

AMERICORPS SITE VISIT CHECKLIST

Program Management

General Information

Program Name: _____

Program Director: _____

Date of Visit: _____

Serve Idaho Reviewer: _____

Program Staff interviewed: _____

STRONG ORGANIZATION: Compelling long-term mission. Concrete working plan. Strong leadership team. Staff development plan. Teamwork is encouraged. Adequate staffing and systems to manage grant.

1. Organization has written policies and procedures for the AmeriCorps Program.

Healthcare, living stipend payments, background checks, member and staff timekeeping, member evaluations, etc.

Collect Sample (healthcare and background checks)

Yes No **If no, please explain**

2. Program has job descriptions for staff that are reflective of actual duties.

Collect Sample

Yes No **If no, please explain**

3. Program staffing levels are appropriate to allow for long term success of the program in accordance with program mission. (Ratio should be at least one staff member to 10 AC members).

Yes No **If no, please explain**

4. Program employs an effective method of management (e.g. staff meetings, organizational structure, supervision, etc.).

Yes No **If no, please explain**

5. Program assumes the role in the community of visible model for national service and champion of the ethic of service. (e.g. program uses AmeriCorps logo, members wear uniforms, program participates in national service days and events).

Yes No **If no, please explain**

6. Publications created by members or grant-funded staff are consistent with the purposes of the grant. The AmeriCorps logo is included on such documents. The program assures that the following acknowledgment and disclaimer appears in any external report or publication of material based upon work supported by this grant. "This material is based upon work supported by the Corporation for National and Community Service under AmeriCorps Grant No. _____. Opinions or points of view expressed in this document are those of the authors and do not necessarily reflect the official position of, or a position that is endorsed by, the Corporation for National and Community Service or the AmeriCorps program."

Yes No NA **If no, please explain**

7. Program conducts criminal history checks of members, as a means of screening applicants, in accordance with Commission and CNCS guidelines. (Includes State criminal registry checks, and FBI fingerprint checks initiated before the member begins service, and a National Sex Offender Public Registry completed before the member service began. It has been documented in writing that the applicant's identity was verified by examining the applicant's government-issued photo ID card, and if applicable - requested approval of alternative search procedures to Serve Idaho.

Yes No **If no, please explain**

Test

8. If the member background checks are kept in a separate location the program documents in writing (1) the applicant's identity was verified by examining the applicant's government-issued photo identification card (2) the required criminal history checks were conducted (3) the results were considered in selecting the applicant.

Yes No NA **If no, please explain**

9. The program entered all operating sites and a service location for all members enrolled in the My AmeriCorps portal. (Included the name of the organization, and the full address or zip-plus-four of the service location where the member will be serving).

*Don't Ask, Just Test
My AmeriCorps Portal*

Yes No **If no, please explain.**

10. The program submits all Member enrollment and exit forms within 30 days of enrollment.

*Don't Ask, Just Test
My AmeriCorps Portal*

Yes No **If no, please explain.**

11. The program exits all members in My Service Log within 30 days of exit.

*Don't Ask, Just Test
My Service Log*

Yes No **If no, please explain.**

12. The program receives approval from Serve Idaho when a change in a member's status is requested and then notifies the Trust, via My AmeriCorps Portal, (i.e. from full-time to less than full-time or vice versa).

Yes No NA **If no, please explain.**

13. The grantee notifies the Corporation in eGrants, immediately, when a member's status changes that affect eligibility for childcare or healthcare. Examples of changes in status include: changes to a member's scheduled service so that he/she is no longer serving on a full-time basis; terminating or releasing a member from service; and suspending a member for cause for a lengthy or indefinite time period. (Contact the childcare provider and the health insurance provider about health insurance related changes).

Yes No NA **If no, please explain.**

14. Program maintains documentation for release of members for cause and for personal compelling circumstances.

Collect Sample

Yes No NA **If no, please explain.**

15. The program has enrolled the number of Members specified in the grant.

*Don't Ask, Just Test
My AmeriCorps Portal*

Yes No **If no, please explain**

16. The program has retained a reasonable number (no more than 10% attrition) of members during the program year.

*Don't Ask, Just Test
My AmeriCorps Portal*

Yes No **If no, please explain**

17. Program obtains permission from Serve Idaho or CNCS prior to significant programmatic or budgetary changes.

Yes No **If no, please explain.**

18. Program utilizes a grievance procedure in accordance with grant guidelines.

Yes No **If no, please explain.**

EXCELLENT NATIONAL SERVICE PROJECT: Addresses real needs, produces direct and demonstrable results. Program and service partners agree about results and member roles. Members do not displace workers or volunteers. Site specific training is provided. Attentive management and close supervision of projects. Projects draw on the unique qualities of members.

1. Program addresses real needs as described in application.

Yes No **If no, please explain**

2. Program has a site specific training plan for members and staff.

Yes No **If no, please explain**

Collect Sample

3. Program ensures that it does not supplant or duplicate services or displace employees.

Yes No **If no, please explain**

4. Program has a comprehensive monitoring plan, including policies and procedures, to ensure service partners, subgrantees and service sites are making progress towards their Performance Measurements and acting within grant guidelines (prohibited activities, member service duties, etc.).

Yes No **If no, please explain**

Collect Sample

HIGH QUALITY MEMBER EXPERIENCE: Program has sufficient training and support. Members receive an orientation, ongoing training and support, and are helped to transition to life after service.

