



PY21  
Program & Fiscal  
Monitoring  
Guide

## ADMINISTRATIVE REVIEW SECTION

### LOCAL OMJ

Yes	No	
		<p>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 GOWBI Customer Satisfaction Survey)?</p> <ul style="list-style-type: none"> <li>• If yes, what is the process of measuring customer satisfaction? <i>Review 2 months of surveys.</i></li> </ul>
		<p>2. If yes to Question 1, does the Local OMJ use the information obtained to make any necessary changes to increase success in delivering services?</p>
		<p>3. 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?</p>
		<p>4. What system is in place by the lead agency to track the following:</p> <ul style="list-style-type: none"> <li>a. Case Management <ul style="list-style-type: none"> <li>1. Review of Individual Opportunity Plan (IOP) every 30 days?</li> <li>2. Intensive Review 14 days or 30 days, depending on if assistance is needed?</li> </ul> </li> <li>b. Written Notices of Meetings?</li> </ul>
		<p>5. Does the Local OMJ collaborate with other agency, board, contractors to track the following?</p> <ul style="list-style-type: none"> <li>a. Coordinate activities? If so, How?</li> <li>b. Establish guidelines, policy and procedures for basic skills assessment? If so, how?</li> <li>c. WIOA/CCMEP Youth Eligibility?</li> </ul>
		<p>6. How is the Local OMJ making job opportunities available to the customers?</p>
		<p>7. Does the Workforce System utilize a variety of social media to reach out to participant?</p> <p>If yes, what type of social media?</p>

Yes	No	
		8. 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? <ul style="list-style-type: none"> <li><input type="checkbox"/> Recruitment</li> <li><input type="checkbox"/> Interview Room</li> <li><input type="checkbox"/> Job Fairs</li> <li><input type="checkbox"/> Business Resource Manual</li> <li><input type="checkbox"/> Labor Market Information</li> <li><input type="checkbox"/> Incumbent Worker Training</li> <li><input type="checkbox"/> OJT</li> <li><input type="checkbox"/> Customized Training</li> <li><input type="checkbox"/> Rapid Response</li> <li><input type="checkbox"/> Other: _____</li> </ul>
		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? <span style="float: right;"><b>20 CFR 683.600(a)*</b></span>
		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? <span style="float: right;"><b>20 CFR 683.600(b)*</b></span>
		3. Does the local area and/or county offices log and record all complaints received? <span style="float: right;"><b>WIOA Complaint Procedure Manual</b></span>
		4. How many complaints did the local area and/or county offices with the Area receive in PY 2021? _____ Were these submitted to the GOWBI Admin Office? Yes / No
		5. Has the local OMJ identified a hearing officer and an alternate? <span style="float: right;"><b>WIOA Complaint Procedure Manual</b></span>
		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 2021?
		8. How many formal hearings were held in PY 2021?
		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? <span style="float: right;"><b>WIOA Complaint Procedure Manual</b></span>
		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? <span style="float: right;"><b>WIOAPL 15-07 &amp; WIOAPL 15-08</b></span>
		2. Is priority of service being provided for individualized career and training services for veterans and eligible spouses? <span style="float: right;"><b>WIOAPL 15-08 &amp; WIOAPL 15-09</b></span>

Yes	No	
		<p>3. Have Individual Employment Plans (IEPs) been developed for participants who receive an individualized career service or a training service?</p> <p style="text-align: right;"><b>WIOAPL 15-08</b></p>
		<p>4. Does the local area use prior individualized assessments/evaluations (within six months) of the participants' education training program?</p> <p style="text-align: right;"><b>WIOAPL 15-08</b></p>
		<p>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?</p> <p style="margin-left: 40px;">a. Did the participants get individualized career services? Yes or No</p> <p style="margin-left: 40px;">b. If not, why did they go straight to training?</p> <p style="text-align: right;"><b>WIOAPL 15-09</b></p>
		<p>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?</p> <p style="text-align: right;"><b>WIOAPL 15-09</b></p>
		<p>7. Are participants provided available, information to make an informed customer choice when choosing a training provider?</p> <p style="text-align: right;"><b>WIOAPL 15-09</b></p>
		<p>8. Are ITA's being used for adults and dislocated workers?</p> <p style="text-align: right;"><b>WIOAPL 15-09</b></p>
		<p>9. Are supportive services being provided to adults and dislocated workers who are participating in a career and/or training services?</p>
		<p>10. Does the local area determine self-sufficiency for adults and dislocated workers who are going to receive training services?</p>
		<p>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?</p> <p style="text-align: right;"><b>Section 134(b)(3)(A) of WIOA &amp; WIOAPL 15-09</b></p>
		<p>12. Are 18-24-year-old Adults who are seeking WIOA funded ITA's being screened for dependent status?</p> <p style="text-align: right;"><b>WIOAPL 15-06 &amp; WIOAPL 15-09</b></p>
		<p>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?</p> <p style="text-align: right;"><b>WIOAPL 15-08</b></p>

**CCMEP REVIEW SECTION  
YOUTH PROGRAM MANAGEMENT**

<b>Yes</b>	<b>No</b>	
		<p>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?</p> <p>a. Does it match the plan outlined in Section 4.1 in the CCMEP Plan?</p> <p align="right"><b>20 CFR 681.420(c)*</b></p>
		<p>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?</p> <p align="right"><b>20 CFR 681.420(b)*</b></p>
		<p>If no to Question 2, which portions of the design framework are contracted?</p> <p align="right"><b>20 CFR 681.400(a)*</b></p>
		<p>Does the local OMJ provide information and referrals to youth for appropriate services available through the Area, service providers, and workforce system partners?</p> <p align="right"><b>20 CFR 681.570*</b></p>
		<p>Is the lead agency following the plan for co-location and supportive services as described in Section 3 of current CCMEP Plan?</p>
		<p>Does staff utilize a variety of social media to reach out to youth participants?</p> <p>If yes, what type of social media?</p>

**CCMEP INTAKE/ELIGIBILITY**

<b>Yes</b>	<b>No</b>	
		<p>1. What type of assessment is the local area is using to determine basic skills?</p> <p align="center">(BEST, SASAS, GAIN, MAPT, TABE or etc.)</p>

**CCMEP PROGRAM FOLLOW-UP SERVICES**

<b>Yes</b>	<b>No</b>	
		<p>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?</p>
		<p>If so, does the guidelines include what type of contact attempts should be performed and how they are documented?</p>
		<p>3. When does the local area determine at which point to exit a participant (soft and or hard exit)?</p>

### FISCAL/CONTRACTS

Yes	No	
		1) Review the sub-recipient's county required policies and procedures, including: <ol style="list-style-type: none"> <li>a) procurement policy</li> <li>b) cash management procedures</li> <li>c) allowable costs determination</li> <li>d) record retention</li> <li>e) Other policies may be reviewed including:               <ol style="list-style-type: none"> <li>1. sub-recipient monitoring</li> <li>2. asset reimbursement for expensing and depreciating</li> <li>3. written acquisition standards</li> </ol> </li> </ol>
		2) Review a sample of local vouchers from the most recent, closed quarter. <ol style="list-style-type: none"> <li>a) The sample shall be enough for a reasonable review.</li> <li>b) Depending on county size and activity, 10% of all vouchers to include a minimum of 10 and maximum of 20.</li> <li>c) Are contracts and/or POs (Purchase Orders) in place for these vouchers?</li> </ol>
		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.
		5. Review the sub-recipient's: WIOA Operating Budget and WIOA Training & Services Budget <ol style="list-style-type: none"> <li>1) Is the operating budget reasonable and in place?</li> <li>2) Do program staff know what their training and services budget are?</li> <li>3) Are CLT (Client Tracking) set-asides reviewed and updated due to statistical changes?</li> </ol>
		6. Is the sub-recipient tracking WIOA cost limitations? <ol style="list-style-type: none"> <li>1) 20% Incumbent Worker Training limitation</li> <li>2) 75% Out of School Youth limitation</li> <li>3) 20% Youth Work Experience limitation</li> <li>4) 80% expended/obligated of 1<sup>st</sup> year funds at end of June?</li> </ol>
		7. Are OMJ MOU (Memorandum of Understanding) partners' shared costs being invoiced and collected? <ul style="list-style-type: none"> <li>• Document and verify invoice and receipts of partner costs</li> <li>• Receipts can be by transfer, voucher or ledger entry</li> </ul>
		8. Are PA (Public Assistance) fund reimbursements due to RMS current, if applicable? <ul style="list-style-type: none"> <li>• Document and verify invoice and receipts of partner costs</li> <li>• Receipts can be by transfer, voucher or ledger entry</li> </ul>

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

- 1) Detailed Expenditure Ledger
- 2) MOU Partner name and Budget (review partners and review their vouchers/receipts)

### ADULT FILE CHECKLIST

<b>Name:</b>  <div style="text-align: right;"><b>DV</b> <input type="checkbox"/></div>	<b>WIOA Area/County:</b> <b>Date entered program:</b> <span style="float: right;"><b>PIRL 900</b> <b>DV</b> <input type="checkbox"/></span>				
<b>Status:</b> Active <input type="checkbox"/> Exited <input type="checkbox"/>	<b>Co-Enrolled:</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"><input type="checkbox"/> Yes</td> <td style="border: none; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border: none; text-align: center;"><input type="checkbox"/> DW</td> <td style="border: none; text-align: center;"><input type="checkbox"/> OSY</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DW	<input type="checkbox"/> OSY
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<input type="checkbox"/> DW	<input type="checkbox"/> OSY				

<b>Eligibility:</b> OAC 5101:9-30-04 and OAC 5101:9-9-21; WIOAPL15-02; WIOAPL15-04; 15-05; 15-06 & 15-07.2			
2. Date of Birth:	<b>DV</b> <input type="checkbox"/>	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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
4. Selective Service Registration:      WIOAPL 15-04 <a href="https://www4.sss.gov/regver/verification1.asp">https://www4.sss.gov/regver/verification1.asp</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Determination of Dependency Status <i>(for adult participants ages 18-24 applying for an ITA)</i> WIOAPL 15-06	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Does the file contain a <i>signed</i> and <i>dated</i> stakeholder form?      WIOAPL 15-05	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. If yes, was a relationship disclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, was area policy followed: <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there a signed and dated Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Low-Income:</b> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Public Assistance <input type="checkbox"/> 100% of FPL <input type="checkbox"/> 70% of LLSIL <input type="checkbox"/> Food Stamps (aka: SNAP) <input type="checkbox"/> Family Income <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Foster Child <input type="checkbox"/> Individual with a disability	
<b>DV</b> <input type="checkbox"/>	
2. Documentation: <input type="checkbox"/> PA Records <input type="checkbox"/> Pay Records <input type="checkbox"/> Self-Attestation (JFS-13186) <input type="checkbox"/> Other: _____	
3. File contain calculations: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Basic Career Service:</b> Self-Services available to the universal customer.      TEGL WIOA 3-15; WIOAPL 15-08.1; 15-09.1 & 15-11.1			
<input type="checkbox"/> Eligibility Determination to receive WIOA services	<input type="checkbox"/> Orientation to info. & other service	<input type="checkbox"/> Labor Market employment statistical information using OMJ	<input type="checkbox"/> Self-administered initial assessment of skill levels and needs for supportive



