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| **PROGRAM AND FISCAL SUPPORT MATRIX** | | | | | | |
| **PROGRAM** | | | | | | |
| **Tier 1 Criteria** | | **Tier 2 Criteria** | | **Tier 3 Criteria** | | |
| New Program / Grant | |  | |  | | |
| New Director / Program Manager | |  | |  | | |
| High Staff Turnover (50% or more)  Long-term staff vacancies (1+ Year) | | Moderate Staff Turnover (25% or more)  Long-term staff vacancies (6+ Months) | | Staff Vacancy Plan | | |
| Consistent Low Enrollment (75% of capacity or less) Or Not on track to meet goal | | Moderate Low Enrollment (85%-76% of capacity) or concerns to meet goal | | Enrollment at 86% or higher or on track to meet goal | | |
| Consistent Incorrect or Late Reports | | Intermittent Incorrect or Late Reports | | Consistently Provide Correct and On-Time Reports | | |
| Inconsistent Mandatory Meeting Attendance | |  | |  | | |
| Inconsistent Data Input | | Intermittent Incorrect or Late Data Input | | Consistently provides correct and on-time Data Input | | |
| Failure to show improvement over time | |  | |  | | |
| Model Fidelity Concerns as Identified by Model TAs | | | | |  | |
| **FISCAL** | | | | | | |
| **Fiscal Tier 1 Criteria** | | | **Fiscal Tier 2/3 Criteria** | | | |
| New Program / Grant | | | New Fiscal Staff | | | |
| Accounting Issues | | | Incorrect or Late Reports | | | |
| Audit Finding | | | Return of Funds | | | |
| Misuse or Inappropriate Use of Funds | | |  | | | |
| **Tier 1 Supports** | **Tier 2 Supports** | | | | | **Tier 3 Supports** |
| **FS Programs:**  Monthly Calls  Orientation Site Visit\*  \*A touch point (Site Visit\*) about specific issues and documentation  **FS Fiscal:**  \*\*A touch point (Site Visit) about specific issues and documentation  \* Site visits can be completed virtually  \*\*This is in addition to regularly scheduled site visit. | **FS Programs:**  Bi-Monthly /Quarterly Calls  A touch point (call or email) about specific issues and documentation  **FS Fiscal:**  A touch point (call or email) about specific issues and documentation | | | | | **FS Programs:**  Quarterly/Six Month Calls  As needed/requested  **FS Fiscal:**  As needed/ requested |

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| **AGENCY** |  | |
| **AGENCY CONTACT**  **Name/ Email/ Phone** |  | |
| **GRANT AWARD TYPE** | Children’s Trust Fund |  Family Centers |  Family Support | |
| **GRANT AWARD FUNDING** | Children’s Trust Fund  Family Centers  Family Support  OCDEL NFP  HEZ  Other OCDEL (List Below):  1:  2: | Promoting Safe and Stable Families (PSSF)  MIECHV  MIECHV ARP  CBCAP  CBCAP ARP  Other non-OCDEL Funding (not monitored by OCDEL) |

**Years 1 through 5 if Applicable**

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| **Knowledge of Maternal, Infant, and Early Childhood Home Visiting Specific Requirements**  The Family Support Consultant will discuss MIECHV specific program requirements with the grantee, if the grantee is selected to receive MIECHV funding as a part of their grant award contract at any time during the length of the grant.  Discussions will include:   * An overview of the Priority Populations * An overview of restrictions on use of funding * Any additional training requested on these topics | | |
| **The Family Support Consultant has discussed specific MIECHV Program requirements with the grantee?** | | |
| **Yes** | **No, please explain below** | **N/A** |
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**Year 1 Monitoring**

