





**Section I. Program Operations and Management**

Name, address and telephone number of organization:

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Is the organization designated as a Direct Service Provider?

Yes No

Define the geographical area or mile radius serviced by the program.

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Identify the location of all sites operated by the program.

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List the type of services provided by the program: (All)

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What is the governing body of the organization?

Local Government (City or County) \_\_\_\_\_  
Board of Directors \_\_\_\_\_  
Non Profit \_\_\_\_\_  
For Profit \_\_\_\_\_  
Other \_\_\_\_\_

Does the Program have a Board of Directors?

Yes No

When was the last meeting:

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Does the agency have Articles of Incorporation? (Review/Copy)

Yes No

Does the agency file a State Corporate Report? Date filed: \_\_\_\_\_ (Obtain copy)

Yes No

Is the agency in good standing with the State Corporation Commission?

Yes No

Does the program have an Advisory Council?

Yes No

How often do they meet?

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Give a brief narrative of the composition, role, and functions of the Advisory Council.

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How often does the Program Director and staff meet with Advisory Council?

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Does the program have a policy on selecting and dismissing Advisory Council members? Yes No

Does the organization have a current organizational chart? Yes No

When was the most recent public hearing held? \_\_\_\_\_

When was the most recent Quality of Services Survey conducted? \_\_\_\_\_  
(obtain copy)

Does the organization have an Emergency and Inclement Weather Plan? Yes No  
(obtain copy)

Does the organization have adequate insurance coverage for:			
	Accident	Yes	No
	Fire	Yes	No
	Theft	Yes	No
	Fidelity Bond	Yes	No
	Professional Liability	Yes	No
	Directors and Officer Liability	Yes	No
	Vehicle & General Liability	Yes	No

Does the program have policies and procedures established for the following:			
	Bingo and Games of Chance	Yes	No
	Participant Code of Conduct	Yes	No
	Participant Grievances	Yes	No
	Political Activity	Yes	No
	Affirmative Action	Yes	No
	Eligibility for Obtaining Services	Yes	No
	Enrollment/Dismissing of Participants from Services	Yes	No
	Program Income	Yes	No
	Fund Raising	Yes	No
	Vehicle Maintenance	Yes	No
	Equipment Maintenance	Yes	No

Do all sites operated by the contractor meet American's with Disabilities Act (ADA) requirements? Yes No

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Do all facilities meet fire, safety, health, sanitation and construction codes? Yes No

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Are all facilities maintained in good operating condition and secured by locks? Yes No

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Are the following posted in a conspicuous location?

Rights of eligible persons	Yes	No
Full cost of meal for ineligible persons	Yes	No
Policy for serving ineligible persons	Yes	No
Recommended contribution amount & how used	Yes	No
Menus in large print	Yes	No
Participant grievance procedures	Yes	No
EID report	Yes	No
Food Service Permit	Yes	No
Fire Inspection Reports	Yes	No
Drug Free Workplace	Yes	No
Carry-out meals policy	Yes	No
Participant Code of Conduct	Yes	No
Program Code of Conduct	Yes	No
Fund Raising Policy	Yes	No
Evacuation Plan	Yes	No
Exit signs	Yes	No

Are evacuation procedures (fire drills) performed on a bi-annual basis and documented? Yes No

If "No" explain:

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Has training been provided to all staff, volunteers, advisory council members and board of directors?

Required Certified Training

Older Americans Act	Yes	No
Non-Metro AAA Policies & Procedures	Yes	No
Contract Compliance	Yes	No
Financial Management	Yes	No
SAMS Overview	Yes	No
Reporting Process	Yes	No
Advisory Council Training	Yes	No
Board of Director's Training	Yes	No
Customer Services	Yes	No
Program Code of Conduct	Yes	No
Service Definitions	Yes	No
Confidentiality/HIPAA	Yes	No
Legislative Process	Yes	No

In-House Training

Nutrition/Meal Preparation	Yes	No
Kitchen Safety	Yes	No
CPR/First Aid/Emergency	Yes	No
Vehicle Safety/Maintenance	Yes	No
Code of Conduct	Yes	No
Proper Documentation	Yes	No
Sanitary Methods	Yes	No
Provider Policy & Procedure Compliance	Yes	No

Personnel Supervisory  
Fire Safety/Prevention/Evacuation

Yes No  
Yes No

**Capital Outlay**

Are there any outstanding contracts for Capital Outlay?

Yes      No

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What governmental agency received the appropriations? (County/City) Provide copy of backup document

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What funding, if needed, will be used to support the operations and maintenance of the new project?

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If no operational funding is available what alternative plans are in place?

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What is the funding source for the project? Severance Tax Bonds and/or General Obligation Bonds.

