***Missouri Community Service Commission***

**AMERICORPS PROGRAM SITE VISIT MONITORING TOOL**

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| **PROGRAM YEAR 2020 - 2021** | |
| **LEGAL APPLICANT** |  |
| **PROGRAM NAME** |  |
| **DATE OF VISIT** |  |
| **POINT OF CONTACT FOR SITE VISIT** |  |
| **NAME OF STAFF PERFORMING VISIT** |  |

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| **SITE VISIT OVERVIEW** | |
|  | PRE-SITE VISIT PREPARATION |
|  | PROGRAM DIRECTOR AND STAFF INTERVIEW |
|  | SELF-SITE VISIT EVALUATION REVIEW |
|  | GENERAL ADMINISTRATION OF FILES |
|  | CURRENT YEAR MEMBER FILE REVIEW |
|  | PREVIOUS YEAR MEMBER FILE REVIEW |
|  | SERVICE SITE VISIT |
|  | MEMBER INTERVIEW |
|  | SITE VISIT SUMMARY |

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| **1. PRE-SITE VISIT PREPARATION** | | | | | | | | | | | | | | | | | | |
| **MEMBER ENROLLMENT AND ATTRITION (BASED ON DATA FROM ONCORPS)** | | | | | | | | | | | | | | | | | | |
| **NUMBER OF MSY AWARDED** | **number of members agreed upon in the application:** | | | | | | | | | | **number of members currently enrolled:** | | | | | | | |
|  | **FT** | **TQT** | **HT** | **RHT** | | **QT** | | **MT** | | | **FT** | | | **TQT** | **HT** | **RHT** | **QT** | **MT** |
|  |  |  |  | |  | |  | | |  | | |  |  |  |  |  |
| enrollment rate: number enrolled since start of program / total slots awarded \_\_\_\_\_ = \_\_\_\_\_%  *(note: enrollment rate should be at least 90%)* | | | | | | | | | | | | | | | | | | |
| **PROGRESS REPORTS** | | | | | | | | | | | | **NOTES** | | | | | | |
| Does program submit progress reports by MCSC deadlines? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does program produce accurate reports? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does program respond to feedback within specified deadline? | | | | | Yes  No  N/A | | | | | | |  | | | | | | |
| **AGGREGATE FINANCIAL REPORTS** | | | | | | | | | | | | **NOTES** | | | | | | |
| Does program submit AFRs on a quarterly basis? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does program produce accurate reports? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does program respond to feedback within specified deadline? | | | | | Yes  No  N/A | | | | | | |  | | | | | | |
| **PERIODIC EXPENSE REPORTS** | | | | | | | | | | | | **NOTES** | | | | | | |
| Does program submit PERs on a monthly basis? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does program produce accurate and acceptable PERs? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does program respond to feedback within specified deadline? | | | | | Yes  No  N/A | | | | | | |  | | | | | | |
| **TIMESHEETS** | | | | | | | | | | | | **NOTES** | | | | | | |
| Does the program submit time sheets regularly in OnCorps? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does it appear that all Members will complete their term of service? | | | | | Yes  No | | | | | | |  | | | | | | |
| **MEMBER FORMS** | | | | | | | | | | | | **NOTES** | | | | | | |
| Member enrollments completed within 8 days? | | | | | Yes  No | | | | | | |  | | | | | | |
| Member exits completed within 30 days? | | | | | Yes  No  N/A | | | | | | |  | | | | | | |
| Change of Status completed within 30 days? (Transfer, Suspension, Reinstatement) | | | | | Yes  No  N/A | | | | | | |  | | | | | | |
| Change of Term completed within 30 days? (FT to HT) | | | | | Yes  No  N/A | | | | | | |  | | | | | | |
| **OTHER** | | | | | | | | | | | | **NOTES** | | | | | | |
| Does program obtain approval of changes in program design from MCSC? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does program respond in a timely manner to emails, phone calls, etc from MCSC? | | | | | Yes  No | | | | | | |  | | | | | | |
| Does staff participate regularly in MCSC meetings/trainings? | | | | | Yes  No | | | | | | |  | | | | | | |
| Have there been any complaints or calls of concern from Members, public, etc. to MCSC? | | | | | Yes  No | | | | | | |  | | | | | | |
| **SITE FINDINGS** | | | | | | | | | | | | | | | | | | |
| What findings or issues were identified during the last site visit? | | | | | | | | | | | | | | | | | | |
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| Were the findings resolved? | | | | | | | Yes  No | | | | | | | | | | | |
| If findings were not resolved, please explain why and/or if there is a plan of action. | | | | | | | | | | | | | | | | | | |
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| **MCSC IDENTIFIED CHALLENGES FACED BY PROGRAM** | | | | | | | | | | | | | | | | | | |
| what mcsc identified challenges are being faced by the program? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Were the findings resolved? | | | | | | | Yes  No | | | | | | | | | | | |
| If the challenges were not resolved, please explain why and/or if there is a plan of action. | | | | | | | | | | | | | | | | | | |
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| **2. PROGRAM DIRECTOR AND STAFF INTERVIEW** | | | | | | | | | | | | | | | | | | |
| **QUESTIONS/COMMENTS** | | | | | | | | | | | | | | | | | | |
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| **3. SELF-SITE VISIT EVALUATION REVIEW** | | | | | | | | | | | | | | | | | | |
| **QUESTIONS/COMMENTS** | | | | | | | | | | | | | | | | | | |
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| **4. GENERAL ADMINISTRATION OF FILES** | | | | | | | | | | | | | | | | | | |
| **MEMBER FILES** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Yes** | **No** | | | **Notes** | | | | | |
| Is Access to general Member files limited to appropriate program staff and/or MCSC? | | | | | | | | |  |  | | |  | | | | | |
| Are the following files maintained in a separate, locked secure file & limited to appropriate program staff? | | | | | | | | |  |  | | |  | | | | | |
| * Criminal record check that is not “clean” | | | | | | | | |  |  | | |  | | | | | |
| * Any document (medical records, correspondence, etc.) that give information about medical history or conditions | | | | | | | | |  |  | | |  | | | | | |
| * Any correspondence to the program from the Member or other official that refers to an item confidential in nature such as medical information or criminal record checks | | | | | | | | |  |  | | |  | | | | | |

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| **PROGRAM STAFF (CRIMINAL RECORDS CHECKS)** | | | |
|  | **Yes** | **No** | **Notes** |
| Has program staff assigned to the grant prior to November 23, 2007 provided written self-certification of not being convicted of murder as well as cleared a National Sex Offender Registry Check? |  |  |  |
| Has program staff assigned to the grant between November 23, 2007 and September 30, 2009 cleared a National Sex Offender Registry Check as well as a state criminal record check *(access to vulnerable populations)* or provided self-certification of not being convicted of murder *(no access to vulnerable populations)*? |  |  |  |
| Has program staff assigned to the grant between October 1, 2009 and April 20, 2011 cleared a National Sex Offender Registry Check as well as a state criminal record check? |  |  |  |
| Has program staff assigned to the grant on or after April 21, 2011 cleared the 3-part National Service Criminal History Check procedure *(access to vulnerable populations)*  or completed a National Sex Offender Registry Check and state criminal record check *(no access to vulnerable populations)*? |  |  |  |
| **\*\*If during file review two or more files have noncompliant c**riminal history checks, the files of **all Staff must be reviewed** to completely assess the scope of noncompliance.  **If there is reasonable evidence that the noncompliance is limited to a subset of files, the scope of the review may be limited. I**f MCSC needs to expand the scope of the review, the Commission may request for the sub grantee to complete the file review if noncompliance. to verify findings, files will be sampled or reviewed by MCSC. **\*\*** | | | |
| **QUESTIONS/COMMENTS** | | | |
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| **5. CURRENT YEAR MEMBER FILE REVIEW**  *(review five files for programs with less than 40 members and 10 for programs with 40 or more members)* | | | | | |
| **Member Names (list)** |  |  |  |  |  |
| **MEMBER APPLICATION, ENROLLMENT FORM, & CONTRACT** | | | | | |
| AmeriCorps Application | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Member Contract *(Must be signed and dated by the Member prior to start of service)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Member Position Description *(May be included in the Member Contract)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Member Enrollment Form *(Must be signed and dated by Member and program official before the Member commences service)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **PROOF OF EDUCATION** | | | | | |
| High School Diploma/GED Certification *(May show proof the Member is working towards a GED)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **PROOF OF AGE AND CITIZENSHIP** | | | | | |
| Written Parental Consent/Parental Consent Form *(If Member is under 18 years of age)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| I-9 FORM *(Must be signed and dated by the Member and program official)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Photo ID, Birth Certificate/Passport, Social Security Card, Naturalization Certificate or other documentation as outlined in 2522.200 | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **CRIMINAL HISTORY CHECKS** | | | | | |
| MSHP Clearance Form *(required for programs that use MSHP as a repository)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| National Sex Offender Registry Check *(all states must clear)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Other State Criminal Record Check *(if applicable)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Proof of Accompaniment *(if applicable)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Criminal Record Check Initiated by Member Start Date? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Results of Criminal Record Check in Separate Locked File? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **BENEFITS** | | | | | |
| Health Insurance Documentation or Waiver *(required for full-time Members)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Child Care Documentation *(if applicable)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |

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| **TAXES** | | | | | |
| Federal W-4 Form | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| State W-4 Form | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| W-2 Form | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **CERTIFICATIONS OF TRAINING** | | | | | |
| First Aid | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| CPR | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Disaster Response | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Respectful Treatment | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Citizenship | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **EVALUATIONS & OTHER MISCELLANEOUS ITEMS** | | | | | |
| Mid-Term Performance Evaluation *(Half-time/full-time Members)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| End of Term Performance Evaluation | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Change of Status/Change of Term Form *(if applicable)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Record of Disciplinary Action, Suspensions, or Fines *(if applicable)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| AmeriCorps Media Release/Right to Photograph Form | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **MEMBER EXITS** | | | | | |
| Member Exit Form *(Must be signed and dated by Member and program official)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Documentation of Compelling Circumstance *(if applicable)* | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **EXPLAIN ANY FILE ISSUES NOT MENTIONED ABOVE IN THE SPACE BELOW** | | | | | |
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| **6. PREVIOUS YEAR MEMBER FILE REVIEW**  *(review five files for programs with less than 40 members and 10 for programs with 40 or more members)* | | | | | |
| **MEMBER NAMES (LIST)** |  |  |  |  |  |
| **MEMBER EXIT FORM** | | | | | |
| Do enrollment & exit forms reflect the same term of service? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| If not, is there an approved change of status form in the file that reflects the appropriate conversion? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| Was the conversion made within the first 3 months of the member’s term? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| If not, is there evidence of grantee and Corporation approval? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **EDUCATION AWARD** | | | | | |
| If member received a pro-rated education award, is there documentation of compelling personal circumstances? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |
| **EVALUATIONS** | | | | | |
| Was an end-of-term Performance Evaluation completed? | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A | Yes  No  N/A |

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| **EXPLAIN ANY MEMBER FILE ISSUES NOT LISTED ABOVE IN THE SPACE BELOW** |
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\*\*CNCS does not require grantees to make and retain copies of the actual documents used to confirm age or citizenship eligibility as long as the grantee has a consistent practice of identifying the documents that were reviewed and maintaining a record of the review.

\*\*If during file review two or more files have noncompliant criminal history checks, the files of all Members must be reviewed to completely assess the scope of noncompliance. If there is reasonable evidence that the noncompliance is limited to a subset of files, the scope of the review may be limited. If MCSC needs to expand the scope of the review, the Commission may request for the sub grantee to complete the file review if noncompliance. to verify findings, files will be sampled or reviewed by MCSC. \*\*

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| **7. SERVICE SITE VISIT** |
| **QUESTIONS/COMMENTS** |
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| **8. MEMBER INTERVIEW** | |
| HOW MANY MEMBERS ARE BEING INTERVIEWED ON-SITE? | |
| **QUESTIONS/COMMENTS** | |
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| **9. SITE VISIT SUMMARY** | |
| **SUMMARY OF FINDINGS** | |
|  | |
| **QUESTIONS/COMMENTS** | |
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