***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? |
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| 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** |
|  |
| **9. SITE VISIT SUMMARY** |
| **SUMMARY OF FINDINGS** |
|  |
| **QUESTIONS/COMMENTS** |
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