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What timeframe is in place for draw-down of funds? (Has the funding been encumbered or is it being actively drawn down)?

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What is the current status of capital outlay projects? (In process, active, non-active)

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What is the timeframe for completion of projects?

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Which senior sites are being affected by the projects?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is capital outlay funding tracked? (Provide financial backup)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has funding been reconciled? Yes No

**General Personnel and Fringe Benefits**

Does the organization have a current staffing plan for review? Yes No

Are job descriptions written, signed and on file for every position? Yes No

Does the organization have a current personnel policy manual? Yes No

Minimum contents:

- Hiring procedures Yes No
- Firing procedures Yes No
- Grievance procedures Yes No
- Promotion/demotion procedures Yes No
- Vacation policy Yes No
- Sick leave policy Yes No
- Compensatory time off policy Yes No
- Education leave policy Yes No
- Holiday policy Yes No
- Performance evaluation procedures Yes No
- Hours of work Yes No
- Compensation rates Yes No
- Pay periods Yes No
- Disciplinary action procedures Yes No
- Time accountability procedures and documentation Yes No
- Conduct policies - to include sexual harassment Yes No
- Non-discrimination policy Yes No
- Drug free workplace Yes No

How many individuals are employed by the organization? \_\_\_\_\_

What percentage of employees are:

Full time \_\_\_\_\_  
Part Time \_\_\_\_\_

Does the organization conduct reference checks prior to hiring employees. Yes No

Are background checks performed for staff providing in-home services (homemaker, personal care, chore, respite, home-delivered meals drivers)? Yes No

What procedures are followed to insure that the recruitment process is open and fair?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What procedures are followed to assure that qualified individuals are selected for each open position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are employees compensated fairly and equitably? How is this determined?

Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any employees been laid off in the past year?

Yes No

Do employees receive bonuses?

Yes No

Who approves bonuses?

\_\_\_\_\_  
\_\_\_\_\_

How often are bonuses given?

\_\_\_\_\_

How often are employees evaluated?

\_\_\_\_\_

**Section II. Financial Standards and Management**

Is the Program on Direct Purchase of Service or Expense Reimbursement (SA1)?

Direct Purchase of Service	<input type="checkbox"/>
Expense Reimbursement	<input type="checkbox"/>

List all staff, with their job titles, that participate in the financial management of the program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all personnel that are bonded and identify their job titles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the agency receive other funds (City ,County, United Way, FEMA, Title XX etc., Volunteer) List: _____ _____	Yes	No
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Are assessments and/or reviews conducted by other funding sources Dates: _____ Obtain Copy	Yes	No
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Does the program have a financial policy and procedures manual?	Yes	No
If yes, does the manual have subsequent updates of policies?	Yes	No
If yes, Is the manual available for review by staff and public?	Yes	No

Are the following covered in the financial policies and procedures manual:

Lock Box	Yes	No
Program Income	Yes	No
Petty Cash	Yes	No
Fund Raising	Yes	No
Perpetual Inventory	Yes	No
Cash Receipts	Yes	No
Disbursements	Yes	No

Define any discrepancies between the financial policy manual and practices of the organization.

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Does the organization use a double entry accounting system?	Yes	No
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Is the program able to produce a full set of books for the assessment?	Yes	No
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Month or Period assessed: \_\_\_\_\_

1. General Ledger	Yes	No
2. Cash Receipts Journal	Yes	No
3. Cash Disbursement Journal	Yes	No
4. Payroll Journal	Yes	No
5. Trial Balance	Yes	No
6. Income Statements by Service	Yes	No

Are accounting records separated by contracted services?	Yes	No
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Are accounting records maintained on a cash or accrual basis?	Cash	Accrual
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If cash basis accounting is used are records converted to accrual basis for financial reports	Yes	No
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Describe the method used to allocate expenses to various grants and services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the last staff time study conducted?  
(Review) \_\_\_\_\_

Are staff time studies conducted at least semi-annually? Yes No

How often is the Nutrition production Study conducted?  
Quarterly   
Semi-Annually   
Other \_\_\_\_\_

List all persons involved in the financial planning process for the program  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often are financial plans developed?  
Annually   
Quarterly   
Other \_\_\_\_\_

Describe how the program determined units of service for the program this fiscal year.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On what types of assumptions were the most recent financial plans developed?  
(Number of participants by service provided, program and location, types and number of activities by service provided) .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are revenues projected for each fund source? Yes No

What steps are taken if projected revenues are not sufficient to cover projected expenditures?  
Additional revenue sources are sought   
Operating budget reduced   
Objectives and assumption changed   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are operating budgets compared with actual revenues and expenditures? Yes No  
 If so, how often are these comparisons made? What steps are taken if significant variances occur between budgeted and actual revenues? (Significant variance depends on the size of the budget, usually a 100% variance in any cost item is significant)

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Does the budget being used by the program correspond to the Summary of Budgeted Revenues or the Budget reported on the SA1? Yes No

Is the program on budget for the time period being assessed? Yes No  
 If "No" describe program's financial position.

