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| **dws_logo2**DWS-ASD 504  Rev. 04/2015 | | State of Utah  Department of Workforce Services  **PROGRAM MONITORING CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTRUCTIONS:** Review the required documentation and complete the checklist at least annually for each federal award and information sharing agreement. Notify the grantee of the results and recommendations. Failure to comply with recommendations may result in termination of the award. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization name:** | | | | | | | | | | Red Rock Center for Independence (RRCI) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program name:** | | | | | | Out-of-Wedlock Pregnancy Prevention | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contract number:** | | | | | | | | 18DWS0133 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Funding amount:** | | | | | | | | $$139,629.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contract start date:** | | | | | | | | | | July 1, 2017 | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contract end date:** | | | | | | | | | | June 30, 2020 | | | | | | | | | | | | | | | | | | | | | | | | |
| **Monitoring date:** | | | | | | | Year 1: | | | | | | | | | | | | | | Year 2: | | | | | | | | Year 3: | | | | | |
| **Monitored by:** | | | | | | Year 1: Abdi Sheikh-Hamud, Christine Mayne | | | | | | | | | | | | | | Year 2: | | | | | | | | Year 3: | | | | | | |
| **Monitoring Attendees:** | | | | | | | | | | | Year 1: Barbara Lefler, Julie Goodrich | | | | | | | | | | | | Year 2: | | | | | | | | Year 3: | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk level:** | | | **X** | **Low** | | | | | | | |  | | **Medium** | | |  | **High** | | | | | | | | | | | | | | | | |
| **Determination:** | | | | |  | | | |  | | | | | | | | | |  | | |  | | | | | | | | | | | | |
| **Year 1:** | | | | |  | | | | **Meets grant requirements** | | | | | | | | | | **X** | | | **Action Required to Become Compliant** | | | | | | | | | | | | |
| **Year 2:** | | | | |  | | | | **Meets grant requirements** | | | | | | | | | |  | | | **Action Required to Become Compliant** | | | | | | | | | | | | |
| **Year 3:** | | | | |  | | | | **Meets grant requirements** | | | | | | | | | |  | | | **Action Required to Become Compliant** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **Year 1** | | | | | | | | | | | **Year 2** | | | | | | | | **Year 3** | | |
| **Requirements** | | | | | | | | | | | | | **Yes / No / NA** | | **Comments** | | | | | | | | | **Yes / No / NA** | **Comments** | | | | | | | **Yes / No / NA** | **Comments** | |
| **Program Summary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | Does the organization provide the funded services agreed upon?   * See proposal | | | | | | | | | | | |  | |  | | | | | | | | |  |  | | | | | | |  |  | |
| **1a.** | Program description | | | | | | | | | | | |  | | Red Rock Center for Independence’s mission is to help disabilities: to provides services and work with young people with disabilities experience and high risk of out-of-wedlock pregnancy.  With this program, currently they are working with high schools kids with help and positive networking relationship with their parents.  Schools have the option of program delivery during the spring or winter semesters, or both depending on student needs and classroom availability. They are working with variety of different of high schools.  The program started in January 2018. They offer health relationship workshops/deliver lesson plans to youth with disabilities in each participating high school. So far they have 71 student—active participants.  Richfield =**20** student  So-sevcer =**35** student  Parowan =**3** student  Delta=**13** student.  Their goal is 120 of participants per grant year.  Each student receives a exercise book that helps them apply curriculum concepts to their own lives.  They organized the program for high school student to easy learn about health. Teachers give recommendation and RRCI offer to students with disabilities to provide equal access to the standardized questions.  Provides Relationship Smarts PLUS - questionnaire conducting pre and post-tests related to the curriculum. Have them answer each question. The classes are mixed boys and grills and learn more about the program and better choices. Student interest in learning about the program and their families support them.  Since the school closed during the summer, RRCI can continue provide services for those who expect to attend the program in November. | | | | | | | | |  |  | | | | | | |  |  | |
| **1b.** | Population served and marketing | | | | | | | | | | | |  | | **Targeting**: high risk of out-of-wedlock pregnancy including young men and women with disabilities who are venerable.  **Marketing**: Outreach to high schools, especially speak to principle and teachers about the program. They are also looking at to expand the program and provide the educational opportunities for young people in nine counties including Millard and Beaver. | | | | | | | | |  |  | | | | | | |  |  | |
| **2.** | Is the organization addressing the outcomes described in the proposal?   * What? * How tracked? * How measured? | | | | | | | | | | | |  | | Pre-test 9 questions in each class. The same questions are used for both pre and post-testing to compare. | | | | | | | | |  |  | | | | | | |  |  | |