MEMBER MANAGEMENT

1. Member Files contain all relevant and necessary documentation including items listed below.

*Don't Ask,
Just Test*

Yes No **If no, please explain.**

Proof of Eligibility – verified in eGrants or verified by the program staff if applicable
 Member Forms (application, enrollment, exit, change of status)
 Proof of offer for health insurance and childcare to full time members
 Loan forbearance form (if applicable)
 Criminal History Checks (initiated prior to member service) and NSOPR (completed prior to enrollment)
 Accompaniment Forms (if applicable)
 Member Contract with Grievance Procedures and other terms of service (signed)
 High School diploma or equivalent (copy of, self-certification, or written agreement to pursue)
 Member Performance Evaluations (minimum of two per term)
 Position Description
 Media Release Form
 Parental Consent form (if under age 18)
 Emergency Notification Contact information
 Verification of training (e.g. First Aid/CPR if applicable)
 Signed Contract

2. Program supports Members in getting GED and in post-service educational transition.

Yes No **If no, please explain**

3. Program encourages, but does not require, Members to vote and allows Members time to vote with no penalty.

Yes No **If no, please explain**

4. Program allows Members to serve on a jury and serve in the Armed Forces Reserves with no penalty.

Yes No **If no, please explain**

5. Program provides Members with appropriate and consistent supervision while engaged in service.

Yes No **If no, please explain**

6. Program conducts a minimum of 2 performance evaluations per year for Members (mid & end of term, only an end of term is required for less than ½ time).

Yes No **If no, please explain**

*Don't Ask
Just Test*

7. Program has policies to ensure that Members do not engage in prohibited activities.

Yes No **If no, please explain**

8. Program ensures that Members are primarily engaged in activities as described in Grant.

Yes No **If no, please explain**

9. Member Agreements contain all essential information regarding service parameters and are signed before the commencement of service. (*service hour requirement, position description, amount of the education award upon successful completion, grievance procedures, suspension and termination rules, circumstances to be released for cause, prohibited activities, standards of conduct, Drug-Free Workplace, other program requirements*).

Yes No **If no, please explain.**

*Don't Ask
Just Test*

MEMBER TRAINING AND DEVELOPMENT

1. Program promotes an ethic of active and productive citizenship, public and community service and educational achievement in Members.

Yes No **If no, please explain**

2. Program tracks member hours to ensure that no more than 20% of the service hours are spent on education, training, and non-direct service and no more than 10% are spent fundraising.

Yes No **If no, please explain** *Don't Ask, Just Test*

3. Program implements a comprehensive training plan that includes Pre-Service Orientation (PSO) and ongoing training conducted at appropriate intervals throughout the service year incorporating Service-Learning.

Yes No **If no, please explain**

4. All members attended mid-service training, the Serve Idaho Conference.

Yes No **If no, please explain how they were trained**

5. PSO training includes core topics identified by the Commission. *Collect Sample and Test*

Core Topics include:

Agency and program mission, goals and annual objectives

Active citizenship and developing a service ethic

History of National Service (culture and context)

Program-specific rules (expectations, attendance policy, rules of conduct, drug free workplace, prohibited activities, grievance procedures, etc.)

Personnel Management (timesheets, travel & reimbursement policies, living allowance, benefits, etc.)

Skills training

Planning service projects

First Aid / CPR if applicable (completed within first 90 days of service)

Team-building

Yes No **If no, please explain**

EVALUATION: Effective mechanisms are in place to collect information related to the approved Performance Measurements. Information is systematically collected from relevant parties (e.g. partners, members, staff, and community) to continually improve operations. Results are effectively communicated to all relevant parties.

1. The program submits Progress Reports on time that accurately and completely capture program accomplishments and challenges.

Yes No

If no, please explain.

Don't Ask, Just Test

2. The program consistently collects data as described within the Performance Measurements, including host site data.

Yes No

If no, please explain.

Test

3. Program consistently and systematically gets feedback from relevant parties regarding the program's strengths and challenges.

Yes No

If no, please explain

4. Program assesses its operation continually, examines feedback, and uses the information to make programmatic changes and improvements.

Yes No

If no, please explain

5. Program has policies and procedures guiding the collection of data, and data collection methods are clearly documented.

Yes No

If no, please explain.

Collect Sample

7. Data collectors receive training.
 Yes No **If no, please explain.**

COMMUNITY PARTNERSHIPS AND COLLABORATION: Vision of program is shared by and with partners. Service meets critical needs and benefits all partners. Strong mutual commitment to support between partners.

1. Program has an established communication system to exchange information on a timely basis with partnering organizations.

Yes No **If no, please explain**

2. How do you ensure that Program staff, site supervisors, and partnering organizations are familiar with the rules and regulations associated with AmeriCorps and are familiar with the current AmeriCorps grant Performance Measurements?

3. Program has a systematic means of selecting, training, and supporting organizations and staff partnering as subgrantees, service sites and supervisors.

Yes No **If no, please explain.**

Collect Sample

DIVERSITY: Strengthen and encourage mutual respect and cooperation among citizens of different races, ethnicity, socioeconomic backgrounds, and educational levels, among both men and women and individuals with disabilities.

1. Program and activities are accessible to persons with disabilities.

Yes No **please explain**

2. Program provides reasonable accommodation to the known mental or physical disabilities of otherwise qualified members, service recipients, applicants, and staff. (Selections and project assignments are made without regard to the need to provide reasonable accommodation).

Yes No **if no, please explain**

3. Program has a documented commitment to building diversity in its staff, members, and community partners.

Yes No **please explain**

4. Program has an outreach and recruitment plan that is effective and encourages diversity.

Yes No **please explain**

5. Program specifies it is a drug free workplace and equal opportunity service.

Yes No **if no, please explain**