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Are expenditures allocated correctly to each service? How? Explain Yes No

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Has the program met the goals included in the Direct Purchase Agreement?

Service	Contracted	Contracted Units	YTD Units	Yes	No
Congregate Meals				Yes	No
Home Delivered Meals				Yes	No
Transportation				Yes	No
Assisted Transportation				Yes	No
Case Management				Yes	No
Adult Day Care				Yes	No
Chore				Yes	No
Homemaker				Yes	No
Health Education Training				Yes	No
Physical Fitness/Exercise				Yes	No
Health Screening				Yes	No
Respite - Elders				Yes	No
Respite-Grandchildren				Yes	No
CG - Access Assistance				Yes	No
CG - Counseling				Yes	No
CG - Information Services				Yes	No
CG - Supplemental Services				Yes	No

If "No" describe reason for not meeting the goals and the plan to remedy.

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If the program is on Expense Reimbursement (SA1) do the General Ledger expenses reconcile to the SA1 report for the month being assessed? Yes No  
If "No" describe why.

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Is the current cost of each service in line with the contracted unit cost? Yes No  
If "No" describe the difference and reason why.

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Does the program have other revenues that are not reported to AAA? Yes No  
What type of funds? \_\_\_\_\_  
What are they used for? \_\_\_\_\_

Does the organization have Program Income Cash on hand? Yes No  
If "Yes" how much and reason why?

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What types of program income is earned?  
Participant Contributions \_\_\_\_\_  
Proceeds on sale of property \_\_\_\_\_  
Insurance Proceeds \_\_\_\_\_  
Fund Raising \_\_\_\_\_  
Other \_\_\_\_\_

Are participants asked to contribute? Yes No

Is contribution voluntary? Yes No

How is confidentiality of contribution assured?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the amount of contribution related to the unit cost of the service activity? Yes No

How is the program donation amount determined?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the suggested donation amount been approved by the Governing Body? Yes No

Is anyone denied participation if contributions are not made? Yes No

What staff is involved in the collection of Participant contributions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are cash receipts from contributions documented by the organization?

\_\_\_\_\_

Do the Daily Cash Reports reconcile to the revenue reported on the General Ledger? Yes No

Explain any discrepancies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the program follow their policies and procedures for the control of all cash received? Yes No

(i.e. who receives the funds, counts the funds, deposits the funds, records the funds, etc.)

Explain any discrepancies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is all cash deposited daily? Yes No

If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the program requested a waiver from AAA if Program Income is not deposited daily? Yes No

(Obtain copy of approval)

Where are cash receipts kept prior to deposit?

\_\_\_\_\_

Are expenditures made out of daily (un-deposited) receipts (donations)? Yes No

List suggested donation for congregate meals. \$ \_\_\_\_\_

Does the amount reflected above coincide with amount posted in facility? Yes No

What is the full cost of the meal as reflected on the Summary of Budgeted Revenues?

\$ \_\_\_\_\_

Does the amount reflected above coincide with amount posted in facility? Yes No  
If "No" explain:

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Do staff and guests under the age of 60 pay for meals? Yes No  
If yes, how much do they pay per meal? \$ \_\_\_\_\_  
Reported on the Meal Count Report (MCR) Yes No  
Reported in SAMS Yes No  
Who collects the payment? \_\_\_\_\_  
Does someone else pay for these meals? Yes No  
If yes, who pays for the meals? \_\_\_\_\_

Does the revenue reported for Guest and Staff meals reconcile to MCR and SAM's ? Yes No  
If "No" explain:

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Is a lock box being used to collect donations? Yes No  
If "No" what method is used?

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If "Yes" how often is the box opened?

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Who monitors the donation box?

Does the individual monitoring the box have a key? Yes No  
Is there more than one key to the lock box? Yes No  
Is the lock box in a convenient location? Yes No  
Is there change being given from the box? Yes No  
How many persons count the donations? \_\_\_\_\_

Describe how contributions for home delivered meals are handled.

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Is a change fund used? Yes No

Is the balance in the fund verified by a second person each time the change is replenished? Yes No

Does the organization have a petty cash fund? Yes No

Who has access to the petty cash?

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Where is the petty cash fund kept?

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What types of expenditures are made from the petty cash fund?

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Does the amount of petty cash seem reasonable? Yes    No

Is there a maximum allowed for a single petty cash disbursement? Yes    No

What documentation is required for a petty cash disbursement?

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Do petty cash vouchers provide adequate financial support? Yes    No

How is the petty cash fund replenished?

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Does the program use a Purchase Order system? Yes    No  
If "No" describe system used.

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Does the program follow their policies and procedures for purchasing? Yes    No  
If "No" explain:

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How are cash disbursements made by your program for reimbursement of expenditures?

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What documentation supports disbursements?

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How is supporting documentation checked before approval of payment? (arithmetic, complete documents, proper signatures, authorization consistent with prescribed organizational policies, reasonableness.)

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How is the verification of proper cash disbursement documented? (date invoice received, initials, account codes, directors signature on invoice or voucher)

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Are checks made out to "cash" or "bearer"

Yes No

Are blank checks signed in advance?

Yes No

How are voided checks handled?

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Who is authorized to sign checks?

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What steps are taken to assure that duplicate payments of invoices are avoided?

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Where are signed checks stored that have not been mailed?

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Where are blank checks stored?

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What process is used to request goods or services for the Program?

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Who reviews and approves requests?

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What are the basis for approving requests?

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Are purchase orders prepared?

Yes No

How is the person requesting goods or services informed that a purchase order has been issued?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What procedures are followed to determine that goods received match the type and quantity of goods ordered?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are invoices reviewed before payment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the current Accounts Payable on the General Ledger represent the actual payables? Yes    No

If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any payables more than forty-five (45) days in arrears? Yes    No

If "Yes" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are employee withholdings and other deductions recorded as liabilities in the accounting records? Yes    No

When a payment is made to the federal or state authority is the liability reduced? Yes    No

Accrual Basis: Is the employer's share of Social Security taxes recorded in accounting records? Yes    No

Cash Basis: How is the liability for share of SS taxes recorded? Yes    No

Does the payroll register for the period being assessed reconcile to the general ledger?

Wages	Yes	No
Federal Withholding	Yes	No
State Unemployment	Yes	No
Workers' Compensation	Yes	No
Pension	Yes	No
Health Insurance	Yes	No

Are W-2 forms prepared for all employees? Yes No

Are 1099 forms prepared for all individuals who received more than \$600 in the past calendar year for personnel services? Yes No

Has the organization deposited federal and state income withholding taxes and employer Social Security taxes as required? Yes No

Have penalties ever been paid to IRS for delinquent withholding tax payments? Yes No  
If "Yes" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there notes to support any outstanding loans to the organization? Yes No  
If yes, who signed the note(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the holder of note (lender) in any way associated with the organization? Yes No

Are there lease agreements to support any lease/contract held by organization? Yes No

Is the lessor in any way associated with the organization? Yes No

Are un-liquidated obligations reflected in the most recent grant report? Yes No

Are there any contingent liabilities? Yes No  
If "Yes" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many bank accounts are maintained? \_\_\_\_\_

Are bank statements reconciled promptly? Yes No

Who prepares reconciliation? \_\_\_\_\_

Are bank reconciliations reviewed and signed by the Director? Yes No

Does the cash balance on the General Ledger reconcile with the bank reconciliation report for the period being assessed? Yes No

If "No" explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the program follow their policies and procedures for property and equipment management? Yes    No  
 If "No" explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the organization maintain an inventory report for all equipment/property to include:

Description of item	Yes	No
Purchase price	Yes	No
Funding source	Yes	No
Date of purchase	Yes	No
Location of item	Yes	No
Condition of item	Yes	No
Ownership of item	Yes	No

Were properties purchased with federal grant or contract monies approved in advance? Yes    No

For what properties does the organization take depreciation or use allowable costs?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What method of depreciation is used?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are physical inventories taken of properties held by the organization at least annually? Yes    No

In the past year has program appropriately disposed of tangible property that has been purchased with public funds? Yes    No  
 Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Was revenue reported as Program Income? Yes    No

Are record retention requirements being observed? (Kept three years after project termination?) Yes    No

Was a certified Audit conducted for the prior fiscal year? Yes    No  
 Date of last audit: \_\_\_\_\_

Who conducted the audit?  
 \_\_\_\_\_

How long has auditor been auditing the program?  
 \_\_\_\_\_

What process was followed in obtaining the auditor? Describe  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did the auditor suggest any changes to the financial system or practices? Yes    No

Have these changes been implemented? Yes    No

**Nutrition Services Incentive Program (NSIP)**

**Not Applicable** \_\_\_\_\_

Does the organization have separate accounting records for Nutrition Services Incentive Program? Yes No

Does the organization have Nutrition Services Incentive Program funds on hand? Yes No

Does the organization expend Nutrition Services Incentive Program funds prior to expending Federal & State Funds? Yes No

Does the organization ensure that Nutrition Service Incentive Program funds are used solely for the purchase of raw foods? Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the expense for the last NSIP report reconcile with program records? (verify and list any discrepancies) Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Senior Employment Program (SEP)**

**Not Applicable** \_\_\_\_\_

Number of SEP enrollees assigned to this Contractor by AAA \_\_\_\_\_

How many vacant positions exist? \_\_\_\_\_ How long has vacancy existed? \_\_\_\_\_

Enrollee Name	Hire Date	Work Site & Supervisor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has each SEP enrollee been screened for Recertification this fiscal year? Yes No  
Date: \_\_\_\_\_

Is total income for all members of the household reported for eligibility? Yes No

Are all SEP enrollees age eligible? Yes No

Have any waivers been approved by the AAA? Yes No  
If "Yes" how many? \_\_\_\_\_ Type (Income, Age) \_\_\_\_\_

Are the waivers justified and documented in enrollees individual file? Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many waivers have been awarded to this program in the last 12 months?	_____		
Are duties assigned and listed on the Task Description Form at each work site the same as what is reported and on file with the AAA?		Yes	No
Are individual work hours the same as work schedule reported to the AAA?		Yes	No
	_____		
	_____		
	_____		
Do any of the SEP enrollees work more than 20 hours per week?		Yes	No
Was prior written approval obtained from the AAA to allow enrollees to work more or less than 20 hours per week?		Yes	No
If so, when?	_____		
Are timesheets for SEP work hours kept on file and available to the AAA for review?		Yes	No
Are annual and sick leave hours computed and reported correctly?		Yes	No
	_____		
	_____		
	_____		
Is Social Security and Workers Compensation expense reported in the request for reimbursement (SA1) and reconcile to the amounts reflected on the General Ledger?		Yes	No
If "No" explain:	_____		
	_____		
	_____		
Does the approved budget on the SA1 match the approved budget on the AAA reimbursement voucher and the Notification of Grant Award (NGA).		Yes	No
Does the program continue to have unexpended budget balances at the end of the fiscal year?		Yes	No
If "Yes" explain why:	_____		
	_____		
	_____		
Have monthly SA1 reports been submitted in a timely manner to the Santa Fe office as well as to the SEP Manager in the Clovis office?		Yes	No
If "No" explain:	_____		
	_____		
	_____		
Does the expense for the last SEP report reconcile with program records? (verify and list any discrepancies)		Yes	No
	_____		
	_____		
	_____		
Have any enrollees been transitioned to unsubsidized employment this fiscal year?		Yes	No
How many? _____		Yes	No
Reported to AAA? _____			

Have any SEP enrollees been terminated this year? Yes    No  
If "Yes" explain basis for termination:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was an appeal requested? Yes    No  
If "Yes" how was the appeal process conducted?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is documentation in the individual(s) personnel file? Yes    No

Was any accrued annual leave paid to the enrollee when they resigned or terminated? Yes    No  
If "Yes" what amount?                      \$ \_\_\_\_\_

What training has the Contractor provided to SEP enrollees?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other training that SEP enrollees acquired this fiscal year on their own or through the AAA or other entities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is training documented in the individual SEP personnel file? Yes    No

Has contractor conducted SHIP screening for each enrollee? Yes    No

List any other Public Benefit Agencies that SEP enrollees were referred to such as? QMB, Food Stamps, Commodities, Income Tax Rebate, LIHEAP, etc. an the outcome of each.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are vacancies advertised? (obtain copies)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does an established pool of applicants exist? Yes    No  
If "No" explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Contractor been able to keep the positions filled and utilize the SEP funds appropriately? Yes    No  
If "No" explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any problems in recruiting or retaining enrollees?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the SEP program benefits your service area.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verify the following updated items are maintained in each SEP enrollee file:

	Enrollee 1	Enrollee 2	Enrollee 3	Enrollee 4
Task Description	_____	_____	_____	_____
Work Schedule	_____	_____	_____	_____
Physical Exam Form	_____	_____	_____	_____
Driver's License or ID	_____	_____	_____	_____
	Enrollee 5	Enrollee 6	Enrollee 7	Enrollee 8
Task Description	_____	_____	_____	_____
Work Schedule	_____	_____	_____	_____
Physical Exam Form	_____	_____	_____	_____
Driver's License or ID	_____	_____	_____	_____
	Enrollee 9	Enrollee 10	Enrollee 11	Enrollee 12
Task Description	_____	_____	_____	_____
Work Schedule	_____	_____	_____	_____
Physical Exam Form	_____	_____	_____	_____
Driver's License or ID	_____	_____	_____	_____

**Note to Assessor: Conduct individual enrollee interviews using the SEP Enrollee Questionnaire.**

**Performance Tracking**

List the staff person(s) responsible for data collection, consumer assessments, and SAMS liaison:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does each staff person listed above have a signed confidentiality statement on file? Yes    No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do SAMS/HFA users keep their User ID's and passwords secure and confidential? Yes    No

Have SAMS/HFA software users received training on:

General uses of SAMS	Yes	No
Generating Reports	Yes	No
Printing Consumer Records	Yes	No
Using Routes	Yes	No
Using SAMS generated Rosters as sign-in sheets	Yes	No

Is the Non-Metro AAA Consumer Assessment Form completed for each consumer?

