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| **JROTC Cadet Leadership Challenge (JCLC) Visit Checklist** | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | |
| Visitation Date: | | Representative: | | | Organization/Brigade: | | |
| Name of JCLC | | | Location of JCLC: | | Commander JCLC: | | |
| JCLC Phone: | | | JCLC Fax Number: | | Cycle Dates *(start and end dates)*: | | |
| Number of High Schools attending JCLC: | | | | Number of participating Brigades: | | Actual Attendance: | |
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| **ADMINISTRATION** | | | | | | Yes | No |
| a. Has parental or guardian approval and release for each Cadet/student participating been obtained using the appropriate USACC approved form? Properly signed Contract of Release and Waiver of Liability Form. | | | | | |  |  |
| b. Is there a roster attesting to the physical ability of each Cadet to participate in all training activities of the  JCLC? | | | | | |  |  |
| c. Is there a roster of Cadets requiring prescription medication, type of medication, frequency of use, and required dosage? | | | | | |  |  |
| d. Are signed medical clearance forms on hand from a licensed physician for those with unusual medical conditions? | | | | | |  |  |
| e. Have medical waivers been reviewed and granted on a case by case basis? (NONE) | | | | | |  |  |
| f. Have Cadets with asthma, severe allergies, diabetes, or other medical conditions provided written parental or legal guardian consent, and medical clearance from a licensed physician? | | | | | |  |  |
| g. Has insurance for each Cadet/student been obtained or validated? Proof of medical insurance for duration of  JCLC. | | | | | |  |  |
| **TRAINING** | | | | | |  | |
| Yes | No |
| **MANDATORY** | **Indicate whether or not if mandatory training is part of JCLC.** | | | | |  |  |
| a. Rappelling | | | | |  |  |
| b. Leadership Reaction Course | | | | |  |  |
| c. Map Reading / Land Navigation | | | | |  |  |
| d. Confidence / Obstacle Course / **Team Building/ROPES COURSE** | | | | |  |  |
| e. Aquatic Activity / Drown Proofing | | | | |  |  |
| f. Awards / Graduation Ceremonies | | | | |  |  |
| g. If mandatory training events are NOT being conducted at JCLC has a written exception been approved by the Brigade Commander? | | | | |  |  |
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| **INTEGRATED** | **Indicate whether or not if integrated training is part of JCLC.** | Yes | No |
| a. Physical Training |  |  |
| b. Field Sanitation / personal hygiene |  |  |
| c. Leadership training |  |  |
| d. Drill and ceremonies |  |  |
| **OPTIONAL** | **Indicate whether or not if optional training is part of JCLC.** | Yes | No |
| a. Marksmanship / Safety (air pellet rifle only) |  |  |
| b. Survival Skills |  |  |
| c. Water Rafting |  |  |
| d. Jump Tower |  |  |
| e. Static Displays |  |  |
| f. Alcohol / Drug abuse class |  |  |
| g. Orienteering |  |  |
| h. Army Values |  |  |
| i. Rope Bridges |  |  |
| j. Other organized activities |  |  |
| k. Is a JCLC training schedule published and available to Cadets / instructors? |  |  |
| l. Does the JCLC have a viable plan to evaluate leadership performance? |  |  |
| **SAFETY** | | Yes | No |
| a. Is the JCLC training schedule published and available to Cadets/instructors? (ID risks, assess risks, made a risk decision, implement controls, supervise) | |  |  |
| b. Are Serious Incident Reports being submitted as required? | |  |  |
| c. Are rappel cadre/instructors properly trained and certified IAW CCR 145-2? | |  |  |
| d. Is temperature/humidity (Wet Bulb) being monitored during training? | |  |  |
| e. Is adequate medical support available? (Support should include personnel (nurse and/or doctor), ambulance/transportation support, medical support plan, cadre knowledge of route and location to nearest medical facility/support) | |  |  |

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| **JCLC STAFF AND OPERATIONS** | Yes | No |
| a. Are only authorized instructors conducting, supervising and instructing the participants? |  |  |
| b. Is the JCLC HQ/Orderly room staffed round the clock (24 hr operations) with staff duty officer/NCO and with continuous instructor supervision? |  |  |
| c. Does each school attending have an SAI or AI attending as well? |  |  |
| d. Has an initial JCLC opening report been submitted via telephone, FAX or e-mail? [(JROTCTraining@usaac.army.mill)](mailto:JROTCTraining@usaac.army.mill)  (Report will include opening and closing dates of JCLC, name of JCLC, number of Cadets participating and the number of Cadets who successfully completed the training) |  |  |
| e. Are all chaperons over the age of 21? |  |  |
| f. Are FAX and dedicated phone lines available for JCLC staff use? |  |  |
| g. To whom (organization) was the opening report submitted? |  | |
| **UNIFORMS** | Yes | No |
| a. Are instructors wearing the ACU uniform, patrol cap or beret (as prescribed by JCLC commander) IAW AR  670-1? |  |  |
| b. Are instructors wearing the correct T uniform (IPFU)? |  |  |
| c. Are Cadets wearing the ACU uniform with camouflage cap and black combat boots? (Note Cadets will not wear a beret of any color, Cadet rank will not be worn unless serving in a leadership position, BDU blouse will be worn with the JROTC subdued patch on the left sleeve, JROTC tag above the left pocket, and plastic or cloth nametag over the right pocket). |  |  |
| **ISSSUES / COMMENTS**  *(Site area and corresponding letter i.e., (Uniforms; a))* | | |
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| Travel Notes *(ex: take coins)*: | | |