# Contract Monitoring
## Site Visit Report

**Instructions**: The Contract Administrator will conduct a site visit during the contract year. The Performance Status Report completed by the Provider should accompany this report. Attach all supporting documents necessary. Site Visit information must be entered into the DHHS Program Monitoring Database.

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| Subrecipient: | | Risk Assessment: |
| Program Name: Family Support Programs | | Contract: |

Program Type: Prevention Parent Education services

Type of Visit: ☐ Monitoring Visit (Virtual) ☐ Site Visit ☐ Technical Assistance ☐ Other (Explain)

In Attendance:                     Date:

| Topic Area | Yes | No | N/A | Recommendations/Comments |
|---|---|---|---|---|
| **A. Budget** | | | | |
| 1. Are 1571 fiscal reports on file and is an electronic copy maintained? | | | | |
| 2. Are 1571 fiscal reports submitted on time? | | | | |
| 3. Are 1571 fiscal reports submitted accurately? | | | | |
| 4. Are Costs Allowable? | | | | |
| 5. Is budget spend down appropriate? | | | | |
| 6. Is a budget amendment needed? | | | | |
| 7. Are receipts kept for audit purposes? Review back up information for one submitted 1571 report. Attach to report. | | | | |
| 8. Are expenditures in accordance with the budget? | | | | |
| 9. Is travel documented - date, distance, locations, staff purpose & rates? | | | | |
| 10. Are funds co-mingled (placed in one account)? | | | | |
| If Yes, is there a Journal/Ledger Spreadsheet? | | | | |
| 11.Are match requirements being met? | | | | |
| -- Can grantee provide clear documentation of match? | | | | |
| -- What are the sources of the match? | | | | |
| 12. Records are retained for five years from the end date of the contract. | | | | |
| **B. Equipment** | | | | |
| 1. Has approved equipment been purchased? Review receipts. | | | | |
| 2. Was competitive bidding used to obtain equipment? | | | | |
| 3. Is equipment being used appropriately and clearly | | | | |

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| marked "Property of DHHS"? | | | |
| **C.  Professional and Contractual Services** | | | |
| 1. Have all subcontracts received PRIOR grantor approval? | | | |
| 2. Are subcontractor's contracts signed and filed? | | | |
| 3. Does subcontract outline work to be performed and does it comply with program objectives? | | | |
| 4. Are subcontractors submitting required fiscal/program reports by required deadlines? | | | |
| 5. Was competitive bidding used to obtain subcontract(s)? | | | |
| 6. If sole source used, is approval on file? | | | |
| 7. Is "Subcontractor" making regular & accurate billing? | | | |
| **D. Personnel** | | | |
| 1. Are all contract positions filled? | | | |
| 2. Are file folders maintained for each employee (including employment applications, job descriptions, resumes, background checks, reference checks, W-4 and I-9 forms, etc? | | | |
| 3. Are time sheets maintained for all employees? | | | |
| 4. Are there any conflict of interest issues in the hiring/supervision process? | | | |
| 5. Has staff attended required training? | | | |
| **E.    Programming** | | | |
| 1. Did the program start on time? | | | |
| 2. Is the program design implemented? | | | |
| 3. Has projected number of participants been met? | | | |
| 4. Do participants meet eligibility requirements? | | | |
| 5. Is programming delivered in a culturally competent manner? | | | |
| 6. Is programming required by the federal/state funding source being implemented? | | | |
| 7. Are activities allowable | | | |
| 8. Is information entered into the program database timely? | | | |
| 9. Is information entered into the program database accurate? Attach to report. | | | |
| 10. Are program polices and procedures in place? | | | |
| 11. Is programming in a safe and secure environment? | | | |

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| 12. Is client information on file? | | | | |
| 13. Interview or discussion with staff/participants/board members. | | | | |
| 14. Is staff to client ratio appropriate? | | | | |
| 15. Are services provided outside of traditional hours? | | | | |
| 16. Is baseline/outcome data being collected? | | | | |
| 17. Is there evidence of on-going collaboration with other service delivery systems/community partners? | | | | |
| **E.    Organizational Capacity** | | | | |
| 1. Review board member roster - attach to report. | | | | |
| 2. Review board member minutes - attach to report | | | | |
| 3. Are the required individuals on the advisory board? | | | | |
| 4. Review subrecipient's By-Laws – attach to report. | | | | |
| 5. Is staff turn-over rate high? | | | | |
| 6. Is appropriate supervision given to staff? | | | | |
| 7. Is there a Sustainability Plan? | | | | |

Briefly, describe what follow-up support (if any) is needed.

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Is a Corrective Action Plan needed:　☐ YES　　　　　☐ NO
If yes, Corrective Action Plan steps may/will be required to be initiated and resolved within 30 days.


_____Date_____
Coordinator/Consultant