

Prepared By	Initials	Date
Approved By		

ENTRANCE QUESTIONNAIRE (SR 2-WP)

PROVIDER NAME:	RESPONDENT	PROGRAM NUMBER:	PROGRAM AUDIT DATE:
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1. Date/Time:	Audit Period:
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2. Location:

3. CDSS Auditors:

4. Provider Staff:	Title:
	Title:
	Title:
	Title:

5. How many programs does the corporation operate? (FFAs, schools, other GHs, etc.)

6. Describe primary services/activities of this program:

7. Describe major sources of funding specific to this program (include source/type of offsets):
 Are recent fiscal year financial statements available? YES NO

8. a. Organizational chart available? YES NO
 b. Who are the 1st line supervisors and where do they work? _____

 c. Does the program have staff performing multiple functions?
 (e.g., works half-time in administration, half-time as child care worker, etc.) YES NO
 d. Who are the multiple function people? _____

9. PAYROLL SYSTEM

a) How do you monitor points? _____

b) Who prepares payroll? _____

c) How often are employees paid? _____

d) What is the standard workweek? (e.g., Sun - Sat) _____

e) Hourly pay scale range? (CCS, SW, MH) _____

f) Salary pay scale range? (CCS, SW, MH) _____

g) Pay codes available? (funding source AFDC-FC and Non AFDC-FC and job titles) YES NO

h) Any in-kind payments? (e.g., room and board). YES NO

i) Is there a pay differential for different shifts? YES NO

j) Do any staff volunteer hours? YES NO

10. CHILD CARE AND SUPERVISION:

- a) How do you document CCS hours and what is your established procedure?
(who prepares, when prepared, how checked for accuracy)
- b) How do you determine and document weighting? (experience and education)
- c) How do you verify CCL requirements for CCS staff? (FPs, ASSOCIATION, FBI, CAI, etc)
- d) Training logs kept? YES NO
- e) Trainer expenses paid by Provider? YES NO
- f) CCS salary paid by Provider? YES NO

11. SOCIAL WORK ACTIVITIES:

NAME	PROFESSIONAL LEVEL	TYPE OF SERVICE PROVIDED	HOW ARE SERVICES PAID? (CONTRACT, PAYROLL, OTHER)
a)			
b)			
c)			
d)			
e)			

12. MENTAL HEALTH SERVICES:

NAME	PROFESSIONAL LEVEL	TYPE OF SERVICE PROVIDED	HOW ARE SERVICES PAID? (CONTRACT, PAYROLL, OTHER)
a)			
b)			
c)			
d)			
e)			

13. ARE YOUR PROGRAMS AUTOMATED? YES NO

IF YES, WHAT TYPE OF AUTOMATED PROGRAM DO YOU USE?