GENERAL INFORMATION

|  |  |
| --- | --- |
| Grantee: | Sub-strategy: |
| Monitor 1: Monitor 2:  | Other Attendees: |
| Date(s) of Site Visit:  | Signature of Monitor (at completion of visit): |

|  |  |
| --- | --- |
| **ISSUES TO DISCUSS DURING SITE VISIT** | **RESULT OF SITE VISIT DISCUSSION** |
| Note any issues raised from progress reports: | Result of conversation regarding progress report issues: |
| Note any additional information needed: | Result of conversation regarding additional information needed: |

|  |
| --- |
| **SITE VISIT CHECKLIST** |
| Monitors will look for evidence of the following documents or information during the site visit interviews. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Did the agency provide evidence of the following:** | **Y** | **N** | **N/A** |
| 1. Personnel policies and procedures manual
 |  |  |  |
| 1. Evidence that the following policies are prominently posted or made available:
	1. Political and religious activities at work
	2. Harassment and non-discrimination
	3. Grievance process
	4. Drug-free workplace
 |  |  |  |
| 1. Background checks are conducted for staff who work with participants under the age of 18
 |  |  |  |
| 1. If the agency is the fiscal sponsor or lead agency and has subgrantees:
	1. Description of communication includingfrequency of meetings, check-ins, etc.
	2. Sub-grantee monitoring reports
	3. Sub-grantee invoices and progress reports
 |  |  |  |
| 1. Signed copy of the contract including all attachments and modifications available on-site
 |  |  |  |
| 1. Program’s ability to adequately accommodate non-English speakers (e.g. copies of translated documents and/or names of and languages spoken by bilingual staff members)
 |  |  |  |
| 1. Hard copies (if kept) of participant files and program records are maintained in a secure place
 |  |  |  |

Additional Notes/Follow-up Items:

SECTION I: SERVICE DELIVERY

**Agency Staff Present During Site Visit**

|  |  |
| --- | --- |
| Program Manager: |  |
| Other Agency Staff & Titles: |  |
|  |  |

| **INTERVIEW QUESTIONS** | **Y** | **N** | **N/A** | **NOTES** |
| --- | --- | --- | --- | --- |
| Program Implementation1. Have there been any major successes of the DVP-funded program during the past 6 months?
 | 🞎 | 🞎 | 🞎 |  |
| 1. Have you encountered challenges implementing your scope of work? If yes, please describe how staff and participants have been affected.
 | 🞎 | 🞎 | 🞎 |  |
| * 1. Have you needed to alter program delivery from what is currently in the scope of work? If so, how?
 | 🞎 | 🞎 | 🞎 |  |
| * 1. Have any challenges identified been resolved? If not, what are the plans to resolve them?
 | 🞎 | 🞎 | 🞎 |  |
| 1. Do you have policies in place about how to protect participant confidentiality? If yes, how are these communicated to staff?
 | 🞎 | 🞎 | 🞎 |  |
| Program Impact1. Do you collect feedback from participants? What do you do with the feedback?
 | 🞎 | 🞎 | 🞎 |  |

SECTION II: SERVICE DOCUMENTATION AND FILE REVIEW

**Agency Staff Interviewed Regarding Service Documentation:**

|  |  |
| --- | --- |
| Program Manager: |  |
| Other Agency Staff & Titles: |  |
|  |  |

| **INTERVIEW QUESTIONS** | **Y** | **N** | **N/A** | **NOTES** |
| --- | --- | --- | --- | --- |
| 1. Are there systems in place regarding how data is entered into the DVP data management system (e.g., directly into system during participant contact, from paper forms, etc.)? If yes, describe systems.
 | 🞎 | 🞎 | 🞎 |  |
| 1. Are there systems in place to ensure accuracy and completeness of data entered in the DVP data management system? If yes, describe systems.
 | 🞎 | 🞎 | 🞎 |  |
| 1. Does your agency use another database to track services? If yes, which one, and what type of information is tracked in the separate database?
 | 🞎 | 🞎 | 🞎 |  |
| 1. Has your agency had challenges gaining consent from participants to have their data shared with the DVP’s external evaluators? If yes, please describe the challenges and what is being done to address them.
 | 🞎 | 🞎 | 🞎 |  |
| 1. Has support and technical assistance provided by the DVP around data entry and the database been helpful? How can it be improved?
 | 🞎 | 🞎 | 🞎 |  |

**Apricot 360 Electronic File Review and Quality Assurance Check**

**Strategies Entering Individual-Level Data**

| **INTERVIEW QUESTIONS** | **Y** | **N** | **N/A** | **NOTES** |
| --- | --- | --- | --- | --- |
| 1. Does your agency enter full names and dates of birth for participants?

*(This is required for Adult Life Coaching, Employment, Relocation, Family Support, Youth Diversion, Housing-Focused Case Management, Therapeutic Supports. Unique identifiers are acceptable for juvenile clients and clients receiving gender-based violence services).* | 🞎 | 🞎 | 🞎 |  |
| 1. *[If agency uses unique identifiers]* Does your agency maintain a key that correlates unique identifiers to participant names? *(Verify by requesting to see a copy of the key)*
 | 🞎 | 🞎 | 🞎 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Apricot 360 Forms** | **Q1 & Q2** | **Q3*\**** | **Notes** |
| **Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Participant ID: *\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| 1. Participant form is complete
 |  |  |  |  |  |
| 1. Consent for data storage and external evaluation (Yes or No) is documented
 |  |  |  |  |  |
| 1. Program enrollment form is complete
 |  |  |  |  |  |
| 1. Service notes are documented in Service Notes forms
 |  |  |  |  |  |
| 1. Referrals are documented in Referral forms
 |  |  |  |  |  |
| 1. *[Life coaching only]* Intake and Needs Assessment is complete
 |  |  |  |  |  |
| 1. *[Life coaching only]* Life Map is complete
 |  |  |  |  |  |
| 1. *[Life coaching only]* Back-up documentation is on file for all incentives distributed
 |  |  |  |  |  |

**\****Check for the completion of these forms for a participant enrolled in Q3 if time permits.*

**Strategies Entering Group-Level Data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Apricot 360 Forms** | **Group/Event #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Group/Event #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Group/Event #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Notes** |
| 1. Group Activity/Event/Drop-in Center form is complete
 |  |  |  |  |
| 1. *[Groups]* Participants are enrolled and attendance is tracked
 |  |  |  |  |
| 1. *[Events]* Number of attendees is entered
 |  |  |  |  |

**Strategies Completing Other Apricot Forms\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Apricot 360 Forms** | **Group/Event #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Group/Event #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Group/Event #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Notes** |
| 1. *[Violence Interruption]* Triangle Incident Response-CBO Response form is complete
 |  |  |  |  |
| 1. *[Hospital Response]* Hospital Response form is complete
 |  |  |  |  |
| 1. *[School-Site VIP Teams]* Violence Mediation form is complete
 |  |  |  |  |
| 1. *[Bedside Advocacy and Accompaniment]* Bedside Advocacy and Accompaniment form is complete
 |  |  |  |  |
| 1. *[Community Capacity Building and Mini-Grants]* Mini-grants form is complete
 |  |  |  |  |
| 1. *[Neighborhood and Community Teams]* Non-participant referral form is complete
 |  |  |  |  |

*\*Check for the completion of these forms during Q3 if time permits.*

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| Additional Notes |