# [Enter name of state] NYTD Review

[Dates of NYTD Review]

[Name of state department or building where Day 1 onsite activities are being held]

[Street Address, City, State, Zip Code]

[State contact person’s name, text/call phone number, email address]

**Day 1─Entrance Conference, System Demonstration Day**

[Monday, Date]

| **Time/****Location** | **Session Description** | **NYTD Review Team Participants (Includes Federal Review Team, State Review Team, State Leadership or Other State Staff, State Youth Ambassadors)** |
| --- | --- | --- |
| [8:30–9:30 a.m.][Location] | **Entrance Conference***Introductions, overview of NYTD Review purpose, process, and agenda* | [**Role:** Name, (position for state leadership only)—[see Appendix B of the *Guide to the NYTD Review*](https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd_review_guide.pdf) for example] |
| [9:30–11:30 a.m.][Location] | **System Demonstration:****Demographic Data Collection Practices***General Requirements 1, 2, and 3;**Data Elements 1−19 and 36* | [**Role:** Name, (position for state leadership only—see [Appendix B of the *Guide to the NYTD Review*](https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd_review_guide.pdf) for example] |
| [11:30 a.m.–1 p.m.] | **Lunch** | **All participants on own** |
| [1–2:30 p.m.][Location] | **System Demonstration: Independent Living Services Collection Practices***General Requirement 1;**Data Elements 20−33* | [**Role:** Name, (position for state leadership only—see [Appendix B of the *Guide to the NYTD Review*](https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd_review_guide.pdf) for example] |
| [2:30–2:45 p.m.] | **Break** | **All participants on own** |
| [2:45–3:30 p.m.][Location] | **System Demonstration:****Baseline Youth Outcomes Data Collection Practices***General Requirements 2 and 4;**Data Elements 34−58* | [**Role:** Name, (position for state leadership only—see [Appendix B of the *Guide to the NYTD Review*](https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd_review_guide.pdf) for example] |
| [3:30–4:30 p.m.][Location] | **System Demonstration:****Follow-Up Youth Outcomes Data Collection Practices***General Requirements 3 and 4;**Data Elements 34−58* | [**Role:** Name, (position for state leadership only—see [Appendix B of the *Guide to the NYTD Review*](https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd_review_guide.pdf) for example] |
| [4:30–5:30 p.m.][Location] | **Federal Review Team Debriefing** | **Full Federal Review Team** |

# [Enter name of state] NYTD Review

[Dates of NYTD Review]

[Name of state department or building where Day 1 onsite activities are being held]

[Street Address, City, State, Zip Code]

[State contact person’s name, text/call phone number, email address]

**Day 2─Case Record Review Day**

[Tuesday, Date]

| **Time/Location/ Conference Call Information Including Pass Code** | **Session Description** | **NYTD Review Team Participants (Includes Federal Review Team and Specific State Review Team Members)** |
| --- | --- | --- |
| Morning/Afternoon**Each team will take lunch as needed based on team progress and preference.**[8 a.m.–3:30 p.m.] [Location] | **Case Record Review***The federal team, working in teams with a state staff member, targets reviewing 30 case files selected before the onsite review. Case reviews include both a review of the paper/electronic case record and discussions with the assigned caseworker and youth, if available.* | [**Role:** Name—see [Appendix B of the *Guide to the NYTD Review*](https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd_review_guide.pdf) for example]**Case Record Review Team Chart****Team 1:**State Navigator:Federal Team Member: Federal Team Member:**Team 2:** State Navigator:Federal Team Member: Federal Team Member:**Team 3:** State Navigator:Federal Team Member: Federal Team Member:**Team 4:** State Navigator:Federal Team Member: Federal Team Member:**Team 5:** State Navigator:Federal Team Member: Federal Team Member:**Team 6:** State Navigator:Federal Team Member: Federal Team Member:**Other Attendees:**  |
| [3:30–4:30 p.m.]After 3:30 and at least 1 hour[Location] | **Debriefing of Case Review Findings***The federal and state teams discuss key findings from the case reviews.****State Youth Ambassadors are encouraged to attend.*** | [**Role:** Name—see [Appendix B of the *Guide to the NYTD*](https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd_review_guide.pdf) *Review* for example] |
| [4:30-5:30 p.m.][Location] | **Federal Review Team Debriefing** | **Full Federal Review Team Only** |

# [Enter name of state] NYTD Review

[Dates of NYTD Review]

[Name of state department or building where Day 1 onsite activities are being held]

[Street Address, City, State, Zip Code]

[State contact person’s name, text/call phone number, email address]

**Day 3─Stakeholder Interview Day**

**Includes Federal Data Quality Assurance and Continuous Quality Improvement Meeting and File Reporting Meeting; Different Stakeholder Groups; Young People Focus Group**

[Wednesday, Date]

**Note: States can coordinate with the Federal Review Team to schedule virtual stakeholder interviews the week before or the week after the onsite review to accommodate schedules and hold more stakeholder interviews. The agenda should be revised to reflect those virtual stakeholder interviews, or a separate agenda can be created.**

