Site Visit: Contract Period July 2019 – June 2020
Oakland Fund for Children & Youth, Human Services Department

CITY OF OAKLAND

OFCY
OAKLAND FUND FOR CHILDREN & YOUTH

GENERAL INFORMATION

Agency:

Strategy:

Program:

How Many Programs Total are Funded by OFCY:

Total Award Amount	Total Paid To-Date	Projected Unduplicated # Adults Served	Actual Unduplicated #Adults Served	Projected Unduplicated # Youth Served	Actual Unduplicated # Youth Served	Projected Units of Service	Actual Units of Service

Date of Desk Audit:

Date of File Review:

Date of Site Visit:

Date of Program Observation:

If you did not complete a full site visit, please explain why:

Print Name/Signature of OFCY Staff Indicating Site Visit is Complete:

SECTION I: DESK AUDIT

DESK AUDIT CHECKLIST

The following Items are to be submitted by Grantee:	Submitted
1. Organizational chart with positions (including vacancies), FTE's and staff names	☐
2. Board roster with occupations or affiliations indicated	☐
3. Board bylaws	☐
4. Minutes from board meetings for last three months	☐
5. Signed board member conflict of interest statements	☐

6. Policies and procedures regarding:
   a. Conflict of interest for board members and staff
   b. Illegal or unethical behavior by board members or staff
   c. Prohibiting the use of grant funds for political and religious activities
   d. Prohibiting harassment and non-discrimination
   e. Staff and participant grievance process
   f. Drug-free workplace
   g. When and how background checks are conducted for new staff
	☐
	☐
	☐
	☐
	☐
	☐
	☐

The following items will also be reviewed by OFCY staff prior to site visits as part of the desk audit:	Submitted
7. Recent monthly or quarterly Progress Reports	☐
8. Scope of Work from grant agreement	☐
9. Project Budget from grant agreement	☐
10. Previous monitoring reports (if applicable)	☐

QUESTIONS	Y	N	NA	NOTES
Organizational Chart for Agency 1. Are staff names, positions, and FTE indicated?	☐	☐	☐	
2. Are key positions filled?	☐	☐	☐	
3. Is supervision structure sufficient?	☐	☐	☐	
Board Roster 1. Are there bylaws for the Board of Directors?	☐	☐	☐	Number of seats: _____ Number of vacancies: _____
2. Is the number of seats required by bylaws filled and include at least 5 members?	☐	☐	☐	
3. Have all current board members signed a conflict of interest statement that prohibits board members from conducting business with grantee, staff and/or clients?	☐	☐	☐	
Most Recent Board Meeting Minutes 1. Are decisions recorded?	☐	☐	☐	Date of last minutes _____
2. Does the board meet at least once per quarter?	☐	☐	☐	
3. Does staff attend meetings?	☐	☐	☐	
4. Are agency financial statements reviewed at least quarterly?	☐	☐	☐	
Most Recent Progress Report and Scope of Work 1. Was it submitted on time?	☐	☐	☐	
2. Is the agency meeting its contract benchmarks and/or service intensity levels?	☐	☐	☐	
3. Is grantee serving the population(s) stipulated in the grant agreement (i.e., do grantee service	☐	☐	☐	

REVIEW OF DESK AUDIT ITEMS

REVIEW OF DESK AUDIT ITEMS				
QUESTIONS	**Y**	**N**	**NA**	**NOTES**
statistics reflect the demographics, risk factors, and any other eligibility criteria intended)?				
Program Budget Expenditures from Progress Report				
1. Is the agency on track to spend down all funds, including the advance?	☐	☐	☐	
2. Are any line items under/over budget?	☐	☐	☐	
3. Do reported expenditures appear to reflect *actual* expenditures for each quarter?	☐	☐	☐	
4. Are participant stipends, wages & flexible funds being spent at expected rate?	☐	☐	☐	
Other Items				
1. Is agency responsive to OFCY staff communications?	☐	☐	☐	
2. Do appropriate staff members attend required OFCY meetings/trainings?	☐	☐	☐	
3. Does grantee have policies and procedures in place that address the following:				
a. Prohibiting illegal or unethical behavior on the part of the board or staff	☐	☐	☐	
b. Prohibiting conflict of interest and requiring disclosure for all board members and appropriate staff (those able to influence funding and purchases)	☐	☐	☐	
c. Prohibiting the use of grant funds for political and religious activities	☐	☐	☐	
d. Requiring non-harassment and non-discrimination (i.e., no participant or potential employee will be excluded from services or employment based on race, color, religion, sex, sexual orientation, national origin, disability or age)	☐	☐	☐	

