**Monitoring - Documents and Records Required**

**Information for Sampling**

E-mail the following (as Excel docs, if possible) to the lead monitor by: **Day, MM/DD, 2022**

1. **For the [agr 1 name] agreement**:
	1. List(s) of UNDUPLICATED clients served and reported in **Output 1** for **Quarter X, mm/dd/yy through mm/dd/yy** \* and indicate clients reported eligible for APH funding and those eligible under other funding sources.
	2. List of UNDUPLICATED clients reported in **Outcomes-City PMRU Plan 1** to APH, for **Quarter X, mm/dd/yy through mm/dd/yy,** \* and indicate clients reported eligible for APH funding and those eligible under other funding sources.
	3. List of UNDUPLICATED clients reported in  **[Outcomes-City PMRU Plan 2 or Supplemental]** to APH, for **Quarter X, mm/dd/yy through mm/dd/yy,** \* and indicate clients reported eligible for APH funding and those eligible under other funding sources.
	4. Expanded General Ledger for expenditures for **mm/dd/yy through mm/dd/yy**
2.
3. **For the [agr 2 name] agreement**: **[COPY AND PASTE 2a-d OF THE TEMPLATE FOR EACH ADDITIONAL AGREEMENT THAT YOU’LL BE MONITORING. DELETE 2A-D IF ONLY ONE AGREEMENT IS BEING MONITORED]**
	1. List(s) of UNDUPLICATED clients served and reported in **Output 1** for **Quarter X, mm/dd/yy through mm/dd/yy** \* and indicate clients reported eligible for APH funding and those eligible under other funding sources.
	2. List of UNDUPLICATED clients reported in **Outcomes-City PMRU Plan 1** to APH, for **Quarter X, mm/dd/yy through mm/dd/yy,** \* and indicate clients reported eligible for APH funding and those eligible under other funding sources.
	3. List of UNDUPLICATED clients reported in  **[Outcomes-City PMRU Plan 2 or Supplemental]** to APH, for **Quarter X, mm/dd/yy through mm/dd/yy,** \* and indicate clients reported eligible for APH funding and those eligible under other funding sources.
	4. Expanded General Ledger for expenditures for **mm/dd/yy through mm/dd/yy**.
4. List of any Volunteers and Employees working with clients served through each APH agreement, along with their Start Date. **\***

***\* PLEASE DO NOT submit names of individuals or their social security numbers****. Instead, submit lists of employees, volunteers, and clients electronically, identified by a unique code, such as a case or client number, or by a combination of first letters of last name and first name.*

# Remote Desk Review

Monitors will select samples for review and email that information to you within 5 business days. After receiving the selected samples, please submit the following documentation to the Box.com account within 10 business days.

**On Site Desk Review**

Monitors will select samples for review and email that information to you within 5 business days. After receiving the selected samples, please prepare the documents and have them ready for monitors to review the day of your scheduled on-site monitoring.

**Client Information, Records, and Performance**

1. For selected client files provide:
	1. Intake documentation
	2. Documentation of program eligibility verification
	3. Documents showing services provided/Outputs
	4. Documents/evidence showing met Outcomes

**Financial Information**

1. Form 940/941 filings and proof of payment for 04**/01/22 – 06/30/22**
2. Invoices for, and bank or credit card statements showing payment of, selected expenditures per sample selected from detailed general ledgers by monitor:
	1. Please include ALL pages of utility bills, invoices, or receipts
	2. For employee health benefits or fringe, please provide payroll documents showing deductions as well as invoices and proof of payment to staff and/or vendors.
	3. For wages, provide documents showing earnings. If using a third-party payroll vendor, please also show proof of payment to vendor.

**Personnel Management Information**

1. For selected employee files provide:
	1. job description
	2. application or resume
	3. required licensure
	4. documentation of any required certification or training
	5. completed Form I-9
	6. proof criminal background check (CBC) was conducted (if required by policy, agreement, or statute); do not include CBC results
	7. employee signed workplace policies
	8. performance reviews (if required by policy)
2. For selected volunteer files provide:
	1. job description
	2. application or resume
	3. documentation of any required certification or training
	4. proof CBC was conducted (if required by policy, agreement, or statute); do not include CBC results
	5. volunteer signed workplace policies

**Business and Organizational Information**

1. Minutes from most recent 3 board meetings.
2. If applicable, subgrantee monitoring reports and the most recent Memorandum of Agreement (MOU)
	* If clients are not provided direct services, please disregard the request for a client list.
	* If no employees are paid fully or in part via the agreement, please disregard the request for a staff list.
	* The volunteer list pertains specifically to volunteers who have direct contact with clients served through APH agreements.

**Monitoring - What to Expect**

**General Information:** Please note, per the notification email and page 1, that you’ll need to provide some information *in advance of* the scheduled monitoring date so monitors can select samples to review.

During the monitoring activities, the following areas may be reviewed: performance measurement; service accessibility; community outreach; responsiveness to cultural diversity and customs (including CLAS standards); staffing (both paid and volunteer); operational procedures; client confidentiality; safeguarding of records; complaint and grievance procedures for staff, volunteers, and clients; and business and financial operations and policies. An employee knowledgeable in these areas must be accessible to the monitoring team by email, phone or in person for on-site monitoring.

During all phases of the monitoring process, you and your staff will have the opportunity to ask questions and address concerns pertaining to monitoring. **Entrance and Exit conferences will not be scheduled unless specifically requested by your agency.**

**Parties Involved:** Your APH Contract Manager has been notified of the monitoring action and may be part of any after-action follow up.

**After the Monitoring Review:** Following the review, CCU will provide a draft of the monitoring report to the E.D. and main point of contact, and you will have 5 business days to provide a written response to any Infractions & Oversights. Your response will be integrated into the monitoring report, then it will be finalized and approved by APH’s Assistant Director and shared with you. If there are no significant Infractions or Oversights, a close-out letter will be issued instead of a report. **At the completion of the review and reporting, all agency records will be securely deleted from Box.com if uploaded.**

**Information / Access Needed:** For remote monitoring**, t**he information listed on the previous pages must be available for review by the monitoring team as electronic files. **If you have barriers to providing any of the required documentation to monitors electronically or on-site, please contact the Lead Monitor as soon as possible so alternative arrangements can be made** (i.e., a Teams or Skype for Business meeting and/or a COVID-safe on-site visit).

**Thank you for your cooperation with this monitoring activity!**