

PY19

Program & Fiscal

Monitoring

Guide

**ADMINISTRATIVE REVIEW SECTION**

**LOCAL OMJ**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. Does the Local OMJ have a method to measure its success in delivering services to the business customer and participant (i.e. use the Area 7 Customer Satisfaction Survey)?
* If yes, what is the process of measuring customer satisfaction? *Review 2 months of surveys.*
 |
|  |  | 1. If yes to Question 1, does the Local OMJ use the information obtained to make any necessary changes to increase success in delivering services?
 |
|  |  | 1. What is the average length of time from when the customer initially came to the Local OMJ to when the customer enrolls and begins receiving services?
 |
|  |  | 1. What system is in place by the lead agency to track the following:
2. Case Management

1. Review of Individual Opportunity Plan (IOP) every 30 days?2. Intensive Review 14 days or 30 days, depending on if assistance is needed?1. Written Notices of Meetings?
 |
|  |  | 1. Does the Local OMJ collaborate with other agency, board, contractors to track the following?
2. Coordinate activities? If so, How?
3. Establish guidelines, policy and procedures for basic skills assessment? If so, how?
4. WIOA/CCMEP Youth Eligibility?
 |
|  |  | 1. How is the Local OMJ making job opportunities available to the customers?
 |
|  |  | 1. Does the Workforce System utilize a variety of social media to reach out to participant?

If yes, what type of social media?  |
|  |  | 1. How is OhioMeansJobs being used as a job matching tool?
 |
|  |  | 9. How is the lead agency providing assurance that youth participants can request reasonable modifications to their activities to comply with all requirements of the American with Disabilities Act (ADA)? |

**BUSINESS**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. What strategies is the Local OMJ using to attract employers to the services provided by the center?  |
|  |  | 2. Are specific services available for business customers? If so, what kind?[ ]  Recruitment[ ]  Interview Room[ ]  Job Fairs[ ]  Business Resource Manual[ ]  Labor Market Information[ ]  Incumbent Worker Training[ ]  OJT[ ]  Customized Training[ ]  Rapid Response[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | 3. Is there a single point of contact for business customers? If yes, who is the point of contact? |

**Handling Programmatic Complaints**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. Has the local OMJ developed a process for dealing with grievances and complaints from participants and other interested parties affected by the local area?**20 CFR 683.600(a)\***  |
|  |  | 2. Are the complaint procedures, including an individual’s right to file a complaint, available to all program participants, and/or beneficiaries or other interested parties?**20 CFR 683.600(b)\*** |
|  |  | 1. Does the local area and/or county offices log and record all complaints received?

**WIOA Complaint Procedure Manual** |
|  |  | 1. How many complaints did the local area and/or county offices with the Area receive in

PY 2019? \_\_\_\_\_\_\_\_\_\_\_\_ Were these submitted to the Area 7 Admin Office? Yes / No |
|  |  | 5. Has the local OMJ identified a hearing officer and an alternate? **WIOA Complaint Procedure Manual** |
|  |  | 6. What are the names of the hearing officer and the alternate and what is their affiliation with the local area and/or the county offices within the local area? |
|  |  | 7. How many informal conferences were held in PY 2019? |
|  |  | 8. How many formal hearings were held in PY 2019? |
|  |  | 9. Has the local OMJ designated an equal opportunity officer (EOO) and an alternate to monitor complaint procedures and to ensure that all programs and activities are operated in a nondiscriminatory manner? **WIOA Complaint Procedure Manual** |
|  |  | 10. What are the names and titles of the EOO and the alternate, and what are their affiliations with the local area and/or the county offices within the local area? |

**ADULTS AND DISLOCATED WORKERS**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. Are priority of career and training services funded by and provided through the adult program being given to recipients of public assistance, other low-income individuals, individuals who are basic skills deficient and individuals who are underemployed and meet the definition of a low-income individual? **WIOAPL 15-07 & WIOAPL 15-08** |
|  |  | 2. Is priority of service being provided for individualized career and training services for veterans and eligible spouses? **WIOAPL 15-08 &** **WIOAPL 15-09**  |
|  |  | 3. Have Individual Employment Plans (IEPs) been developed for participants who receive an individualized career service or a training service?  **WIOAPL 15-08** |
|  |  | 4. Does the local area use prior individualized assessments/evaluations (within six months) of the participants’ education training program?  **WIOAPL 15-08** |
|  |  | 5. Does the case files for adults and dislocated workers contain a determination of need for training service as determined through the interview, evaluations, assessments and contain enough information to justify the need for training services?1. Did the participants get individualized career services? Yes or No
2. If not, why did they go straight to training?

 **WIOAPL 15-09** |
|  |  | 6. Are training services provided directly linked to an in-demand industry sector or occupation or a high potential for sustained growth in the local area or planning region, or in another area to which an adult or dislocated worker receiving such services is willing to relocate?   **WIOAPL 15-09**  |
|  |  | 7. Are participants provided available, information to make an informed customer choice when choosing a training provider?  **WIOAPL 15-09**  |
|  |  | 8. Are ITA’s being used for adults and dislocated workers?  **WIOAPL 15-09**  |
|  |  | 9. Are supportive services being provided to adults and dislocated workers who are participating in a career and/or training services? |
|  |  | 10. Does the local area determine self-sufficiency for adults and dislocated workers who are going to receive training services?  |

|  |  |  |
| --- | --- | --- |
|  |  | 11. Does the local area ensure that eligible individuals are determined appropriate for training services based upon standardized tests, interviews, inventory of applicants’ fields of interests, skills assessments, career exploration, available labor market information, and other data collected through the provision of a career service, that is relevant to the type of training the individual is applying for? **Section 134(b)(3)(A) of WIOA & WIOAPL 15-09** |
|  |  | 12. Are 18-24-year-old Adults who are seeking WIOA funded ITA’s being screened for dependent status? **WIOAPL 15-06 & WIOAPL 15-09** |
|  |  | 13. Are follow-up services made available to a participant who has been placed in unsubsidized employment for a minimum of 12 months following the participant’s first date of employment? **WIOAPL 15-08** |

### CCMEP REVIEW SECTION

##### YOUTH PROGRAM MANAGEMENT

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | What type(s) of outreach activities does the local OMJ ensure that appropriate links have been established with entities that will foster the participation of eligible youth?* 1. Does it match the plan outlined in Section 4.1 in the CCMEP Plan?

**20 CFR 681.420(c)\*** |
|  |  | Are design framework activities (the process of intake, determination of youth eligibility, initial assessment, objective assessment, and the development of the individual service strategy) conducted by the local WIOA/CCMEP administrator/staff?**20 CFR 681.420(b)\*** |
|  |  | If no to Question 2, which portions of the design framework are contracted?1. **CFR 681.400(a)\***
 |
|  |  | Does the local OMJ provide information and referrals to youth for appropriate services available through the Area, service providers, and workforce system partners? 1. **CFR 681.570\***
 |
|  |  | Is the lead agency following the plan for co-location and supportive services as described in Section 3 of current CCMEP Plan? |
|  |  | Does staff utilize a variety of social media to reach out to youth participants?If yes, what type of social media? |
|  |  |  |

**CCMEP Intake/Eligibility**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | * 1. What type of assessment is the local area is using to determine basic skills?

 (BEST, SASAS, GAIN, MAPT, TABE or etc.) |

**CCMEP PROGRAM FOLLOW-UP SERVICES**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. Did the youth provider create follow-up guidelines for staff to ensure follow-up services are provided to all youth in an effective manner? |
|  |  | If so, does the guidelines include what type of contact attempts should be performed and how they are documented?  |
|  |  | 3. When does the local area determine at which point to exit a participant (soft and or hard exit)? |

**FISCAL/CONTRACTS**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. Review the sub-recipient's county required policies and procedures, including:
	1. procurement policy
	2. cash management procedures
	3. allowable costs determination
	4. record retention
	5. Other policies may be reviewed including:
		1. sub-recipient monitoring
		2. asset reimbursement for expensing and depreciating
		3. written acquisition standards
 |
|  |  | 1. Review a sample of local vouchers from the most recent, closed quarter.
	1. The sample shall be enough for a reasonable review.
	2. Depending on county size and activity, 10% of all vouchers to include a minimum of 10 and maximum of 20.
	3. Are contracts and/or POs (Purchase Orders) in place for these vouchers?
 |
|  |  | 3. Does the sub-recipient have any contracts for WIOA services?  If so, was competitive procurement required and was the procurement done correctly? |
|  |  | 4. Review any of the sub-recipient's contracts for WIOA services and ensure services and vouchers were processed, charged and coded accurately. |
|  |  | 1. Review the sub-recipient's: WIOA Operating Budget and WIOA Training & Services Budget

 1) Is the operating budget reasonable and in place?  2) Are PA (Public Assistance) fund reimbursements due to RMS current, if applicable? 3) Do program staff know what their training and services budget are? 4) Are CLT (Client Tracking) set-asides reviewed and updated due to statistical changes? |
|  |  | 1. Is the sub-recipient tracking WIOA cost limitations?
2. 20% Incumbent Worker Training limitation
3. 75% Out of School Youth limitation
4. 20% Youth Work Experience limitation
5. 80% expended/obligated of 1st year funds at end of June?
 |
|  |  | 1. Are OMJ MOU (Memorandum of Understanding) partners’ shared costs being invoiced and collected?
 |

Reports to be provided by Area 7 Fiscal Office, prior to monitoring visit:

1. Detailed Expenditure Ledger
2. MOU Partner name and Budget

|  |
| --- |
| **ADULT FILE CHECKLIST** |
| **Name:****DV** [ ]  | **WIOA Area/County:** |
| **Date entered program: PIRL 900****DV** [ ]   |
| **Status:** Active [ ]  Exited [ ]  | **Co-Enrolled:**  | [ ] Yes | [ ] No  |
| [ ] DW | [ ] OSY |
|  |
| **Eligibility: OAC 5101:9-30-04 and OAC 5101:9-9-21; WIOAPL15-02; WIOAPL15-04; 15-05; 15-06 & 15-07.2** |
| * 1. Date of Birth: **DV** [ ]
 | Documentation: |
| 2. Age at Date of WIOA eligibility:  | Documentation:  |
| 3. Citizenship Status/Authorization to Work in the US: (Can also be verified by self-attestation form JFS-13187) | [ ] Yes | [ ] No | Documentation:  |
| * 1. Selective Service Registration: **WIOAPL 15-04**

<https://www4.sss.gov/regver/verification1.asp> | [ ] Yes | [ ] No | [ ] N/A | Documentation: **DV** [ ]  |
| * 1. Determination of Dependency Status

*(for adult participants ages18-24 applying for an ITA)***WIOAPL 15-06** | [ ] Yes | [ ] No | [ ] N/A |
| 6. Does the file contain a *signed* and *dated* stakeholder form? **WIOAPL 15-05** | [ ] Yes | [ ] No |  |
| 7. If yes, was a relationship disclosed  | [ ] Yes | [ ] No | If yes, was area policy followed:[ ] Yes [ ] No |
| 8. Is there a signed and dated Complaint Procedures document in file? | [ ] Yes | [ ] No |  |
|  |
| **Low-Income:** Priority is given to adult participants who are recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient. **WIOAPL 15-07.2; 15-08.1 & 15-19.1** |
| 1. Participant determined to be low-income: [ ] Yes [ ] No [ ]  Public Assistance [ ]  100% of FPL [ ]  70% of LLSIL [ ]  Food Stamps (aka: SNAP)  [ ]  Family Income [ ]  Homeless Individual [ ]  Foster Child [ ]  Individual with a disability **DV** [ ]  |
| 2. Documentation: [ ] PA Records [ ] Pay Records [ ] Self-Attestation (JFS-13186) [ ] Other: \_\_\_\_\_\_\_\_ |
| 3. File contain calculations: [ ] Yes [ ] No |
|  |
| **Basic Career Service:** Self-Services available to the universal customer. **TEGL WIOA 3-15; WIOAPL 15-08.1; 15-09.1 & 15-11.1** |
| [ ]  Eligibility Determination to receive WIOA services | [ ] Orientation to info. & other service available through the workforce systems | [ ] Labor Market employment statistical information using OMJ | [ ] Self-administered initial assessment of skill levels and needs for supportive services (including literacy, numeracy, & English language proficiency) aptitudes, abilities (skill gaps). |
| [ ]  Provision of performance information & cost information on the WIET services | [ ]  Provision of referrals to and coordination of activities with other programs and services |
| [ ]  Provision of information and assistance regarding filing claims for UC | [ ]  Group workshops (e.g., interviewing, job search, and  resume writing) |

|  |
| --- |
| **Self-Sufficiency:** If an individual is being considered for training services and is employed, local Areas must determine if the applicant is self-sufficient before providing those services, based on the local definition by the Workforce Development Board.**TEGL WIOA 3-15; WIOAPL 15-07.2 & WIOAPL 15-09.1** |
| 1**.** Is the participant employed? | [ ]  Yes | [ ]  No | Documentation:**DV** [ ]  |
| 2. What is the income/wage: | $ | Documentation: |
| 3. Does the file contain income calculations? | [ ]  Yes | [ ]  No |  |
| 4. Does the participant meet the local area policy? | [ ]  Yes | [ ]  No |

|  |
| --- |
| **Individualized Career Services:** Are services available to adults that are determined to be appropriate in order for them to obtain or retain employment. (Involves staff making a determination of needs of an individual and arranging those services to be provided to the participant).**TEGL WIOA 3-15; Section 134 (c)(2)(A)(xii), WIOAPL 15-08.1 & WIOAPL 15-09.1** |
| [ ]  Comprehensive and Specialized assessments of the skill levels and  service needs | [ ]  English Language acquisition and integrated education/training programs | [ ]  Group counseling or individual  counseling | [ ]  Short-term prevocational services to prepare individuals for unsubsidized employment or training |
| [ ]  Career Counseling | [ ]  Internship and work experiences that are linked to careers | [ ]  IEP/ Employment Goal | [ ]  Provision of job club activities |
| [ ]  Workforce Preparation  Activities | [ ]  Out of area job search assistance and relocation  assistance.  | [ ]  Financial  Literacy Services |
| 1. Date of First Individualized Career Service: **DV** [ ]  |
| * 1. Does the Area document the appropriateness for training services?
 |  [ ] Yes |  [ ] No |
| 3. Does the participant have an Individual Employment Plans (IEP)? |  [ ] Yes |  [ ] No |
| 4. Do the IEPs incorporate assessment results? | [ ] Yes |  [ ] No |
| 5. Does the IEP identify the participant’s employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals? |  [ ] Yes |  [ ] No |
| 6. Do participants have focused employment goals or career objectives? |  [ ] Yes | [ ] No |
| 1. Are IEPs updated and modified as necessary to reflect participant achievements or changes in service strategy?
 | [ ] Yes | [ ] No |
| 8. Documentation: [ ] Gateway Checklist [ ] Case Notes [ ] Other (Identify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Training Services:** [ ]  **N/A** For training purposes, must be 18 years of age or older, be legally authorized to work in the US and be properly registered for Selective Service. Training contracts may be provided in lieu of ITAs such as OJTs, IWTs and Customized Training.**DV** [ ]  **TEGL WIOA 3-15; WIOAPL 15-09.1; WIOAPL 15-11.1; Section 134(b)(3) of WIOA** |
| [ ]  On-the-Job training (OJT) WIOAPL 15-22.1 (Non-Youth) PIRL CODE 01 | [ ]  Skill upgrading and retrainingPIRL CODE 02 | [ ]  Entrepreneurial Training (Non-Youth) PIRL CODE 03 |
| [ ]  ABE or ESL in conjunction with trainingPIRL CODE 04 | [ ]  Customized TrainingPIRL CODE 05 | [ ]  Occupational Skills (Non-Youth) PIRL CODE 06 |
| [ ]  ABE or ESL not in conjunction of  trainingPIRL CODE 07 | [ ]  Prerequisites TrainingPIRL CODE 08 | [ ]  Registered  ApprenticeshipPIRL CODE 09 |
| [ ]  Other Non-Occupational Skills TrainingPIRL CODE 11 | [ ]  Job Readiness Training in conjunction with other training. PIRL CODE 12 | [ ]  No Training Services PIRL CODE 00 |
| [ ]  Programs that combine workplace training with related instruction, which may include cooperative education  programs. | [ ]  Training programs operated by the private sector | [ ]  Incumbent Worker Training (IWT)**WIOAPL 15-23** |
| * 1. Participated in post-secondary education during program participation that leads to a credential or degree from secondary education institution at any point during the program participation.

PIRL CODE 1332 | [ ] Yes | [ ] No |
| * 1. If enrolled in secondary education program is at or above 9th Grade Level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school equivalent credentials).

PIRL CODE 1401 | [ ] Yes | [ ] No |
| * 1. Before receiving training services, have the participants been interviewed, evaluated or assessed and career planning determines that the individual requires training to obtain employment or remain employed?

  | [ ] Yes | [ ] No |
| * 1. Does the participant have an Individual Employment Plans (IEP)?
 | [ ] Yes | [ ] No |
| * 1. Was an ITA/training contract established?

**Note:** adult and youth co-enrollment can give an in-school youth customer access to an ITA | [ ] Yes | [ ] No |
| * 1. Name of Institution:
 |
| 7. Does the case file contain current evaluations or assessments? | [ ] Yes | [ ] No | * 1. Does the file justify the need for training?
 | [ ] Yes | [ ] No |
| 9. Does the adult participant meet a locally-defined “family sufficiency” standard? | [ ] Yes | [ ] No |
| 10. Is the participant’s job/career training in a demand occupation? | [ ] Yes | [ ] No | Documentation:  |
| 11. Was the vendor on the Workforce Inventory Education Training (WIET) List: | [ ] Yes | [ ] No | Area of Study: |
| 12. Applied for Grants: | [ ] Yes | [ ] No |  |
| 13. Date Entered Training: **DV** [ ]  | 14. Date Exited Training: **DV** [ ]  *(if active, mark N/A)*:  |
| 15. Did the participant receive a diploma/credential/license?  | [ ]  Yes | [ ]  No | Documentation: |
| 16. Was the training end date entered into OWCMS? | [ ]  Yes | [ ]  No |

|  |
| --- |
| **On-the-Job Training (OJT): [ ]  N/A (**Employers can be reimbursed up to 75% for an OJT)**WIOAPL 15.22.1** |
| 1. Does the IEP reflect OJT as an appropriate activity? | [ ]  Yes | [ ]  No |
| 2. Does the training plan outline the skills to be learned? | [ ]  Yes | [ ]  No |
| 3. Does the file contain evidence to justify the length of training? | [ ]  Yes | [ ]  No |
| 1. Were the OJT training plans signed by:

[ ] Employer[ ]  Local Workforce Agency[ ]  Trainee[ ]  Union (if applicable)[ ]  ODJFS Trade Program (if applicable) | [ ]  Yes | [ ]  No |
| 1. Was there a monitoring process to ensure satisfactory progress of the participant?
 | [ ]  Yes | [ ]  No |
| 1. If yes, was there timely monitoring?
 | [ ]  Yes | [ ]  No | Documentation: |
| 7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy? | [ ]  Yes | [ ]  No |
| 8. Date Entered Training: | 9. Date Exited Training:  *(if active, mark N/A)*  |
| 10. OJT Employer: | 11. OJT Job Title: |
| 12. OJT Begin Wage: | 13. OJT Ending Wage: |
| 14. Was each skill attained as a result of training? | [ ]  Yes | [ ]  No |
|  |
| **Supportive Service: TEGL WIOA 3-15; WIOAPL 15-08.1; WIOAPL 15-14 &Section 134 (d)(2)** |
| 1. Was the need identified? | [ ]  Yes | [ ]  No | If no, explain: |
| 2. How was the need identified and documented? |
| 3. Was the need met? | [ ]  Yes | [ ]  No | [ ]  N/A | If no, explain: |
| 4. Was the need met, by referral? | [ ]  Yes | [ ]  No | [ ]  N/A | If yes, explain: |
| 5. What supportive service was requested/provided:[ ]  None Requested [ ]  Child Care [ ]  Dependent Care [ ]  Transportation[ ]  Housing [ ]  Tools/Uniforms [ ]  Other (explain) |
| 1. If policy sets limits, is the service within the limits?
 | [ ]  Yes | [ ]  No | [ ]  N/A | If no, explain: |
| 1. Was a Needs-Related Payment (NRPs) provided?
 | [ ]  Yes | [ ]  No | [ ]  N/A | If no, explain: |
| 1. Was the participant eligible to receive an NRP as required by WIOAPL 15-14(IV)(A)?
 | [ ]  Yes | [ ]  No | [ ]  N/A | If yes, explain: |
| 1. Does the Adult participant meet the training requirements for NRP’s as required by WIOAPL 15-14(IV)(C)?
 | [ ]  Yes | [ ]  No | [ ]  N/A | If yes, explain: |
| **Outcome & Performance Measures:** [ ]  N/A **Section 116(b)(2)(A)(iii) of WIOA & Section 122(b) of WIOA** |
| * 1. Entered Employment:
 | [ ]  Yes | [ ]  No | Documentation: |
| 2. Exit Reason: | [ ]  Yes | [ ]  No | Other Reasons for Exit PIRL 923**DV** [ ]  |
| 1. Job Title:
 | 1. Was training related
 | [ ]  Yes | [ ] No |
| 1. Credential?
 | [ ]  Yes | [ ] No | 1. Type of Credential: PIRL 1800 **DV** [ ]
 |
| 1. Date Attained Credential: PIRL 1801

**DV** [ ]   | 1. Hourly Wage: $
 |
| * 1. Date enrolled in post exit education or training program leading to a recognized post-secondary credential?

PIRL CODE 1406 | Date |
| 1. Date of most recent measurable skills gains: Educational Functioning Level (EFL):

PIRL 1806 | 1. Date of most recent measurable skills gains: post-secondary transcript/report card):

PIRL 1807 |
| 1. Date of most recent measurable skills gains secondary transcript/report card):

PIRL 1808 | 1. Date of most recent measurable skills gains: Training Milestone:

PIRL 1809 |
| 1. Date of most recent measurable skills gains: Skills Progression:

PIRL 1810 | 1. Date enrolled during program participation in an education or training program leading to a recognized postsecondary credential or employment:

PIRL 1811 |
| **Post-Placement Services:** [ ]  N/A (Services provided after employment but prior to exit) |
| [ ]  Career Planning/Counseling | [ ]  Contact with Participant’s Employer | [ ]  Job Referrals | [ ]  Limited Training |
|  [ ]  Educational Opportunities | [ ]  Supportive Services | [ ]  Other: (explain) |
| **Follow-Up Services:** [ ]  N/A (Mark N/A if participant remains active)**WIOAPL 15-08.1**  |
| 1. Date Program Exit: PIRL 901**DV** [ ]  | 2. Quarterly Contact: |
| 1st Quarter  | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed 1 Quarter After Exit PIRL 1600  | [ ]  Yes | [ ]  No  | [ ]  DV |
| 2nd Quarter | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed 2 Quarter After Exit PIRL 1602  | [ ]  Yes | [ ]  No  | [ ]  DV |
|  | Were there wages 2nd Quarter after exit? PIRL 1704 | [ ]  Yes | [ ]  No  | [ ]  DV |
| 3rd Quarter | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed 3 Quarter After Exit PIRL 1604  | [ ]  Yes | [ ]  No  | [ ]  DV |
| 4th Quarter | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed 4 Quarter After Exit PIRL 1606  | [ ]  Yes | [ ]  No  | [ ]  DV |
| **Other:** |
| 1. Did participant file a complaint with the local Area? | [ ]  Yes | [ ]  No |
| 2. Did local Area follow complaint procedures? | [ ]  Yes | [ ]  No | [ ]  N/A |
| 3. Participant entered into OWCMS? | [ ]  Yes | [ ]  No |
| 4. Did OWCMS contain case notes? | [ ]  Yes | [ ]  No |
| 4. Did the file (hard copy) contain case notes? | [ ]  Yes | [ ]  No |
| **Comments:** |

**DISLOCATED WORKER FILE CHECKLIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **Name:****DV** [ ]  | **WIOA Area/County:** |
| **Date entered program: PIRL 900****DV** [ ]  |
| **Status:** [ ]  Active [ ]  Exited | **Co-enrolled:**  | [ ] Yes | [ ] No |
| [ ] Adult | [ ] Youth |
| **WIOA Eligibility: OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02; 15-04; 15-5 & 15-07.2** |
| 1. Date of Birth:  **DV** [ ]  |  |
| 2. Age at date of WIOA eligibility:  | Documentation:  |
| 3. Citizenship Status/Authorization to Work in the US: (Can also be verified by self-attestation from JFS-13187) | [ ]  Yes | [ ]  No | Documentation:  |
| 4. Selective Service Registration: <https://www4.sss.gov/regver/verification1.asp> **WIOPL 15-04** | [ ]  Yes | [ ]  No | [ ]  N/A | **DV** [ ]  | Documentation: |
| 5. Does the file contain a *signed* and *dated* stakeholder form **WIOPL 15-05** | [ ]  Yes | [ ]  No |  |
| 6. If yes, was a relationship disclosed  | [ ]  Yes | [ ]  No | If yes, was area policy followed:[ ]  Yes [ ]  No |
| 7. Is there a signed and dated Complaint Procedures document in file? | [ ]  Yes | [ ]  No |  |
| **Dislocated Worker Eligibility: OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02; WIOAPL 15-07.2**  **The JFS-13186, Self-Attestation form can be used to verify several categories, refer to WIOAPL 15-07.2 for details.**  |
| 1. Eligibility Criteria A. Terminated or laid off, or received a notice of termination or layoff, (if dislocated workers are UCRS eligible, they only have to document number 5)(Each portion of the criteria (either B, C, D, or E) must be fully documented in the case record) |
| **A. Has been terminated/laid off:** | [ ]  Yes | [ ]  No | Documentation: |
| 1. Proof of termination or layoff (and)  | [ ]  Yes | [ ]  No | Documentation: |
| 2. Proof of UC or exhausted entitlement (or)  | [ ]  Yes | [ ]  No | Documentation: |
| 3. Proof of duration of employment or attached workforce but not UC eligible (and) | [ ]  Yes | [ ]  No | Documentation: |
| 4. Is unlikely to return to a previous industry | [ ]  Yes | [ ]  No | Documentation: |
| 5. Has been identified as meeting the criteria for RESEA selection | [ ]  Yes | [ ]  No | Documentation: |
| **B. Plant Closure or Substantial Layoff:** | [ ]  Yes | [ ]  No | Documentation: |
| Substantial Lay-Off plant/facility/enterprises (or) | [ ]  Yes | [ ]  No | Documentation: |
| Public Announcement: | [ ]  Yes | [ ]  No | Documentation: |
| **C. Self-Employed:**  | [ ]  Yes | [ ]  No | Documentation: |
| **D. Displaced Homemaker: DV** [ ]  | [ ]  Yes | [ ]  No | Documentation: |
| **E. Military Spouse:** | [ ]  Yes | [ ]  No | Documentation: |
| 2. Able to determine eligibility based on documentation referenced above: | [ ]  Yes | [ ]  No | If no, explain:  |
| 3. Dislocation Date: **DV** [ ]  |  |
| **Basic Career Service:** Self-Services available to universal customer.**TEGL WIOA 3-15; WUOAL 15-08.1; 15-09.1; & 15-11.1** |
| [ ]  Eligibility Determination to receive WIOA services | [ ]  Orientation to info. & other services available through the workforce systems | [ ]  Labor Market employment statistical info. using OMJ | [ ]  Self-administered initial assessment of skill levels and needs of supportive services (including literacy, numeracy, and English language proficiency), aptitudes, abilities (skill gaps). |
| [ ]  Provision of performance information & cost information on the WIET services | [ ]  Provision of referrals to and coordination of  activities with other programs and services  (including Financial aid) |
| [ ]  Provision of information and assistance regarding filing claims for UC | [ ]  Group workshops (e.g., interviewing, job search,  and resume writing) |

|  |
| --- |
| **Self-Sufficiency:** If an individual is being considered for training services and is employed, local areas must determine if the applicant is self-sufficient before providing those services, based on the local definition by the Workforce Development Board. |
| 1. Is the participant employed? | [ ]  Yes | [ ]  No | Documentation:**DV** [ ]  |
| 2. What is the income/wage: | $ | Documentation: |
| 3. Does the file contain income calculations? | [ ]  Yes | [ ]  No |  |
| 4. Does the participant meet the local area policy? | [ ]  Yes | [ ]  No |

|  |
| --- |
| **Individualized Career Services:** Involves staff making a determination of needs of an individual and arranging those services to be provided to the participant.**TEGL WIOA 3-15; Section 134 (c)(2)(A)(xii); WIOAPL 15-08.1 & 15-09.1** |
| [ ]  Comprehensive and specialized assessments  | [ ]  English Language Acquisition and integrated education/training programs | [ ]  Group counseling or Individual counseling | [ ]  Short-term prevocational services to prepare individuals for unsubsidized employment or training |
| [ ]  Career Counseling | [ ]  Internship and work experiences that are linked to careers  | [ ]  IEP/Employment Goals | [ ]  Provision of job club activities |
| [ ]  Workforce  preparation activities | [ ]  Out of the area job search assistance and relocation that are linked to careers | [ ]  Financial Literacy Services |
| * 1. Date of First Individualized Career Service:

**DV** [ ]  |
| 2. Does the area document the appropriateness for training services?  | [ ] Yes | [ ] No |
| * 1. Does the participant have an Individual Employment Plans (IEP)?
 | [ ] Yes | [ ] No |
| 4. Do the IEPs incorporate assessment results? | [ ] Yes | [ ] No |
| 1. Does the participant have focused employment goals or career objectives?
 | [ ] Yes | [ ] No |
| 1. Does the IEP identify the participant’s employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals?
 | [ ] Yes | [ ] No |
| 1. Are IEPs updated and modified as necessary to reflect participant achievements or changes in service strategy?
 | [ ] Yes | [ ] No |
| 8. Documentation: [ ]  Gateway Checklist [ ]  Case Notes [ ]  Other (Identify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Training Services:** [ ]  N/A **DV** [ ] **TEGL WIOA 3-15; WIOAPL 15-09.1; 15-11.1; 15-23 & 15-22.1; Section 134(b)(3) of WIOA** Training contracts may be provided in lieu of ITAs such as OJTs, IWTs and Customized Training. |
| [ ]  On-the-Job training (OJT) WIOAPL 15-22.1 (Non-Youth) PIRL CODE 01 | [ ]  Skill upgrading and retrainingPIRL CODE 02 | [ ]  Entrepreneurial Training (Non-Youth) PIRL CODE 03 |
| [ ]  ABE or ESL in conjunction with trainingPIRL CODE 04 | [ ]  Customized TrainingPIRL CODE 05 | [ ]  Occupational Skills (Non-Youth) PIRL CODE 06 |
| [ ]  ABE or ESL not in conjunction of  trainingPIRL CODE 07 | [ ]  Prerequisites TrainingPIRL CODE 08 | [ ]  Registered  ApprenticeshipPIRL CODE 09 |
| [ ]  Other Non-Occupational Skills TrainingPIRL CODE 11 | [ ]  Job Readiness Training in conjunction with other training. PIRL CODE 12 | [ ]  No Training Services PIRL CODE 00 |
| [ ]  Programs that combine workplace training with related instruction,  which may include cooperative  education programs. | [ ]  Training programs operated by the private sector | [ ]  Incumbent Worker Training (IWT)**WIOAPL 15-23** |
| * 1. Participated in Postsecondary Education During Program Participation that leads to a credential or degree from secondary education institution at any point during the program participation.

PIRL CODE 1332 | [ ] Yes | [ ] No |
| * 1. If enrolled in Secondary Education Program is at or above 9th Grade Level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school equivalent credentials). PIRL CODE 1401
 | [ ] Yes | [ ] No |
| * 1. Before receiving training services, have the participants been interviewed, evaluated or assessed and career planning determines that the individual requires training to obtain employment or remain employed?
 | [ ] Yes | [ ] No |
| * 1. Does the participant have an Individual Employment Plans (IEP)?
 | [ ] Yes | [ ] No |
| * 1. Was an ITA/training contract established?

**Note:** adult and youth co-enrollment can give an in-school youth customer access to an ITA | [ ] Yes | [ ] No |
| 6. Name of Institution: |
| 7. Does the case file contain current evaluations or assessments? | [ ]  Yes | [ ]  No | 8. Does the file justify the need for training? | [ ]  Yes | [ ]  No |
| 9. Is the participant’s job/career training in a demand occupation? | [ ]  Yes | [ ]  No | Documentation: |
| 1. Was the vendor on the Workforce Inventory Education Training List (WIET)?
 | [ ]  Yes |  [ ]  No | Area of Study: |
| 9. Applied for Grants:  | [ ]  Yes | [ ]  No |
| 10. Is Trade available to pay for training?  | [ ]  Yes | [ ]  No |
| 11. Date Entered Training:**DV** [ ]  | 12. Date Exited Training:  *(if active, mark N/A)* **DV** [ ]   |
| 13. Did the participant receive a diploma/credential/license? | [ ]  Yes | [ ]  No | Documentation: |
| 14. Was the training end date entered into OWCMS?  | [ ]  Yes | [ ]  No |
| **On-the-Job Training (OJT**): **[ ]  N/A WIOAPL 15-22.1** **Note:** Employers can be reimbursed up to 75% for an OJT |
| 1. Does the IEP reflect OJT as an appropriate activity? | [ ]  Yes | [ ]  No |
| 2. Does the training plan outline the skills to be learned? | [ ]  Yes | [ ]  No |
| 3. Does the file contain evidence to justify the length of training? | [ ]  Yes | [ ]  No |
| 1. Were the OJT training plans signed by:

[ ]  Employer[ ]  Local Workforce Agency[ ]  Trainee[ ]  Union (if applicable)[ ]  ODJFS Trade Program (if applicable) | [ ]  Yes | [ ]  No |
| 1. Was there a monitoring process to ensure satisfactory progress of the participant?
 | [ ]  Yes | [ ]  No |
| 1. If yes, was there timely monitoring?
 | [ ]  Yes | [ ]  No | Documentation: |
| 7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy? | [ ]  Yes | [ ]  No |
| 8. Date Entered Training: | 9. Date Exited Training:  (if active, mark N/A)  |
| 10. OJT Employer: | 11. OJT Job Title: |
| 12. OJT Begin Wage: | 13. OJT Ending Wage: |
| 14. Was each skill attained as a result of training? | [ ]  Yes | [ ]  No |
| **Supportive Service:** **Section 134 (d)(2) TEGL WIOA 3-15; WIOPL 15-08.1 & WIOAPL 15-14** |
| 1. Was the need identified? | [ ]  Yes | [ ]  No | If no, explain: |
| 2. How was the need identified and documented?  |
| 3. Was the need met? | [ ]  Yes | [ ]  No | [ ]  N/A | If no, explain: |
| 1. Was the need met by referral?
 | [ ]  Yes | [ ]  No | [ ]  N/A | If yes, explain: |
| 5. What supportive service(s) was/were requested and/or provided: |
| [ ]  None Requested | [ ]  Child Care [ ]  Dependent Care |  | [ ]  Transportation |
| [ ]  Housing | [ ]  Tools/Uniforms | [ ]  Other (explain) |
| 6. If policy sets limits, is the service  within the limits? | [ ]  Yes | [ ]  No | [ ]  N/A | If no, explain: |
| 7. Was a Needs-Related Payment (NRP) provided? | [ ]  Yes | [ ]  No | [ ]  N/A | If yes, explain: |
| 8. Was the participant eligible to  receive the NRP as required be  WIOAPL 15-14(IV)(A)? | [ ]  Yes | [ ]  No | [ ]  N/A | If yes, explain: |
| 9. Does the Participant meet the training requirements for NRP’s as required by WIOAPL 15-14 (IV)(C)? | [ ]  Yes | [ ]  No | [ ]  N/A | If yes, explain: |
| **Outcome & Performance Measures:** [ ]  N/A   |
| 1. Entered Employment: | [ ]  Yes | [ ]  No | Documentation: |
| 2. Exit Reason: Employment?  | [ ]  Yes | [ ]  No | Other reason for exit: PIRL 923**DV** [ ]  |
| 3. Job Title:  |
| 4. Was training Related: | [ ]  Yes | [ ]  No | 5. Hourly Wage: $ |
| 6. Credential: | [ ]  Yes | [ ]  No | 7. Date Attained Credential: PIRL 1801**DV** [ ]  |
| 8. Type of Credential? PIRL 1800 **DV** [ ]  |
| 9. Date enrolled in post exit education or training program leading to a  recognized post-secondary credential? PIRL 1406  | Date: |
| 10. Date of most recent measurable skills gains educational  functioning level (EFL). PIRL 1806 | Date: |
| 11. Date of most recent measurable skills gains (post- secondary) transcript report card? PIRL 1807 | Date: |
| 12. Date of most recent measurable skills gains (secondary  transcript/reports card)? PIRL 1808 | Date: |
| 13. Date of most recent measurable skills gains (training  milestone)? PIRL 1809 | Date: |
| 14. Date of most recent measurable skills gains (skills  progression)? PIRL 1810 | Date: |
| 15. Date enrolled during program participation in an education or training program leading to a recognized post-secondary credential or employment? PIRL 1811  | Date: |
|  |
| **Post-Placement Service(s):** N/A (Service(s) provided after employment but prior to exit) |
| [ ]  Career Planning/Counseling | [ ]  Contact with Participant’sEmployer | [ ]  Job Referrals | [ ]  Limited Training |
| [ ]  Educational Opportunities | [ ]  Supportive Services | [ ]  Other: (explain) |
| **Follow-Up Services:**  N/A (Mark N/A if participant remains active)**WIOAPL 15-08.1**  |
| 1. Date Program Exit: PIRL 901**DV** [ ]  |  |
| 2. Quarterly Contact: |
| 1st Quarter | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed in 1 Quarter after exit?PIRL 1600 | [ ]  Yes | [ ]  No  | [ ] DV |
| 2nd Quarter | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed in 2 Quarter after exit?PIRL 1602 | [ ]  Yes | [ ]  No  | [ ] DV |
|  | Were there wages 2nd Quarter after exit? PIRL 1704 | [ ]  Yes | [ ]  No  | [ ] DV |
| 3rd Quarter | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed in 3 Quarter after exit?PIRL 1604 | [ ]  Yes | [ ]  No  | [ ] DV |
| 4th Quarter  | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed in 4th Quarter after exit?PIRL 1606 | [ ]  Yes | [ ]  No  | [ ] DV |
| **Other:** |
| 1. Did participant file a complaint with the local Area? | [ ]  Yes | [ ]  No |
| 2. Did local Area follow complaint procedures? | [ ]  Yes | [ ]  No | [ ]  N/A |
| 3. Participant entered in OWCMS? | [ ]  Yes | [ ]  No |
| 4. Did the hard copy file contain case notes? | [ ]  Yes | [ ]  No |
| 5. Did OWCMS contain case notes? | [ ]  Yes | [ ]  No |
| **Comments:**  |
|  |

**CCMEP FILE CHECKLIST**

|  |  |
| --- | --- |
| Name:  **DV** [ ]  | CCMEP lead agency/County: |
| Did a contractor provide services?[ ]  Yes or [ ]  No | Date entered program: PIRL 900**DV** [ ]   |
| Name of contractor?  | Is participant in OWCMS? [ ]  Yes or [ ]  No |
| **Status:** | [ ]  Active | [ ]  Exited |
| [ ]  In-school youth | [ ]  Out-of-school youth  | Co-enrolled? | [ ]  Yes | [ ]  Adult[ ]  TANF[ ]  WIOA |
| [ ]  No |
| **CCMEP Eligibility: WIOAPL 15-03.1, 15-04, 15-05, 15-06, 15- 07.1****(Required participants: 14-24 years old; Volunteer participants: 14-24 years old; and in-school youth: 14-21 years of age)** |
| If referred, what date is the referral \_\_\_\_\_\_\_\_\_\_ Date of IOP\_\_\_\_\_\_\_\_\_\_\_ Date of Assessment\_\_\_\_\_\_\_\_\_\_ |
| * 1. Did the lead agency use form JFS03002?
 | [ ]  Yes | [ ]  No | * 1. Is the application signed?
 | [ ]  Yes | [ ]  No |
| 1. Date of Birth:

 **DV** [ ]  |  |
| 1. Age at date of CCMEP eligibility:
 | Documentation: |
| * 1. Citizenship Status/Authorization to Work in the US:

(Can also be verified by self-attestation from JFS-13187) | [ ]  Yes | [ ]  No | [ ]  N/A (OWF/PRC) |
| 1. Selective Service Registration:

<https://www4.sss.gov/regver/verification1.asp> | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:**DV** [ ]  |
| 1. Determination of Dependent Status:
 | [ ]  Yes | [ ]  No | Documentation: |
| 1. Was TANF eligibility determined?
 | [ ]  Yes | [ ]  No | Documentation: **DV** [ ]  |
| 1. Was WIOA eligibility determined?
 | [ ]  Yes | [ ]  No | Documentation: |
| 1. Does the file contain a *signed* and *dated* stakeholder form?
 | [ ]  Yes | [ ]  No | 1. If yes, was area policy followed:
 | [ ]  Yes | [ ]  No |
| 1. Is there a *signed* and *dated* Complaint Procedure document in file?
 | [ ]  Yes | [ ]  No | 13. Military Status? |
| 1. Is the participant enrolled in school?
 | [ ]  Yes | [ ]  No | Documentation: **DV** [ ]  |
| 1. Does the participant have a high school diploma?
 | [ ]  Yes | [ ]  No | Documentation: |
| 1. Was an opportunity to register to vote offered to the participant?
 | [ ]  Yes | [ ]  No | Documentation: |
| **CCMEP Eligibility: WIOAPL 15-03.1(V), 15-07.2, Section 129 of WIOA & 5101:10-3-01(M)(2)** **Youth must document one of the following barriers in addition to meeting one of the low-income criteria.** |
| **In-School Youth Barrier Categories***(ISY: 14-21 years old)*:[ ]  Low-income individual *and* has one or more of the following barriers: [ ]  Basic skills deficient;[ ]  An English language learner;[ ]  An Offender; [ ]  A homeless individual, runaway [ ]  Foster care or aged out of foster care[ ]  Pregnant or parenting [ ]  Individual with a Disability (can be up to 23 yr. old)[ ]  Individual who requires additional assistance**DV** [ ]  | **Out-of-School Youth Barrier Categories***(OSY: 14 – 24 years old, not attending any school)*:[ ]  A school drop-out[ ]  Age of compulsory school attendance but has not attended school[ ]  Diploma or equivalent, *low income*, basic skills deficient; [ ]  English language learner and *low income*[ ]  Offender or subject to juvenile/adult justice system[ ]  A homeless individual or runaway[ ]  Foster care or aged out of foster care[ ]  Pregnant/Parenting[ ]  Individual with a Disability[ ]  *Low Income* who requires additional assistance**DV** [ ]  |
|  **5% Exception Category** **5101:10-3-01 (M)(2)** Up to 5% of in-school youth participants served by youth programs in a local area may be individuals who would be covered individuals except that the persons are *not* *low-income* (WIOPL 15-03.1(V)).  *(must have at least one check if income criteria is not met)*: [ ]  Deficient basic skills [ ]  School Dropout  [ ]  Homeless/Runaway [ ]  Pregnant/Parenting Youth [ ]  Offender [ ]  Disabilities (including learning disabilities) [ ]  One or more grade levels below [ ]  Face barriers to employment***Low Income*** (Section 3 (36)(a) of WIOA)*(Must meet at least one condition to be considered low income)*Receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received assistance through one of the following: [ ]  Temporary Assistance for Needy Families (TANF)[ ]  Supplemental Security Income (SSI)[ ]  Supplemental Nutrition Assistance Program (SNAP)[ ]  Member of a household that receives other Cash Public Assistance OR[ ]  Family Income does not exceed the higher of the * Poverty line; or
* 70% of the Lower Living Standard Income Level

[ ]  Homeless Individual[ ]  Youth Living in a high poverty area[ ]  Foster Child[ ]  Disabled Individual[ ]  Receives or is eligible to receive a free or reduced-price lunch (42 U.S.C. 1751 et seq.) **DV** [ ]   |
|  |  |
| **Comprehensive Assessment: Date of Assessment/WIOA Service: \_\_\_\_\_\_\_\_\_\_\_\_\_****WIOAPL 15-10(5)(C) & 5101:14-1-04 DV** [ ]  |
| * 1. The comprehensive assessment tool (JFS 03003 or JFS 03006) must review and contain information for all of the following

[ ]  Occupational skills [ ]  Prior work experience [ ]  Employability [ ]  Interests [ ]  Aptitudes [ ]  Supportive service needs [ ]  Developmental needs [ ]  Basic skills  |
| 2. Was a Basic Skills Assessment completed? **(i.e., TABE, TABE Locator, WorkKeys BEST, CASAS, GAIN, MAPT)** | [ ]  Yes | [ ]  No | Type:  |
| * 1. Is the Comprehensive Assessment signed?
 | [ ]  Yes |  [ ]  No |  |
| **Individual Opportunity Plan and Activities Date of IOP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****WIOAPL 15-10(V)(C) & 5101:14-1-05** |
| 1. Did the case file contain evidence of an ISS? | [ ]  Yes | [ ]  No |
| * 1. If so, was there evidence that the participant was actively, engaged at least once every 30 days?
 | [ ]  Yes | [ ]  No |
| * 1. Did the development of an IOP contain information for all of the following:

 [ ]  Identification of the program participant’s career pathway that includes employment and education  goals; [ ]  Development of short-term goals; [ ]  Identification of services necessary for the program participant to achieve goals;  [ ]  Assignment to activities based on service(s) needed |
| 1. If no to Question 3, was a recent assessment conducted pursuant to another education or training program?
 | [ ]  Yes | [ ]  No |
| 1. Was the IOP goals and strategies updated as education/training goals are achieved or as the needs of the youth change?
 | [ ]  Yes | [ ]  No |
| 1. If yes to question 5, are the updates signed by all parties?
 | [ ]  Yes | [ ]  No |
| 1. Are assignments to activities based on the service(s) needed?
 | [ ]  Yes | [ ]  No |
| 1. Are their activities leading to the attainment of a secondary diploma or its recognized equivalent, or a recognized post-secondary credential?
 | [ ]  Yes | [ ]  No |
| 1. Is the IOP signed and dated by all parties (Participant, Parent/Guardian, and Case Manager)?
 | [ ]  Yes | [ ]  No |
| 1. Evidence that there is strong linkages between academic instructions and occupation education that lead to the attainment of recognized post-secondary credentials?
 | [ ]  Yes | [ ]  No |
| 1. Does the IOP contain evidence of preparation for unsubsidized employment opportunities (as appropriate)?
 | [ ]  Yes | [ ]  No |
| 1. Are there effective connections to employers, including small employers, in in-demand industry sectors and occupations that the local and regional labor markets?
 | [ ]  Yes | [ ]  No |
| **Program Elements/Services:** **WIOAPL 15-10(V)(D), Section 129(c)(2) of WIOA & 5101:14-1-05**Lead agencies must make available to CCMEP participants the following 14 specific core youth elements:  |
| 1. List the program elements which were provided to this youth:[ ]  Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies. [ ]  Alternative secondary school offerings dropout prevention and recovery strategies. [ ]  Paid/unpaid work experiences that have as a ***component academic*** & ***occupational education***, which may include:1. Summer employment opportunities & other employment opportunities available throughout the school year
2. Pre-apprenticeship programs
3. Internships and job shadowing
4. On-the-Job training opportunities

[ ]  Occupational skill training[ ]  Education offered currently with the in the context as workforce preparation activities[ ]  Leadership development opportunities[ ]  Supportive services[ ]  Adult mentoring (no less than 12 months and formal relationship, interactions face to face)[ ]  Follow-up services (minimum of 12 months in duration and *must* include *more* than only a contact attempt or made for securing documentation in order to report performance). [ ]  Comprehensive guidance and counseling (may include drug/alcohol abuse as well as referral to counseling, as appropriate to the needs of the youth[ ]  Financial literacy education[ ]  Entrepreneurial skills training[ ]  Services that provide labor market and employment information about in-demand industry sectors or  occupations available in the local area, such as career awareness, career counseling, and career  exploration services[ ]  Activities that help youth prepare for and transition to postsecondary education and training |
| * 1. Were the provided program elements based on the participant’s assessments and IOP?
 | [ ]  Yes | [ ]  No |
| **Paid or Unpaid Work Experience:**  **WIOAPL 15-10 & WIOAPL 15-13** |
| * + 1. If a paid or unpaid work experience was provided to the youth participant, did the file contain the following:

[ ]  Comprehensive assessment and IOP (indicating need for work experience);[ ]  Justification for incentive/stipend and description of type of payment method and amount, if  applicable;[ ]  Worksite Agreement to include all attachments, such as a training plan and job description;[ ]  Time sheets, attendance sheets, and performance records; [ ]  Documentation of receipt of incentives, stipends and supportive services received; [ ]  Proof of age/Parental consent (under 18 years of age);[ ]  Schooling Certificate (Work Permit) (while school is in session and under 16 years of age);[ ]  Minor Wage Agreement (under 18 years of age) |
| * + 1. Does the worksite agreement include, minimally, all of the following:

[ ]  The Duration[ ]  Remuneration[ ]  Tasks[ ]  Duties[ ]  Supervision[ ]  Health and Safety Standards[ ]  Other Conditions (e.g., consequences of not adhering to the agreement)[ ]  Termination Clause[ ]  Appropriate signatures (site employer, local area, participant and or designee)[ ]  Union Concurrence for participants, as applicable. |
| 1. Does the area periodically monitor the participant and the worksite to ensure that:

[ ]  Worksite agreements are upheld[ ]  Adequate supervision and quality mentoring are provided to the youth[ ]  Worksites are in compliance with workplace safety, Child labor laws, and WIOA law and regulation |
| **Training Services: WIOAPL 15-10**PIRL 1303 **DV** [ ]  |
| [ ]  Skills upgrading and retaining PIRL CODE 02 | [ ]  ABE ESL in conjunction  with training PIRL CODE 04 | [ ]  Customized Training PIRL CODE 05 |
| [ ]  ABE ESL not in conjunction  with training PIRL CODE 07 | [ ]  Prerequisites Training PIRL CODE 08 | [ ]  Registered ApprenticeshipPIRL CODE 09 |
| [ ]  Youth Occupational Skill TrainingPIRL CODE 10 | [ ]  Other Non-Occupational  Skills Training PIRL CODE 11 | [ ]  Job Readiness Training in conjunction with  other training PIRL CODE 12 |
| 1. Participated in post-secondary education during program participation that leads a  credential or degree from secondary education institution at any point during the  program participation. PIRL 1332  | [ ]  Yes | [ ]  No |
| 2. If enrolled in secondary education program is at or above the 9th Grade level (includes both secondary school and enrollment in a program of study with  instructions designed to lead to a high school. PIRL 1401 | [ ]  Yes | [ ]  No |
| 3. Was an ITA/training contract established?  | [ ]  Yes | [ ]  No |
| 4. Name of Institution:  |
| 5. Date entered Training:  | 6. Date Exited Training (N/A if active): |
| 7. Was the training entered into OWCMS?  | [ ]  Yes | [ ]  No |
| 10. Is the participant’s job/career training in a demand occupation? | [ ] Yes | [ ] No | Documentation:  |
| 11. Was the vendor on the Workforce Inventory Education Training (WIET) List: | [ ] Yes | [ ] No | Area of Study: |
| **Supportive Services:** **WIOAPL 15-10(5)(D)(7)** |
| 1. Were supportive services provided? | [ ]  Yes | [ ]  No |
| 2. Was the need for supportive services clearly documented in the case file and/or OWCMS? | [ ]  Yes | [ ]  No |
| 3. Were the supportive services identified in the objective assessment? | [ ]  Yes | [ ]  No |
| 1. Identify the Supportive Services provided:

[ ]  Linkage to Community Service[ ]  Assistance with transportation[ ]  Assistance with child care and dependent care[ ]  Assistance with housing[ ]  Needs-Related Payments (NRP)[ ]  Assistance with educational testing[ ]  Reasonable accommodations for youth with disabilities[ ]  Referrals to heath care[ ]  Assistance with uniforms or other appropriate work attire and tools[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please list)* |
| **Outcome & Performance Measures: 5101:14-1-07** |
| * + 1. Did the youth receive a measurable skill gain as a result of participation in CCMEP in any of the following areas?

[ ]  In an education or training program[ ]  Gained at least one educational functional level[ ]  Unsubsidized employment [ ]  Secondary education (high school or equivalent)[ ]  Recognized post-secondary education (4-year college, 2-year college, technical school)[ ]  Entering military service[ ]  Completion of training [ ]  Receipt of credential/certificate[ ]  N/A- youth did not complete WIOA services*(Should be in OWCMS)* |
| * + 1. Credential?
 | [ ]  Yes | [ ]  No | * + 1. Type of Credential: PIRL 1800

**DV** [ ]  |
| 4. Date attained credential? PIRL 1801 **DV** [ ]  | * + 1. Was training related to employment
 | [ ]  Yes | [ ]  No |
| * + 1. Date enrolled in post-exit education or training program leading to a recognized post-secondary credential? PIRL 1406
 |
| * + 1. Date of most recent measurable skills gains (education all functioning level (EFL)

PIRL 1806 | * + 1. Date of most recent measurable skills gains (post-secondary transcript/report card):

PIRL 1807 |
| * + 1. Date of most recent measurable skills gains (secondary transcript/report card):

PIRL 1808 | * + 1. Date of most recent measurable skills gains (training milestone):

PIRL 1809 |
| **Follow-Up Services:**  [ ]  N/A- Youth has not exited the program **WIOAPL 15-10(V)(D)(9) & 5101:14-1-06(D)**  |
| * 1. Date of program exit:

  PIRL 901 **DV** [ ]  | 1. Other reason for exit:

PIRL 923 **DV** [ ]  | 1. Most recent date received follow-up services?

**DV** [ ]   |
| * 1. List the follow-up services received (*must* include *more* than only a contact attempt or made for securing documentation in order to report performance):

[ ]  Leadership development and supportive service activities[ ]  Regular contact with employer, including assistance in addressing work-related problems[ ]  Assistance in securing better paying jobs, career pathway development, and further education or training. [ ]  Work-related peer support groups[ ]  Adult mentoring [ ]  Services necessary to ensure the success of youth participants in employment and/or post-secondary education  |
| 5. Was the type of service provided based on the needs of the youth? | [ ]  Yes | [ ]  No |
| 6. Were follow-up services provided for a minimum of 12 months? | [ ]  Yes | [ ]  No |
| 7. If no to Question 5, are follow-up services still being provided? | [ ]  Yes | [ ]  No |
| * 1. Quarterly Contact:
 |  |
| 1st Quarter  | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed in 1 Quarter after exit?PIRL 1600 | [ ]  Yes | [ ]  No  | [ ]  DV  |
| 2nd Quarter \* | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed in 2 Quarter after exit?PIRL 1602 | [ ]  Yes | [ ]  No  | [ ]  DV  |
|  | Were there wages 2nd Quarter after exit? PIRL 1704 | [ ]  Yes | [ ]  No  |
| 3rd Quarter | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed in 3 Quarter after exit?PIRL 1604 | [ ]  Yes | [ ]  No  | [ ]  DV  |
| 4th Quarter \* | [ ]  Yes | [ ]  No | [ ]  N/A | Documentation:Employed in 4 Quarter after exit?PIRL 1606 | [ ]  Yes | [ ]  No  | [ ]  DV  |
| **Other:****5101:9-30-04; WIOAPL 15-07.2** |
| 1. Is it evident that OWCMS was used to track progress?
 | [ ]  Yes | [ ]  No |
| * 1. Did the hard file contain case notes?
 | [ ]  Yes | [ ]  No | 3. Are there case notes in OWCMS?  | [ ]  Yes | [ ]  No |
| * 1. Was the participant actively engaged in maintaining communication?
 | [ ]  Yes | [ ]  No |
| * 1. Did the youth file a complaint with the local area?
 | [ ]  Yes | [ ]  No |
| * 1. If yes, did the local area follow complaint procedures?
 | [ ]  Yes | [ ]  No | [ ]  N/A |
| * 1. Was the participant referred from CDJFS?
 | [ ]  Yes | [ ]  No |
| * 1. Date of referral?
 | * 1. Date of Individual Opportunity Plan (IOP)?
 |
| * 1. How many days between referral and IOP?
 | * 1. Date of Assessment?
 |
| * 1. Was the referral 7 days or less?

**OAC 5101:14-1-04 (A)(1)** | [ ]  Yes | [ ]  No | [ ]  N/A |
| * 1. Was the IOP entered in OWCMS within 30 days?

**OAC 5101:14-1-04 (H)(2)** | [ ]  Yes | [ ]  No |
| * 1. Was the Assessment entered in OWCMS within 30 days? **OAC 5101:14-1-04 (H)(2)**
 | [ ]  Yes | [ ]  No |
| **Comments:** |

 |

**WIOA/CCMEP MONITORING POST REVIEW DISCUSSION**

|  |  |
| --- | --- |
| Entity: | Date: |
| Location: | Time: |

Area 7 Monitor Present:

Local Area Staff Present:

Area 7 Review Comments:

Comments from Local Area:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Monitor and Date Signature of Authorized Representative and Date