REVIEW OF DESK AUDIT ITEMS				
QUESTIONS	**Y**	**N**	**NA**	**NOTES**
e. Addressing drug-free workplace (federally funded programs must comply with the Drug-Free Workplace Act of 1988 including providing a copy of the policy to all employees)	☐	☐	☐	
f. Regarding when and how background checks are conducted for new staff working with youth under age 18	☐	☐	☐	

DESK AUDIT FOLLOW UP ITEMS	
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 issues raised from the desk audit:	Result of conversation regarding desk audit info needed:

SECTION II: SITE VISIT

Agency Staff Present during Site Visit

Executive Director: _____

Program Manager: _____

Other (specify): _____

SECTION II: SERVICE DELIVERY

SERVICE DELIVERY				
QUESTIONS	Y	N	NA	NOTES
Program Implementation				
1. What were 2-3 major successes of the OFCY funded program during the past year?	☐	☐	☐	
2. Have you needed to alter program delivery from what is currently in the scope of work? If so, how?	☐	☐	☐	
3. Have you encountered challenges implementing your scope of work? If yes, describe them and how staff and participants have been affected.	☐	☐	☐	
4. Have any challenges identified been resolved? If not, what are the plans to resolve them?	☐	☐	☐	
5. Are you able to reach the target population of participants specified in your scope of work?	☐	☐	☐	
a. If yes, describe how new participants are recruited and/or outreach is conducted.	☐	☐	☐	
b. If no, describe the challenges you've experienced and plans to address them.	☐	☐	☐	
6. Are staff members aware of benchmarks? How is this communicated?	☐	☐	☐	
7. Do you use a written curriculum in your program? If so, which one? How are staff supported in learning the skills for their position? *[Request copy if yes]*	☐	☐	☐	

SERVICE DELIVERY				
QUESTIONS	**Y**	**N**	**NA**	**NOTES**
8. Do you have a participant handbook? How do participants receive information about the program structure and expectations? *[Request copy if yes]*	☐	☐	☐	
9. If you provide individual services, what is the average staff to client ratio (i.e. caseload size)?	☐	☐	☐	
10. 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)	☐	☐	☐	
Program Impact 1. Do you utilize evidence-based practices/curriculum within your program? If yes, please describe how evidence-based practices/curriculum are included in:	☐	☐	☐	
a. Overall program design	☐	☐	☐	
b. Individual staff interactions with participants.	☐	☐	☐	
2. Does the program have a mechanism for obtaining participant feedback and using that feedback in program delivery? If yes, please describe how. *[Request evidence, such as completed participant surveys, evidence of a client advisory council or membership on board, focus group results, etc.]*	☐	☐	☐	
3. Do you use data or evaluation results to improve service delivery and program design? If yes, how?	☐	☐	☐	
Program Safety 1.Is the site welcoming and safe? 2. Are all areas with children and or youth being supervised by one or more adult? 3.Are entrances and exits to and from the site monitored including a system for tracking who is present at the site at any point in time?	☐	☐	☐	

SERVICE DELIVERY				
QUESTIONS	**Y**	**N**	**NA**	**NOTES**
4. Is there a protocol in place for ensuring that children who exit the site have a way to get home safely?				

SECTION III: SERVICE DOCUMENTATION AND FILE REVIEW

Agency Staff Interviewed Regarding Service Documentation:

Name: _____ Title: _____

Other Staff Present (if any): _____

INTERVIEW: SERVICE DOCUMENTATION PRACTICES				
QUESTIONS	**Y**	**N**	**NA**	**NOTES**
Data Entry (General): 1. Who is responsible for entering data into Cityspan?	☐	☐	☐	
2. Are there systems in place regarding how data is entered in Cityspan (e.g., during participant contact, from forms, etc.)? If yes, describe systems.	☐	☐	☐	
3. Are there systems in place to ensure data quality? If yes, describe systems.	☐	☐	☐	
4. Are service and participant files retained for a minimum 5 years after services have been ended?	☐	☐	☐	
5. Does your agency use another database to track services? If yes, which one(s), and what type(s) of information are tracked in the separate database?	☐	☐	☐	
6. Has your agency had challenges gaining consent from participants to participate in data-sharing? If yes, please describe challenges and what is being done to address them.	☐	☐	☐	