	available through the workforce systems		services (including literacy, numeracy, & English language proficiency) aptitudes, abilities (skill gaps).
<input type="checkbox"/> Provision of performance information & cost information on the WIET services		<input type="checkbox"/> Provision of referrals to and coordination of activities with other programs and services	
<input type="checkbox"/> Provision of information and assistance regarding filing claims for UC		<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation: <span style="float: right;">DV <input type="checkbox"/></span>
2. What is the income/wage:		\$	Documentation:
3. Does the file contain income calculations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does the participant meet the local area policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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**

<input type="checkbox"/> Comprehensive and Specialized assessments of the skill levels and service needs	<input type="checkbox"/> English Language acquisition and integrated education/training programs	<input type="checkbox"/> Group counseling or individual counseling	<input type="checkbox"/> Short-term prevocational services to prepare individuals for unsubsidized employment or training
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Internship and work experiences that are linked to careers	<input type="checkbox"/> IEP/ Employment Goal	<input type="checkbox"/> Provision of job club activities
<input type="checkbox"/> Workforce Preparation Activities	<input type="checkbox"/> Out of area job search assistance and relocation assistance.		<input type="checkbox"/> Financial Literacy Services
1. Date of First Individualized Career Service:			DV <input type="checkbox"/>
3. Does the Area document the appropriateness for training services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the participant have an Individual Employment Plans (IEP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do the IEPs incorporate assessment results?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do participants have focused employment goals or career objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are IEPs updated and modified as necessary to reflect participant achievements or changes in service strategy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Documentation: <input type="checkbox"/> Gateway Checklist <input type="checkbox"/> Case Notes <input type="checkbox"/> 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**

<input type="checkbox"/> On-the-Job training (OJT) <small>WIOAPL 15-22.1 (Non-Youth) PIRL CODE 01</small>	<input type="checkbox"/> Skill upgrading and retraining <small>PIRL CODE 02</small>	<input type="checkbox"/> Entrepreneurial Training <small>(Non-Youth) PIRL CODE 03</small>
<input type="checkbox"/> ABE or ESL in conjunction with training <small>PIRL CODE 04</small>	<input type="checkbox"/> Customized Training <small>PIRL CODE 05</small>	<input type="checkbox"/> Occupational Skills <small>(Non-Youth) PIRL CODE 06</small>
<input type="checkbox"/> ABE or ESL not in conjunction of training <small>PIRL CODE 07</small>	<input type="checkbox"/> Prerequisites Training <small>PIRL CODE 08</small>	<input type="checkbox"/> Registered Apprenticeship <small>PIRL CODE 09</small>
<input type="checkbox"/> Other Non-Occupational Skills Training <small>PIRL CODE 11</small>	<input type="checkbox"/> Job Readiness Training in conjunction with other training. <small>PIRL CODE 12</small>	<input type="checkbox"/> No Training Services <small>PIRL CODE 00</small>
<input type="checkbox"/> Programs that combine workplace training with related instruction, which may include cooperative education programs.	<input type="checkbox"/> Training programs operated by the private sector	<input type="checkbox"/> Incumbent Worker Training (IWT) <small>WIOAPL 15-23</small>

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. <small>PIRL CODE 1332</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If enrolled in secondary education program is at or above 9 <sup>th</sup> Grade Level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school equivalent credentials). <small>PIRL CODE 1401</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Does the participant have an Individual Employment Plans (IEP)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Was an ITA/training contract established? <b>Note:</b> adult and youth co-enrollment can give an in-school youth customer access to an ITA				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Name of Institution:					
7. Does the case file contain current evaluations or assessments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Does the file justify the need for training?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the adult participant meet a locally-defined "family sufficiency" standard?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is the participant's job/career training in a demand occupation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
11. Was the vendor on the Workforce Inventory Education Training (WIET) List:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:	
12. Applied for Grants:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
13. Date Entered Training:			<b>DV</b> <input type="checkbox"/>	14. Date Exited Training: (if active, mark N/A):	
				<b>DV</b> <input type="checkbox"/>	
15. Did the participant receive a diploma/credential/license?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
16. Was the training end date entered into OWCMS?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>On-the-Job Training (OJT):</b> <input type="checkbox"/> N/A (Employers can be reimbursed up to 75% for an OJT) <b>WIOAPL 15.22.1</b>					
1. Does the IEP reflect OJT as an appropriate activity?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the training plan outline the skills to be learned?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the file contain evidence to justify the length of training?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Were the OJT training plans signed by:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Employer <input type="checkbox"/> Local Workforce Agency <input type="checkbox"/> Trainee <input type="checkbox"/> Union (if applicable) <input type="checkbox"/> ODJFS Trade Program (if applicable)					
5. Was there a monitoring process to ensure satisfactory progress of the participant?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If yes, was there timely monitoring?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Date Entered Training:	9. Date Exited Training: <i>(if active, mark N/A)</i>		
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Supportive Service:</b>	<b>TEGL WIOA 3-15; WIOAPL 15-08.1; WIOAPL 15-14 &amp; Section 134 (d)(2)</b>
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1. Was the need identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:	
2. How was the need identified and documented?				
3. Was the need met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:
4. Was the need met, by referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
5. What supportive service was requested/provided:				
<input type="checkbox"/> None Requested <input type="checkbox"/> Child Care <input type="checkbox"/> Dependent Care <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Tools/Uniforms <input type="checkbox"/> Other (explain)				
6. If policy sets limits, is the service within the limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:
7. Was a Needs-Related Payment (NRPs) provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:
8. Was the participant eligible to receive an NRP as required by WIOAPL 15-14(IV)(A)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
9. Does the Adult participant meet the training requirements for NRP's as required by WIOAPL 15-14(IV)(C)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:

<b>Outcome &amp; Performance Measures:</b>	<input type="checkbox"/> N/A	<b>Section 116(b)(2)(A)(iii) of WIOA &amp; Section 122(b) of WIOA</b>
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1. Entered Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. Exit Reason:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Reasons for Exit <span style="float: right;">PIRL 923 DV <input type="checkbox"/></span>
3. Job Title:	4. Was training related		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Type of Credential: <span style="float: right;">PIRL 1800 DV <input type="checkbox"/></span>
7. Date Attained Credential:	<span style="float: right;">PIRL 1801 DV <input type="checkbox"/></span>		8. Hourly Wage: \$

9. Date enrolled in post exit education or training program leading to a recognized post-secondary credential? <span style="float: right;">PIRL CODE 1406</span>		Date
10. Date of most recent measurable skills gains: Educational Functioning Level (EFL): <span style="float: right;">PIRL 1806</span>	11. Date of most recent measurable skills gains: <u>post-secondary</u> transcript/report card): <span style="float: right;">PIRL 1807</span>	
12. Date of most recent measurable skills gains secondary transcript/report card): <span style="float: right;">PIRL 1808</span>	13. Date of most recent measurable skills gains: Training Milestone: <span style="float: right;">PIRL 1809</span>	
14. Date of most recent measurable skills gains: Skills Progression: <span style="float: right;">PIRL 1810</span>	15. Date enrolled during program participation in an education or training program leading to a recognized postsecondary credential or employment: <span style="float: right;">PIRL 1811</span>	

**Post-Placement Services:**  N/A (Services provided after employment but prior to exit)

<input type="checkbox"/> Career Planning/Counseling	<input type="checkbox"/> Contact with Participant's Employer	<input type="checkbox"/> Job Referrals	<input type="checkbox"/> Limited Training
<input type="checkbox"/> Educational Opportunities	<input type="checkbox"/> Supportive Services	<input type="checkbox"/> Other: (explain)	

**Follow-Up Services:**  N/A (Mark N/A if participant remains active)  
**WIOAPL 15-08.1**

1. Date Program Exit: <span style="float: right;">PIRL 901 DV <input type="checkbox"/></span>				2. Quarterly Contact:			
1 <sup>st</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed 1 Quarter After Exit <span style="float: right;">PIRL 1600</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
2 <sup>nd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed 2 Quarter After Exit <span style="float: right;">PIRL 1602</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
				Were there wages 2 <sup>nd</sup> Quarter after exit? <span style="float: right;">PIRL 1704</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
3 <sup>rd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed 3 Quarter After Exit <span style="float: right;">PIRL 1604</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
4 <sup>th</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed 4 Quarter After Exit <span style="float: right;">PIRL 1606</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV

**Other:**

1. Did participant file a complaint with the local Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did local Area follow complaint procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. Participant entered into OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did OWCMS contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did the file (hard copy) contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Comments:**

## DISLOCATED WORKER FILE CHECKLIST

<b>Name:</b>		<b>WIOA Area/County:</b>		
<b>DV</b> <input type="checkbox"/>		<b>Date entered program:</b>		
		<b>PIRL 900</b> <b>DV</b> <input type="checkbox"/>		
<b>Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Exited		<b>Co-enrolled:</b>		<input type="checkbox"/> Yes
		<input type="checkbox"/> Adult <input type="checkbox"/> Youth		<input type="checkbox"/> No
<b>WIOA Eligibility:</b> <b>OAC 5109:9-30-04 &amp; OAC 5101: 9-9-21; WIOAPL 15-02; 15-04; 15-5 &amp; 15-07.2</b>				
1. Date of Birth:		<b>DV</b> <input type="checkbox"/>		
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)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
4. Selective Service Registration: <a href="https://www4.sss.gov/regver/verification1.asp">https://www4.sss.gov/regver/verification1.asp</a> WIOPL 15-04		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		<b>DV</b> <input type="checkbox"/>		
5. Does the file contain a <i>signed</i> and <i>dated</i> stakeholder form WIOPL 15-05		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
6. If yes, was a relationship disclosed		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, was area policy followed: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a signed and dated Complaint Procedures document in file?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Dislocated Worker Eligibility:</b> <b>OAC 5109:9-30-04 &amp; OAC 5101: 9-9-21; WIOAPL 15-02; WIOAPL 15-07.2</b> <b>The JFS-13186, Self-Attestation form can be used to verify several categories, refer to WIOAPL 15-07.2 for details.</b>				
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)				
<b>A. Has been terminated/laid off:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
1. Proof of termination or layoff (and)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. Proof of UC or exhausted entitlement (or)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
3. Proof of duration of employment or attached workforce but not UC eligible (and)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
4. Is unlikely to return to a previous industry		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
5. Has been identified as meeting the criteria for RESEA selection		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
<b>B. Plant Closure or Substantial Layoff:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Substantial Lay-Off plant/facility/enterprises (or)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Public Announcement:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
<b>C. Self-Employed:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
<b>D. Displaced Homemaker:</b>		<b>DV</b> <input type="checkbox"/>		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:

<b>E. Military Spouse:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. Able to determine eligibility based on documentation referenced above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
3. Dislocation Date:	DV <input type="checkbox"/>		

**Basic Career Service:** Self-Services available to universal customer.  
TEGL WIOA 3-15; WUOAL 15-08.1; 15-09.1; & 15-11.1

<input type="checkbox"/> Eligibility Determination to receive WIOA services	<input type="checkbox"/> Orientation to info. & other services available through the workforce systems	<input type="checkbox"/> Labor Market employment statistical info. using OMJ	<input type="checkbox"/> Self-administered initial assessment of skill levels and needs of supportive services (including literacy, numeracy, and English language proficiency), aptitudes, abilities (skill gaps).
<input type="checkbox"/> Provision of performance information & cost information on the WIET services		<input type="checkbox"/> Provision of referrals to and coordination of activities with other programs and services (including Financial aid)	
<input type="checkbox"/> Provision of information and assistance regarding filing claims for UC		<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation: DV <input type="checkbox"/>
2. What is the income/wage:	\$		Documentation:
3. Does the file contain income calculations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does the participant meet the local area policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

<input type="checkbox"/> Comprehensive and specialized assessments	<input type="checkbox"/> English Language Acquisition and integrated education/training programs	<input type="checkbox"/> Group counseling or Individual counseling	<input type="checkbox"/> Short-term prevocational services to prepare individuals for unsubsidized employment or training
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Internship and work experiences that are linked to careers	<input type="checkbox"/> IEP/Employment Goals	<input type="checkbox"/> Provision of job club activities

<input type="checkbox"/> Workforce preparation activities	<input type="checkbox"/> Out of the area job search assistance and relocation that are linked to careers	<input type="checkbox"/> Financial Literacy Services
9. Date of First Individualized Career Service: <span style="float: right;">DV <input type="checkbox"/></span>		
2. Does the area document the appropriateness for training services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the participant have an Individual Employment Plans (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do the IEPs incorporate assessment results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the participant have focused employment goals or career objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are IEPs updated and modified as necessary to reflect participant achievements or changes in service strategy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Documentation: <input type="checkbox"/> Gateway Checklist <input type="checkbox"/> Case Notes <input type="checkbox"/> Other (Identify): _____		

<b>Training Services:</b> <input type="checkbox"/> N/A <span style="float: right;">DV <input type="checkbox"/></span>		
<b>TEGL WIOA 3-15; WIOAPL 15-09.1; 15-11.1; 15-23 &amp; 15-22.1; Section 134(b)(3) of WIOA</b>		
Training contracts may be provided in lieu of ITAs such as OJTs, IWTs and Customized Training.		
<input type="checkbox"/> On-the-Job training (OJT) <small>WIOAPL 15-22.1 (Non-Youth) PIRL CODE 01</small>	<input type="checkbox"/> Skill upgrading and retraining <small>PIRL CODE 02</small>	<input type="checkbox"/> Entrepreneurial Training <small>(Non-Youth) PIRL CODE 03</small>
<input type="checkbox"/> ABE or ESL in conjunction with training <small>PIRL CODE 04</small>	<input type="checkbox"/> Customized Training <small>PIRL CODE 05</small>	<input type="checkbox"/> Occupational Skills <small>(Non-Youth) PIRL CODE 06</small>
<input type="checkbox"/> ABE or ESL not in conjunction of training <small>PIRL CODE 07</small>	<input type="checkbox"/> Prerequisites Training <small>PIRL CODE 08</small>	<input type="checkbox"/> Registered Apprenticeship <small>PIRL CODE 09</small>
<input type="checkbox"/> Other Non-Occupational Skills Training <small>PIRL CODE 11</small>	<input type="checkbox"/> Job Readiness Training in conjunction with other training. <small>PIRL CODE 12</small>	<input type="checkbox"/> No Training Services <small>PIRL CODE 00</small>
<input type="checkbox"/> Programs that combine workplace training with related instruction, which may include cooperative education programs.	<input type="checkbox"/> Training programs operated by the private sector	<input type="checkbox"/> Incumbent Worker Training (IWT) <small>WIOAPL 15-23</small>
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. <small>PIRL CODE 1332</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If enrolled in Secondary Education Program is at or above 9 <sup>th</sup> Grade Level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school equivalent credentials). <small>PIRL CODE 1401</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the participant have an Individual Employment Plans (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



5. Was an ITA/training contract established? <b>Note:</b> adult and youth co-enrollment can give an in-school youth customer access to an ITA			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
6. Name of Institution:							
7. Does the case file contain current evaluations or assessments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Does the file justify the need for training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the participant's job/career training in a demand occupation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:			
8. Was the vendor on the Workforce Inventory Education Training List (WIET)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:		
9. Applied for Grants:				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
10. Is Trade available to pay for training?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11. Date Entered Training:  <b>DV</b> <input type="checkbox"/>		12. Date Exited Training: <i>(if active, mark N/A)</i>  <b>DV</b> <input type="checkbox"/>					
13. Did the participant receive a diploma/credential/license?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
14. Was the training end date entered into OWCMS?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>On-the-Job Training (OJT):</b> <input type="checkbox"/> N/A					<b>WIOAPL 15-22.1</b>		
					<b>Note:</b> Employers can be reimbursed up to 75% for an OJT		
1. Does the IEP reflect OJT as an appropriate activity?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Does the training plan outline the skills to be learned?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Does the file contain evidence to justify the length of training?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Were the OJT training plans signed by: <input type="checkbox"/> Employer <input type="checkbox"/> Local Workforce Agency <input type="checkbox"/> Trainee <input type="checkbox"/> Union (if applicable) <input type="checkbox"/> ODJFS Trade Program (if applicable)				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Was there a monitoring process to ensure satisfactory progress of the participant?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. If yes, was there timely monitoring?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:			
7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8. Date Entered Training:			9. Date Exited Training: <i>(if active, mark N/A)</i>				
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?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Supportive Service:</b>					
<b>Section 134 (d)(2) TEGL WIOA 3-15; WIOPL 15-08.1 &amp; WIOAPL 15-14</b>					
1. Was the need identified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:	
2. How was the need identified and documented?					
3. Was the need met?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:
4. Was the need met by referral?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
5. What supportive service(s) was/were requested and/or provided:					
<input type="checkbox"/> None Requested		<input type="checkbox"/> Child Care		<input type="checkbox"/> Dependent Care	
<input type="checkbox"/> Housing		<input type="checkbox"/> Tools/Uniforms		<input type="checkbox"/> Transportation	
<input type="checkbox"/> Other (explain)					
6. If policy sets limits, is the service within the limits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If no, explain:
7. Was a Needs-Related Payment (NRP) provided?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
8. Was the participant eligible to receive the NRP as required by WIOAPL 15-14(IV)(A)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
9. Does the Participant meet the training requirements for NRP's as required by WIOAPL 15-14 (IV)(C)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, explain:
<b>Outcome &amp; Performance Measures:</b>					
<input type="checkbox"/> N/A					
1. Entered Employment:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
2. Exit Reason: Employment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other reason for exit: <span style="float: right;">PIRL 923 DV <input type="checkbox"/></span>	
3. Job Title:					
4. Was training Related:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Hourly Wage: \$	
6. Credential:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Date Attained Credential: <span style="float: right;">PIRL 1801 DV <input type="checkbox"/></span>	
8. Type of Credential?				PIRL 1800 DV <input type="checkbox"/>	
9. Date enrolled in post exit education or training program leading to a recognized post-secondary credential? <span style="float: right;">PIRL 1406</span>				Date:	
10. Date of most recent measurable skills gains educational				Date:	

functioning level (EFL). <span style="float: right;">PIRL 1806</span>	
11. Date of most recent measurable skills gains (post-secondary) transcript report card? <span style="float: right;">PIRL 1807</span>	Date:
12. Date of most recent measurable skills gains (secondary transcript/reports card)? <span style="float: right;">PIRL 1808</span>	Date:
13. Date of most recent measurable skills gains (training milestone)? <span style="float: right;">PIRL 1809</span>	Date:
14. Date of most recent measurable skills gains (skills progression)? <span style="float: right;">PIRL 1810</span>	Date:
15. Date enrolled during program participation in an education or training program leading to a recognized post-secondary credential or employment? <span style="float: right;">PIRL 1811</span>	Date:

**Post-Placement Service(s):**  N/A (Service(s) provided after employment but prior to exit)

<input type="checkbox"/> Career Planning/Counseling	<input type="checkbox"/> Contact with Participant's Employer	<input type="checkbox"/> Job Referrals	<input type="checkbox"/> Limited Training
<input type="checkbox"/> Educational Opportunities	<input type="checkbox"/> Supportive Services	<input type="checkbox"/> Other: (explain)	

**Follow-Up Services:**  N/A (Mark N/A if participant remains active) **WIOAPL 15-08.1**

1. Date Program Exit: <span style="float: right;">PIRL 901 DV <input type="checkbox"/></span>							
2. Quarterly Contact:							
1 <sup>st</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 1 Quarter after exit? <span style="float: right;">PIRL 1600</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
2 <sup>nd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 2 Quarter after exit? <span style="float: right;">PIRL 1602</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
				Were there wages 2 <sup>nd</sup> Quarter after exit? <span style="float: right;">PIRL 1704</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
3 <sup>rd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 3 Quarter after exit? <span style="float: right;">PIRL 1604</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
4 <sup>th</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 4 <sup>th</sup> Quarter after exit? <span style="float: right;">PIRL 1606</span>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV

**Other:**

1. Did participant file a complaint with the local Area?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
2. Did local Area follow complaint procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

3. Participant entered in OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did the hard copy file contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did OWCMS contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comments:</b>		

## CCMEP FILE CHECKLIST

Name: <span style="float: right;">DV <input type="checkbox"/></span>		CCMEP lead agency/County:			
Did a contractor provide services? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date entered program: <span style="float: right;">PIRL 900 DV <input type="checkbox"/></span>			
Name of contractor?		Is participant in OWCMS? <span style="float: right;"><input type="checkbox"/> Yes or <input type="checkbox"/> No</span>			
<b>Status:</b>		<input type="checkbox"/> Active		<input type="checkbox"/> Exited	
<input type="checkbox"/> In-school youth	<input type="checkbox"/> Out-of-school youth	Co-enrolled?		<input type="checkbox"/> Yes	<input type="checkbox"/> Adult
				<input type="checkbox"/> No	<input type="checkbox"/> TANF
					<input type="checkbox"/> WIOA
<b>CCMEP Eligibility:</b> <span style="float: right;"><b>WIOAPL 15-03.1, 15-04, 15-05, 15-06, 15- 07.1</b></span> (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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Is the application signed?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Date of Birth: <span style="float: right;">DV <input type="checkbox"/></span>					
4. Age at date of CCMEP eligibility:			Documentation:		
5. Citizenship Status/Authorization to Work in the US: <small>(Can also be verified by self-attestation from JFS-13187)</small>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A (OWF/PRC)
6. Selective Service Registration: <a href="https://www4.sss.gov/regver/verification1.asp">https://www4.sss.gov/regver/verification1.asp</a>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: <span style="float: right;">DV <input type="checkbox"/></span>
7. Determination of Dependent Status:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
8. Was TANF eligibility determined?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation: <span style="float: right;">DV <input type="checkbox"/></span>	
9. Was WIOA eligibility determined?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
10. Does the file contain a <i>signed</i> and <i>dated</i> stakeholder form?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. If yes, was area policy followed: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
12. Is there a <i>signed</i> and <i>dated</i> Complaint Procedure document in file?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Military Status?	
13. Is the participant enrolled in school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation: <span style="float: right;">DV <input type="checkbox"/></span>	

14. Does the participant have a high school diploma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
15. Was an opportunity to register to vote offered to the participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ( <i>ISY: 14-21 years old</i> ):	Out-of-School Youth Barrier Categories ( <i>OSY: 14 – 24 years old, not attending any school</i> ):
<input type="checkbox"/> Low-income individual <i>and</i> has one or more of the following barriers: <input type="checkbox"/> Basic skills deficient; <input type="checkbox"/> An English language learner; <input type="checkbox"/> An Offender; <input type="checkbox"/> A homeless individual, runaway <input type="checkbox"/> Foster care or aged out of foster care <input type="checkbox"/> Pregnant or parenting <input type="checkbox"/> Individual with a Disability (can be up to 23 yr. old) <input type="checkbox"/> Individual who requires additional assistance <div style="text-align: right;"><b>DV</b> <input type="checkbox"/></div>	<input type="checkbox"/> A school drop-out <input type="checkbox"/> Age of compulsory school attendance but has not attended school <input type="checkbox"/> Diploma or equivalent, <i>low income</i> , basic skills deficient; <input type="checkbox"/> English language learner and <i>low income</i> <input type="checkbox"/> Offender or subject to juvenile/adult justice system <input type="checkbox"/> A homeless individual or runaway <input type="checkbox"/> Foster care or aged out of foster care <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> <i>Low Income</i> who requires additional assistance <div style="text-align: right;"><b>DV</b> <input type="checkbox"/></div>

**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

<input type="checkbox"/> Youth Living in a high poverty area
<input type="checkbox"/> Foster Child
<input type="checkbox"/> Disabled Individual
<input type="checkbox"/> Receives or is eligible to receive a free or reduced-price lunch (42 U.S.C. 1751 et seq.) <b>DV</b> <input type="checkbox"/>

<b>Comprehensive Assessment:</b>	<b>Date of Assessment/WIOA Service:</b> _____
<b>WIOAPL 15-10(5)(C) &amp; 5101:14-1-04</b>	<b>DV</b> <input type="checkbox"/>

1. The comprehensive assessment tool (JFS 03003 or JFS 03006) must review and contain information for all of the following

<input type="checkbox"/> Occupational skills	<input type="checkbox"/> Prior work experience
<input type="checkbox"/> Employability	<input type="checkbox"/> Interests
<input type="checkbox"/> Aptitudes	<input type="checkbox"/> Supportive service needs
<input type="checkbox"/> Developmental needs	<input type="checkbox"/> Basic skills

2. Was a Basic Skills Assessment completed? (i.e., TABE, TABE Locator, WorkKeys BEST, CASAS, GAIN, MAPT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
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3. Is the Comprehensive Assessment signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Individual Opportunity Plan and Activities</b>	<b>Date of IOP:</b> _____
	<b>WIOAPL 15-10(V)(C) &amp; 5101:14-1-05</b>

1. Did the case file contain evidence of an ISS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. If so, was there evidence that the participant was actively, engaged at least once every 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. 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

4. If no to Question 3, was a recent assessment conducted pursuant to another education or training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Was the IOP goals and strategies updated as education/training goals are achieved or as the needs of the youth change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. If yes to question 5, are the updates signed by all parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Are assignments to activities based on the service(s) needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. Are their activities leading to the attainment of a secondary diploma or its recognized equivalent, or a recognized post-secondary credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the IOP signed and dated by all parties (Participant, Parent/Guardian, and Case Manager)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Evidence that there is strong linkages between academic instructions and occupation education that lead to the attainment of recognized post-secondary credentials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Does the IOP contain evidence of preparation for unsubsidized employment opportunities (as appropriate)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are there effective connections to employers, including small employers, in in-demand industry sectors and occupations that the local and regional labor markets?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:
  - a. Summer employment opportunities & other employment opportunities available throughout the school year
  - b. Pre-apprenticeship programs
  - c. Internships and job shadowing
  - d. 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

2. 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)

2. 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.

3. Does the area periodically monitor the participant and the worksite to ensure that:

<input type="checkbox"/> Worksite agreements are upheld
<input type="checkbox"/> Adequate supervision and quality mentoring are provided to the youth
<input type="checkbox"/> Worksites are in compliance with workplace safety, Child labor laws, and WIOA law and regulation

<b>Training Services:</b>	<b>WIOAPL 15-10</b>
PIRL 1303	DV <input type="checkbox"/>

<input type="checkbox"/> Skills upgrading and retaining PIRL CODE 02	<input type="checkbox"/> ABE ESL in conjunction with training PIRL CODE 04	<input type="checkbox"/> Customized Training PIRL CODE 05
<input type="checkbox"/> ABE ESL not in conjunction with training PIRL CODE 07	<input type="checkbox"/> Prerequisites Training PIRL CODE 08	<input type="checkbox"/> Registered Apprenticeship PIRL CODE 09
<input type="checkbox"/> Youth Occupational Skill Training PIRL CODE 10	<input type="checkbox"/> Other Non-Occupational Skills Training PIRL CODE 11	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If enrolled in secondary education program is at or above the 9 <sup>th</sup> Grade level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school). PIRL 1401	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was an ITA/training contract established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Name of Institution:

5. Date entered Training:                      6. Date Exited Training (N/A if active):

7. Was the training entered into OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10. Is the participant's job/career training in a demand occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
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11. Was the vendor on the Workforce Inventory Education Training (WIET) List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:
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<b>Supportive Services:</b>	<b>WIOAPL 15-10(5)(D)(7)</b>
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1. Were supportive services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Was the need for supportive services clearly documented in the case file and/or OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were the supportive services identified in the objective assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. 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 health care
- Assistance with uniforms or other appropriate work attire and tools
- Other: \_\_\_\_\_ *(Please list)*

<b><u>Outcome &amp; Performance Measures:</u></b>	<b>5101:14-1-07</b>
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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)*

2. Credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Type of Credential: <span style="float: right;">PIRL 1800 DV <input type="checkbox"/></span>
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4. Date attained credential? <span style="font-size: small;">PIRL 1801 DV <input type="checkbox"/></span>	5. Was training related to employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Date enrolled in post-exit education or training program leading to a recognized post-secondary credential?	<span style="font-size: small;">PIRL 1406</span>
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7. Date of most recent measurable skills gains (education all functioning level (EFL)) PIRL 1806	8. Date of most recent measurable skills gains (post-secondary transcript/report card): PIRL 1807						
9. Date of most recent measurable skills gains (secondary transcript/report card): PIRL 1808	10. Date of most recent measurable skills gains (training milestone): PIRL 1809						
<b>Follow-Up Services:</b> <input type="checkbox"/> N/A- Youth has not exited the program <b>WIOAPL 15-10(V)(D)(9) &amp; 5101:14-1-06(D)</b>							
1. Date of program exit: PIRL 901 DV <input type="checkbox"/>	2. Other reason for exit: PIRL 923 DV <input type="checkbox"/>	3. Most recent date received follow-up services? DV <input type="checkbox"/>					
4. List the follow-up services received ( <i>must</i> include <i>more</i> than only a contact attempt or made for securing documentation in order to report performance): <input type="checkbox"/> Leadership development and supportive service activities <input type="checkbox"/> Regular contact with employer, including assistance in addressing work-related problems <input type="checkbox"/> Assistance in securing better paying jobs, career pathway development, and further education or training. <input type="checkbox"/> Work-related peer support groups <input type="checkbox"/> Adult mentoring <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
6. Were follow-up services provided for a minimum of 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
7. If no to Question 5, are follow-up services still being provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
8. Quarterly Contact:							
1 <sup>st</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 1 Quarter after exit? PIRL 1600	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
2 <sup>nd</sup> Quarter *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 2 Quarter after exit? PIRL 1602	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
Were there wages 2 <sup>nd</sup> Quarter after exit? PIRL 1704					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3 <sup>rd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 3 Quarter after exit? PIRL 1604	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV	
4 <sup>th</sup> Quarter *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 4 Quarter after exit? PIRL 1606	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV	
<b>Other:</b>								
<b>5101:9-30-04; WIOAPL 15-07.2</b>								
1. Is it evident that OWCMS was used to track progress?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
2. Did the hard file contain case notes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Are there case notes in OWCMS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Was the participant actively engaged in maintaining communication?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
3. Did the youth file a complaint with the local area?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
4. If yes, did the local area follow complaint procedures?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
5. Was the participant referred from CDJFS?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
6. Date of referral?			7. Date of Individual Opportunity Plan (IOP)?					
8. How many days between referral and IOP?				9. Date of Assessment?				
10. Was the referral 7 days or less? OAC 5101:14-1-04 (A)(1)				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> N/A
11. Was the IOP entered in OWCMS within 30 days? OAC 5101:14-1-04 (H)(2)				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
12. Was the Assessment entered in OWCMS within 30 days? OAC 5101:14-1-04 (H)(2)				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<b>Comments:</b>								

**WIOA/CCMEP MONITORING POST REVIEW VIRTUAL DISCUSSION**

Entity:	Date:
Location: VIRTUAL	Time:

GOWBI Monitor Present: \_\_\_\_\_

Local Area Staff Present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GOWBI Review Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments from Local Area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Monitor and Date

\_\_\_\_\_  
Signature of Authorized Representative and Date