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| **ORIENTATIONS / SITE VISIT**  The grantee shall attend a scheduled orientation(s) after notification of award. The grantee shall participate in professional trainings as required by the National model developer(s), and training including, but no limited to an orientation series and ongoing professional development through OCDEL.   * Program Orientation * Data System Orientation * Fiscal Orientation * Strengthening Families Protective Factors Framework (SFPF) Orientation | |
| **Did the grantee have a representative attend the orientation webinar(s)?** | |
| **Yes** | **No, please explain below** |
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| **POLICIES AND PROCEDURES – Confidentiality**  The grantee will establish a Confidentiality Policy; requirements specified in the grant agreement and defined further on the Pennsylvania Family Support Home Visiting Website under the Provider tab. | |
| **The agency has developed a Confidentially Policy that meets all requirements** | |
| **Yes** | **No, please explain below** |
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| **POLICIES AND PROCEDURES - Early Intervention**  The grantee will coordinate services with Early Intervention agencies. This coordination will be documented through the establishment of a MOA/U that meets the requirements specified in the grant agreement and defined further on the Pennsylvania Family Support Home Visiting Website under the Provider tab. Does the Agency share the results of the ASQ screening with the EI agency? Does the Agency also complete the ASQ-SE? Does the Agency share the results of the ASQ SE with the EI agency? Note: May not apply to CTF grantees serving families with older children. | |
| **The agency has developed a MOA/U with EI that meets requirements specified in guidance (Grant agreement and defined further on the Pennsylvania Family Support Home Visiting Website under the Provider tab)** | |
| **Yes** | **No, please explain below** |
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| **POLICIES AND PROCEDURES – Local Home Visiting and Family Support Agencies**  The grantee agrees to obtain an MOU and/or MOA with other local home visiting and family support service providers in the communities/county or counties that the grantee serves. MOU/A meet the requirements specified in the grant agreement and defined further on the Pennsylvania Family Support Home Visiting Website under the Provider tab. | |
| **The agency has developed a MOU/MOA with other local home visiting providers that meets all requirements** | |
| **Yes** | **No, please explain below** |
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| **POLICIES AND PROCEDURES – Reflective Supervision**  The grantee shall implement high-quality supervision, including reflective supervision for EBHV staff. Grantees must develop and implement policies and procedures that are delivered effectively program-wide and with fidelity to the model(s) implemented. | |
| **The agency has developed has policies and procedures of the reflective supervision process with staff.** | |
| **Yes** | **No, please explain below** |
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| **POLICIES AND PROCEDURES –Intake Process / Informed Consent**  The grantee will develop implement policies and procedures to accept referrals in to the EBHV program(s). The policies and procedures will include a process to enroll eligible families in a model that best meets their needs and avoids dual enrollment. Policies and procedures will also describe how caseloads are covered when staff leave. The policies will note that families and their children are willingly volunteering for the provided Family Support Programs, including EBHV Models, Enhancements, and associated services as described in the grantees work statement. The Grantee includes in their policies how they will train home visitors and family support staff on informed consent for families. | |
| **The agency has developed has policies and procedures of the intake process that meets all requirements** | |
| **Yes** | **No, please explain below** |
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| **RELATIONSHIP WITH MODEL DEVELOPERS**  The grantee has established a relationship with the model developer(s). | |
| **Yes** | **No, please explain below** |
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| **FIDELITY TO MODEL**  The grantee is implementing their chosen model(s) with fidelity. | |
| **Yes** | **No, please explain below** |
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| **CQI (Existing Programs already implementing CQI that rolled over from a previous grant award)**  The grantee has developed a CQI plan around a need identified by the assessment, by the Performance Measures, or by a local need identified by the grantee. The grantee is submitting the required CQI reports timely. **\*Does not apply to CTF\*** | |
| **Yes** | **No, please explain below** |
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| **DATA REPORTING**  The grantee is following appropriate data reporting timelines and standards. Data reports are accurate. Missing data is at a minimum. The grantee is utilizing the Family Support Data System as required. | |
| **Yes** | **No, please explain below** |
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| **ENROLLMENT**  The grantee will maintain at enrollment between 90%-100% of the budgeted capacity for each EBHV Model implemented. Family Support Programs are required to serve at least 80% of the approved goal number of families. | |
| **The grantee maintained the appropriate enrollment based on the capacity of the EBHV program and/or Family Support goal number.** | |
| **Yes** | **No, please explain below** |
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| **OCDEL ANNOUNCEMENTS**  The grantee has complied with any OCDEL Announcements released this fiscal year. All relevant announcements are listed below. | |
| **Yes** | **No, please explain below** |
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| **FEDERAL FUNDING PROGRAM AND FISCAL REQUIREMENTS (if applicable)**  The grantee has reviewed any relevant program and fiscal requirements if receiving federal funding as a portion or the entirety of their award. For Fiscal Requirements please see **Fiscal Cyclical Monitoring Tool and the Family Support Home Visiting Website Fiscal Guide tab**. The grantee is in compliance with the federal funding and program requirements. | |
| **Yes** | **No, please explain below** |
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| **Additional Comments**  Please use this space to note any additional comments if necessary. |
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**Year 2 Monitoring**

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| **ORIENTATIONS/ PROFESSIONAL DEVELOPMENT**  The grantee shall participate in professional trainings as required by the National model developer(s), and training including, but no limited to an orientation series and ongoing professional development through OCDEL.   * Continuous Quality Improvement Orientation (New Grantees) * Inclusion and Expulsion * Early Intervention 101 | |
| **Did the grantee have a representative attend the orientation webinar(s)?** | |
| **Yes** | **No, please explain below** |
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| **POLICIES AND PROCEDURES – Transition Planning**  The grantee will develop written transition plans for each child and caregiver served through a EBHV program. Transition planning should occur at a minimum of six (6) months prior to the date program model services will end for the child and family. Transition plans meet the requirements specified in grant agreement and defined further on the Pennsylvania Family Support Home Visiting Website under the Provider tab. | |
| **The agency has developed written transition plans for each child and/or parent served that meets all requirements** | |
| **Yes** | **No, please explain below** |
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| **POLICIES AND PROCEDURES – Fiscal Policies and Procedures**  See **Fiscal Cyclical Monitoring Tool and the Family Support Home Visiting Website Fiscal Guide tab**. | |
| The agency has established the fiscal policies and procedures listed in the **Fiscal Cyclical Monitoring Tool and the Family Support Home Visiting Website Fiscal Guide tab.** | |
| **Yes** | **No, please explain below** |
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| **ON-SITE PROGRAM VISIT – (May be in Any Year of the Grant Period or Multiple Years – CTF Sites visited annually)**  The grantee has completed their on-site visit\* if applicable. | |
| **Yes, refer to the On-Site Guide** | **No, please explain below** |
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| **COMMUNITY COLLABORATION**  The grantee has established relationships with: Early Intervention, Local Home Visiting, Early Learning Resource Centers, Children and Youth, Women Infant and Children, and/or other community agencies not specified. | |
| **Yes** | **No, please explain below** |
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| **DATA REPORTING**  The grantee is following appropriate data reporting timelines and standards. Data reports are accurate. Missing data is at a minimum. The grantee is utilizing the Family Support Data System as required. | |
| **Yes** | **No, please explain below** |
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| **CQI**  The grantee has developed a CQI plan around a need identified by the assessment, by the Performance Measures, or by a local need identified by the grantee. The grantee is submitting the required CQI reports timely.**\*Does not apply to CTF\*** | |
| **Yes** | **No, please explain below** |
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| **FIDELITY TO MODEL**  The grantee is implementing their chosen model(s) with fidelity. | |
| **Yes** | **No, please explain below** |
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| **ENROLLMENT**  The grantee will maintain at enrollment between 90%-100% of the budgeted capacity for each EBHV Model implemented. Family Support Programs are required to serve at least 80% of the approved goal number of families. | |
| **The grantee maintained the appropriate enrollment based on the capacity of the EBHV program and/or Family Support goal number.** | |
| **Yes** | **No, please explain below** |
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| **OCDEL ANNOUNCEMENTS**  The grantee has complied with any OCDEL Announcements released this fiscal year. All relevant announcements are listed below. | |
| **Yes** | **No, please explain below** |
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| **FEDERAL FUNDING PROGRAM AND FISCAL REQUIREMENTS (if applicable)**  The grantee has reviewed any relevant program and fiscal requirements if receiving federal funding as a portion or the entirety of their award. For Fiscal Requirements please see **Fiscal Cyclical Monitoring Tool and the Family Support Home Visiting Website Fiscal Guide tab**. The grantee is in compliance with the federal funding and program requirements. | |
| **Yes** | **No, please explain below** |
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| **Additional Comments**  Please use this space to note any additional comments if necessary. |
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**Year 3 Monitoring**

