**Instructions for Completing AAA Senior Center Operations Monitoring Tool-HCCBG and CARES**

This tool has been modified to include monitoring for HCCBG funding of the service and for CARES funding.

**For HCCBG monitoring:**

Complete pages 2-7.

**For CARES monitoring:**

If agency has used CARES code **171** complete page 8.

**NC DIVISION OF AGING AND ADULT SERVICES AND**

**NC AREA AGENCIES ON AGING**

**SENIOR CENTER OPERATIONS ASSESSMENT TOOL**

**PART I-PROGRAM VERIFICATION**

Primary Senior Center (MPSC):\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Satellites: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Staff Interviewed:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reviewer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PROGRAM DEFINITION** | **YES** | **NO** | **NA** |
| 1. The senior center programs consist of group activities, individual services and community service opportunities in areas such as health, education, recreation, social work, nutrition and other supportive services. (III A & B) |  |  |  |
|  |  |  |  |
| 1. The senior center is open at least 40 hours per week, except holidays and inclement weather, and maintains regular hours. (III C) |  |  |  |
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| 1. Senior center policies established by the governing structure must at least include policies that cover an accident and emergency evacuation plan, participant suspension/dismissal and a wait list policy. (III C) |  |  |  |
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| 1. The primary multi-purpose senior center (MPSC) is responsible for the administration of the budget and operations at the satellite(s). (III C) |  |  |  |
| Questions 1-3 must be “yes” and question 4 must be “yes” or “na” to comply. |  |  |  |
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| *Suggestions* for types of acceptable documentation are included in parenthesis after questions below. |  |  |  |
| **CLIENT ELIGIBILITY** | **YES** | **NO** | **NA** |
| 1. Persons served are at least 60+ years and/or their spouse (of any age.) (IV.C) (outreach materials, brochures, sign-in sheets, observation, participant forms) |  |  |  |
|  |  |  |  |
| **PLANNING/EVALUATION/INPUT** | **YES** | **NO** | **NA** |
| 1. The senior center has an advisory council composed of center participants and individuals from the community who are knowledgeable about the needs and interests of older people and about community resources and who have the skills and expertise necessary for guiding the center. (V.B) (membership list, meeting minutes) |  |  |  |
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| 1. The MPSC has an advisory or governing group of which 60 percent of the members are older adults. (V.C.1) (membership list with ages) |  |  |  |
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| 1. All members of the advisory group have received a full orientation with emphasis on philosophy and policies of the center and the legal, political and financial environments prior to service. (V.C.2) (orientation packets, record of orientation training) |  |  |  |
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| 1. The advisory group will evaluate the information gathered on older community members’ needs. (V.C.3) (copies of completed surveys, questionnaires, final summary sheets) |  |  |  |
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| **SERVICE PROVISION** | **YES** | **NO** | **NA** |
| 10a. The senior center must provide, either directly or through linkages, the following minimum services: outreach, information & referral, health promotion, social, nutritional, educational, volunteer opportunities, recreational activities, counseling (tax, legal, insurance) and transportation (VI.C.1) (sign-in sheets, publicity, calendars, flyers) |  |  |  |
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| 10b. The senior center has a policy which allows participants the opportunity to participate in fee-based activities if unable or unwilling to pay a required fee and assures confidentiality and privacy. (Administrative Letter 19-01) (policy, newsletter, calendar, flyer) |  |  |  |
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| 1. Information on services and activities are available within the MPSC and publicized on a regular basis (VI.C.2) (sign-up sheets, publicity, calendar, newsletter, flyer) |  |  |  |
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| 1. The MPSC coordinates and collaborates with other agencies/organizations, educational institutions, faith communities, and local businesses to help assure the best possible opportunities for older adults. (VI.C.3) (MOUs, letters of agreement, minutes of collaborative activities, joint committees, presentations, calendars, newsletter, flyers) |  |  |  |
|  |  |  |  |
| 1. The MPSC has evidence of expanding its capacity through such activities as grant writing, fund raising and seeking in-kind contributions from individuals and organizations in the community. (VI.C.4) (grants, ledger, publicity of events, newsletter) |  |  |  |
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| **STAFFING REQUIREMENTS AND TRAINING** | **YES** | **NO** | **NA** |
| 1. The MPSC is staffed by a full-time paid director who can give leadership to the total function of the center and ensure that the stated purposes and goals of the center are carried out in the best interest of the participants. (VII.C.1) (time sheets, completed staff evaluations) |  |  |  |
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| 1. The satellite center(s) is staffed by trained (paid or volunteer) senior center manager. (VII.C.3) (time sheets, organizational chart) |  |  |  |
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| 1. All new MPSC directors have begun the Ann Johnson Senior Center Management Institute modules offered by DAAS within their first year of employment. (VII.C.4) (certificates of completion, travel logs, receipts) |  |  |  |
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| 1. All MPSC staff have received training in at least two of the following areas annually: first aid, emergency response, CPR, death and dying, Alzheimer’s, dementia, blood-borne pathogens, HIV/AIDS, other related topics or subject matter. (VII.C.5) (training records, certificates, receipts)   This must apply to all applicable staff to answer “yes”. |  |  |  |
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| **OUTREACH** | **YES** | **NO** | **NA** |
| 1. Evidence exists that the MPSC has conducted outreach activities to identify individuals eligible for assistance under the Older Americans Act and inform older people and their families of the availability of their services. (VIII.C) (outreach log, photos, distribution list) |  |  |  |
|  |  |  |  |
| Outreach activities have placed special emphasis on identifying individuals: in rural settings, in greatest economic need (with emphasis on low income and minority individuals), with greatest social need (with emphasis on low income and minority individuals), with severe disabilities, with limited English speaking ability, with dementia related disorders, and with caregiver responsibilities. (VIII.C) (outreach log, photos, distribution list) |  |  |  |
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| **RECORDS, REPORTS & REIMBURSEMENT** | **YES** | **NO** | **NA** |
| 1. Records are maintained to document participants’ involvement in programs offered by the senior center. (IX.C.1) (daily sign-in sheets, client records, computer printout) |  |  |  |
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| 1. The MPSC maintains appropriate financial documentation to request reimbursement for expenses. (IX.C.2) (compare DAAS reports to agency records, review ledgers) |  |  |  |
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| **FACILITY, SAFETY and ACCESSIBILITY** | **YES** | **NO** | **NA** |
| 1. All facilities used for senior center activities comply with all current applicable state and local health, fire safety, and sanitation laws, ordinances and codes. (X.B. 3a) (inspection reports) |  |  |  |
|  |  |  |  |
| 1. Based on the site review, Attachment A, it is determined that all senior center facilities comply with the minimum handicapped accessibility requirements of the Architectural Barriers Act of 1968. (X.B. 3d) (refer to Appendix 8 of Standards) |  |  |  |
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| 1. All facilities shall conduct fire safety including the provision of fire drills, inspection and maintenance of fire extinguishers, adequate number of smoke detectors, and training by fire department personnel. (X.B.3e) (inspection reports, documentation of drills, training documentation) |  |  |  |
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| 1. The MPSC facility is a minimum of 4,000 square feet with at least 3,200 SF devoted to senior center activities. (X.C) (blueprint, letter from architect, engineer) |  |  |  |
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**PART II-FISCAL VERIFICATION-HCCBG**

(authority: Compliance Supplement #93.044)

Agency:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Staff Interviewed:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reviewer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **YES** | **NO** | **NA** |
| 1. At the time of the visit the agency could show documentation of expenses equal to the portion of grant funds utilized to date. |  |  |  |
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| 1. The agency has documentation that required match money was used to support the senior center operations. |  |  |  |
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| 1. The agency budget shows HCCBG monies was used to support the senior center operations. |  |  |  |
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| 1. If positions are funded, the agency shows the designated position(s) and percentage of position(s) funded for the operation of the senior center. |  |  |  |
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| 1. Are all the expenses reported for senior center operations allowable under the current senior center operations standards? |  |  |  |
|  |  |  |  |
| 1. Were senior center operations funds used to purchase fixed assets (equipment, furnishings, etc.)? |  |  |  |
|  |  |  |  |
| 1. Have you verified that the items purchased above are on site? |  |  |  |
|  |  |  |  |
| 1. At the time of the review, utilization levels are consistent with HCCBG budget projects for the fiscal year. |  |  |  |
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Describe any extenuating circumstances and/or planned adjustments.

**ATTACHMENT A-SITE REVIEW TOOL-HCCBG**

This document ***must be completed by the provider for each site***. It must be filed at the site for review by the AAA during the performance review process.

Name of Site:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Review Completed By:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Provider Reviewer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **YES** | **NO** | **NA** |
| The site is accessible to the target population. |  |  |  |
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| The site is available for walk-in clients. |  |  |  |
|  |  |  |  |
| Parking is available. |  |  |  |
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| Visible, usable fire extinguishers are in place and instructions for use are posted. |  |  |  |
|  |  |  |  |
| A room for confidential interviews with clients is available. |  |  |  |
|  |  |  |  |
| A safe dismount place for transport vehicles is available. |  |  |  |
|  |  |  |  |
| The center has an emergency plan for evacuation and employees are made aware of this plan. (NC Fire Code 404.5, 404.5.1) |  |  |  |
|  |  |  |  |
| The facility is handicapped accessible. |  |  |  |
|  |  |  |  |
| There are handicapped parking spaces. |  |  |  |
|  |  |  |  |
| There are handicapped rest rooms. |  |  |  |

Please write any additional comments.

**Fiscal Verification-CARES Funds Code 171**

Agency:

Agency Staff Interviewed:

Signature of Reviewer(s):

Date:

For expenses related to CARES code **171,** select a month of reimbursement in ARMS and the same month of expenses reported in the tracking spreadsheet.

1. The provider attests that use of CARES Act funding was for pandemic recovery and future emergency preparedness of this service.

\_\_\_\_\_Yes \_\_\_\_\_No

1. Reimbursement correlates with actual expenses. Take the selected month of reimbursement in ARMS and check it against actual expenses (receipts, payments documented in general ledger, other proof of purchases, etc.)

\_\_\_\_\_Yes \_\_\_\_\_\_No

1. Sample month selected in ARMS:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Reimbursement amount for sample month:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Actual month’s expenses:

|  |  |
| --- | --- |
| Type of Expense | Amount |
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|  |  |
| Monthly Total |  |

1. Selected month’s reimbursement matches the reporting of expenses in the tracking worksheet for the same month.

\_\_\_\_\_Yes \_\_\_\_\_No

Documentation reviewed/Comments: