

Program Monitoring Guide

Agency	Click or tap here to enter text.		
Program	Click or tap here to enter text.		
Contract Period	Start Date: Click or tap to enter a date.	End Date: Click or tap to enter a date.	
Program Consultant	Click or tap here to enter text.		
Evaluator	Click or tap here to enter text.		
Financial Analyst	Click or tap here to enter text.		
Management Review Dates	Click or tap here to enter text.		
PIP/CAP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Start Date: Date	End Date: Date
Tiered Monitoring Category			
Monitoring Period	Start Date: Click or tap to enter a date.	End Date: Click or tap to enter a date.	

Document Submittals Checklist

***Instructions:** Fill in the dates for the items you have verified being completed. Ensure all documents are filed in LaserFiche in accordance with the JWB document retention policy. If a submittal is waived or not applicable to the program, indicate by checking “N/A”.*

Document Submittals	Received	Received Date(s)	Filed in LF	Comments: (Document Notable Findings)
Funding Renewal Documents				
Insurance Survey	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Provider Certification Form	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Human Trafficking Affidavit	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Program Methodology	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Data Quality Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Organizational Chart	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Position Profiles	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Staff Training Requirements	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Other Methodology Attachments	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	

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Document Submittals	Received	Received Date(s)	Filed in LF	Comments: (Document Notable Findings)
Contract Documents (within 30 days)				
Board Member List	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Fee Schedules	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Subcontracts	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
VECHS/Third Party ED Affidavit	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
VECHS/Third Party Procedure	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Available Upon Request				
COOP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Drug-Free Workplace Policy	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Evidence of Board Training	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Confirmation of Board Orientation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Subcontract Monitoring Documentation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Ongoing Submittals				
External Monitoring/Site Visit/Accreditation/Licensing Reports	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Insurance Renewal (COI)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Notification of Change in Participant and/or Finance Data Base	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES	

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Program Monitoring Findings:

Instructions: Indicate the results of the monitoring. Describe any notable findings in the comment section and evidence that informed result selection. Ensure each item has been addressed.

General		
Monitoring Item	Results	Comments: (Document Notable Findings)
Link to JWB Website present on agency website	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
JWB logo at Program Location	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
JWB logo present on program marketing materials Marketing materials may include but are not limited to brochures, rack cards, flyers, newsletters/e-newsletters, annual reports, and other print or electronic program collaterals	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
In compliance with Special Condition(s) of the Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Incidents are managed with consideration for health and well-being of participants and risk to the agency and/or has formal risk management processes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Incident reports are submitted according to the contract requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Agency obtained prior written approval for the use of JWB funds as match	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Participant consent is obtained relative to photos and taping/recording	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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General		
Monitoring Item	Results	Comments: (Document Notable Findings)
Facility and environment are safe, free of hazards, and clean	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Miscellaneous	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Service Delivery/Program Implementation		
Monitoring Item	Results	Comments: (Document Notable Findings)
Services are delivered in the geographic areas identified in the program methodology and Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The population served is aligned with the program methodology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Service availability (days and hours of operation) and accessibility are in alignment with program methodology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Participant eligibility is adequately documented and in alignment with program methodology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Staff to participant ratios by service component and caseload sizes are in alignment with the program methodology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The duration and intensity of services are in alignment with the methodology. (Length of Stay and frequency of services)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Outreach, recruitment, assessment and intake activities are in alignment with program methodology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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Participant needs assessments are used to identify and assign appropriate program services and activities that align with each individual's goals and eligibility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Participants are referred to appropriate resources external to the program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Services meet participants' needs as determined through participant interview and file review. Include any relevant reported/notable concerns.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Participants and parents are informed of their rights, responsibilities, and the program's grievance process, with clear information to support informed decisions about services. Evidence of this is documented as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Program Staff/Volunteer Management		
Monitoring Item	Results	Comments: (Document Notable Findings)
Changes in staff are reported to JWB and/or updated in appropriate databases timely. Staff access to JWB systems are maintained according to Data Quality Manual and JWB Financial Policies and Procedures for Funded Programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
JWB Flex User Access is maintained as required in the agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Key staff vacancies are filled in a timely manner and/or program service delivery is not impacted by vacancies. <i>(include relevant workforce stabilization efforts and if there is significant staff turnover)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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Provision of staff development, training, and supervision is evident and in accordance with agency policy and an approved program methodology. A staff training log is maintained as best practice.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Volunteers are managed consistently as described in the program's methodology/agency policy. For quality/best practice, volunteers receive formal program orientation, training (diversity and confidentiality), written job duties, supervision, recognized for their contributions, and records are maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Program Management and Quality Assurance		
Monitoring Item	Results	Comments: (Document Notable Findings)
Internal agency/program quality improvement process is actively utilized. Program identifies barriers and implements corrective strategies. Note what CQI processes are in place, including satisfaction surveys, peer file reviews, etc. (comments required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
External monitoring entities review program services. Note findings. (i.e. areas of concerns from reports, PCLB Class 1 or 2 violations, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The organization has national accreditation or has a plan to achieve accreditation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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<p>Agency/program was on a CAP/PIP during any point in the reporting period or issued a LONC</p> <p>This section should include areas of concern, extensions/modifications, and summary of outcome.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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Targeted Service Levels/Performance Measurement/Data Quality		
Monitoring Item	Results	Comments: (Document Notable Findings)
Program met all and/or is on track to meet targeted service levels (include for each monitoring year when applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Notable factors regarding performance measures. Note: how many measures met/not met and reasons why. Also note any upcoming, anticipated changes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Program completed/administered measurement described in the approved methodology and/or executed contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Measurement tools utilized are appropriate for the population being served	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Measurement tools utilized are consistent with approved methodology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Provider staff have been trained on measurement instruments and are using them appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Participant files are maintained in a confidential and secure manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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Files reviewed contained completed Written Statement of Purpose for the use of Confidential Information (if applicable/required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Completed JWB Releases of Information with required elements (1) specific entity to release to, 2) whose information is being released, 3) purpose for release, 4) expiration date or event, 5) ability to revoke) are present. Note if not utilizing JWB release and have a special condition in their current agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Program is providing timely and accurate data (comments required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Program collected and submitted all required data elements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Program adheres to the Data Quality Plan included in the approved methodology	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Program Monitoring Activity Checklist

Instructions: Fill in each date you completed a monitoring activity with brief notes summarizing the activity. Each date should have its own row to add additional rows right click the date column and hit "insert" then "add row below".

Monitoring Type	Date or NA	Description of Activity
Program Observations		
Participant File Review		

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Staff Interviews		
Participant/Parent Interviews and/or Survey		
Other Interviews		
Personnel Monitoring		
Volunteer Monitoring		
Financial Information	Notes	
	Reimbursements	% completed on-time % completed accurately Advanced TA Provided <input type="checkbox"/>
	Lapse	%
Collaborative Meetings and Technical Assistance Meetings		

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