# [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] |