

Program Monitoring Review Form

Contract Management Team

Montgomery County Department of Health & Human Services

Using the RFP, the contract, and a site visit, complete this form and distribute. A contract review should be conducted at least annually, and more frequently, if necessary. Also, complete only those sections of this form that are appropriate.

Enter text in the shaded portion of each cell. For Yes or No and compliance response cells, simply click on the appropriate cell box. If the form will not let you enter a response in the response cell than: click on the VIEW icon in upper left hand corner of your screen; click on TOOLBARS; click on forms; a row of 10 options will appear on your screen; click on the PROTECT FORM lock icon

Contractor Name: Centro Familia	Contractor Contact Person: Pilar Torres Erica Serrano
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Contractor Address: 10914 Georgia Avenue Wheaton, MD 20902	Tel. #: 301-754-1801
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Program Name: Strengthening Family Child Care in Low Income Latino Communities	Contract Funding Amount: \$80,000
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Brief Description of Services: Home Visits, curriculum support and mentoring to improve the quality of care in family child care homes
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Date of last review: 1/16/08	Date of this review: 1/22/08	Contract #: 8644320016-AA
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Report any unresolved monitoring issues and corrective actions from the last site visit or report submission; give the date of last monitoring visit; explain contractor's failure to comply with corrective action requests.

ASSESSMENT OF PERFORMANCE PER CONTRACT SCOPE OF SERVICES

CMT/Monitoring: 1- 03

NOTE: Specific contract scope of services may be cut and pasted into the Contract Requirements Column below.

Contract Requirements (Scope of service requirements from contract)	Item(s) Reviewed	Compliance * Full * Partial * Not * N/A	Supporting Comments
1. The Contractor must conduct monthly visits and/or provide technical assistance to at least fifteen (15) child care providers with limited English proficiency using the Listos Para la Escuela curriculum.	Discussed Monthly reports Letter of commitment for participants	F	Reviewed list of providers, several also participated in other Centro Familia programs; visits are a practical follow up to classes/meetings. 16 providers, 15 sites – all Spanish speaking, 5 are bilingual.
2. Each of the 15 should receive a minimum of 5 visits.	Visit reports	F	Some have had 2 visits, some 3. Each visit lasts at least 2 hours, occur at nap time or evenings. Visits will be completed by end of contract – June 30.
3. The Contractor must submit within 6 months of the execution of the contract (9/16/08) to the County a roster of the names and addresses of all participants, records of home visits, attendance at meetings, and topic of meetings.	Reviewed home visit reports Roster submitted monthly along with topics of meetings.	F	Attendance records received today. Schedule of meetings received today. Letter sent to parents whose children are enrolled with providers.
4. The Contractor must provide all participants with information regarding start up funding, training, technical assistance, and support services which are available to them through the Montgomery Child Care Resource and Referral Center, the Department of Health and Human Services, and other community resources.	Home visit Report notes	P	Discussed need for better documentation of resources shared. One LPE provider participates in MCCR&RC ESL classes.

CMT/Monitoring: 1- 03

Contract Requirements (Scope of service requirements from contract)	Item(s) Reviewed	Compliance * Full * Partial * Not * N/A	Supporting Comments
5. The Contractor must employ a qualified early childhood specialist with a minimum of 4 year degree in ECE or a related field, to provide curriculum support, modeling and mentoring.	Tina's resume	F	Rossana meets qualifications and oversees program. Tina has AA degree with CDA, PreK and FCC and is observer for NAFCC accreditation.
6. Providers will create portfolios for children and follow MMSR guidelines.	Portfolio recommendations Activities for providers	F	October – training on curriculum. November – training on observation and portfolio. February – will share portfolios in class.
7. The Contractor must include input from the MCCR&RC staff about training, mentoring, scholarships and accreditation support to avoid duplication of efforts.	Discussed	P	Jody met with Letty in November to talk about MSDE credentialing and evaluation of foreign credentials. Need better documentation on contacts with the Montgomery County Child Care Resource and Referral Center.
8. The Contractor must document referrals made to other early education and support services.	Monthly home visit reports	F	Examples are POC and Child Find.
9. The contractor must support participants in observing and assessing 3 & 4 year old children in their care in September and May using the ECOR.	ECOR records	F	November 11 class given on ECOR in Spanish. 10 three year olds and 4 four year olds on record for first observation.
10. Contractor must plan and implement at least 4 group trainings for network participants yearly.	List of workshops received today	F	6 trainings scheduled.