QUESTIONS	Y	N	NA	NOTES
7. Is any support or technical assistance needed around data entry or using the database? If yes, describe.	☐	☐	☐	
Individual or Group Services (specify):				
1. Is there a standard for what is kept in individual files? Is yes, how are staff made aware of these?	☐	☐	☐	
2. Are participant and program records maintained in a secure place?	☐	☐	☐	
3. How are individual contacts tracked? (e.g. hard copy forms, directly in the database)	☐	☐	☐	
4. Does your program use a standardized intake form? If yes, please describe. *Request a copy.*	☐	☐	☐	
5. Does your program use a needs assessment (may be included in the intake form)? If yes, please describe how your program assesses participant needs.	☐	☐	☐	
6. Does your program create a work plan, case plan, or life map? If yes, please describe the process for creating and how the plan informs work with participants.	☐	☐	☐	
7. Where are participant case notes kept? (i.e., in files, in Cityspan, another database or both?)	☐	☐	☐	
Group Services:				
1. Do you take attendance for participation in groups? Describe how group services are tracked. *[View evidence that group attendance is taken]*	☐	☐	☐	
Events:				
1. Do you have a standardized system for tracking event deliverables? Describe how event deliverables are tracked. *[View evidence that event deliverables are logged]*	☐	☐	☐	

	FILE REVIEW / DATA VERIFICATION										

Item	File ID #	File ID #	File ID #	File ID #	File ID #	File ID #	File ID #	File ID #	File ID #	File ID #	Comments/Follow-up items
1. OFCY Release of Information (signed by parent/guardian or participant, if applicable – form should indicate if client has declined)											
2. Emergency Form											
3. Completed Intake Form											
4. Case or Work Plan **(if applicable)**											
5. Completed Enrollment Form											
6. Case notes present and meet acceptable standards (in database OR paper files, **if applicable**)											
	1	2	3	4	5						
7. **Group Services:** Verify group attendance sheets and the attendance entered Cityspan. Do they match?											
8. **Events:** Verify event tracking log, flyer, registration forms **(if applicable)**											
Youth Employment Programs											
1. Timesheets, Copy of Checks or Stipends											
2. Work Permits (youth 17 and under, **if applicable**)											
3. Copy of State or School ID Card (**if applicable**)											

PROGRAM OBSERVATION	
Name and or Type Activity Observed:	Number Staff Present:
Number of Projected Participants:	Number of Actual participants:
Is the activity effective for meeting the grant agreement objectives?　　Y　　N	Does the activity have a written schedule (posted or in hard copy for staff?)　Y　　N　　N/A

Please rate the staff's engagement in the activity observed:

Staff knowledge of the activity:	1 Poor	2	3 Average	4	5 Excellent
Staff rapport and communication with participants:	1 Poor	2	3 Average	4	5 Excellent
Staff Actively engaged with participants:	1 Poor	2	3 Average	4	5 Excellent

Notes:

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Number of Projected Participants:	Number of Actual participants:
Is the activity effective for meeting the grant agreement objectives? Y N	Does the activity have a written schedule (posted or in hard copy for staff?) Y N N/A

Please rate the activity observed:

Knowledge of the activity:

1	2	3	4	5
Poor		Average		Excellent

Rapport and communication with participants:

1	2	3	4	5
Poor		Average		Excellent

Actively engaged with participants:

1	2	3	4	5
Poor		Average		Excellent

Notes:

PROGRAM OBSERVATION

Name and or Type Activity Observed:	Number Staff Present:
Number of Projected Participants:	Number of Actual participants:
Is the activity effective for meeting the grant agreement objectives? Y N	Does the activity have a written schedule (posted or in hard copy for staff?) Y N N/A

Please rate the activity observed:

Knowledge of the activity:	1 Poor	2	3 Average	4	5 Excellent
Rapport and communication with participants:	1 Poor	2	3 Average	4	5 Excellent
Actively engaged with participants:	1 Poor	2	3 Average	4	5 Excellent

Notes: