Background Checks	

## B. Quality Afterschool Staff and Practices

Item or Topic	Check Off	
Teen REACH Program Staff in ANCAL	YES	NO
Completed FY23 QPSA Process	YES	NO
IL-QPSA Participation Track	A	B
Completed FY23 CBAT-O Process	YES	NO
FY23 Quarterly Meetings Attendance		
August 2022		
November 2022		
May 2023		
March 2023		
FY24 Quarterly Meetings Attendance		
August 2023		
November 2023		
February 2024		
May 2024		



# For ACT Now use **ONLY:** Compliance Tracking

## B. Quality Afterschool Staff and Practices

Item or Topic	Check Off
Professional Development Request(s)	

## C. Data Management Practices

Item or Topic	Check Off	
PPR Received	YES	NO
Requested eCornerstone Training	YES	NO
Requested eCornerstone Training	YES	NO

## D. Core Service Areas

Item or Topic	Check Off	
Providing activities in all 7 Core Service areas	YES	NO
All Core Service areas are tracked	YES	NO
Requested Resources		



# For ACT Now use **ONLY:** Compliance Tracking

## E. Required Compliance Documentation

Item or Topic	Check Off
Most recent Periodic Performance Report (PPR)	
Staff Background Checks	
Volunteer Background Checks (if applicable)	
Current Liability Insurance	
Three Participant Attendance Sheet samples from each quarter (submit as applicable)	
Q1	
Q2	
Q3	
Q4	
Three Program Calendar samples	
FY24 School Linkage Agreements	
FY24 Subcontractor Agreements	
FY24 Advisory Board Roster	
Three Advisory Board Meeting Minute samples from FY24	