



Children & Families Commission
of Orange County

Program Site Visit Tool

Name of Grantee: Project Name: Contract(s): Contract Amount: Contract Term:	Date of Visit:	Date of Previous Visit(s):
	Grantee Contact and Title:	
	Grantee Site Visit Participants:	
	Commission Site Visit Participants:	
Strategic Area(s): <input type="checkbox"/> Healthy Children <input type="checkbox"/> Strong Families <input type="checkbox"/> Ready to Learn <input type="checkbox"/> Capacity Building		
Contract Type: <input type="checkbox"/> Program Grant <input type="checkbox"/> Commission Directed Initiative <input type="checkbox"/> Capital Improvement <input type="checkbox"/> Capacity Building		
Summary & Additional Notes: <input type="checkbox"/> Site Visit <input type="checkbox"/> Other Contact <input type="checkbox"/> Activity Observation		

Site Visit—Pre Work							
Review of Grant Milestones & Contract Information	Report to Run	Yes	No	N/A	Questions & Items to Review With Grantee	Follow Up: Name & Date	OCERS Report
1. Are the services and/or number of clients served to date on target for the grant period?	Grantee Milestone report (with milestone progress notes "on") Client Services Count report						
2. Is the grantee entering program data (i.e., CDOM, Aggregate, milestones) into OCERS in a timely manner?	Grantee Milestone report User Access report						
3. Are the progress notes for each milestone adequate and accurate?	Grantee Milestone report						
4. Is there a deliverable outstanding (a business or service plan, evaluation report, curriculum, etc.)?	Grantee Milestone report Exhibit A of Agreement (Scope of Work)						
5. Has the Contract Administrator notified of any missing required documentation for file (i.e., Insurance, Articles of Incorporation, Board of Directors meetings, Financial Audits)?	Events report and check with Contract Administrator						
6. Is the contact information report consistent with the current agreement?	Contact Report						
7. Is the grantee submitting invoices on time?	Program History Detail Report						
8. Does the grantee subcontract for part of the services covered under the Commission agreement?	Exhibit A of Agreement (Scope of Work)						
8a. Are there MOUs or sub contractors with providers in the file or on record?	Exhibit A of Agreement (Scope of Work) & Exhibit B (Budget)						

ACTIVITY OBSERVATION

Date:	Location (e.g., classroom, community room, etc):
Organization Name:	
Program Name:	
Contract Number:	
Activity/Service observed:	
Time observation started:	Time observation ended:
Program Staff:	Program Lead:
Staff conducting activity (e.g., teacher, program director, etc):	
Total number of <u>adults</u> served (observed):	Total number of <u>children</u> served (observed):
Evidence-based Model Used (if applicable):	

1. What activity was observed?
2. What were the strengths of the activity that you observed? Does the program adhere to evidence-based practices, use of Commission-approved curricula, provision of culturally-appropriate services, adult supervision, preventative measures, etc?
3. Are there recommendations for improvement? Suggestions may include data collection techniques, use of appropriate materials, opportunities to provide referrals, etc.

Questions for Grantee During Visits

Program Services and Documentation	Prompts/ Documentation	Yes	No	N/A	Comments	Follow up: Name & Date
1. Has the program experienced any staff changes in the past year?	Share OCERS contact information report and contact information update form for change request.					
1a. What changes need to be made?	User Access Form					
2. Is staffing appropriate?	Refer to Agreement – Staffing Table (Attachment 1 to Exhibit B). Verify staff qualifications with review of resumés. If inconsistent with agreement, note need for contract modification.					
3 Does grantee have supporting documentation on all milestone activities available for review?	Share milestone report. Supporting documentation could include but is not limited to sign in sheets, marketing materials, curriculum, and client case files. Grantee should have a way to identify that the service was provided to the 0-5 population and or their family or caregiver etc.					
3a. If services/number of clients is <u>not</u> on target, is there a plan of action in place to correct the deficiencies?						
3b. What materials were reviewed? Give examples.	Verify at least one month's reporting and see if any technical assistance is needed.					

4. Do marketing materials acknowledge Commission funding?	Refer to "Use of Commission Logo & Name"					
4a. Please list types of uses for CFCOC logo.	Note any misuse.					
5. Do you have methods to collect data for Aggregate Questions, CDOM and AMM?	Check if data collection protocols exist and obtain a copy, if possible. Share Client Data Count report, Aggregate Data report, Client Services Count, and Service Outcomes Questions report					
5a. How is OCERS used within the agency?	For instance: for evaluation, contract management, funding requirements, etc					
5b. Who accesses OCERS in your agency?	Review client authorization forms, service outcome questions, and "User Access Report" in OCERS					
5c. How often is OCERS updated?	Review milestones report and additional reports (AMM, CDOM, SOQ, etc) in OCERS					

Evaluation	Prompts/ Documentation	Yes	No	N/A	Comments	Follow up: Name & Date
1. Are client evaluation/satisfaction forms regularly used by the program?	Obtain a copy, if available					
1a. If yes, how is the information used for program development and improvement?	Obtain a copy, if available					
1b. If no, do other processes exist for client evaluative feedback? Please explain.						
2. Do you use pre-post tests for your program?	These could be to gauge whether there were changes in outcomes, behaviors, etc.					
2a. If yes, are the results analyzed and written up?	Obtain a copy, if available					
3. Are there other forms you use for evaluation (e.g., assessments, follow up interviews, etc)	Obtain a copy, if available					
4. Does grantee have suggestions for program improvement, or any ideas for changes?						
5. Does the program have an outside evaluation component?	Obtain a copy, if available. If document is a draft, ask for copy for comment and review.					
6. Does the program incorporate comments from previous clients for program development/ improvement?						

