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**Combined Management Process Review Tool**

**Program Year (PY) 2020-2021**

**LWDB Name and Number:**

**Dates of Review**:

**Review Period:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LWDB Staff Completing the Tool:**

**General Program Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCAL OPERATING PROCEDURES** | **YES** | **NO** | **COMMENTS** |
| 1. Does the LWDB have local policies or procedures in place to administer each of the following programs: Workforce Innovation Opportunity Act (WIOA), Wagner-Peyser (WP), Welfare Transition (WT), Trade-Adjustment Assistance (TAA) and Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T)? (Provide copies of each or indicate where these can be found). If no, please indicate which programs in the comment section.
 | [ ]  | [ ]  |  |
| 1. Do the LOPs include methods for referring individuals between the local one-stop centers and partners for appropriate services and activities?
 | [ ]  | [ ]  |  |
| **MONITORING** |  |  |  |
| 1. Do local policies or procedures include internal monitoring of all programs? (Provide copies or indicate where this can be found). If no, how does the LWDB ensure that internal and external monitoring complies with federal and state provisions and other applicable laws?
 | [ ]  | [ ]  |  |
| 1. Do policies, procedures or schedules specify when staff will conduct monitoring (i.e., monthly, quarterly, semi-annually, etc.)? If yes, indicate timeframe(s) or provide a copy of the schedule.
 | [ ]  | [ ]  |  |
| 1. Has any monitoring been conducted by the LWDB during the review period?
 | [ ]  | [ ]  |  |
| 1. Are reports written and corrective action required because of monitoring? If yes, provide copies of the monitoring reports. If no, how are staff informed of the monitoring results?
 | [ ]  | [ ]  |  |
| **LOCAL DEO MERIT STAFFING STRUCTURE** |  |  |  |
| 1. Are any services being performed by DEO staff? If so, what programs and services are they performing?
 | [ ]  | [ ]  |  |
| 1. Is a staffing structure chart maintained for each career center site where DEO staff are located? Please provide copy or indicate where it is located.
 | [ ]  | [ ]  |  |
| 1. Does the LWDB provide a copy of the staffing structure in an organizational chart to DEO Human Resources annually by July 1 or within 30 days upon changes to the organization structure? If yes, has a staffing chart been submitted for the current year? Please submit a copy of the documentation.
 | [ ]  | [ ]  |  |
| 1. Has the LWDB appointed a local personnel liaison for coordinating personnel-related activities for DEO staff? If yes, provide the name of the contact liaison and indicate whether (s)he is a DEO employee.
 | [ ]  | [ ]  |  |
| 1. Has the LWDB adopted an employee ethics code and appointed or named a Chief Ethics Officer to carry out the provisions of Chapter 112, Florida Statutes? If yes, please provide the name of the Chief Ethics Officer and a copy of the ethics code documentation.
 | [ ]  | [ ]  |  |

**Welfare Transition (WT)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHEDULING INITIAL APPOINTMENTS** | **YES** | **NO** | **COMMENTS** |
| 1. If assigned to the job search and job readiness assistance, what is the method used by the LWDB to certify that at least 10 percent of the participant hours are completed?  If there are any LOPs explaining the method used, please provide a copy or indicate where this can be found.
 | [ ]  | [ ]  |  |
| **CLOSING CASES IN THE ONE-STOP SERVICE TRACKING (OSST) SYSTEM** | **YES** | **NO** | **COMMENTS** |
| 1. If a closed case is reopened to lift a sanction, after the participant completes their required task, when is this case closed out in the OSST system? If there are any LOPs explaining this process, please provide a copy or indicate where this can be found.
 | [ ]  | [ ]  |  |

**Supplemental Nutrition Assistance Program (SNAP) Employment & Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHEDULING INITIAL APPOINTMENTS** | **YES** | **NO** | **COMMENTS** |
| 1. Does the LWDB manually schedule initial appointments (code 590)?
 | [ ]  | [ ]  |  |
| **SANCTIONS** | **YES** | **NO** |  |
| 1. Are there any policies or procedures in place to ensure that participants are not engaged in an activity while serving a sanction? If yes, indicate where to locate policy. If no, please explain the process in the comment section.
 | [ ]  | [ ]  |  |
| 1. Are there policies and procedures in place to ensure an activity is assigned by the case manager and completed by the participant prior to a sanction lift? If yes, indicate where to locate policy. If no, please explain the process in comment section.
 | [ ]  | [ ]  |  |