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| **ON-SITE PROGRAM VISIT – (May be in Any Year of the Grant Period or Multiple Years)**  The grantee has completed their on-site visit\* if applicable. | |
| **Yes, refer to the On-Site Guide** | **No, please explain below** |
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| **ORIENTATIONS/ PROFESSIONAL DEVELOPMENT**  The grantee shall participate in professional trainings as required by the National model developer(s), and training including, but no limited to an orientation series and ongoing professional development through OCDEL.   * Providing Equitable Responsive Services * Providing Linguistically Responsive Services * Attend PA FS Conference | |
| **Did the grantee have a representative attend required PD?** | |
| **Yes** | **No, please explain below** |
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| **CONFERENCE ATTENDANCE – (May be in Any Year of the Grant Period or Multiple Years)**  The grantee budgeted appropriate funds to attend and attended the Office of Child Development and Early Learning Family Support and Home Visiting Conference. | |
| **Yes** | **No, please explain below** |
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| **TRANSITIONS AND REFERRALS**  The grantee has established and implemented effectively their transition and referral plans for all families, caregivers, and children. | |
| **Yes** | **No, please explain below** |
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| **DATA REPORTING**  The grantee is following appropriate data reporting timelines and standards. Data reports are accurate. Missing data is at a minimum. The grantee is utilizing the Family Support Data System as required. | |
| **Yes** | **No, please explain below** |
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| **CQI**  The grantee has developed a CQI plan around a need identified by the assessment, by the Performance Measures, or by a local need identified by the grantee. The grantee is submitting the required CQI reports timely. **\*Does not apply to CTF\*** | |
| **Yes** | **No, please explain below** |
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| **FIDELITY TO MODEL**  The grantee is implementing their chosen model(s) with fidelity. | |
| **Yes** | **No, please explain below** |
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| **ENROLLMENT**  The grantee will maintain at enrollment between 90%-100% of the budgeted capacity for each EBHV Model implemented. Family Support Programs are required to serve at least 80% of the approved goal number of families. | |
| **The grantee maintained the appropriate enrollment based on the capacity of the EBHV program and/or Family Support goal number.** | |
| **Yes** | **No, please explain below** |
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| **EXIT INTERVIEW (CTF Program Exit at End of Year 3)**  The grantee participates in an exit interview. | |
| **Yes** | **No, please explain below** |
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| **OCDEL ANNOUNCEMENTS**  The grantee has complied with any OCDEL Announcements released this fiscal year. All relevant announcements are listed below. | |
| **Yes** | **No, please explain below** |
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| **FEDERAL FUNDING PROGRAM AND FISCAL REQUIREMENTS (if applicable)**  The grantee has reviewed any relevant program and fiscal requirements if receiving federal funding as a portion or the entirety of their award. For Fiscal Requirements please see **Fiscal Cyclical Monitoring Tool and the Family Support Home Visiting Website Fiscal Guide tab**. The grantee is in compliance with the federal funding and program requirements. | |
| **Yes** | **No, please explain below** |
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| **Additional Comments**  Please use this space to note any additional comments if necessary. |
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**Year 4 Monitoring**

