



WDA 16

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Attachment A
Policy 01-2018

**WORKFORCE DEVELOPMENT
AREA 16
BELMONT, CARROLL, HARRISON
AND JEFFERSON COUNTIES**

**WORKFORCE INNOVATION AND
OPPORTUNITY ACT (WIOA)
MONITORING GUIDE**

March 5, 2024

WIOA ENTRANCE MONITORING CONFERENCE

Date:

Monitor:

County:

Program Provider:

Staff Present:

Monitoring Entity Comments:

Provider Comments:

Monitor Signature & Date

Provider Signature & Date

DESCRIPTION OF MONITORING

Prior to monitoring a subrecipient/vendor checklist and risk assessment are completed. Based on the assessed risk, a sample is selected with 4 files being "of average" risk.

The monitor and provider complete the narrative overview sections. Based on this shared understanding, files and financial transactions are selected for review and picked up at the entrance conference.

Monitoring should be done promptly and files returned. Upon return, monitor and provider will discuss any questions and/or concerns, referencing the files, as appropriate.

PROGRAM PARTICIPANT FILE REVIEW
“Adult, Dislocated Worker and NDWG”

File Review 4 participant files for an average risk entity (if available) per program for the current Program Year will be reviewed. The files will be a mixture of current and exited participants if both target groups exist for the Program Year being monitored.

Adult/Dislocated Worker/NDWG Participants Files will be reviewed for the following contents using the appropriate checklist, one per participant.

Required

- * Eligibility application and supporting eligibility documentation
- * Client tracking system record created
- * Assessment
- * Employment plan with goals, objectives, and activities
- * Complaint Procedure Form
- * Related Party Form
- * Self-sufficiency documentation, as applicable
- * Training: documentation of training program and training provider approved for ITA
- * Training: ITA Agreement
- * Training: ITA Training Policy signed by participant
- * If applicable, documentation on supportive services received (gas stipend, childcare, other)
- * Exited participants: obtained employment information or another outcome
- * Case notes

- * Training: training documented as a in demand occupation (or 15% exception)
- * Training: transcripts/grades: Skills Gain documentation
- * Training: class schedule
- * Training: PELL and other financial aid information
- * If applicable, Supportive Services Form

Note: Per county discretion, forms may differ in appearance.

See Attachment 1 for Adult documentation of file review.
See Attachment 2 for DW or NDWG documentation of file review.
(Additional requirements may be reviewed for NDWG depending on the grant)

**PROGRAM PARTICIPANT FILE REVIEW
"Youth Participants"**

Required

- * **Eligibility application and supporting documentation**
 - * **Barrier category documented**
 - * **For out-of-school youth, test scores from an approved assessment**
 - * **Objective Assessment**
 - * **Individual Opportunity Plan (IOP) with goals, objectives and activities**
 - * **Complaint Procedure Form**
 - * **Related Party Form**
 - * **Training: if using ITA, documentation of training and training provider approved for ITA**
 - * **Training: ITA Agreement or Classroom Training Agreement**
 - * **Training: ITA or Classroom Training policy signed by participant**
 - * **If applicable, documentation on supportive services received (gas stipend, childcare, other)**
 - * **Exited participants: outcome**
 - * **Case notes**
-

- * **ARIES**
- * **Training: transcripts/grades**
- * **Training: class schedule**
- * **Training: PELL and other financial aid information**
- * **If applicable, Supportive Services Form**
- * **Training: In-demand occupation and WEIT provider**

Note: Per county discretion, forms may differ in appearance.

See Attachment 3 for Youth

County:

Date:

Program Oversight

WIOA CASELOAD REVIEW

- # of Adult customers?
- # of DW customers?
- # of WIOA Youth customers?

Based on above numbers, is:
Staffing appropriate?
More or less outreach needed?
What is the exit strategy?

What frequency, at a minimum are case notes entered?

WIOA POLICY REVIEW

Does the county follow Workforce Development Area 16 Policies in delivering WIOA services?

*** Individual Training Account; 04-2021**

Training may be extended beyond the 24-month period up to a maximum of 48 months.

WDB16 has determined the following annual limits on ITA funding:

- a. General ITA funding limit \$7,000
- b. Specialized Training approval funding limits:
 - 1. Dual Credentialing \$11,000
 - 2. Welding Basics and Advanced \$13,500
 - 3. Advanced Welding \$8,000 (stand-alone program)
 - 4. Combined CDL, Heavy Equipment and Oil Field Safety \$13,500
 - 5. Combined CDL, Tyro Leadership, and Safety Training for Reentry individuals \$9,000

This \$7,000 ITA limit may be raised to \$8,000 if the training provider requires participants to have a computer and/or software.

Justification for operator discretion for exceeding the above amounts, or extensions and waivers must be documented and maintained in the participant file.

___ Yes ___ No; If no, explain

*** Self-Sufficiency; 03-2021**

- 1. Self-Sufficiency:
 - Employed Adult: An employed adult whose individual income exceeds 200% of the poverty level for a family of one is considered to be self-sufficient and is not eligible for training services.

- Employed Dislocated Worker: A dislocated worker employed in non-interim or non-temporary employment whose individual income exceeds 200% of the poverty level for a family of one or is comparable to or higher than wages from previous employment is considered to be self-sufficient and not eligible for training services.
2. Family Self-Sufficiency: Family Self-Sufficiency is the use of the combination of family members' incomes to determine whether or not the participant has the means to fund *ITA* training. Adults (employed and unemployed) and all out-of-school youth who have a family income that exceeds 200% of the poverty level are not eligible for ITA funded training.
 3. Unemployed Adults and Dislocated Workers are not considered Self Sufficient.

Yes No; If no, explain

* **Limited Funds and Priority of Service; 01-2014** Yes No; If no, explain

* **WIOA Eligibility; 02-2020 Adult & DW Eligibility and/or 04-2015 Youth Eligibility Policy**

Yes No; If no, explain

* **Related Party/Service to Family Members Policy; 04-2018**

1. If an applicant is a family member of a *Chief* Elected Official, WDB Member, WDB Committee or Subcommittee member, Youth Council Member, WIOA executive staff or supervisor, CDJFS executive staff or supervisor or Contractor executive staff or supervisor, the eligibility process for that family member must be reviewed by WDB 6, which WDB16 has a mutual agreement for such circumstances. Once the eligibility process is completed, the other area will submit in writing to the Area 16 Staff to the Board, WDB Chair, Council of Government (COG) Chair and the county program operator that the eligibility process followed Area 16 policies and that the application is approved.

All correspondence shall be kept on file by the County Program Operator, with a copy provided to the WDA16 Staff to the Board, and available for monitoring and audit reviews. Monitoring will be conducted a minimum of once per year to review participants enrolled under this policy.

The following forms must be completed and maintained in the participant's file: 1) Services to Family Members, Close Acquaintances and Stakeholders Disclosure form, and 2) Application for Services to Family Members, Close Acquaintances and Stakeholders (completed by the appropriate authorized representative based on the specific case).

Yes No

* **ITA Providers on WIET list and in demand fields; Yes No**
Is 15% not in demand used? If so what local selection documentation is maintained

* **Complaint Procedure; 04-2017** Yes No; If no, explain

* **Procurement of Youth and any other Providers 01-2022** Yes No; If no, explain

* **Retention of Records; 03-2019**

1. SUBGRANTEE, Workforce Development Board 16 (WDB16), and AGENT will retain all records related to funds provided herein in accordance with 2 CFR 200.333 through 200.337, OAC 5101:9-9-21, and all state and federal record retention requirements for a minimum of three (3) years after SUBGRANTEE receives an allocation or payment issued. If an audit, litigation, or

similar action is initiated during this time period, the records must be retained until the action is concluded and all issues are resolved or until the end of the 3-year period, whichever is later.

___ Yes ___ No; If no, explain

* **Supportive Service; 01-2016**

A. Mileage: Maximum	B. Day Care	C. Meals/Lodging/Conference	D. Other/Remarks
Travel Allowance: 0 - 25 miles \$9.00 a Day 25.1- 50 miles \$18.00 a Day 50.1 - 75 miles \$27.00 a Day 75.1 - 100 miles \$36.00 a Day 100.1 -plus miles \$45.00 a Day or Mileage Allowance: Per mile reimbursement at the approved county rate or lower	\$12.73 per hour Maximum *Amount is based on current market rate Ohio average 2020	As necessary (See notes).	Costs must be justified and documented in participant file.
A. Mileage: Determined as a round trip. Mileage will be verified by mileage form, MapQuest printout, or as required by the county. County has the option to use either the Travel Allowance or Mileage Allowance (must be consistent for all cases within that county) as per approval of the County Operator.			
B. Day Care: <ol style="list-style-type: none"> Day Care will be provided up to a maximum of \$12.73 per child per hour, based on published county rates or other guidance. Reimbursement will be made after services have been provided and verified by the provider's time sheet. 			

C. Meals/Lodging/Conference: Meals/Lodging/Conferences are authorized at the discretion of the Program Operator and must be documented in the customer file. <ul style="list-style-type: none"> Meal reimbursement for out-of-area training may not exceed \$25.00 per day (restaurant reimbursement only with receipts) Lodging for out-of-area training may not exceed \$100.00 per day 	
D. Car repairs/tires (CCMEP only): Max \$1,000 per program year	
E. Work attire/interview clothing for employment or work experience: \$300 cap per program year in CCMEP or WIOA.	
F. Housing assistance: Up to \$1,000 per program year	
G Other/Remarks: Other Supportive Services allowable under the Workforce Innovation Opportunity Act (WIOA) or Comprehensive Case Management and Employment Program (CCMEP) may be provided with the Program Operator approval.	
NOTES: 1. Payment of required tools and attire per program sponsorship may be paid in WIOA/CCMEP activities. Supportive Services for other than a training activity are available to remove barriers to obtain full time, self-sufficient employment. The amount paid will be at the discretion of the Program Operator.	

___ Yes ___ No; If no, explain

* **Veterans' Priority of Service; 11-2015** ___ Yes ___ No; If no, explain

* **On-the-Job Training; 02-2019**

Additionally, WDB16 will not participate in OJTs, unless the wage rates are equal to or greater than the median average wage called for in the WDA16 Negotiated WIOA Wage Rate Performance

Standards for Adult, Youth, or Dislocated Workers. Youth wage rates must be at least minimum wage and meet/exceed the Youth Negotiated WIOA Wage Rate Performance Standard once determined.

The duration of the OJT shall not be less than 160 hours or exceed a maximum of 1,040 hours unless extenuating circumstances exist, in which case appropriate documentation is required. The length of the training considers several factors such as the participant's skills gap including prior work experience, the occupation for which the participant is receiving training, the content of the training, and the service strategy of the participant.

OJT participants should work a minimum of eight (8) hours per week, but the exact hours per week can be negotiated between the OJT Employer of Record and the Program Operator.

Exceptions for individuals with disabilities or other significant barriers: OJT participants facing a significant barrier to employment, such as a disability covered under the Americans with Disabilities Act (ADA), may be considered for a longer training duration of up to 50% more hours than the typical length of a similar OJT, not to exceed a maximum of 1,560 hours.

Yes No; If no, explain

* **Work Experience; 05-2017**

The duration of paid or unpaid work experience is a minimum of 160 hours and a maximum of 1040 hours, per placement, at anyone (1) work site during a 12 month period. The length of a participant's work experience activity will take into account past work experience, barriers and the complexity of the job tasks. **The maximum hours may be increased at the discretion of the program operator.**

Yes No; If no, explain

Work Experience

Who provides the Work Experience element? _____

Provider Selection: CDJFS Procured; If Procured, when: _____

Does the provider subcontract out any part of it? Yes No; If yes, explain

Describe how it was made available and how participants were selected

Participants are covered by workers compensation other insurance

Number of youth enrolled _____

Supplemented by non-CCMEP funds? Yes No If yes, funds _____

Program Duration: From _____ To _____ # Weeks _____

Does work provide paid employment? Yes No; Hourly Wage _____

Is it in compliance with Minor Labor Laws? Yes No; If no explain

COUNTY ONE-STOP REVIEW

Hours of Operation _____ Posted > ___ Yes ___ No

Are the parties to the MOU correct? _____ Yes _____ No

Are partners paying their share of MOU costs? _____ Yes _____ No

“√” the resources that are available to customers at the One-Stop.

- ___ Information on available One-Stop services
- ___ Orientation
- ___ Resource Room with up-to-date computers, software, and internet service
- ___ Client tracking system
- ___ WIOA Eligibility
- ___ Job Search Assistance
- ___ Other employment web sites
- ___ Career assessment tools
- ___ Books, videos, or printed material on job search, interviewing, applications and related topics
- ___ Labor Market Information
- ___ Resume assistance
- ___ Training Provider information
- ___ Financial Aid information
- ___ Unemployment compensation information
- ___ Telephone for customer use
- ___ Scanner/Fax machine for customer use
- ___ Copier for customer use
- ___ Access to Career Services
- ___ Access to Training Services
- ___ Customer Referral to other agencies for services

Other services and/or Comments:

How are One-Stop customers tracked?

Is referral follow up tracked?

How is customer satisfaction feedback obtained?

Suggestions for areawide improvement?

FINANCIAL REVIEW

Financial Reports and Allowable Costs

Are reports filed timely and accurately? Yes No

Is backup documentation available to support financial transactions Yes No

Are internal financial reports prepared and maintained to make accurate and timely decisions? Yes No

Is the coding of expenditures done accurately? Yes No

Date: _____ % of Program Year:
% of Adult funding expended?
% of DW funding expended?
% of Youth funding expended?
% of special grant(s) funding expended-relative to the grant period?
Obstacles with special grant?
Policies/practices that differ for special grants?

Will all carryover be expended and/or accrued by program year end? Yes No

Are expenditures, accruals and obligations being reported for:

Yes No RMS?

Yes No CLT being entered timely?

Yes No CLT 315 reviewed at month end?

Yes No CLT 315 kept to document accruals and obligations?

Comments

Any new/unique/unusual costs this period? Yes No

Comments

Cash Management

Are funds being requested received on a normal schedule? Yes No

Is cash drawn on an "as needed basis"? Yes No

What is the cash on hand, per CFIS?

Yes No **Is this accurate?**

Yes No **Is the cash liquidated with ten days of receipt?**

Cost Allocation/RMS/Indirect Rate

What type of system used?

If indirect rate, what is it?

What is the approval period?

If RMS, how many staff included in the WIOA RMS Process?

Are RMS reports completed reports checked for accuracy? Yes No

How are errors addressed?

How do you handle dual enrolled "hits"?

Procurement /Monitoring

Is the Area's procurement handbook followed? Yes No

Is the Area's financial handbook followed? Yes No

Suggestions for improvement to either?

Is an RFP issued when appropriate? Yes No N/A

When/What \$ level are quotes obtained? Yes No

Does this vary for different types of purchases?

What contracts using WIOA funding do you have?

Has county monitoring been done on contracts?

What OJTs do you have? Is monitoring of progress documented?

What incumbent worker contracts have been done this program year?

Correct CFIS coding to show as incumbent being used? Yes No N/A

Internal Management

Are there additional local written financial policies/procedures? Yes No

Do financial and program staff set a yearly budget?
How are set asides in CLT determined?

Please complete/review segregation of duties spreadsheet.
Is there an adequate separation of duties? Yes No

Have there been equipment purchases/dispositions this year? Yes No
Is there an inventory of all equipment and major purchases? Yes No N/A

Has the agency received a financial audit by ODJFS, Auditor of State or federal agency
in this program year? Yes No

Were there any corrective actions, findings, sanctions and/or repayments?
 Yes No

Comments _____

Suggestions to improve the financial system in the Area?

Training requests?

ADULT FILE CHECKLIST

Name:	Case Mgt Software Date:		
Status: Active <input type="checkbox"/> Exited <input type="checkbox"/>	Application Date:		
	Co-Enrolled:	<input type="checkbox"/> Yes	
		<input type="checkbox"/> DW	<input type="checkbox"/> Youth

Eligibility: OAC 5101:9-30-04 and OAC 5101:9-9-21;WIOAPL15-02.1;WIOAPL15-04;WIOAPL15-06 & WIOAPL15-07.2			
1. Date of Birth:	Documentation: BC <input type="checkbox"/> DL <input type="checkbox"/> Pub Asst <input type="checkbox"/> Other: <input type="checkbox"/>		
2. Age at Date of WIOA eligibility:	Release of Info:		
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: Self <input type="checkbox"/> SS card > <input type="checkbox"/> Pub Asst > <input type="checkbox"/>
4. Selective Service Registration: WIOAPL 15-04	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Documentation:
5. Determination of Dependency Status (for adult participants ages 18-24 applying for an ITA) WIOAPL 15-06	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Does the file contain a <u>signed</u> and <u>dated</u> stakeholder form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. If yes, was a relationship disclosed WIOAPL 15-05	<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	

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. Is the participant employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
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	
Other:			
1. Was the file in a consistent order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Participant entered into Case Mgt System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Files contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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.

TEGL WIOA 3-15; WIOAPL 15-09.1; WIOAPL 15-11.1; Section 134(b)(3) of WIOA; 20 CFR 680.500 – 20 CFR 680.700*

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the participant have an individual employment plans (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was an ITA/training contract established? Agree? _____ Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: Adult & Youth co-enrollment can give an YIS customer access to an ITA		
4. Name of Institution:	Date entered training:	Date Completed:
5. Does the adult participant qualify under the locally-defined "family sufficiency" standard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the participant's job/career training in a demand occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Documentation: Credential: <input type="checkbox"/> <Yes <input type="checkbox"/> <No
7. Was the vendor on the Workforce Inventory Education Training (WIET) List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Area of Study:
8. Applied for Grants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Training in OWCMS?

Supportive Service: N/A **TEGL WIOA 3-15; WIOAPL 15-08; WIOAPL 15-14 & 20 CFR 680.900 - 680.970(b)***

1. Was the need identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
2. 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)	
3. Is service(s) within the limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
			If no, explain:

Follow-Up Services: N/A (Mark N/A if participant remains active) **WIOAPL 15-08**

1. Exit Date:	
2. Contact:	Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/>

DISLOCATED WORKER FILE CHECKLIST

Name:		Case Mgt Software Date:	
		Application Date:	
Status: Active <input type="checkbox"/> Exited <input type="checkbox"/>	Co-Enrolled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Adult <input type="checkbox"/> RR/NEG	

Eligibility: OAC 5101:9-30-04 and OAC 5101:9-9-21; WIOAPL15-02; WIOAPL15-04; WIOAPL15-05 & WIOAPL15-07.02			
1. Date of Birth:	Documentation: BC DL Pub Asst Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2. Age at Date of WIOA eligibility:			
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: Self SScard> <input type="checkbox"/> Pub Asst> <input type="checkbox"/> <input type="checkbox"/>
4. Selective Service Registration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Documentation:
5. Does the file contain a <i>signed</i> and <i>dated</i> stakeholder form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Release?
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	

Dislocated Worker Eligibility: OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02; WIOAPL 15-07.2 JFS-13186, Self-Attestation form can be used to verify several categories, WIOAPL 15-07.2 for details.			
1. Eligibility Criteria (Each portion of the criteria (either A, B, C, D, or E) must be fully documented in the case record)			
A. Has been terminated/laid off (and):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Proof of Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Proof of termination or layoff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Proof UC or att workforce but not UC elig	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Is unlikely to return to a previous industry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
B. Business/Plant/Enterprise Closure (or):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Substantial Lay-Off (or):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Public Announcement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
C. Self-Employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
D. Displaced Homemaker:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
E. Military Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:

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 & WIOAPL 15-09

1. Is the participant employed? (Interim employment counts as UNEMPLOYED)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
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	

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.

TEGL WIOA 3-15; WIOAPL 15-09; WIOAPL 15-11; Section 134(b)(3) of WIOA; 20 CFR 680.500 – 20 CFR 680.700* 15-23 & 15-22.1

1. Comprehensive assessment determines that the individual requires training to obtain employment or remain employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the participant have an individual employment plans (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. ITA/training contract established? Agree? _____ Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Name of Institution: _____ Start: _____ End: _____ Cred?: <input type="checkbox"/>		
5. Is job/career training in a demand occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Was the vendor on the WIET List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Applied for Grants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other:

1. Was the file in a consistent order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Participant entered into Case Mgt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Files contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Supportive Service: TEGL WIOA 3-15; WIOAPL 15-08; WIOAPL 15-14 & 20 CFR 680.900 - 680.970(b)*

1. Was the need identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
2. What supportive service was requested/provided:	<input type="checkbox"/> None <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)		
3. Is service(s) within the limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A If no, explain:

Follow-Up Services: N/A (Mark N/A if participant remains active) WIOAPL 15-08

1. Exit Date:	2. Contact: Q1: <input type="checkbox"/> Q2: <input type="checkbox"/> Q3: <input type="checkbox"/> Q4: <input type="checkbox"/> other:
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YOUTH FILE CHECKLIST

Name:		WIOA Area/County:	
		Application Date:	Entered in System:
Status:		Sign <input type="checkbox"/> <Y N> <input type="checkbox"/>	<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"/> TANF <input type="checkbox"/> Adult <input type="checkbox"/> No

WIOA Eligibility: WIOAPL 15-03.1, 15-4, 15-05, 15-06, 15-07
 (Required participants: 14-24 years old; Volunteer participants: 14-24 years old; and In-School: 14-21 ages; Out 16-24 ages)

1. Date of Birth:			
2. Age at Date of WIOA eligibility:	Documentation:		
3. 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
4. Selective Service Registration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Documentation:
5. Determination of Dependent Status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Does the file contain a <i>signed</i> and <i>dated</i> stakeholder form?	<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 <i>signed</i> and <i>dated</i> Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Release of Information <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the participant enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
10. Does the participant have a high school diploma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:

Youth Eligibility: WIOAPL 15-03.1(V), 15-07.2, Section 129 of WIOA
 Youth must document one of the following barriers in addition to meeting one of the low-income criteria.

<p>In-School Youth Barrier Categories <i>(ISY: 14-21 years old):</i></p> <p><input type="checkbox"/> Low Income AND has a below barrier: <input type="checkbox"/> Deficient Basic Skills <input type="checkbox"/> English Language Learner <input type="checkbox"/> Homeless or Runaway <input type="checkbox"/> Foster Child or Emancipated Foster Child <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> Offender <input type="checkbox"/> Individual with a Disability (can be up to 23 yr. old) <input type="checkbox"/> Requires additional assistance</p> <p>Low Income? _____</p>	<p>Out-of-School Youth Barrier Categories <i>(OSY: 14 – 24 years old, not attending any school):</i></p> <p><input type="checkbox"/> Low Income, Deficient Basic Skills and High School Diploma or equivalent <input type="checkbox"/> English Language Learner (and Low Income) <input type="checkbox"/> School Dropout <input type="checkbox"/> Not Attending School <input type="checkbox"/> Homeless or Runaway <input type="checkbox"/> Foster Child or Emancipated Foster Child <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> Offender or subject to juvenile or adult justice system <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Low Income and Requires additional assistance</p>
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Basic Skills Testing: TABE/Other: _____ Read _____ Math _____ Language _____

Comprehensive Assessment:

WIOAPL 15-10(5)(C)

1. Did file contain a comprehensive assessment? No Yes Signed

Individual Opportunity Plan (IOP):

WIOAPL 15-10(5)(C)

1. Did the case file contain an IOP? No Yes Signed

Program Elements:

WIOAPL 15-10(5)(D), Section 129(c)(2) of WIOA

1. List the program elements which were provided to this youth:

- Tutoring
- Alternative Secondary School Offerings
- Paid/unpaid work experiences with component academic & occupational education, which may include:
Summer employment opportunities & other employment /Pre-apprenticeship programs
Internships and job shadowing / On-the-job training opportunities
- Occupational skill training
- Education concurrently with workforce preparation activities and training for a specific occupation
- Leadership development opportunities
- Supportive services (2 new services: assistance w/ educational testing & accommodations and NRP)
- Adult mentoring (for a total of not less than 12 months)
- Follow-up services (for not less than 12 months after completion of participation)
- Comprehensive guidance and counseling (may include drug/alcohol)
- 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

Paid or Unpaid Work Experience:

WIOAPL 15-10 & WIOAPL 15-13

1. Does the worksite agreement include, minimally, all of the following:

Employer: _____

- The Duration _____ to _____
- 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

2. If a paid or unpaid work experience was provided to the youth participant, did the file contain the following:

- Time sheets, attendance sheets, and performance records;
- Proof of age/Parental consent (under 18 years of age);
- Age and Schooling Certificate (Work Permit) (while school is in session and under 16 years of age);
- Minor Wage Agreement (under 18 years of age);

3. Does the county 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

Supportive Services:	WIOAPL 15-10(5)(D)(7)
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- | | | |
|--|------------------------------|-----------------------------|
| 1. Were supportive services provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was the need for supportive services clearly documented in the case file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. If mileage, is Internet printout of miles included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Identify the Supportive Services provided:
- Assistance with transportation
 - Assistance with child care and dependent care
 - Assistance with housing
 - 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)

Incentives:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Were incentives provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was the need for incentives clearly documented in the case file? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Identify the incentives provided: | | |

INCENTIVE PROGRAM \$1000 CAP PER YEAR

INCENTIVE	AMOUNT	INCENTIVE	AMOUNT
Perfect Attendance for one calendar month (school or work)	\$25.00	Pass Drug Screen (up to four)	\$25.00
Grades: (Program Operator discretion per participant)	\$25.00	Obtaining Driver's License (one time) related to work exp/completion of training	\$100.00
Complete an A+ Class (up to four)	\$25.00	Complete a Job Shadowing Exp (up to five)	\$10.00
Advance One School Grade	\$50.00	Complete an Internship	\$50.00
Pass a segment of the HS Equivalency test	\$50.00	Complete Entrepreneurial Training	\$25.00
Obtain Job Certification (STNA/Welding/Etc)	\$100.00	8 hours of Community Service if meets definition of unpaid Work Exp. (up to four)	\$20.00
Graduate from High School/Equivalent, Trade School, Certificate Program, or College	\$250.00	Other Overcoming barrier (related to work exp., education or training): Explain:	not to exceed \$100

Training Services: N/A

TEGL WIOA 3-15; WIOAPL 15-09; WIOAPL 15-11; Section 134(b)(3) of WIOA; 20 CFR 680.500 – 20 CFR 680.700*

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the participant have an individual opportunity plan (IOP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was an ITA/training contract established? Agree? _____ Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Name of Institution: _____ Date completed: _____		
5. Does the participant qualify under the locally-defined "family sufficiency" standard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the participant's job/career training in a demand occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documentation: _____		
7. Was the vendor on the Workforce Inventory Education Training (WIET) List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area of Study: _____		
8. Applied for Grants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training in ARIES? _____		

Other:

1. Was the file in a consistent order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Participant entered into OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Files contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Follow-Up Services: N/A (Mark N/A if participant remains active) **WIOAPL 15-08**

1. Exit Date:	Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/>	Comments: _____
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