



# PY18 Program & Fiscal Monitoring Guide

## ADMINISTRATIVE REVIEW SECTION

### LOCAL OMJ

Yes	No	
		<p>1. Does the Local OMJ use the Area 7 Customer Satisfaction Survey?</p> <ul style="list-style-type: none"> <li>• If not, what method is used to measure its success in delivering services to the business customer and participant? <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? How is this captured?</p>
		<p>4. Are there waiting lists for customers wishing to obtain:</p> <ul style="list-style-type: none"> <li>• Adult services? Yes / No</li> <li>• Dislocated Worker services? Yes / No</li> <li>• Youth services? Yes / No</li> </ul>
		<p>5. If yes to any of question 4, how long are the waiting lists?</p>
		<p>6. Have customers been denied enrollment due to a lack of funds?</p>
		<p>7. How does the Local OMJ identify and ensure that veterans receive preference to services?</p>
		<p>8. How is the Local OMJ making job opportunities available to the customers?</p>
		<p>9. Are you using OhioMeansJobs as a job matching tool?</p> <ul style="list-style-type: none"> <li>• What other sites do you use?</li> </ul>

## 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?  <input type="checkbox"/> Recruitment <input type="checkbox"/> Interview Room <input type="checkbox"/> Job Fairs <input type="checkbox"/> Business Resource Manual <input type="checkbox"/> Labor Market Information <input type="checkbox"/> Incumbent Worker Training <input type="checkbox"/> OJT <input type="checkbox"/> Customized Training <input type="checkbox"/> Rapid Response <input type="checkbox"/> Other: _____
		3. Is there a single point of contact for business customers?  If yes, who is the point of contact?
		4. Does the Local OMJ coordinate with other partners to provide other employer services?  If yes, please describe.

## 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?  <b>20 CFR 683.600(a)*</b>
		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?  <b>20 CFR 683.600(b)*</b>
		3. Does the local area and/or county offices log and record all complaints received?  <b>WIOA Complaint Procedure Manual</b>

Yes	No	
		4. How many complaints did the local area and/or county offices with the Area receive in PY 2018? _____ Were these submitted to the Area 7 Admin Office? Yes / No
		5. Has the local OMJ identified a hearing officer and an alternate? <b>WIOA Complaint Procedure Manual</b>
		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 2018?
		8. How many formal hearings were held in PY 2018?
		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? <b>WIOA Complaint Procedure Manual</b>
		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? <b>WIOAPL 15-07 &amp; WIOAPL 15-08</b>
		2. Is priority of service being provided for individualized career and training services for veterans and eligible spouses? <b>WIOAPL 15-08 &amp; WIOAPL 15-09</b>
		3. Have Individual Employment Plans (IEPs) been developed for participants who receive an individualized career service or a training service? <b>WIOAPL 15-08</b>
		4. Does the local area use prior individualized assessments/evaluations (within six months) of the participants' education training program? <b>WIOAPL 15-08</b>
		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?  a. Did the participants get individualized career services? Yes or No b. If not, why did they go straight to training?  <b>WIOAPL 15-09</b>
		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?

Yes	No	
		<b>WIOAPL 15-09</b>
		7. Are the local OMJ training providers on the eligibility training provider list? <b>Section 122 of WIOA &amp; WIOAPL 15-09</b>
		8. Are participants made available, information to make an informed customer choice when choosing a training provider? <b>WIOAPL 15-09</b>
		9. Are ITA's being used for adults and dislocated workers?  a. If not, is a waiver in the file? Yes or No <b>WIOAPL 15-09</b>
		10. Are supportive services being provided to adults and dislocated workers who are participating in a career and/or training services?
		11. Does the local area determine self-sufficiency for adults and dislocated workers who are going to receive training services?
		12. 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?  <b>Section 134(b)(3)(A) of WIOA &amp; WIOAPL 15-09</b>
		13. Are 18-24-year-old Adults who are seeking WIOA funded ITA's being screened for dependent status?  <b>WIOAPL 15-06 &amp; WIOAPL 15-09</b>
		14. 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?  <b>WIOAPL 15-08</b>

**YOUTH PROGRAM REVIEW SECTION  
YOUTH PROGRAM MANAGEMENT**

<b>Yes</b>	<b>No</b>	
		<p>1. 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>2. 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 administrator/staff?</p> <p align="right"><b>20 CFR 681.420(b)*</b></p>
		<p>3. 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>4. 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>5. Does staff utilize a variety of social media to reach out to youth participants?</p> <p>If yes, what type of social media?</p>

**YOUTH INTAKE/ELIGIBILITY**

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

**YOUTH 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 sufficient 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) Are PA (Public Assistance) fund reimbursements due to RMS current, if applicable?</li> <li>3) Do program staff know what their training and services budget are?</li> <li>4) 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?

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

- 1) Detailed Expenditure Ledger
- 2) MOU Partner name and Budget

## ADULT FILE CHECKLIST

<b>Name:</b>	<b>WIOA Area/County:</b>			
	<b>Application Date:</b>			
<b>Status:</b> Active <input type="checkbox"/> Exited <input type="checkbox"/>	<b>Co-Enrolled:</b>	<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;WIOAPL15-06 & WIOAPL15-07				
2. Date of Birth:	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: <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:
6. Determination of Dependency Status (for adult participants ages 18-24 applying for an ITA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Does the file contain a <i>signed</i> and <i>dated</i> stakeholder form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8. 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	
9. 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. <b>WIOAPL 15-07 &amp; WIOAPL 15-08</b>	
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 (family of 1)	
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. <b>TEGL WIOA 3-15; WIOAPL 15-08; WIOAPL 15-09 &amp; WIOAPL 15-11</b>			
<input type="checkbox"/> Eligibility Determination to receive WIOA services	<input type="checkbox"/> Orientation to info. & other service available through the Local OMJs	<input type="checkbox"/> Labor Market employment statistical information using OMJ	<input type="checkbox"/> Self-administered initial assessment of skill levels and needs for supportive 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 & 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	

**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 WIOA3-15; Section 134 (c)(2)(A)(xii), WIOAPL 15-08 & WIOAPL 15-09**

<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:		
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. Does 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): _____		

<p><b>Training Services:</b> <input type="checkbox"/> 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.</p> <p><b>TEGL WIOA 3-15; WIOAPL 15-09; WIOAPL 15-11; Section 134(b)(3) of WIOA; 20 CFR 680.500 – 20 CFR 680.700*</b></p>					
<input type="checkbox"/> Occupational Skills Training (OST)	<input type="checkbox"/> On-the-job training (OJT)		<input type="checkbox"/> Incumbent Worker Training (IWT)		
<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"/> Skill upgrading and retraining		
<input type="checkbox"/> Entrepreneurial Training	<input type="checkbox"/> Transitional Jobs		<input type="checkbox"/> Job Readiness Training		
<input type="checkbox"/> Adult education and literacy activities	<input type="checkbox"/> Customized Training		<input type="checkbox"/> Needs-Related Payments (NPRs)		
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 contact 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
4. Name of Institution:					
5. 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
7. Does the adult participant meet a locally-defined “family sufficiency” standard?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the participant’s job/career training in a demand occupation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
9. Was the vendor on the Workforce Inventory Education Training (WIET) List:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:	
10. Applied for Grants:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11. Date Entered Training:			12. Date Exited Training: (if active, mark N/A):		

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	(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"/> 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: (if active, mark N/A)				
10. OJT Employer:	11. OJT Job Title:				
12. OJT Begin Wage:	13. OJT Ending Wage:				
14. Was each skill attained as a result of training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

<b>Supportive Service:</b>					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. 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:

None Requested   
 Child Care   
 Dependent Care   
 Transportation  
 Housing   
 Tools/Uniforms   
 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:

**Outcome & Performance Measures:**  N/A    **Section 116(b)(2)(A)(iii) of WIOA & Section 122(b) of WIOA**

1. Entered Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. Other Exit Reason:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain Other:

3. Job Title:

4. Was training related:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Credential:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Hourly Wage: \$

**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. Exit Date:				
2. Quarterly Contact:				
1 <sup>st</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
2 <sup>nd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
3 <sup>rd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:

4 <sup>th</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
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**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. Files contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Comments:**

## YOUTH FILE CHECKLIST

Name:	CCMEP/WIOA Area/County:		
Contractor provided service? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Application Date:	Eligibility Date:	
Contractor Name:		Is Participant in OWCMS? <input type="checkbox"/> Yes or <input type="checkbox"/> No	

<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"/> No  <input type="checkbox"/> Adult <input type="checkbox"/> TANF <input type="checkbox"/> WIOA

**CCMEP/WIOA Eligibility:** **WIOAPL 15-03, 15-04, 15-05, 15-06, 15-07**

If referred, what date is the referral _____ Date of IOP _____ Date of Assessment _____				
1. Did the local area use form JFS 03002?	<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:	4. Social Security Card in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last four SSN
5. Age at Date of WIOA eligibility:	Documentation:			
6. 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	Documentation:	
7. 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:
8. 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> verification form for serving applicants with a close relationship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
10. If yes, was a relationship disclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. If yes, was area policy followed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Is there a <i>signed</i> and <i>dated</i> Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
13. Is the participant enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
14. Does the participant have a high school diploma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
15. TANF Eligibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Military Status?	

**Youth Eligibility:**

WIOAPL 15-03(V), 15-07, Section 129 of WIOA & 5101:10-3-01(M)(2)

Youth must document one of the following barriers in addition to meeting one of the low-income criteria.