**\*If applicable**

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| **ON-SITE PROGRAM VISIT – (May be in Any Year of the Grant Period or Multiple Years)**  The grantee has completed their on-site visit\* if applicable. | |
| **Yes, refer to the On-Site Guide** | **No, please explain below** |
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| **CONFERENCE ATTENDANCE – (May be in Any Year of the Grant Period or Multiple Years)**  The grantee budgeted appropriate funds to attend and attended the Office of Child Development and Early Learning Family Support and Home Visiting Conference. | |
| **Yes** | **No, please explain below** |
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| **CQI**  The grantee has developed a CQI plan around a need identified by the assessment, by the Performance Measures, or by a local need identified by the grantee. The grantee is submitting the required CQI reports timely. | |
| **Yes** | **No, please explain below** |
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| **DATA REPORTING**  The grantee is following appropriate data reporting timelines and standards. Data reports are accurate. Missing data is at a minimum. The grantee is utilizing the Family Support Data System as required. | |
| **Yes** | **No, please explain below** |
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| **FIDELITY TO MODEL**  The grantee is implementing their chosen model(s) with fidelity. | |
| **Yes** | **No, please explain below** |
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| **ENROLLMENT**  The grantee will maintain at enrollment between 90%-100% of the budgeted capacity for each EBHV Model implemented. Family Support Programs are required to serve at least 80% of the approved goal number of families. | |
| **The grantee maintained the appropriate enrollment based on the capacity of the EBHV program and/or Family Support goal number.** | |
| **Yes** | **No, please explain below** |
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| **OCDEL ANNOUNCEMENTS**  The grantee has complied with any OCDEL Announcements released this fiscal year. All relevant announcements are listed below. | |
| **Yes** | **No, please explain below** |
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| **FEDERAL FUNDING PROGRAM AND FISCAL REQUIREMENTS (if applicable)**  The grantee has reviewed any relevant program and fiscal requirements if receiving federal funding as a portion or the entirety of their award. For Fiscal Requirements please see **Fiscal Cyclical Monitoring Tool and the Family Support Home Visiting Website Fiscal Guide tab**. The grantee is in compliance with the federal funding and program requirements. | |
| **Yes** | **No, please explain below** |
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| **Additional Comments**  Please use this space to note any additional comments if necessary. |
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**Year 5 Monitoring**

**On-Site Visits\*, End of Grant Interview**

**\*If applicable**

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| **ON-SITE PROGRAM VISIT – (May be in Any Year of the Grant Period or Multiple Years)**  The grantee has completed their on-site visit\* if applicable. | |
| **Yes, refer to the On-Site Guide** | **No, please explain below** |
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| **ORIENTATIONS/ PROFESSIONAL DEVELOPMENT**  The grantee shall participate in professional trainings as required by the National model developer(s), and training including, but no limited to an orientation series and ongoing professional development through OCDEL. | |
| **Did the grantee have a representative attend required PD?** | |
| **Yes** | **No, please explain below** |
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| **CONFERENCE ATTENDANCE – (May be in Any Year of the Grant Period or Multiple Years)**  The grantee budgeted appropriate funds to attend and attended the Office of Child Development and Early Learning Family Support and Home Visiting Conference. | |
| **Yes** | **No, please explain below** |
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| **DATA REPORTING**  The grantee is following appropriate data reporting timelines and standards. Data reports are accurate. Missing data is at a minimum. The grantee is utilizing the Family Support Data System as required. | |
| **Yes** | **No, please explain below** |
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| **CQI**  The grantee has developed a CQI plan around a need identified by the assessment, by the Performance Measures, or by a local need identified by the grantee. The grantee is submitting the required CQI reports timely. | |
| **Yes** | **No, please explain below** |
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| **FIDELITY TO MODEL**  The grantee is implementing their chosen model(s) with fidelity. | |
| **Yes** | **No, please explain below** |
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| **ENROLLMENT**  The grantee will maintain at enrollment between 90%-100% of the budgeted capacity for each EBHV Model implemented. Family Support Programs are required to serve at least 80% of the approved goal number of families. | |
| **The grantee maintained the appropriate enrollment based on the capacity of the EBHV program and/or Family Support goal number.** | |
| **Yes** | **No, please explain below** |
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| **EXIT INTERVIEW**  The grantee participates in an exit interview. | |
| **Yes** | **No, please explain below** |
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| **OCDEL ANNOUNCEMENTS**  The grantee has complied with any OCDEL Announcements released this fiscal year. All relevant announcements are listed below. | |
| **Yes** | **No, please explain below** |
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| **FEDERAL FUNDING PROGRAM AND FISCAL REQUIREMENTS (if applicable)**  The grantee has reviewed any relevant program and fiscal requirements if receiving federal funding as a portion or the entirety of their award. For Fiscal Requirements please see **Fiscal Cyclical Monitoring Tool and the Family Support Home Visiting Website Fiscal Guide tab**. The grantee is in compliance with the federal funding and program requirements. | |
| **Yes** | **No, please explain below** |
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| **Additional Comments**  Please use this space to note any additional comments if necessary. |
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**On-Site Program Visit Guide**

**Presentation of Services:** The grantee may invite families to discuss services during their on-site visit and/or

present case studies of clients.