**Workforce Innovation and Opportunity Act (WIOA)**

|  |  |  |  |
| --- | --- | --- | --- |
| **WIOA YOUTH COMMITTEE** | **YES** | **NO** | **COMMENTS** |
| 1. Has the LWDB established a standing youth committee? If yes, are there any policies and procedures related to the youth committee’s makeup and responsibilities as described in the local plan? (Provide copy or indicate where this can be found).
 | [ ]  | [ ]  |  |
| 1. If a standing youth committee was established, is a local board member the chairperson of the committee?
 | [ ]  | [ ]  |  |
| 1. If no youth committee is in place, how does the LWDB administer and oversee the local youth programs? Please explain in comment section.
 | [ ]  | [ ]  |  |
| **WIOA ADULT PROGRAM** | **YES** | **NO** | **COMMENTS** |
| 1. Are there any policies and procedures in place to address Priority of Service for WIOA adult participants? If yes, please provide a copy or indicate where this can be found.
 | [ ]  | [ ]  |  |
| **WIOA PRIMARY INDICATORS OF PERFORMANCE DATA** | **YES** | **NO** | **COMMENTS** |
| 1. Did the LWDB meet or exceed their performance outcomes during the prior program year?
 | [ ]  | [ ]  |  |
| 1. If no, has technical assistance (TA) been requested or provided? If yes, when and where?
 | [ ]  | [ ]  |  |

**Trade-Adjustment Assistance (TAA)**

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCAL OPERATING PRACTICES** | **YES** | **NO** | **COMMENTS** |
| 1. Briefly describe the coordination of services between Rapid Response and TAA when a dislocation is trade-related. Does the coordination of services include the process for trade-affected workers to receive rapid response assistance and the opportunity to participate in a TAA Information Session?
 | [ ]  | [ ]  |  |
| 1. Is the TAA Coordinator a merit staff employee? If no, please explain.
 | [ ]  | [ ]  |  |
| 1. Is there a financial cap on training services? If yes, what is the amount? What is the process if the cap does not cover the total training costs?
 | [ ]  | [ ]  |  |
| 1. Is there a policy or practice on co-enrolling TAA participants in WP and/or WIOA when appropriate? If so, please describe the process.
 | [ ]  | [ ]  |  |
| 1. Does the LWDB utilize Job Search and/or Relocation Allowances for eligible individuals? If yes, is there a policy in place to support this?
 | [ ]  | [ ]  |  |
| 1. Define the commuting area within the LWDB and briefly describe how transportation assistance is provided when the training provider is located beyond the established commuting area.
 | [ ]  | [ ]  |  |
| 1. What is the approval process for individuals needing remedial, English as a second language and/or prerequisite training?
 | [ ]  | [ ]  |  |

**Wagner-Peyser (WP)**

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIORITY REEMPLOYMENT PLANNING (PREP) PROGRAM** | **YES** | **NO** | **COMMENTS** |
| 1. Does the LWDB provide PREP services?
 | [ ]  | [ ]  |  |
| 1. If yes to #1, does each participant receive an orientation?
 | [ ]  | [ ]  |  |
| 1. If yes to #2, does the orientation contain the required WP and RA information? (Please provide a copy of the LWDB orientation presentation or indicate where this can be found).
 | [ ]  | [ ]  |  |
| 1. Does each participant receive an assessment? If no, please explain in comment section.
 | [ ]  | [ ]  |  |
| **REEMPLOYMENT SERVICES AND ELIGIBILITY ASSESSMENT (RESEA) PROGRAM** | **YES** | **NO** | **COMMENTS** |
| 1. Does the LWDB provide RESEA services?
 | [ ]  | [ ]  |  |
| 1. Does the orientation provided to RESEA participants include all RESEA requirements? Please provide a copy of the orientation package or indicate where this can be found.
 | [ ]  | [ ]  |  |
| 1. Is the RESEA program conducted by RESEA grant paid staff as designated in the LWDB’s RESEA budget? If not, please explain.
 | [ ]  | [ ]  |  |

**LOCAL IMPLEMENTATION OF SECTOR STRATEGIES**

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| --- | --- | --- | --- |
| **SECTOR STRATEGIES** | **YES** | **NO** | **COMMENTS** |
| 1. Are there any policies and procedures in place to address the LWDB’s local sector strategy? If yes, provide copy of policies and/or procedures.
 | [ ]  | [ ]  |  |
| 1. What is your designated targeted sector?
 | [ ]  | [ ]  |  |
| 1. Do you have documentation reflecting the number of individuals trained in your designated targeted sector? If yes, provide list of participants trained.
 | [ ]  | [ ]  |  |
| 1. Do you have documentation of the outreach/services to employers in your targeted sector, including the percentage of businesses touched within the specific sector? If yes, provide outreach information and list of participating employers.
 | [ ]  | [ ]  |  |
| 1. If yes to #4, briefly describe the special events geared toward your targeted sectors.
 | [ ]  | [ ]  |  |