

# **PERFORMANCE MANAGEMENT SCORECARD**

**A performance measurement instrument for  
Community Action Agencies**

Revised: 02/2020

## PERFORMANCE MANAGEMENT SCORECARD

The creation of the Performance Management Scorecard (Scorecard) was fostered by Mid's involvement in the Pathways process. We felt that we needed a way to evaluate the "health or condition" of the various agency programs. While all programs are not created equal in their ability to pay a living wage; their propensity for on-the-job injuries; or to provide additional training hours. This scorecard was not meant to be a total reflection of a Program Director's ability, but more a report of the condition of the program. The process continues to be a work in progress, and we hope that others may use it as a basis for establishing their own versions. Community Action Partnership of Mid-Nebraska (Mid) welcomes your suggestions and comments. You can visit us at [www.communityactionmidne.com](http://www.communityactionmidne.com) or email Jackie Harpst [jharpst@mnca.net](mailto:jharpst@mnca.net) or Carrie Eurek [ceurek@mnca.net](mailto:ceurek@mnca.net), if you have any questions or comments.

### WHY A PERFORMANCE MANAGEMENT SCORECARD?

1. It assists in meeting the Organizational Standards, Pathways and Award for Excellence requirements.
2. It provides benchmarks that can be used to evaluate the program's and agency's core weaknesses.
3. It provides benchmarks that can be used to evaluate the program's and agency's core strengths.
4. It promotes greater efficiencies in support services (support staff should not have to be continuously following up on requirements).
5. It fosters a spirit of competition. (No one likes to be last)
6. It can provide a partial basis for managerial evaluations.
7. It provides a measure of risk assessment in daily operations.
8. It provides a measure of assurance to funding sources (existing and potential) that additional internal controls are in place.
9. Keeps the Executive Director/CEO informed.
10. Keeps the Board of Directors informed.

## PERFORMANCE MANAGEMENT SCORECARD INTERPRETATION

The Scorecard looks at the non-subjective elements of what makes each of Mid's programs function as follows:

1. Under the **Category** heading the basic elements for review are listed. A base point scale (**Base**) was established that is weighted by the interpreted value of the item to Mid's overall operation. For instance, #17. Budget: Revenues meet or exceed expenditures has a base point value of 30; whereas, #4. Accidents involving staff injuries has a base point value of 10. This is not to say that staff accidents are not an important portion of Mid's operation, but realistically the importance to the overall program function is not as important as budgetary considerations.
2. The **Point** is the multiplier based on how well the program scored for each category. If we looked at # 1. Job descriptions current and the program had 100% of their job descriptions current, they would have a point of 3. We would take that 3 and multiply it by the Base which in this case is 20. The resulting score would be 60. This would continue through each of the categories.
3. If a program does not have to achieve any results in a category, they may receive a non-applicable (n/a) score in that category. For instance in our agency, Public Transportation does not keep customer files, thus #11. Customer File review is not-applicable. This is an adjustment from the "Total Possible" points.
4. To recap, the determination of the Base scale was our interpretation of value to the overall function of the agency. This is not to say that an agency should not change this to fit their individual situation. For instance, if your "mod" factor under Worker's Comp happens to be out of control you may want to rate # 4. Accidents involving staff injuries at a higher Base value.

As you can see, there is not much flexibility in the timelines or the achievement of the elements for the score. These elements are essential to our core operational strength and they need to be strictly followed.

Categories 6, 11, 12, and 15 rely on internal control review forms which are included at the end of this document for your reference. For instance, #11. Customer File review the reviewer looks at the key elements a funding source audit would review in a particular program's client files (Proof of income, proof of citizenship, etc.) Checklists were developed that outline the required items and a review of a minimum of 3 files is conducted. In #12. Site Review, an instrument was created that verifies key elements of safety, accessibility, compliance, which are factors in our Risk Assessment Worksheets, as well as, the visibility of our offices. Mid has over 30 offices and classroom locations scattered over 23,000 square miles and consistency and visibility of these locations is important to our overall operation. In 2010-2011, we started tracking and scoring #15. Advocacy. This category tracks public presentations and interactions made by individual programs. This information is used to determine what the acceptable level of advocacy should be in our organization.

In the development of the Performance Management Scorecard, we originally tried to avoid areas that involved the achievement of a program's individual ROMA goals. We were trying to look at what makes the "engine" run well and not necessarily at the destination. We ultimately decided that we were evolving sufficiently in our goal predictions to incorporate the data from National Performance Indicators (NPI) report into a scoring format. In 2010, we incorporated #10. ROMA Goals (Target) Achieved. It is important to note that we are still emphasizing accuracy in this category, by scoring not only the achievement of the goals but how closely it was predicted.

In addition to this Performance Management Scorecard, we also use another instrument, the Strategic Planning Scorecard. This incorporates the use of the ROMA logic models and the corresponding CSBG/NPI reports in a different scoring format. In 2013, we started scoring program input with Strategic Plan Goals Tracked.

# PERFORMANCE MANAGEMENT SCORECARD

Program \_\_\_\_\_ Director \_\_\_\_\_

Year ending \_\_\_\_\_ Total Staff \_\_\_\_\_

	CATEGORY	BASE (measures)	POINT	SCORE (Base x Point)	COMMENTS
1	Job descriptions current	20			
2	Staff appraisals complete & on time	20			
3	Change in Status complete & on time	20			
4	Accidents involving staff injuries	10			
5	Living Wage Achieved for Full-Time Staff *	10			
6	Total Staff training hours	10			
7	Staff issues resolved appropriately and in a timely fashion	30			
8	ROMA Goals established	30			
9	ROMA Data compiled	30			
10	ROMA Goals (Target) Achieved	10			
11	Customer File review	20			
12	Site Review	20			
13	Customer survey/issues resolved appropriately and in a timely fashion.	30			
14	Partner survey/issues resolved appropriately and in a timely fashion	30			
15	Advocacy	20			
16	Budgets submitted to fiscal on time	20			
17	Budget: Revenues meet or exceed expenditures	30			
18	Reports to Funding sources accurate completed on time.	30			
19	Funding Source Issues/ Audit Results Resolved	30			
20	Match/In-Kind documented/secured.	30			
21	Additional funding streams developed	20			
22	Strategic Plan Goals Tracked	20			
	<b>Total Scored</b>				
	<b>Total Possible</b>			<b>1470</b>	
	<b>Adjustment</b>				
	<b>Adjusted Total</b>				
	<b>Percent</b>				

\* could be a funding factor

## SCORING CRITERIA

### 1. **JOB DESCRIPTIONS CURRENT**

(Current is defined as reviewed in last 3 years in alignment with Strategic Plan)

Standard 7.3: *“The organization has written job descriptions for all positions, which have been updated within the last five years.” Job descriptions should be notated when they were last updated/reviewed.*

Basis	Score
<b>100% of regular staff have current job descriptions</b>	<b>3</b>
<b>90-99% of regular staff have current job descriptions</b>	<b>2</b>
<b>80-89% of regular staff have current job descriptions</b>	<b>1</b>
<b>&lt; 80% of regular staff have current job descriptions</b>	<b>0</b>
<b>Verifying party</b>	<b>Human Resources</b>

### 2. **STAFF APPRAISALS COMPLETED ANNUALLY AND ON TIME**

(In alignment with individual’s employment anniversary or set program review date)

Standard 7.6: *“The organization has a policy in place for regular written evaluations of employees by their supervisors.” This standard requires that the agency have a formal process for conducting staff reviews on an annual basis.*

Basis	Score
<b>100% of regular staff appraisals are complete &amp; on time</b>	<b>3</b>
<b>90-99% of regular staff appraisals are complete &amp; on time</b>	<b>2</b>
<b>80-89% of regular staff appraisals are complete &amp; on time</b>	<b>1</b>
<b>&lt; 80% of regular staff appraisals are complete &amp; on time</b>	<b>0</b>
<b>Verifying party</b>	<b>Human Resources</b>

**3. CHANGE IN STATUS (Salary Adjustments, FTE, Position Changes) ARE COMPLETE & ON TIME**

(Prior to the completion of the next eligible payroll)

Basis	Score
100% of regular staff salary adjustments are complete & on time.	3
90-99% of regular staff salary adjustments are complete and on time.	2
80-89% of regular staff salary adjustments are complete and on time.	1
< 80% of regular staff salary adjustments are complete and on time.	0
Verifying party	Human Resources

**4. ACCIDENTS INVOLVING STAFF INJURIES**

Source: OSHA 300 Form

Basis	Score
Less than 2% of total staff reported staff injuries.	3
2-5% of total staff reported staff injuries	2
Over 5% of total staff reported staff injuries	0
Verifying party	Human Resources

**5. LIVING WAGE ACHIEVED FOR REGULAR FULL-TIME STAFF**

(Based on single person using Living Wage Calculator (Penn State), or (Appleseed Data))

Basis	Score
100% of staff earn Living Wage	3
90-99% of staff earn Living Wage	2
75-89% of staff earn Living Wage	1
<75% of staff earn a living wage	0
Verifying party	Human Resources/Payroll

## **6. STAFF TRAINING HOURS**

Source: *Staff Development Report Form*

<b>Basis</b>	<b>Score</b>
<b>Average training hours per employee 10 or more hours</b>	<b>3</b>
<b>Average training hours per employee 5-9 hours</b>	<b>2</b>
<b>Average training hours per employee 1-4</b>	<b>1</b>
<b>No training hours recorded</b>	<b>0</b>
<b>Verifying party</b>	<b>Human Resources</b>

## **7. STAFF ISSUES RESOLVED APPROPRIATELY AND IN A TIMELY MANNER**

Source: *Employee Grievance Procedure/staff survey*

<b>Basis</b>	<b>Score</b>
<b>No staff issues or staff issues resolved appropriately and in a timely manner.</b>	<b>3</b>
<b>Issues require follow up by Administrative Staff due to complexity. (may still have been handled appropriately)</b>	<b>1</b>
<b>Issues inappropriately handled</b>	<b>0</b>
<b>Verifying party</b>	<b>Human Resources, Administration</b>

## **8. ROMA GOALS ESTABLISHED**

Recommended by July 15<sup>th</sup> for submission to ROMA Coordinator/Committee (Plan due Aug 1)  
Standard 9.4: *“The organization submits its annual CSBG Information Survey Data Report and it reflects client demographics and organization-wide outcomes.”*

<b>Basis</b>	<b>Score</b>
<b>ROMA goals for the annual Plan are established &amp; submitted on time.</b>	<b>3</b>
<b>ROMA goals are established &amp; submitted within 3 working days of the internal deadline.</b>	<b>2</b>
<b>ROMA goals are established &amp; submitted within 4 working days of internal deadline.</b>	<b>1</b>
<b>ROMA goals are established &amp; submitted after the 4<sup>th</sup> working day of internal deadline.</b>	<b>0</b>
<b>Verifying party</b>	<b>ROMA Coordinator</b>



**9. ROMA DATA COMPILED**

CSBG reports are due April 1 and October 1 to Mid’s ROMA Coordinator/Committee (Results are due to State annually in February)

Standard 9.3: *“The organization has presented to the governing board for review or action, at least within the past 12 months, an analysis of the agency’s outcomes and any operational or strategic program adjustment or improvements identified as necessary.” Could be demonstrated via program committee review and the resulting committee minutes of the discussion and via the report to the full board.*

<b>Basis</b>	<b>Score</b>
<b>ROMA data is compiled &amp; submitted by the internal deadline.</b>	<b>3</b>
<b>ROMA data is compiled &amp; submitted within 3 working days of deadline.</b>	<b>2</b>
<b>ROMA data is compiled &amp; submitted within 4 working days of deadline.</b>	<b>1</b>
<b>ROMA data is compiled &amp; submitted to the ROMA trainer after the 4<sup>th</sup> working days of deadline.</b>	<b>0</b>
<b>Verifying party</b>	<b>ROMA Coordinator</b>

**10. ROMA GOALS (Target) ACHIEVED**

Source: CSBG/National Performance Indicator  
From reports compiled as of November 1

<b>Basis</b>	<b>Score</b>
<b>Average Percentage achieving outcomes in all categories. 80% &gt; and &lt;120%</b>	<b>3</b>
<b>Average Percentage achieving outcomes in all categories. 60%-79% or 120%-140%</b>	<b>2</b>
<b>Average Percentage achieving outcomes in all categories. &lt; 59% or 141%&gt;</b>	<b>1</b>
<b><i>If not required, adjust from point total</i></b>	<b>n/a</b>
<b>Verifying party</b>	<b>ROMA Coordinator</b>

**11. CUSTOMER FILE REVIEW**

Source: File Review Form

Minimum of 3; maximum of 1% of Program Customers

Basis	Score
Files complete, kept confidential	3
Minor issues with data reviewed, correctable (i.e. checklists, staff signatures etc.)	2
Major issues with data reviewed, correctable (i.e. proof of income or qualifying information)	1
Major issues with data reviewed, not correctable (i.e. over income or not qualified)	0
<i>If not required, adjust from point total</i>	n/a
Verifying party	Admin review team

**12. SITE REVIEW**

Source: Site Review Form

Number of office/center sites \_\_\_\_\_

Basis	Score
Sites achieve all 11 of the required elements from the Site Review form.	3
Sites achieve 10 of the required elements from the Site Review form.	2
Sites achieve 9 of the required elements from the Site Review form.	1
Sites achieve 8 or less of the required elements from the Site Review form.	0
Verifying party	Review team

**13. CUSTOMER SURVEY/ISSUES RESOLVED APPROPRIATELY AND IN A TIMELY MANNER**

Source: Grievance Form/correspondence/surveys as of tracking year.

Standard 1.3: *The organization has a systematic approach for collecting, analyzing and reporting customer satisfaction data to the governing board.*

Basis	Score
No issues or Customer/Stakeholder survey/issues resolved appropriately and in a timely manner.	3
Issues require follow up by Administrative Staff.	1
Issues inappropriately handled	0
Verifying party	Grievance Committee, Administration

**14. PARTNER SURVEY/ISSUES RESOLVED APPROPRIATELY AND IN A TIMELY MANNER**

Source: administrative correspondence/partner surveys/grievance reports as of tracking year.  
 Standard 2.2: *“The organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector and educational institutions.”*

<b>Basis</b>	<b>Score</b>
<b>No issues or Partner survey/issues resolved appropriately and in a timely manner.</b>	<b>3</b>
<b>Issues require follow up by Administrative Staff.</b>	<b>1</b>
<b>Issues inappropriately handled</b>	<b>0</b>
<b>Verifying party</b>	<b>Administration</b>

**15. PROGRAM ADVOCACY**

Source: *Advocacy Interactions Form*, Advocacy tracking file

<b>Basis</b>	<b>Score</b>
<b>Three or more Advocacy Interactions (maximum of 2 from each category worksheet)</b>	<b>3</b>
<b>Two Advocacy Interactions</b>	<b>2</b>
<b>One Advocacy Interaction</b>	<b>1</b>
<b>No Interactions</b>	<b>0</b>
<b>Verifying party</b>	<b>Grants</b>

**16. BUDGETS SUBMITTED TO FISCAL ON TIME**

Budgets submitted to fiscal office by both the program fiscal year and agency fiscal year deadlines.

<b>Basis</b>	<b>Score</b>
<b>Budgets completed and submitted to fiscal on time</b>	<b>3</b>
<b>Budget submitted within 3 working days of deadline</b>	<b>2</b>
<b>Budgets submitted after 4 working days of deadline</b>	<b>1</b>
<b>Budgets submitted after 5 working days of deadline</b>	<b>0</b>
<b>Verifying party</b>	<b>Fiscal Department</b>

**17. BUDGET: REVENUES MEET OR EXCEED EXPENDITURES**

Source: Revenue and Expenditure Reports as of program fiscal year

Basis	Score
Revenues meet or exceed expenditures (within budget)	3
Expenditures exceed revenues (<2%)	1
Expenditures exceed revenues (>2%)	0
Verifying party	Fiscal Department

**18. NEW & ONGOING GRANT APPLICATIONS/ REPORTS TO FUNDING SOURCES  
ACCURATE & COMPLETED ON TIME**

Source: Correspondence, funder surveys, internal control

Basis	Score
Grants/Reports to funding sources on time & accurate	3
Grants/Reports on time, but returned for correction	2
Grants/ Reports late	0
<i>If not required, deduct from point total</i>	<i>n/a</i>
Verifying party	Grants, Fiscal Department

**19. FUNDING SOURCE ISSUES/AUDIT RESULTS RESOLVED**

Source: Funder survey, programmatic audits, monitoring reports, reviews, correspondence  
Standard 8.2 “All findings from the prior year’s annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.”

Basis	Score
No findings/issues	3
Minor corrections (deficiencies) required	2
Major corrections (deficiencies) required	0
<i>If not required, adjust from point total</i>	<i>n/a</i>
Verifying party	Administration Fiscal Department

**20. MATCH/IN-KIND DOCUMENTED AND SECURED**

Basis	Score
Match/In-kind documented on an on-going basis	3
Match/In-kind documented only at end of year	2
Match/In-kind not secured as required	0
<i>If not required, adjust from point total</i>	<i>n/a</i>
Verifying party	Fiscal Department

**21. ADDITIONAL FUNDING DEVELOPED**

Basis	Score
Program is successful in securing additional funding outside of primary grant.	3
Program is active in <u>seeking</u> (not successful) additional funding outside of primary grant.	2
Program is not active in seeking additional funding outside of primary grant.	1
Program is not required to seek additional funds.	n/a
Verifying party	Grant Managers, Administrative Staff

**22. STRATEGIC PLAN GOALS ARE TRACKED AND REPORTED**

Basis	Score
Strategic Plan goals, objectives, and outcomes (relevant to program) are tracked and progress submitted by deadline (updated every 6 months)	3
Strategic Plan goals, objectives, and outcomes are submitted with 3 working days of deadline.	2
Strategic Plan goals, objectives, and outcomes are submitted with 4 working days of deadline	1
Strategic Plan goals, objectives, and outcomes are submitted after the 4 <sup>th</sup> working day of the deadline	n/a
Verifying party	Grant Managers, Administrative Staff

## PERFORMANCE MANAGEMENT SCORECARD RECAP

The recap is basically a report card. With our first review of our agency programs in 2007, it was interesting to note that the two programs that scored the highest scores (100%), represented our largest program (Head Start with the greatest number of staff) and one of our smallest programs (RSVP with one staff member). We felt that this gave some validity to our scoring criteria and demonstrated that it did not favor either a larger or smaller program. This trend has continued.

Note: This is not to say that a larger program is as easy to manage as a smaller program, just that the standards to which they are held should be the same.

**PERFORMANCE SCORECARD 2019  
RECAP**

<b>90-100%</b>	<b>80-89%</b>	<b>70-79%</b>	<b>Below 70%</b>
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<b>Code</b>	<b>Program</b>	<b>Director</b> <i>(italics=new director)</i>	<b>Staff</b>	<b>Score</b>
<b>31300</b>	<b>Housing</b>	<b>Jackie Harpst</b>	<b>1</b>	<b>95%</b>
<b>31400</b>	<b>Community Services</b>	<b>Tammy Jeffs</b>	<b>9</b>	<b>93%</b>
<b>31600</b>	<b>Senior Volunteer</b>	<b>Tammy Jeffs</b>	<b>1</b>	<b>88%</b>
<b>31700</b>	<b>RAFT</b>	<b>Erin Nelson</b>	<b>1</b>	<b>92%</b>
<b>32200</b>	<b>Head Start</b>	<b>Lisa Giboney</b>	<b>92</b>	<b>98%</b>
<b>33000</b>	<b>North Platte Senior Center</b>	<b>Meredith Collins</b>	<b>5</b>	<b>96%</b>
<b>33200</b>	<b>Peterson Senior Center</b>	<b>Tammy Jeffs</b>	<b>4</b>	<b>95%</b>
<b>33500</b>	<b>Minden Senior Center</b>	<b>Meredith Collins</b>	<b>2</b>	<b>95%</b>
<b>34000</b>	<b>Women Infants &amp; Children (WIC)</b>	<b>Judy Schultz</b>	<b>17</b>	<b>98%</b>
<b>34300</b>	<b>Commodity Supplemental Foods (CSFP)</b>	<b>RaeLynn Johnson</b>	<b>4</b>	<b>89%</b>
<b>34600</b>	<b>Food Bank/Mobile Pantry</b>	<b>RaeLynn Johnson</b>	<b>1</b>	<b>97%</b>
<b>34900</b>	<b>Immunization</b>	<b>Tish Meyer</b>	<b>3</b>	<b>99%</b>
<b>36500</b>	<b>Weatherization</b>	<b>Jackie Harpst</b>	<b>6</b>	<b>95%</b>
<b>38400</b>	<b>Transportation</b>	<b>Charles McGraw</b>	<b>49</b>	<b>86%</b>
	<b>CAH/Rental Housing</b>	<b>Jackie Harpst</b>	<b>1</b>	<b>98%</b>

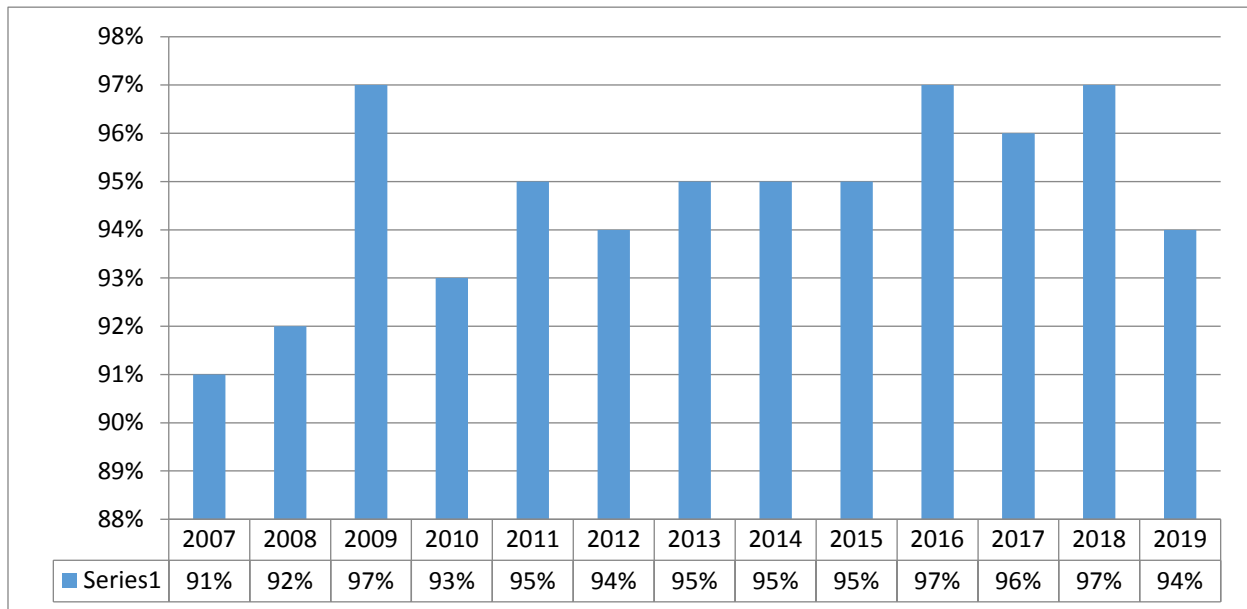
Agency Average **94.2%**

The goal is that all programs score in the blue (80-89%) to green (90-100%) categories. Scoring in the “Yellow” (70-79%) represents at least a passing or acceptable grade. However, scoring in the “Red” (>70%) is unacceptable.

We have charted the results of the total agency scoring since 2007. In 2009, we hit our peak in scoring with an agency high of 97%, which was repeated in 2016 and 2018. In 2011, we returned to our agency norm in the mid 90's. This probably is related to the additional categories we added. In 2011's Performance Management Scorecard, we added #15. Advocacy and utilized a revised #12. Site Review criteria which we outlined above. Previously we were measuring accessibility and appearance, the revised standard grades elements from our Risk Assessment & Management Checklists as well.