	Yes	No
Nutrition Health Screening	Yes	No
ADLs/IADLs	Yes	No
Consumer Notes Page	Yes	No

Are reassessments performed?

	Yes	No
2 page Consumer Record (SAMS/HFA)	Yes	No
Nutrition Health Screening	Yes	No
ADLs/IADLs	Yes	No
Consumer Notes Page	Yes	No

Is the consumer assessment process performance in accordance with ALTSD NewMapis Policy?

Conducted by authorized, trained employee or volunteer	Yes	No
Face-to-face, one-on-one in private to ensure confidentiality	Yes	No
Obtain all information on the Non-Metro AAA Consumer Assessment Form	Yes	No
Reassessments conducted as specified within specific service requirements	Yes	No

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Are all in-home service recipients assessed prior to receiving services?

Yes No

If "No" explain:

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Describe the process used to reconcile and balance units of service reported to AAA?

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**General Reporting Requirements**

Are required reports submitted timely?

Meal Count Report by the 5th working day of each month	Yes	No
SA1 Report for SEP/NSIP/Expense Reimbursement by the 5th working day of each month	Yes	No
Program Income & Local Revenue Report (PILR) by the 5th working day of each month	Yes	No
Menus with required analysis and dietary guidelines 1 month in advance of serving	Yes	No
Rosters and Transmittals by the 2nd working day of each month	Yes	No
Consumer Assessments and Reassessments on the day conducted	Yes	No
Agency Summary Report (ASR) and SAMS Verification Statement	Yes	No
NM Senior Employment Quarterly Report by the 10th working day following quarter	Yes	No
Quarterly Profit & Loss financials or Trial Balance by the 7th working day following quarter	Yes	No
Quarterly Monitoring Report by the 15th day following quarter	Yes	No

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**Section III. Service Delivery**

How does the program determine eligibility of Older American Act Services?

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Is the following documentation maintained in participant files?

Non-Metro AAA Consumer Assessment Form	Yes	No
Reassessment Form	Yes	No
Follow-up for "At-Risk"	Yes	No
Consumer Notes	Yes	No
Care Plan, if applicable	Yes	No
Letter of Agreement/Understanding, if applicable	Yes	No
Signed copy of In-Home Client's Rights, if applicable	Yes	No
Progress Notes, if applicable	Yes	No
Determination of service level need	Yes	No
Participant Code of Conduct	Yes	No
Discontinuance of Service Form, if applicable	Yes	No

Is there a referral process in place?

Yes No

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Are referrals documented? (Review)

Yes No

Does the organization have a grievance procedure for participants who are dissatisfied with or denied services?

Yes No

Describe the method used to assure that services provided will promote the following rights of participants who receive such services.

1. The right to be treated with respect and dignity.
2. The right to voice a grievance regarding services, without discrimination or reprisal as a result of voicing such grievance.
3. The right to confidentiality of records.
4. The right to receive needed support and services in an atmosphere of sincere interest and concern.

In addition, in-home service clients have:

5. The right to participate in the development of care plans.
6. The right to be informed in advance about each in-home service provided and about any change in services.
7. The right to have the property of such individual treated with respect.
8. The right to be fully informed (orally and in writing), in advance of receiving an in-home service, of such individual's rights and responsibilities.
9. The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit and to be involved in program of services designed to promote personal independence.

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What efforts are in place to expand services?

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Describe efforts to ensure quality and effectiveness of services provided.

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How many vehicles does the organization have? \_\_\_\_\_

How many are ADA compliant (wheelchair lifts, etc.)? \_\_\_\_\_

Describe the condition of each vehicle.

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Are all vehicles licensed and insured?

Yes No

Have any vehicles been in an accident in the last six months? Yes No  
 Is there a policy report on file? Yes No  
 Was AAA informed? Yes No

How many hours does each driver work?