**Team members take breaks on their own as needed (including lunch) throughout the day.**

| **Time/****Location/****Conference Call Information Including Pass Code** | **Type of Meeting** | **Attendees** | **Facilitator(s)****Note-Taker(s)** | **State Point of Contact Person, Text/Call Telephone Number, Email Address** |
| --- | --- | --- | --- | --- |
| [8:30–9 a.m.][Location] | **Opening and team check-in to discuss any changes for the day, onsite review activities overview** | **[Full Federal Review Team]****[Role:** Name] | [Federal Facilitator(s)] | [Contact Person][Text/call telephone number][email address] |
| [Enter time slot of interview.][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]** | [Names of stakeholder(s)] | [Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| [Enter time slot of interview.][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]** | [Names of stakeholder(s)] | [Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| [Enter time slot of interview.][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]** | [Names of Stakeholder(s)] | [Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| [1 hour meeting time slot][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **Data Quality Assurance and Continuous Quality Improvement** *General Requirement 7****Do not schedule other stakeholder interviews at the same time as this meeting. Include information about this meeting in the agenda as appropriate to schedule time.*** | [All available Federal Review Team Members][Names of select State Review Team Members]State NYTD Review Coordinators: State Independent Living Coordinators:State Technical Leads:State CQI/Data Manager: State SACWIS/CCWIS/IT Manager: Foster Care Supervisor:State Navigators:State Administrative Assistant:State Youth Ambassadors: | [Federal Facilitator(s)] | [Contact Person][Text/call telephone number][email address] |
| Enter time slot of interview].[Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]**  | [Names of Stakeholder(s)] | [Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| Enter time slot of interview].[Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]** | [Names of Stakeholder(s)] | [Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| Enter time slot of interview].[Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]** | [Names of Stakeholder(s)] | [Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| [1 hour meeting time slot][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **File Reporting***General Requirements 5−7.* *The state describes its file preparation, quality assurance, and submission procedures. This meeting is hosted concurrently with stakeholder interviews.*  | [Names of select Federal and State NYTD Review Team members] | [Federal Facilitator(s)] | [Contact Person][Text/call telephone number][email address] |
| [Enter time slot of interview.][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]** | [Names of Stakeholder(s)] | [Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| [Enter time slot of interview.][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]** | [Name of Stakeholder(s)] | Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| [Enter time slot of interview.][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **[Type of Stakeholder]** | [Name of Stakeholder(s)] | Federal Facilitator(s)][Note-Taker(s)] | [Contact Person][Text/call telephone number][email address] |
| [5–6 p.m.][Location] | **Federal Review Team Stakeholder Interview Day Debriefing** | [All Available Federal Review Team Members] | [Federal Facilitator] | [Contact Person][Text/call telephone number][email address] |
| [5–6 p.m.][Location] | **Young People Focus Group***This is facilitated in part by federal NYTD Reviewers.* | [Names of state young people] | [Federal Facilitator(s)][Note-Taker(s)][Observer(s)] | [Contact Person][Text/call telephone number][email address] |

# [Enter Name of State] NYTD Review

[Dates of NYTD Review]

[Name of state department or building where Day 1 onsite activities are being held]

[Street Address, City, State, Zip Code]

[State contact person’s name, text/call phone number, email address]

**Day 4─Federal Review Team Only, Offsite Meeting**

[Thursday, Date]

| **Time/Location/****Conference Call Information Including Pass Code**  | **Session Description** | **NYTD Review Team Participants (Federal Review Team Only)** | **State Point of Contact Person (Only if Needed), Text/Call Telephone Number, Email Address** |
| --- | --- | --- | --- |
| [9–5 p.m.][Location to be determined] | **Federal Review Team Meeting**The full federal review team meets offsite to discuss the onsite review and pull together preliminary findings to share with the state during the exit conference.  | NYTD Review Lead, Children’s Bureau Central and Regional Office staff, NYTD Manager/Designee, NYTD Support Coach, NYTD Reviewers | [Contact Person][Text/call telephone number][email address] |

# [Enter Name of State] NYTD Review

[Dates of NYTD Review]

[Name of state department or building where Day 1 onsite activities are being held]

[Street Address, City, State, Zip Code]

[State contact person’s name, text/call phone number, email address]

## Day 5─Exit Conference

[Friday, Date]

| **Time/Location/****Conference Call Information Including Pass Code**  | **Session Description** | **NYTD Review Team Participants (Includes Federal Review Team, State Review Team, State Leadership or Other State Staff, State Youth Ambassadors)** |
| --- | --- | --- |
| [9–10 a.m.][Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **Pre-Exit Conference debriefing (at state's option)***The state and federal review coordinators may determine that a pre-exit conference debriefing for select state program staff would be helpful to assist in framing the findings that will be shared with all state child welfare agency staff as part of the exit conference. This pre-exit debriefing may be requested by the state review coordinator if time permits during the onsite review week. This may also be a time to discuss policy- or practice-related questions associated with Chafee/Education and Training Vouchers and extended foster care.* | [**Role:** Name, (position for state leadership only)—see Appendix B of the *Guide to the NYTD Review* for example] |
| [10:30 a.m.–12 noon]After 10 a.m. (ideally 10:30 a.m., but coordinated with state leadership); no later than 2 p.m.[Location][Conference Call Information, Pass Code, (e.g., regular conference call line, Zoom, Teams)] | **Exit Conference***Federal team presents preliminary findings from the onsite review, including ratings on all general requirements and data elements.*Please email NYTDHelp@acf.hhs.gov if you have any questions about information covered during this review.  | [**Role:** Name, (position for state leadership only) —see Appendix B of the *Guide to the NYTD Review* for example] |