

The checklist is required to be submitted to the OCAP with the draft and final version of the SIP to expedite the review process .

County Name: \_\_\_\_\_

Start date of the System Improvement Plan: \_\_\_\_\_

End date of the System Improvement Plan: \_\_\_\_\_

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
		<b>CONTACT INFORMATION</b>			
1	21	Name, mailing address, e-mail address and phone number of lead agency (BOS Designated Public Agency to administer CAPIT/CBCAP/PSSF programs).			
2	21	Name, mailing address, e-mail address and phone number of CAPIT liaison.			
3	21	Name, mailing address, e-mail address and phone number of CBCAP liaison.			
4	21	Name, mailing address, e-mail address and phone number of PSSF liaison.			
		<b>APPROVALS</b>			
5	21	Evidence that the plan was approved and signed by the BOS			
6	21	Evidence that the plan was approved and signed by the BOS designated public agency to administer CAPIT/CBCAP/PSSF			
7	21	Evidence that the plan was approved and signed by CAPC representative.			
8	21	Evidence that the plan was approved and signed by parent consumer/former consumer if the parent is not a member of the CAPC.			
9	21	Evidence that the plan was approved and signed by PSSF Collaborative representative, if appropriate.			
		<b>CAPC</b>			
10	22	Description of the structure and role of the local CAPC.			
11	22	Proposed dollar amount from CAPIT, CBCAP, PSSF Family Support, CCTF, KidsPlate, or other funds that will be used to support the local CAPC.			
		<b>Promoting Safe and Stable Families (PSSF) Collaborative</b>			
12	23	Description of the membership or the name of the agency, commission, board or council designated to carry out this function. If the county does not have a PSSF collaborative, description of who carries out this function.			
		<b>County Children's Trust Fund (CCTF) Commission, Board or Council</b>			
13	23	Description of the CCTF membership or identification of the name of the commission, board or council designated to carry out this function.			
14	23	Description of how and where the county's children's trust fund information will be collected and published.			
		<b>PARENTS/CONSUMERS</b>			
15	23	Description of activities and training that will be implemented to enhance parent participation and leadership.			

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
16	23	Description of how parents will be involved in the planning, implementation and evaluation of funded programs.			
17	23	Description of any financial support that will be provided for parent participation.			
		<b>FISCAL NARRATIVE</b>			
18	24	Description of processes and systems for fiscal accountability, including the established or proposed process for tracking, storing, and disseminating separate CAPIT/CBCAP/PSSF and Children's Trust Fund fiscal data as required.			
19	24	Description on how funding will be maximized through leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities.			
20	24	Assurance that funds received will supplement, not supplant, other State and local public funds and services.			
21	24	Does the attached CAPIT/CBCAP/PSSF Expenditure Summary demonstrate a minimum of twenty (20) percent to each service category for PSSF funds? If not, a rationale is provided. A plan of correction is also provided to meet compliance in this area.			
		<b>LOCAL AGENCIES – REQUEST FOR PROPOSAL (Narrative regarding the following is present in the SIP)</b>			
22	25	Assurance that a competitive process was used to select and fund programs.			
23	25	Assurance that priority was given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.			
24	25	Assurance that agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.			
25	25	Assurance that the project funded shall be culturally and linguistically appropriate to the populations served.			
26	25	Assurance that training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.			
27	25	Assurance that services to minority populations shall be reflected in the funding of projects.			
28	25	Assurance that projects funded shall clearly be related to the needs of children, especially those 14 years of age and under.			
29	25	Assurance that the county complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program. (For specifics visit: <a href="http://www.epls.gov/">http://www.epls.gov/</a> )			
30	25	Indicates that non-profit subcontract agencies have the capacity to transmit data electronically.			

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
31	25	For the use of CAPIT funds, assurance that priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.			
32	26	For the use of CAPIT funds, assurance that the agency funded shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the State Department of Social Services.			
		<b>CBCAP Outcomes:</b>			
33	26	Description of the plan to evaluate Engagement Outcomes.			
34	26	Description of the plan to evaluate Short Term Outcomes.			
35	26	Description of the plan to evaluate Intermediate Term Outcomes.			
36	26	Description of the plan to evaluate Long Term Outcomes.			
		<b>Peer Review</b>			
37	26	Description of intended CBCAP peer review activities.			
		<b>Service Array</b>			
38	26	Description of how CAPIT/CBCAP/PSSF funded services are coordinated with the array of services available in the county.			
		<b>CAPIT/CBCAP/PSSF SERVICES AND EXPENDITURE</b>			
39	26	Submits an <b>electronic copy</b> in excel format of the CAPIT/CBCAP/PSSF Services and Expenditure Summary that contains a comprehensive expenditure plan for CAPIT/CBCAP/PSSF.			
40	26	Submits a <b>hardcopy</b> of the CAPIT/CBCAP/PSSF Services and Expenditure Summary that contains a comprehensive expenditure plan for CAPIT/CBCAP/PSSF.			
41	27	CAPIT/CBCAP/PSSF Services and Expenditure Summary contains the cross reference to the CSA of the unmet need for each of the planned programs and/or activities.			
42	27	CAPIT/CBCAP/PSSF Services and Expenditure Summary provides an inventory of the planned programs/strategies.			
43	27	A half page description for each of the planned programs is attached to the SIP.			
		<b>CBCAP Services and Expenditure Summary Sheet</b>			
44	excel worksheet	The level of evidence-based or evidence-informed using the Program Assessment Rating Tool (PART) has been determined for programs/ practices funded by CBCAP.			
45	excel worksheet	Identification on whether the logic model exists for CBCAP funded programs or whether it will be developed.			
		<b>BOS RESOLUTIONS</b>			
46	28	Board of Supervisors (BOS) resolution approving the SIP is attached.			
47	28	BOS resolution establishing a Child Abuse Prevention Council (CAPC) is attached.			
48	28	BOS resolution identifying the Commission, Board or Council for administration of the County Children's Trust Fund (CCTF) is attached.			

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
		<b>ROSTERS</b>			
49	28	Copy of the Child Abuse Prevention Council (CAPC) roster is			
50	28	Copy of the PSSF Collaborative roster, if appropriate, is attached.			
51	28	Copy of County Children's Trust Fund (CCTF) roster is attached.			
52	28	Copy of the SIP Planning Committee roster. List should contain the name, title and affiliation of the individuals involved in SIP planning process. List includes parents, local nonprofit organizations and private sector representatives. Roster identifies the required core representatives.			
		<b>ASSURANCES</b>			
53	28	Attach the "Notice of Intent" letter identifying the public agency(s) to administer CAPIT/CBCAP/PSSF programs. The letter also confirms the county's intent to contract.			