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Do all drivers have a valid and properly classified driver's license? Yes No

What percentage of time does each driver spend on the following:

	1	2	3	4	5	6	7	8
Delivering meals								
Transporting to/from center								
Shopping assistance								
Medical appointments								
Recreation activities								
Home visits								
Total								

Are transportation logs maintained? Yes No

Including:

Beginning and ending mileage Yes No  
 Driver's Name Yes No  
 Beginning and ending time Yes No  
 Location and destination Yes No  
 Client's name Yes No  
 Fuel purchase Yes No  
 Daily maintenance check (oil, tire pressure, etc.) Yes No

How often do drivers attend training? What type?

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Are volunteer drivers utilized? Yes No

What identification does staff use prior to entering a client's home?

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In the event of an emergency (medical, behavioral, etc.) what is the procedure to be followed by staff?

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Is there a waiting list for any service? Yes No

List - how many on the list and length of time

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How are consumers on waiting list prioritized?

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What action is taken if a consumer is identified as high nutritional risk?

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**Nutrition Services**

**Not Applicable** \_\_\_\_\_

	<i>Current</i>		<i>Posted</i>		<i>Inspection Date:</i>	<i>Comments:</i>
EID Report	Yes	No	Yes	No	_____	_____
Hood Suppression Report	Yes	No	Yes	No	_____	_____
Food Service Permit	Yes	No	Yes	No	_____	_____
Fire Inspection	Yes	No	Yes	No	_____	_____
Menus (in large print)	Yes	No	Yes	No	_____	_____
Evacuation Plan	Yes	No	Yes	No	_____	_____
Carry out meals policy	Yes	No	Yes	No	_____	_____

Exit Signs	<i>Location:</i>	<i>Illuminated</i>		<i>Inspection Date:</i>	<i>Comments:</i>
	_____	Yes	No	_____	_____
	_____	Yes	No	_____	_____
	_____	Yes	No	_____	_____
	_____	Yes	No	_____	_____
	_____	Yes	No	_____	_____
	_____	Yes	No	_____	_____

Fire Extinguishers:	<i>Location:</i>	<i>Dry Wet</i>		<i>Inspection Date:</i>	<i>Comments:</i>
	_____			_____	_____
	_____			_____	_____
	_____			_____	_____
	_____			_____	_____
	_____			_____	_____
	_____			_____	_____

First Aid Kits: Stocked? Yes No

Does the site have current EID rules and regulation handbooks? Yes    No

Are monthly site inspections performed for each kitchen? (Review reports) Yes    No



Was the same meal served to both congregate and home delivered consumers? Yes No

Were recipes used and followed in today's menu? Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are menus and recipes analyzed?

Nutritionist/Reg. Dietician  
Nutrition Software

Web-Based Menus  
Meal Pattern

Are menus recycled? Yes No

If "Yes" How often? \_\_\_\_\_

Who prepares the menus?

\_\_\_\_\_

Has the program had any request for special menus? Yes No

Explain: \_\_\_\_\_

Are Menu Substitutions utilized and documented? Yes No

Is food being prepared on site? Yes No

Is food catered? Yes No

How many kitchen staff are there? \_\_\_\_\_

How many volunteers? \_\_\_\_\_

What time does staff begin? \_\_\_\_\_

What are the serving hours? \_\_\_\_\_

How much time is there between preparation and serving the meal? \_\_\_\_\_

Are the following utilized by staff and volunteers?

Hairnets Yes No  
Caps Yes No  
Aprons Yes No  
Gloves Yes No

Are portion control tools used? Yes No

If "No" explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many meals were prepared today? \_\_\_\_\_ Yesterday? \_\_\_\_\_

How are meals forecasted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is meal variance evaluated daily? Yes No

Is the 10% variance exceeded? Yes No

Documented? Yes No

Do participants take perishable foods home Yes No

What is done with left over food?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are participants allowed in the kitchen area? Yes No

Are HDM delivered at proper temperature? Yes No

Hot foods at 140 degrees or higher Yes No

Cold foods at 41 degrees or lower Yes No

Describe sanitary procedures followed for congregate and home delivered meals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the 2 hour maximum rule observed? Yes No

If "No" explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How are cold food packaged?

Aluminum	<input type="checkbox"/>	Type of carriers being used?	_____
Plastic	<input type="checkbox"/>	Type of cooling source to ensure temps?	_____
Styrofoam	<input type="checkbox"/>		

How are hot foods packaged?