**PERFORMANCE MANAGEMENT SCORECARD RESULTS**

**2007-2019**





By taking the original scorecard and calculating the individual category scores separately for the current 15 programs, we have identified areas of improvement and areas which need to be improved.

Improvement:

- ROMA Goals Achieved. ROMA Goals Achieved are based on targeting percentages and numbers served at the beginning of the year. This is difficult to predict due to the changing needs of both our programs and clients throughout the year. 2017 = 53% to 2018 = 76% to 2019 = 81%

Areas which need to be improved:

- Accidents. 2018 = 88% to 2019 = 71%
- Budget: Revenues meet or exceed Expenses. 2018 = 94% to 2019 = 89%
- Advocacy. This continues to be an area of concern. Improvements were made since the documented low in 2015 of 29%. 2018 = 64% to 2019 = 69%

	CATEGORY	MAX	Total Scored	Total Possible	Adjustment	Adjusted Total	Percent %
1	Job Descriptions	60	900	900	0	900	100%
2	Staff Appraisals	60	900	900	0	900	100%
3	Change in Status	60	900	900	0	900	100%
4	Accidents	30	320	450	0	450	71%
5	Living Wage	30	450	450	0	450	100%
6	Staff Training	30	350	450	0	450	80%
7	Staff Issues	90	1290	1350	0	1350	96%
8	ROMA Goals	90	1260	1350	90	1260	100%
9	ROMA Data	90	1200	1350	90	1260	95%
10	ROMA Targets	30	340	450	30	420	81%
11	Customer File Review	60	420	900	480	420	100%
12	Site Review	60	420	900	420	480	88%
13	Customer Survey	90	1230	1350	0	1350	91%
14	Partner Survey	90	1350	1350	0	1350	100%
15	Advocacy	60	460	900	180	720	69%
16	Budgets Submitted	60	900	900	0	900	100%
17	Revenues/Expenditures	90	1200	1350	0	1350	89%
18	Reports to Funding	90	1320	1350	0	1350	98%
19	Funding Source Issues	90	1230	1350	0	1350	91%
20	Match Documented	90	720	1350	630	720	100%
21	Additional Funds	60	680	900	180	720	94%
22	Strategic Plan Goals	60	900	900	0	900	100%

The following is an example of the Staff Development Report referenced in Category #6.



## Staff Development Report

Name: \_\_\_\_\_ Program: \_\_\_\_\_  
(Please Print)

Date(s) of training: \_\_\_\_\_

Training obtained from:  
\_\_\_\_\_

Topic of training(s) and hours completed: (complete all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Child Abuse _____ hr(s)                              | <input type="checkbox"/> Cultural Diversity _____ hr(s)        | <input type="checkbox"/> Housing _____ hr(s)                 |
| <input type="checkbox"/> Financial _____ hr(s)                                | <input type="checkbox"/> Health (including mental) _____ hr(s) | <input type="checkbox"/> Safety _____ hr(s)                  |
| <input type="checkbox"/> Legal, HR issues _____ hr(s)                         | <input type="checkbox"/> Nutrition _____ hr(s)                 | <input type="checkbox"/> Transportation _____ hr(s)          |
| <input type="checkbox"/> Educational _____ hr(s)<br>(including special needs) | <input type="checkbox"/> Technology _____ hr(s)                | <input type="checkbox"/> Other _____ hr(s) <b>list below</b> |

Please List: \_\_\_\_\_

How will you apply this training to your everyday job duties?

\_\_\_\_\_

On a scale of 1 to 5, with 1 being not very beneficial and 5 being extremely beneficial, how would you rate the overall training? (Please select only one)

1                                  2                                  3                                  4                                  5

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\* If submitting electronically, typed name is acceptable; signature not required.

\* **Please remember to attach the agenda. Highlight the sessions you attended, if applicable.**

\* **If several staff attended the training, please attach an attendance sheet. Only one Staff Development Form needs to be completed if this applies.**

*Mid-46, 01/19*

The following is an example of a File Review Form as referenced in Category #11.

FILE REVIEW \_\_\_\_\_(date)

**PROGRAM: WEATHERIZATION**

Reviewer: \_\_\_\_\_

Number of files checked: \_\_\_\_\_

FILE						
	Yes	No	Yes	No	Yes	No
Intake Form/Info						
Income Verification						
Information/Requirements Authorization to Proceed						
US Citizen Attestation (WX 15)						
Mold Assessment & Release form (WX 5)						
Pre and Post Back Draft and CO tests (WX 9)						
Client Questionnaire (WX 13)						
Mechanical System Inspection Form (WX 17)						
Measures Installed including costs						
WX Statement of Completion form (signed) (WX 21)						

The following is an example of a “Site Review” as referenced in Category #12.

### Admin 28: Site Review Part I

The Site Review Procedure below is required to be completed on an annual basis by Program Directors. All items in this portion of the Site Review are required and used for scoring.

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

Location	Program

	Yes	No	N/A	Comments
CAPMN Sign Outside Office or Building				
Mission Statement (framed 8.5 x 11)				
Brand Promise (framed 8.5 x 11)				
Code of Ethics (framed 8.5 x 11)				
Federal Labor Poster (see last page for required information)				
Nebraska or Kansas Labor Poster (min. wage of \$8 / \$9 (NE))				
Grievance Policy				
Appearance (Office/classroom clean, free of hazards. Site appealing to customers (paint, décor, building appearance))				
ADA* (office/classroom ADA accessible and/or accommodated)				(If accommodation is required, please note)
Notice of Federal Interest (only Lexington and Ravenna Head Start sites)				
Vehicle Notebook (up-to-date insurance and safety info; only sites with agency vehicle)				
Fair Housing Poster (Community Service Coordinator sites and Admin only)				
And Justice for All Poster (only required for programs under USDA)				

\*ADA audit forms are available by request if necessary.

## Site Review Part II

Location	Program

### Safety Issues

This portion of the Site Review Procedure is an evaluation tool and not a requirement. Items on this chart are not mandatory **except for** the Fire and Emergency Response Plan, which is required at all sites.

	Yes	No	N/A	Comments
Fire and Emergency Response Plan				
Entrance Alarms				
Security Cameras at the Entrance				
Carbon Monoxide Alarm				
Radio/Emergency Band				
Sprinkler System (fire suppression)				
Fire Extinguishers				
Smoke Alarms				
Flashlights				
First Aid Kit				
AED Batteries (need to be checked in Kearney, Lexington, Minden)				
Are there other occupants in the building?				

### Federal Labor Law Required Posters

\*Posters can be contained in a 6-in-1 format, or posted separately. Contact HR for copies, if needed.





The following is an example of the Staff and Board Advocacy Form as referenced in Category #15.

## STAFF and BOARD Presentation and Advocacy Interactions\* Form

Name : \_\_\_\_\_ Date of Interaction : \_\_\_\_\_

Program: \_\_\_\_\_

Please circle the correct category:

Category A	Category B	Category C	Category D	Category E
Legislative Representatives: State & Federal	Elected Public Officials: County, City	Civic Organizations: United Way, Jaycees, etc.	Media interview/coverage Television, Radio, Newspaper	High Schools, Youth Groups, Churches, Other

Name/Type of group, or person contacted: \_\_\_\_\_

Estimated size of audience: \_\_\_\_\_

Were you scheduled as a presenter? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you provide them with an Agency overview? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you provide them with a Program overview? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was the Strategic Plan's key priorities (key advocacy goals) of **FINANCIAL LITERACY/LIFE SKILLS, EDUCATION, HEALTH, HOUSING, FOOD SECURITY OR TRANSPORTATION** presented?  
 \_\_\_\_\_yes \_\_\_\_\_no (please circle those presented)

Was this a training presentation \_\_\_\_\_ Yes \_\_\_\_\_ No

Subject matter discussed or presented: \_\_\_\_\_

**\*Advocacy requires interaction. If you are not presenting or actively participating in the discussion that provides information or advances an agenda for your program or customer, it would not be considered an advocacy interaction. Please see advocacy policy for addition clarification.**

Return completed form to Martha Stribling, [mstribling@mnca.net](mailto:mstribling@mnca.net), at the Administrative Office.