Guiding Questions For Family Presentation: Families that are invited to share their experience as a recipient of program services can be provided with these guiding questions to inform the discussion. These questions are only a guide and families are encouraged to share any additional information they would like:

* Share about yourself and who is in your family?
* How long have you been enrolled in the program?
* How did you find out about the program?
* Describe a typical home visit?
* What are some things you have learned about yourself, parenting, or your child since receiving services?
* What are some challenges / successes you have come across?
* What would your child say about the program if they could express how they felt?
* Questions for the Family Support Consultant?
* Would you be interested in future leadership opportunities with OCDEL?
* Participating on advisory committees
* Completing surveys and feedback forms
* Planning and implementation of state level projects and initiatives

**Presentation of Case Studies:** Home Visitors / Family Support Providers will present 1 to 2 Case Studies if Families are not available for the on-site program visit. When considering cases to present grantees should select cases that meet the following criteria:

* Present on a family of the grantee’s choice or a challenging case.
* Present on a family with great outcomes that show the benefit of Evidence-based Home Visiting and other Family Support Services.
* Present on a Family that is dually enrolled in Early Intervention and the Evidence-based Home Visiting or Family Support program.

**File Review:** The person conducting the on-site visit will review approximately 5 randomly selected files to ensure grant requirements are being met. These files will be reviewed to ensure they include:

* Family Consents
* Staff Qualifications
* Confidentiality agreements
* Completed and Scheduled Screenings
* Transition Documentation as appropriate
* Referral/ Intake forms

**On Site Interview Questions:** The person conducting the on-site visit will provide the following questions in advance for agency to review and answer in-person.

* Upon reflection, what is about your programming is working well?
* Have there been any challenges in implementing the program as designed? Identify the actions taken to overcome these challenges.
* How is the grantee implementing policies related to MOU/A, confidentiality, Expulsion and Inclusion?
* How does your organization support staff and provide opportunities to grow skills?
* Describe progress towards the demographic and performance measures data collection. Describe any challenges related to data collection.
* Have there been any changes to the grantee’s role and/or work in community collaborative groups?
* Briefly explain how the organization incorporates the Strengthening Families approach. Has this integration had an impact on organizational culture (such as recruitment, policies, practices, the physical environment, professional development, etc.)?
* Describe progress toward meeting the yearly goal or capacity of families served. Have there been any challenges with recruitment? How have they been addressed?

**External Relationships**

* What organizations provide similar services in the grantee’s area? Describe the grantee’s relationship with those organizations. Describe the existing referral mechanisms and linkages used to help strengthen and support families and their children.
* Describe the grantee’s mechanism for regularly sharing information with partners (for example: outcomes/accountability/impact, responsiveness to community needs, exciting news to share, etc.).

**Family Engagement**

* How are parents/caregivers intentionally incorporated in leadership roles and program implementation decisions?
* What strategies have worked best to ensure families complete the majority of sessions recommended by the model?

**Sustainability**

* What steps has the grantee taken to create new and cultivate current relationships with local funders to sustain the program and/or child abuse and neglect prevention efforts in the community?
* Describe the strategies in the grantee’s sustainability plan that will sustain the program after CTF funding has expired. (\*CTF)

**End of Grant Interview Questions**

**End of Grant Cycle Interview Questions**

* Upon reflection, what worked about the program?
* What challenges were faced? What modifications were made?
* Did the grantee meet the goals or capacity regarding the number of families, parents/caregivers, and children served for the grant period? If not, why? What was learned regarding organizational capacity to serve families?
* What were the most successful recruitment and retention efforts with staff and families?
* What were the most significant program or organizational achievements?
* What were the most significant impacts on families?
* What were the most successful methods of community engagement?
* How has the project impacted the continuum of support services for families in the community?
* Please provide feedback on the grant procedures. What suggestions does the grantee have for improving the grant process?