CMT/Monitoring: 1- 03

Contract Requirements (Scope of service requirements from contract)	Item(s) Reviewed	Compliance * Full * Partial * Not * N/A	Supporting Comments
11. Providers attending trainings must be given approved credits. Core of Knowledge training in curriculum.	Original approval Certificates Session Renewal Change report – 10/31/08	F	Renewal application submitted. Official certificates not yet received. OCC has given verbal approval.
12. The Contractor must continue its involvement with Latino Child Care providers in a professional organization.	Discussed upcoming events Leonas rosters, attendance records and fliers	F	Leonas has 90 members; 30-40 regular attend monthly meetings. Leonas organizing breakfast for International Women's Day on 3/8.
13. Any written materials that describe services under this Contract must give credit to the Montgomery County Department of Health and Human Services as a sponsoring agency.	Program materials	F	
14. The contractor must provide scholarships for professional development of participants in the program.	Discussed	F	Trainings and materials are free. 4 LPE participants also working on CDA, Tina gives technical assistance during regular visits. 5 took CPR/first aid. 5 in En Familia this year. \$3,500 in budget for scholarships, discussed back up documentation needed for invoices.

CMT/Monitoring: 1- 03

Contract Checklist - Legend: F = Full Compliance; P = Partial Compliance; N = Not in Compliance; NA = Not Applicable				
A. Contractor Staff	F	P	N	NA
1. There are appropriate and sufficient staff to meet requirements of Scope of Services (Including bilingual staff where applicable.) <i>EXAMPLES:</i> review of timesheets, position descriptions, etc. Staff must be flexible to accommodate provider schedules.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Contractor has handled staff vacancies promptly? <i>EXAMPLE:</i> recruitment ads. Staff hired from within.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If required, each staff member is appropriately licensed or certified to perform duties as required by Scope of Services. <i>EXAMPLE:</i> review credentials.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Contractor keeps appropriate documents on file for employees? (EEO declarations, criminal background checks, etc.) <i>EXAMPLE:</i> review sample of personnel records or ask for copies of pertinent documents. Reviewed Tina's file.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Contractor has a customer grievance policy 6/07 policy in English and Spanish.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Statistics and Reports	F	P	N	NA
1. Is the contractor providing reports at the intervals specified in the contract?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If applicable, does statistical report data match the information provided in the invoice?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CMT/Monitoring: 1- 03

C. Client Case or Medical Files (Review the contract for the specific requirements for developing and maintaining client/patient records.)	F	P	N	NA
1. Are service or treatment plans current and on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
2. Does the appropriate staff assign and supervise all cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
3. Are administrative, professional and/or medical protocols in place to ensure that quality service standards are met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
4. Is the Contractor in compliance with HIPAA Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

D. Questions for the Contract Monitor	Yes	No	N/A
1. Are any changes (amendments) pending to the Scope of Services?	<input type="checkbox"/>	X	<input type="checkbox"/>
2. To your knowledge, is the contractor in violation of any federal, state, or local laws, regulations or policies regarding the delivery of services? <i>Explain.</i>	<input type="checkbox"/>	X	<input type="checkbox"/>
3. Are there indications that customers are satisfied with services? <i>Example: Client satisfaction surveys.</i> Conducted at end of year and in February – mid term. Will share results in monthly report.	X	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the contractor substantially meeting all of the contractual outcome and service quality performance measures?	X	<input type="checkbox"/>	<input type="checkbox"/>

CMT/Monitoring: 1- 03

E. Contractor Payments and Financial Monitoring NOTE: Use the <u>Contractor Financial Management Monitoring Form</u> for more detailed review of contractor's financial management and attach it to the <u>Program Monitoring Review Form</u>	Yes	No	N/A
1. Are invoices reviewed for content and accuracy? By whom? Beth Molesworth	X	<input type="checkbox"/>	<input type="checkbox"/>
2. Are invoices submitted in accordance with the provisions of the contract and is supporting documentation (such as time sheets) attached to invoices?	X	<input type="checkbox"/>	<input type="checkbox"/>
3. Have payments been made against the correct purchase order? Are the budget appropriations recorded in the appropriate expenditure account and are the expenditures charged against the correct account?	X	<input type="checkbox"/>	<input type="checkbox"/>
4. Are expenditures in line with approved budget? (Any variance over 10% requires a budget modification.) Discussed with Diego 12/2/08.	X	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the contract's expenditure pattern sufficient to insure utilization of all contract funds? If not, how much lapse funding is anticipated? Conversely, is the contractor overspending? How much and why?	X	<input type="checkbox"/>	<input type="checkbox"/>
6. If budget has changed, has County received and approved an amended budget?	<input type="checkbox"/>	<input type="checkbox"/>	X

Overall Compliance Rating
1. a. Is the contractor generally in <u>full</u> or <u>substantial</u> compliance with provisions of the scope of services? Yes X No <input type="checkbox"/> b. State any areas where the contractor made improvements in program administration or services delivery. Bringing on Tina to assist with this program has maintained quality services.
2. a. If the contractor is not generally in full or substantial compliance, what are the program monitor's corrective action recommendations? b. When will the contractor submit a corrective action plan(s)? NOTE: Forward copies of all written corrective actions to the CMT which will be placed in the original contractor's file

The vendor should be directed to submit a Corrective Action Plan addressing each deficiency. Consult the CMT for assistance in developing recommendations to resolve disputes or determine contract termination/modification options. Please remember that any changes in scope, terms or conditions require contractual amendments.

SIGNATURES		
Contractor Representative (optional)	_____ Printed Name	_____ Date
Program Monitor	_____ Printed Name	_____ Phone
Program Monitor	_____ Signature	_____ Date
Program Unit Manager	_____ Signature	_____ Date
Service Area Chief	_____ Signature	_____ Date

{Service Area Chief signature required once annually or more often if there are serious compliance problems}

Send Original to: * CMT * Copy to Contractor * Copy to Unit Manager * Retain Copy

CMT/Monitoring: 1- 03

CONTRACTOR FINANCIAL MANAGEMENT MONITORING FORM
Montgomery County Department of Health & Human Services, Contract Management Team

Contractor Name: Centro Familia	Contract #: 8644320016-AA
Contract Monitor's Name: Beth Molesworth	Date This Form Completed: 1/18/08

Contract Checklist - Legend: **F**= Full Compliance; **P** = Partial Compliance; **N** = Not in Compliance; **NA** = Not Applicable

Fiscal Monitoring	F	P	N	NA
1. Is there a segregation of duties i.e. duties are divided among different people with responsibilities for handling transactions and making payments (<i>reduces opportunity for embezzlement</i>)? Pilar Torres, Erica Serrano and, Diego Alvarez have financial responsibility for this contract.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the contractor have a business plan/budget that they follow?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the contractor have written fiscal policies and procedures, and accounting policies? Reviewed written policies onsite.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a delegation of signature authority on file and appropriate limits have been established? Pilar can sign up to \$25,000; board member must co-sign for larger amounts.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the contractor submitted accurate, timely financial reports and estimates? Profit and loss statement January-December 2007.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are fiscal transactions like deposits and billing performed in a timely manner?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the contractor have a comprehensive annual financial statement or audit by an independent accountant for the previous year on hand? Grossberg 2006 statement reviewed; working on 2007 statement.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a process in place for managing and monitoring risk (<i>example – does the contractor have a system for ensuring collection of user fees or can they raise matching funds as stated in the budget</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
9. Is software and electronic system access appropriately maintained and secured; i.e., is the system maintained and in a secure environment, and is the data controlled?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are the contractor's employee time sheets/records consistent with the approved budget or billable units of service? Observed online system.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S/Molesworth/Program Monitoring Review form CENTRO FAM. 1-16-09.doc