| **3.** | Does the organization have a system for addressing customer grievances? | | | | | | | | | | | |  | | There is grievance policy in writing and provide to student to read. If they have question they can speak to educators or mentors if they have question. If any issues not resolved with educators, it goes to program director and so on and so forth. | | | | | | | | |  |  | | | | | | |  |  | |
| **4.** | Is the facility adequate to deliver the contracted service? | | | | | | | | | | | |  | | Provide services in high schools. | | | | | | | | |  |  | | | | | | |  |  | |
| **5.** | Does the organization collaborate with the local DWS office regarding services available to families | | | | | | | | | | | |  | | Refer student to DWS for job opening for job opening opportunities. | | | | | | | | |  |  | | | | | | |  |  | |
| **6.** | Does the organization subcontract out a portion of the program? If so, describe the monitoring process and provide documents.  Organization must provide verification of subcontractor(s) compliance with the following:   * Insurance Certificate * Fiscal Requirements * Program Requirements   + Outcomes * Eligibility Determination   + Form 300     - Supporting Documentation   + Form 115   + TEVS * Grievance Policy * FFATA * Staff Files   + Code of Conduct/Ethics   + Non-disclosure   + Background Check   + Licenses and Certifications | | | | | | | | | | | | No | | N/A | | | | | | | | |  |  | | | | | | |  |  | |
| **Staffing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.** | Does the organization have the required licenses and certifications to administer the program? | | | | | | | | | | | | No | | No licenses required for this program. | | | | | | | | |  |  | | | | | | |  |  | |
| **8.** | Do the employee files contain the signed DWS Code of Conduct agreement? | | | | | | | | | | | | No | | **Ashley Chidester** –need to sign a new DWS Code of Conduct agreement for current contact  See attached Staff File check –spreadsheet. | | | | | | | | |  |  | | | | | | |  |  | |
| **9.** | Do the employee files contain the DWS Non-disclosure agreement? | | | | | | | | | | | | No | | **Ashley Chidester** –need to sign a new Non-disclosure agreement for current contact.  See attached Staff File check –spreadsheet. | | | | | | | | |  |  | | | | | | |  |  | |
| **10.** | Do the employees meet the Criminal Background Check requirements? | | | | | | | | | | | | No | | **BCI** for Julie Goodrich need to get updated.  See attached Staff File check –spreadsheet. | | | | | | | | |  |  | | | | | | |  |  | |
| **11.** | Are employee files kept in a secure location? | | | | | | | | | | | | Yes | | Kept in locked cabinet and office | | | | | | | | |  |  | | | | | | |  |  | |
| **Eligibility Requirements (If required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12.** | Do the program participants meet the income eligibility requirements? | | | | | | | | | | | | N/A | | Not required | | | | | | | | |  |  | | | | | | |  |  | |
| **13.** | Do the program participant case files contain all of the required documentation? | | | | | | | | | | | | N/A | | They don’t have client files. | | | | | | | | |  |  | | | | | | |  |  | |
| **14.** | Are participant’s confidential files kept in a secure location? | | | | | | | | | | | | N/A | | Don’t have client files. | | | | | | | | |  |  | | | | | | |  |  | |
| **Grant Administration (Desk audit)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15.** | Did the program administrator and fiscal manager attend the in-person grant orientation? | | | | | | | | | | | | Yes | |  | | | | | | | | |  |  | | | | | | |  |  | |
| **16.** | Does the organization submit required reports in a timely manner?   * Quarterly Outcomes * Annual Reports | | | | | | | | | | | | Yes | | 1st Qtr on time  2nd Qtr report late. | | | | | | | | |  |  | | | | | | |  |  | |
| **17.** | Does the organization have current documentation of required insurance? | | | | | | | | | | | | No | | The current Certificate of Liability Insurance we have on the file expired 02/12/18. | | | | | | | | |  |  | | | | | | |  |  | |
| **18.** | Are current/past invoices submitted timely, expenditures documented, and the program follows the budget? | | | | | | | | | | | | Yes | |  | | | | | | | | |  |  | | | | | | |  |  | |
| **Required Action Items** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The following item(s) are needed in order to successfully meet the grant requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year 1:** | | | | | | | | | | | | | | | | **Year 2:** | | | | | | | | | | | **Year 3:** | | | | | | | |
| **ORGANIZATION must submit a response with a corrective action plan by DUE DATE.**  **Failure to meet grant requirements may result in termination of the award.** | | | | | | | | | | | | | | | | | | | | | | | | | | **Yr 1: 4/27/2018** | | | | **Yr 2:** | | | | **Yr 3:** |
| **Notes Year 1:** | | | | | | | | | | | | | | | | **Notes Year 2:** | | | | | | | | | | | **Notes Year 3:** | | | | | | | |
| **Program Response (Optional):** | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **Year 1:** | | | | | | | | | | | | | | | | **Year 2:** | | | | | | | | | | | **Year 3:** | | | | | | | |
| ***Equal Opportunity Employer Program***  Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals  with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |