



*Serving Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba Counties*

**A4AA ANNUAL III-C PROGRAM EVALUATION (Year One)  
FY 2006 - 2007**

Dear A4AA Service Provider:

A4AA Staff annually conduct an on-site program evaluation. In an effort to expedite the visit, A4AA requests all service providers to complete the following evaluation.

The primary purpose of the annual evaluation is:

- 1) To assure compliance with key requirements and regulations,
- 2) To document any significant changes that have been made in the program, and
- 3) To measure progress toward individual program goals and toward A4AA recommendations, if any.

**Instructions:**

Please save this document to your files, complete it and e-mail back to your A4AA Program Manager as an attachment at least 2 weeks prior to the Program Manager's on-site visit.

- Provide explanations for questions as requested in the white spaces to the right of the questions.
- Use as much space as necessary.
- Use the tab button to navigate through the questions . it will take you to the next section.
- To check a box in the yes/no section, just point your mouse to the box and click . an X will automatically be filled in.
- **Also, please note that all gray-shaded sections are for A4AA staff use only.**



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**The program shall provide the A4AA Program Manager with copies of the following documents during the evaluation visit:**

- Roster of Paid Program Staff (including FT and PT)
- Roster of Current Board Members
- Minutes from prior two Board meetings
- Registered Dietitian's Registration Card and Contract
- Current year's nutrition education printed materials
- List of Training Sessions Attended by Staff and Volunteers since the beginning of the FY
- Inventory List
- Customer Satisfaction Survey . sample and summary of results (if applicable)
- Roster of Current Advisory Committee Members (if applicable)
- New Informational Materials (if applicable)

**If any of the following have been revised this year, check the appropriate box and provide a copy for the A4AA Program Manager:**

- Organizational Chart
- Conflict of Interest Policy
- Employee Grievance Procedure
- Client Grievance Procedure
- Affirmative Action Policy
- Disaster Plan

**(If any of the above documents have been provided to A4AA this fiscal year through an earlier evaluation, please notify your Program Manager)**



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<b>Service Provider Name:</b>		<b>Name of Reviewer:</b>	
<b>Program Name/Type:</b>		<b>Date of site visit:</b>	
<b>Person Completing Form:</b>		<b>Review Period:</b>	
<b>Date Form Completed:</b>		<b>Person Interviewed:</b>	

**PROGRAM SUMMARY**  
(A4AA Staff will provide this information)

**PROGRAM OUTCOMES**

**INSTRUCTIONS:**

**A4AA Staff:** Fill in sections under Proposed Outcomes utilizing the original Outcomes Summary Form submitted with the service provider's grant application.

**Providers:** Please describe under Objectives the activities and efforts you have made in achieving the Proposed Outcomes. Please also describe any progress that has been made in achieving the proposed outcomes under the Evaluation section

<b>A. OUTCOMES</b>	<b>PROPOSED OUTCOME(S)</b>	<b>OBJECTIVE(S)</b> (Efforts to achieve outcomes)	<b>EVALUATION</b> (Progress in achieving outcomes)
<b>PERFORMANCE:</b>			
Service Units			



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Unduplicated Clients			
Client Outcomes/ Client Satisfaction			
<b>ADMINISTRATIVE:</b>			
Operations (facilities, policies & procedures, coordination with other agencies)			
Personnel (recruitment, training and compensation of staff and volunteers)			
<b>FINANCIAL:</b>			
Fiscal Procedures			
Program Resources			
<b>A4AA Comments:</b>			

**PROGRAM EVALUATION**

**INSTRUCTIONS:**

Answer the questions as indicated and provide brief comments related to the sub-question(s) asked. The gray-shaded area is for A4AA



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use only.			
<b>A. Achievements &amp; Challenges</b>	<b>Check One</b>	<b>Provider Comments</b>	<b>A4AA Notes</b>
1. Has any progress been made in an area not mentioned above? If so, what has improved?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Please note any significant accomplishments.			
3. Are there any significant challenges which face the program? If so, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Clients</b>	<b>Check One</b>	<b>Provider Comments</b>	<b>A4AA Notes</b>
1. How does the program inform participants that it accepts client donations?			
2. Are client records kept in an appropriate confidential manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does the program have standard procedures for client intake, assessment/screening, and recordkeeping? If so, please summarize.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Does the program have a formal method for soliciting client input? If so, please summarize.	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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5. How does the program use and/or follow up on client input?			
<b>C. Outreach &amp; Coordination</b>	<b>Check One</b>	<b>Provider Comments</b>	<b>A4AA Notes</b>
1. Does the program actively publicize its services? If so, describe activities this year.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Please describe methods used to attract and serve diverse populations.			
3. Describe any coordination efforts with the Focal Point(s) that have occurred this year.			
4. Describe key coordination efforts with other agencies.			
<b>D. Personnel</b>	<b>Check One</b>	<b>Provider Comments</b>	<b>A4AA Notes</b>
1. Have there been any changes in key A4AA-funded program personnel, responsibilities or hours this year? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have volunteers contributed to the program this year? If yes, please describe: <ul style="list-style-type: none"> <li>• Number of volunteers</li> <li>• Duties</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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<ul style="list-style-type: none"> <li>• Work schedules</li> </ul>			
<p>3. Have all new paid staff and/or volunteers received an orientation this year? If yes, please describe.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>E. Falls Prevention</b>	<b>Check One</b>	<b>Provider Comments</b>	<b>A4AA Notes</b>
<p>1. Is the program required to conduct Falls Prevention activities? If yes, please describe Falls Prevention activities conducted or planned this year.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>2. Has the program participated in any Falls Prevention training? Please Describe</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>F. One-Time Only Funds</b>	<b>Check One</b>	<b>Provider Comments</b>	<b>A4AA Notes</b>
<p>1. Was OTO Equipment purchased during the previous contract year? If yes, describe how it is being used?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Item is properly tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No Item is on inventory list? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Was OTO funding received for a short-term project during the previous contract year? If yes, what was the outcome of the project?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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2. b. Was an OTO short-term project final report submitted to A4AA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>G. Supplemental Questions</b>	<b>Check One</b>	<b>Provider Comments</b>	<b>A4AA Notes</b>
<b>Nutrition Services</b>			
1. Is the program's in-service training plan for staff available?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If yes, has it been pre-approved by the RD?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Are there at least 4 topics? Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Has the minimum 4 hour requirement been met?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Did the trainees evaluate the training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Which staff person(s) meet the CURFFL requirement for food safety certification?			
3. Is nutrition education provided to C1 and C2 participants at least 4 times per year? If yes, how is it documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Are annual assessments performed to determine the needs of C1 and C2 participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Does the C1 or C2 program have			



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a waiting list? • If yes, which program has a list? • Are actual names listed? • Describe the plan for dealing with the waiting list:	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. How does the program inform participants that it accepts client contributions?			
7. Have the suggested donation amounts changed this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**A4AA CONTRACT COMPLIANCE**

	Contracted Units	Service Delivery
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	Annual Scope of Services	Planned Units YTD	Units Delivered YTD	YTD Performance %
Clients Served				
1. Audit submitted on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Fiscal MFRs submitted in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Program (MIS/NAPIS) reporting submitted in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Implementation of program and fiscal recommendations requiring	<input type="checkbox"/> Yes <input type="checkbox"/> No			



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corrective action?		
5. Has the agency's disaster plan been updated this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes,		
• Have the plan updates been submitted to A4AA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Who is the Disaster Coordinator? (Please provide their name)		
<b>RECORDS REVIEW</b>		
Please make available client participation records for the month of November. In reviewing this data, your A4AA Program Manager will confirm the information contained in the monthly MIS report / Q report submitted to A4AA. The data must be presented in a neat and orderly manner and include:		
<ul style="list-style-type: none"> <li>• Initial client records with demographic data (I&amp;A programs exempted)</li> <li>• Monthly logs / summary reports that support service units</li> <li>• Other program-specific data as applicable</li> </ul>		
<b>A4AA COMMENTS AND REQUIRED CORRECTIVE ACTION(S)</b>		
<b><u>Prior Recommendations</u></b>		
1.		



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**Comments**

1.

**Required Corrective Action (formerly called Recommendations) / Due Date**

1.