Aluminum	<input type="checkbox"/>	Type of carriers being used?	_____
Plastic	<input type="checkbox"/>	Type of heating source to ensure temps?	_____
Oliver	<input type="checkbox"/>		

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How often are HDM carriers cleaned and sanitized? \_\_\_\_\_

Does anyone other than designated driver deliver meals? Yes No

If "Yes" identify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have all designated meal drivers been trained using the handbook for home delivered meals? Yes No

If "Yes" is training documented? Yes No

What form of identification is used by employees/volunteers when entering a client's home?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What happens if a client is not home when a meal is delivered?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What procedures are in place for addressing other needs identified when providing home delivered meals to a participant?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many HDM routes does the program have? \_\_\_\_\_

Route	No. mls	Distance (miles)	Beginning (time)	Ending (time)	Delivery (time)	Home Delivered Temperature Log			
						Hot-1	Hot-2	Cold2	Cold3
						°	°	°	°
						°	°	°	°
						°	°	°	°
						°	°	°	°
						°	°	°	°
						°	°	°	°
						°	°	°	°

How often are shelf stable meals delivered? \_\_\_\_\_

Do shelf stable meals meet the 1/3 DRI requirements?  
 If "Yes" is this documented? (Review)

Yes No  
 Yes No

Are instructions for handling shelf stable meals provided with each meal?

Yes No

What type of information is given to home delivered meal clients?

- Menus
- Instructions for proper storage
- Instructions for proper re-heating

Yes No  
 Yes No  
 Yes No

Is there a need for a test meal?

Yes No

Is there a HDM temperature log? (Review)

Yes No

Who checks the HDM temperature? \_\_\_\_\_

How often? \_\_\_\_\_

Is a perpetual inventory being kept?  
 How often? \_\_\_\_\_

Yes No

Is a physical inventory being kept?  
 How often? \_\_\_\_\_

Yes No

Who maintains the inventory? \_\_\_\_\_

Does the Director know how to do the inventory?

Yes No

Are inventory records maintained? Yes No  
Current? Yes No  
Reconcile? Yes No

Is food cost kept on a daily basis? Yes No

How does the program verify local site inventories?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who has access to all inventory storage spaces?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who has the key? \_\_\_\_\_

	Freezer		Refrigerator		Dry Foods	
Is a daily usage log being utilized?	Yes	No	Yes	No	Yes	No
Are all products dated and labeled?	Yes	No	Yes	No	Yes	No
Are all products a minimum of 6" off the floor?	Yes	No	Yes	No	Yes	No
Is inventory secured and locked?	Yes	No	Yes	No	Yes	No
Are food storage temperatures maintained?	Yes	No	Yes	No	Yes	No
Is there adequate dry food storage?					Yes	No
Are dry products in airtight containers?					Yes	No

Procedure in place to assure oldest items used first? (FIFO method) Yes No

Is there adequate air circulation around food? Yes No

Is storage room cool and dry? Yes No

How is food ordered?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who places the order? Who receives?  
 Places: \_\_\_\_\_  
 Receives: \_\_\_\_\_  
 \_\_\_\_\_

Is a bid process used to purchase food/supplies? Yes No  
 If "Yes" how often? \_\_\_\_\_  
 If "Yes" how is the bid awarded? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the procedure used to ensure wholesomeness of food quality.  
 Dented cans \_\_\_\_\_  
 \_\_\_\_\_  
 Water stains on dry foods \_\_\_\_\_  
 \_\_\_\_\_  
 Tears, holes or punctures on packaging \_\_\_\_\_  
 \_\_\_\_\_  
 Are all damaged products dated when the product is received? Yes No

Food Item	Inventory Sampling			Reconcile	
	Observed	Inventory	Difference	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

How often is nutrition training provided to all staff and volunteers? \_\_\_\_\_

Is training documented? (Review) Yes No

Did training include the following topic areas? (Attach copy of staff nutrition training log).

	Length of Training	Trainer	Date
Thermometer Calibration	_____	_____	_____
First Aid	_____	_____	_____
Emergency Procedures	_____	_____	_____
Food Safety Temps.	_____	_____	_____
Meal Preparation	_____	_____	_____
Menu Planning	_____	_____	_____
Portion Control	_____	_____	_____
Kitchen Safety	_____	_____	_____
Record Keeping	_____	_____	_____
Nutrition Policy	_____	_____	_____
Sanitation	_____	_____	_____
Personal Hygiene	_____	_____	_____
Inventory	_____	_____	_____

Is a training plan submitted to the AAA for review? Yes No

Is training plan followed? Yes No

How are Nutrition Education requirements met for Congregate participants?  
 \_\_\_\_\_  
 \_\_\_\_\_

How often is Nutrition Education provided? \_\_\_\_\_

Is Nutrition Education documented? Yes No

Is Nutrition Education tracked in SAMS? Yes No

How are Nutrition Education requirements met for Home Delivered participants?  
 \_\_\_\_\_  
 \_\_\_\_\_

How often is Nutrition Education provided? \_\_\_\_\_

Is Nutrition Education documented? Yes No

Is Nutrition Education tracked in SAMS? Yes No

Verification

Month:

Number Congregate:

Number HDM

Reconcile with SAMS?

Yes

No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_