

## Monitoring Systems and Objectives

<b>Program:</b>	<b>Date of Review:</b>
<b>Program Year:</b> <input type="checkbox"/> 2013-14 <input type="checkbox"/> 2014-15 <input type="checkbox"/> 2015-16	<b>Name of Reviewer:</b>

**Color Key:**

Question	Notes	Program Check
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### Recruitment Objective:

To ensure a fair and equitable recruitment process in order to create a diverse potential applicant pool that meets program needs.

System Checklist: Can the program demonstrate
1) It followed a non-discriminatory, fair and equitable recruitment process
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
2) A diverse corps was recruited
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
3) The members recruited met program needs
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:

I agree with the findings indicated above:  Yes  No

### Selection Objective:

To ensure a fair and equitable member selection process by demonstrating a consistent application process followed for each applicant. *(Please See Member Files Checklist for each Member File Reviewed on Site)*

System Checklist: Can the program demonstrate that
1) Members were selected based on the essential functions of the position description
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
2) Interviews were held in accessible locations

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**System Checklist: Can the program demonstrate that**

Yes  No

Notes:

3) State reasonable accommodations can be made for interviews and service

Yes  No

Notes:

I agree with the findings indicated above:  Yes  No

**Eligibility and Enrollment for Member Files Objective:**

To ensure that the program has all necessary paperwork and information for each member in their member files. *(Please see Member Files Checklist for each Member File Reviewed on Site)*

**System Checklist: Can the program demonstrate that they**

1) Maintain the confidentiality of member records in a locked filing cabinet

Yes  No

Notes:

2) Maintain information about medical or physical/mental conditions, including discussion of disabilities and reasonable accommodations, locked and separate from member information, and that information is provided to others only on a "need to know" basis.

Yes  No

Notes:

3) Program ensures member enrollment in CNCS online system within 30 days.

Yes  No

Notes:

I agree with the findings indicated above:  Yes  No

**Tracking Member Hours Objective:**

To ensure that timesheets are approved and kept in a manner that is consistent with AmeriCorps requirements and members are on track to meeting the required number of hours of service. *(Please see Member Files Checklist for each Member File Reviewed on Site)*

**Exiting Members Objective:**

To ensure a consistent process for exiting members that includes exit forms, documentation for early release if applicable (cause or compelling circumstances) and exiting out of WBRS with correct hours within 30 days of the end of the term of service. *(Please see Member Files Checklist for each Member File Reviewed on Site)*

**Developing and Implementing Member Training Objective:**

To ensure that Members are prepared for service, civic engagement, and personal development through a planned, consistent, and structured method.

Document Checklist	
1) Training sign-in sheet	
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	
2) Documentation/Agendas that show that members were trained on:	
<input type="checkbox"/>	a) Member rights and responsibilities
<input type="checkbox"/>	b) Prohibited activities
<input type="checkbox"/>	c) Disciplinary policy
<input type="checkbox"/>	d) Suspension/termination from service
<input type="checkbox"/>	e) Sexual harassment and other discrimination issues
<input type="checkbox"/>	f) Grievance procedures
<input type="checkbox"/>	g) Code of conduct
<input type="checkbox"/>	h) Requirements under the Drug-Free Workplace Act
<input type="checkbox"/>	i) History of AmeriCorps and National Service
<input type="checkbox"/>	j) Skills needed to complete service activities
<input type="checkbox"/>	k) Civic Responsibility
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	
3) Plan for supporting members in making the transition after end of service	
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	
4) Evidence of structured activities for members to reflect on service	
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:	

I agree with the findings indicated above:  Yes  No

**Member Supervision Objective:**

To ensure members receive appropriate supervision, that reasonable accommodations are made when appropriate, and that supervisors evaluate member performance half way through the service year and at the end of the service year.

System Checklist: Can the program demonstrate
2) Placement Sites are accessible to individuals with disabilities
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
3) Monitoring report/tool ensuring that members are not engaging in prohibited activities
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
4) Monitoring report/tool ensuring that the member service activities are aligned with their position description
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:
5) A member evaluation schedule
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:

I agree with the findings indicated above:  Yes  No

**Tracking, Recording and Reporting Progress Objective:**

To ensure the program is collecting, documenting and reviewing necessary data and that it is on track to meet its stated objectives and to ensure accurate and timely reporting of AmeriCorps related performance measure objectives.

System Checklist: Can the program demonstrate
1) Evidence that the program is on track for collecting data and reporting based on performance measurement tools.
<input type="checkbox"/> Yes <input type="checkbox"/> No Notes:

I agree with the findings indicated above:  Yes  No

**Site Partner Management Objective:**

To ensure the program clearly outlines relationships with site partners through formal agreements and manages those relationships.

System/Document Checklist	
<input type="checkbox"/>	1) Signed Site partner agreements
<input type="checkbox"/>	2) Site partner orientation agenda
<input type="checkbox"/>	3) Site monitoring report/tool
<input type="checkbox"/>	4) Program feedback and evaluation tools
<input type="checkbox"/>	5) Evidence that program identifies sites as AmeriCorps sites with a sign or banner
<input type="checkbox"/>	6) Signed Site partner agreements
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	

I agree with the findings indicated above:  Yes  No

**Continuous Improvement Objective:**

To ensure the program evaluates the quality of its service activities which includes involving extensive broad-based representation from the following: the community served, members and potential members, site partners, community-based agencies with a demonstrated record in providing services, foundations, and businesses.

System/Document Checklist:	
1) Evidence that feedback has been incorporated into the program	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	
2) Evidence that the program has assessed community needs	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	

I agree with the findings indicated above:  Yes  No

**Online Management Systems Objective:**

To ensure that program staff is adequately trained in appropriate use of online database systems (My AmeriCorps Portal, OnCorps) and other AmeriCorps related technology (eGrants, etc.) in accordance with AmeriCorps regulations.

**Tutoring Program Requirements **\*\* (only tutoring programs) \*\*** Objective:**

To ensure tutoring programs meet the federal requirements as established in AmeriCorps regulations 2522.910 and 2522.940

<b>System/Document Checklist:</b>
1) Evidence that program operating procedures were followed regarding tutoring qualifications
<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:

I agree with the findings indicated above:  Yes  No

**Member Activity Implementation Objective:**

To ensure the effectiveness and standardization of member activity implementation

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**State Commission Staff (Print and Signature)**

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**Program Official Signature (Print and Signature)**