Clients Served	Prompts/ Documentation	Yes	No	N/A	Comments	Follow up: Name & Date
1. Do you provide Commission-funded programs for a fee?						
1a. How are the fees determined?	Ex: sliding scale					
2. Do the fees collected support the program?						
2a. What program areas do the collected fees support?						
3. Are clients ever turned away from the program?						
3a. On what basis (fees, space, etc)?						
3b. How is this documented?						
4. Is there a waiting list for your program?						
4a. If yes, how is it managed?						
4b. If no, how many places are available to enroll, and is outreach available?						
5. Do you maintain a log of client referrals to other service providers?						
5a. To which organizations/ programs do you refer clients?						
5b. What follow-up activities are provided for client referrals?	Record the documentation used to track referrals					
6. Do you include families reflective of the community served in the planning, delivery and evaluation of the program	For instance: encouraging advisory groups, applicable committees, etc					
6a. How is it documented?						

Mental Health	Prompts/ Documentation	Yes	No	N/A	Comments	Follow up: Name & Date
1. Does the organization provide mental health services? (Mental health services are defined as employing or subcontracting a licensed clinical social worker to provide mental health counseling services.)	Exhibit A Scope of Work and Budget Narrative (staffing, minimum qualifications, and subcontracts)					
1a. If yes, what services are being provided? 1b. If no, skip to next section.						
2. Are internal policies or guidelines are in place for staff caseload?						
2a. What is the maximum caseload per mental health therapist?						
2b. What weekend and holiday coverage does the program provide?						
2c. Are staff safety policies in place and documented?						
2d. How does the program address policies for emergency events?						
2e. How would the program cover its clinical caseload in the event of staff turnover?						
3. Does the program have staff supervision in place?						
3a. Please describe the supervision: group, individual, and/or chart review.						
3b. Does the agency have a supervisory plan with goals and objectives for training MFTI/ASW staff?						

3c. How is supervisory oversight of the clinical practice documented?						
3d. What supporting documentation was reviewed?						
4. Does the program provide clients with a full treatment plan?						
4a. What documentation was reviewed?						
4b. Does the agency audit clinical files?						
4c. If yes, how?						
5. Does the agency have procedures in place to safeguard client information and maintain confidentiality?						
5a. How are client files stored to assure client confidentiality?						
5b. What documentation was reviewed?						
6. Does the agency have policies and practices in place to assure quality service delivery and staff supervision?						
6a. What practices are in place?						

Parent Education	Prompts/ Documentation	Yes	No	N/A	Comments	Follow up: Name & Date
1. Do you use a Commission-approved content/curriculum in your parent education activities?						
1a. If no, what is the source of your materials?						
2. What criteria, if any, did you use in choosing the parent education curriculum you currently use?						
2a. What setting is used for your content/curriculum?	For instance: home visitation, group, individual					
2b. For what setting is the curriculum designed?						
2c. If another organization provides the service, what prompted the partnership?						
3. Do your parent education activities focus on a specific issue or topic, for example child abuse prevention?						
4. Have you made any modifications to the curriculum or teaching tools used in your parent education activities?						
4a. If yes, what modifications?						
5. Are your teachers of parent education programs trained on the curriculum or content they are presenting?						
5a. Do they have teaching credentials or any general teaching instruction?						

6. Does your agency provide the training required or requested by the authors of the parent education curriculum you use?						
6a. What are the ongoing training requirements?	For instance, new staff, refresher courses, curriculum updates, etc.					
6b. What are the approximate costs of the trainings?						
7. Does your agency evaluate the outcomes of your parent education programs?	For instance, using a pre-post test,					
7a. If yes, was the tool developed by the creators or the curriculum, by your program, or a combination?	Attached copy of evaluation tool, if available					
8. Are you looking for additional parent education resources and/or training?						
8a. Are you familiar with the California Evidence-Based Clearinghouse for Child Welfare (CEBC)?	www.cachildwelfareclearinghouse.org					

Sustainability & Leveraging	Prompts/ Documentation	Yes	No	N/A	Comments	Follow Up: Name & Date
1. Does the project have a plan for addressing sustainability?						
2. Does the project have a plan for leveraging funds?						
3. Is the grantee reporting leveraged funding in the OCERS "Other Funding Module"?	Relevant for agencies who participate in MAA / TCM / EPSDT, SRI whose major role is drawing down other funds for ECE and grantees required to leverage dollars					
4. Has progress been made on your sustainability plan? Please describe.						
5. How would the project be sustained once Prop 10 funding has ended?						
4a. If the project is not sustainable past Prop. 10 funding, what other organizations would serve these clients?						
4b. Have you explored other funding opportunities? Please explain.						
4c. Does the organization have a grant administrator?						
4d. Which sources provide funding (private donations, state, federal)?						
4e. What percentage of operations are funded through other grants?	Include grants pending.					

Collaboration/Partnership	Prompts/ Documentation	Yes	No	N/A	Comments	Follow up: Name & Date
1. List top 3-5 Commission-funded projects or organizations you work closely with to and/or refer to in order to ensure services to children 0-5 and their families?						
1a. To which of these Commission-funded projects or organizations do you refer clients?						
1b. How closely do you work with these other organizations? Specify in comments.						
1c. Is there a network or system?	Specify in comments.					
2. Which non-Commission-funded projects or organizations do you work closely with?						
3. Which programs or organizations are your top referral sources?						
4. Where are the gaps in providing service? OR: Are there needs that you don't have a referral for?						

Lead Comments- Post Site Visit

Project Analysis	Summary	Follow up: Name & Date
1. What are the project's strengths? Are there any program highlights to share with Commission staff?		
2. What are the project's challenges?		
2a. Is there a follow-up plan in place? Please describe.		
2b. What has been done to overcome these challenges?		
2c. Does the grantee require any technical expertise?		