**In-School Youth Barrier Categories**

*(ISY: 16-21 years old):*

- Low-income individual and has one or more of the following barriers:
- Basic skills deficient;
- An English language learner;
- An Offender; legal barriers court system
- A homeless individual, runaway
- Foster care or aged out of foster care
- Pregnant or parenting
- Public Assistance
- Individual with a Disability (can be up to 23 yr. old)
- Individual who requires additional assistance

**Out-of-School Youth Barrier Categories**

*(OSY: 16 – 24 years old, not attending any school):*

- A school drop-out
- Age of compulsory school attendance but has not attended school
- Diploma or equivalent, low income, basic skills deficient;
- English language learner and low income
- Offender or subject to juvenile/adult justice system
- A homeless individual or runaway
- Foster care or aged out of foster care
- Pregnant/Parenting
- Individual with a Disability
- Low Income who requires additional assistance

**5101:10-3-01 (M)(2)**

**5% Exception Category**

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 (V).

*(must have at least one check if income criteria is not met):*

- Deficient basic skills
- School Dropout
- Homeless/Runaway
- Pregnant/Parenting Youth
- Offender
- Disabilities (including learning disabilities)
- One or more grade levels below
- Face barriers to employment

**Low Income** (Section 3 (36)(a) of WIOA)

*(must meet at least one condition to be considered low income)*

Receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received assistance through one of the following:

- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Member of a household that receives other Cash Public Assistance

OR

- Family Income does not exceed the higher of the
  - Poverty line; or
  - 70% of the Lower Living Standard Income Level
- Homeless Individual
- Youth Living in a high poverty area



- Foster Child
- Disabled Individual

**Comprehensive Assessment:**

**Date of Assessment:** \_\_\_\_\_  
**WIOAPL 15-10(5)(C) & 5101:14-1-04**

1. Review the comprehensive assessment tool (JFS 03003) to determine if it contains information for all of the following:
- Occupational skills (Pg.1, 2, 3 & 4)
  - Prior work experience (Pg. 2 & 3)
  - Employability (Pg. 2 & 3)
  - Interests (Pg. 2 & 7)
  - Aptitudes (Pg. 7)
  - Supportive service needs (Pg. 3, 4, 5 & 6)
  - Developmental needs (Pg. 4 & 5)
  - Basic skills (Pg. 1 & 2)

2. Was a Basic Skills Assessment completed (Pg.2)? (i.e., <b>TABE, BEST, CASAS, GAIN, MAPT</b> )	<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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**Individual Opportunity Plan and Activities**

**Date of IOP:** \_\_\_\_\_  
**WIOAPL 15-10(V)(C) & 5101:14-1-05**

1. Did the case file contain evidence that an ISS was documented on the IOP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. If so, was there evidence that the participant was actively engaged in developing the IOP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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1. Is the IOP signed and dated by all parties (Participant, Parent/Guardian, and Case Manager)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Does the IOP contain evidence that preparation for postsecondary educational and training opportunities have been made available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Are assignments to activities based on the service(s) needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Did the IOP identify and 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; and

<input type="checkbox"/> Development of an individual opportunity plan in accordance with rule 5101:14-1-05 of the administrative code.		
7. Was the IOP goals and strategies updated as education/training goals were achieved or as the needs of the youth changed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If yes, are the updates signed and dated by all parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. 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

**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 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. Was the provided program elements based on the participant's assessments and IOP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b><u>Paid or Unpaid Work Experience:</u></b> <input type="checkbox"/> N/A	<b>WIOAPL 15-10, WIOAPL 15-13 &amp; ORC 4109.09</b>
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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);
- I-9, Employment Eligibility Verification

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:

- 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

<b><u>Supportive Services:</u></b>	<b>WIOAPL 15-10(5)(D)(7)</b>
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1. Did the local area review supportive services with the participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Was a need identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
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3. Were supportive services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
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4. Was the need for supportive services clearly documented in the case file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Were the supportive services identified in the objective assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. 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)

**Performance Measures:**  N/A- Youth is still active

**5101:14-1-07**

What outcome(s) did the youth receive as a result of participation in CCMEP/WIOA?

- In an education or training program
- Gained at least one educational functional level
- Unsubsidized employment
- 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 CCMEP/WIOA services

**Follow-Up Services:**  N/A- Youth has not exited the program **WIOAPL 15-10(V)(D)(9) & 5101:14-1-06(D)**

1. Exit Date:

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

- Leadership development and supportive service activities
- Regular contact with employer, including assistance in addressing work-related problems
- Assistance in securing better paying jobs, career pathway development, and further education or training.
- Work-related peer support groups
- Adult mentoring
- Services necessary to ensure the success of youth participants in employment and/or post-secondary education

3. Was the type of service provided based on the needs of the youth?

Yes

No

4. Were follow-up services provided for a minimum of 12 months?

Yes

No

5. If no to Question 4, are follow-up services still being provided?

Yes

No

Quarterly Contact:

1<sup>st</sup> Quarter

Yes

No

N/A

Documentation:

2 <sup>nd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
3 <sup>rd</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
4 <sup>th</sup> Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:

**Other:**

1. Is it evident that OWCMS was used to track progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the file contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was the participant actively engaged in maintaining communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the youth file a complaint with the local area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If yes, did the local area follow complaint procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Was the participant referred from CDJFS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Date of referral?	How many days between referral and IOP?	
6. Date of IOP?		
7. Date of Assessment?	How many days between IOP and Assessment?	

**Comments:**