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# PY 2012-13 Welfare Transition Program Process Management Review Tool

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| **RWB**: |  |  | **DATE REVIEWED:** |  |
| **REVIEW COMPLETED BY:** |  |  |  |  |
| **STAFF INTERVIEWED:** |  |  | **TITLE:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  | **LOCAL OPERATING PROCEDURES** |  | | | **YES** | |  | **NO** | |  | **COMMENTS** | |
|  | 1. **Does the RWB’s Local Operating Procedures cover the following:** |  | | |  | |  |  | |  |  | |
|  | 1. Initial Assessment |  | | |  | |  |  | |  |  | |
|  | 1. Sanction |  | | |  | |  |  | |  |  | |
|  | 1. Job Participation Rate |  | | |  | |  |  | |  |  | |
|  | 1. Relocation |  | | |  | |  |  | |  |  | |
|  | 1. Transitional Services |  | | |  | |  |  | |  |  | |
|  | 1. Support Services |  | | |  | |  |  | |  |  | |
|  | 1. Medical Deferrals |  | | |  | |  |  | |  |  | |
|  | 1. Up-Front Diversion |  | | |  | |  |  | |  |  | |
|  | 1. Special Projects |  | | |  | |  |  | |  |  | |
|  | 1. Work Registration |  | | |  | |  |  | |  |  | |
|  | **For any no answers to the above questions, please**  **explain in comments section.** |  | | |  | |  |  | |  |  | |
| **INTERNAL MONITORING** | | |  | **YES** | |  | | **NO** |  | **COMMENTS** | |
| 1. Does the RWB have written policies and   procedures in place? (Obtain copies) If no, how  does the RWB 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 shall conduct monitoring? (i.e., quarterly, semi annually, etc.)? **If yes, indicate time frame(s).** | | |  |  | |  | |  |  |  | |
| 1. Have any tools been developed to conduct monitoring? (Obtain copy of tool)  **If no, what process is used to monitor?** | | |  |  | |  | |  |  |  | |
| 1. Are reports written as a result of the monitoring reviews? (Obtain copies) | | |  |  | |  | |  |  |  | |
| 1. Are Preventative Corrective Action Plans (PCAPs) required and has any follow-up been conducted? (Obtain copies) | | |  |  | |  | |  |  |  | |
| **PERFORMANCE/TRAINING** | | |  | **YES** | |  | | **NO** |  | **COMMENTS** | |
| 1. Did the RWB meet or exceed their performance benchmarks? **If no, please explain.** | | |  |  | |  | |  |  |  | |
| 1. How often is training provided to staff? | | |  |  | |  | |  |  |  | |
| **ORIENTATION and WORK ACTIVITIES** | | |  | **YES** | |  | | **NO** |  | **COMMENTS** | |
| 1. Did the WT orientation provide detailed information about the WT program such as: supportive services, available resources, work activities, program engagement, One-Stop Hours of Operation and workshops ((i.e., resume writing, application assistance, interviewing techniques, etc.)? **If no, please explain.** | | |  |  | |  | |  |  |  | |
| 1. What is the method used by the RWB to certify hours   in job search and job readiness for at least 10% of the  participant logs and timesheets? | | |  |  | |  | |  |  |  | |
| 1. Did the on-site job search and job readiness class   provide adequate supervision and assistance from  the RWB provider staff? | | |  |  | |  | |  |  |  | |

*Revised: August 16,, 2012*