



WDA 14

A proud partner of the
American Job Center network

Attachment A

**WORKFORCE DEVELOPMENT
AREA 14
ATHENS, MEIGS AND PERRY
COUNTIES**

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

MONITORING GUIDE

JANUARY 2019

WIOA ENTRANCE MONITORING CONFERENCE

Date _____ **Program Year** _____

Monitoring Entity _____

Monitoring Staff _____

County _____

Program Provider _____

Provider Address _____

Provider Staff Present _____

Monitoring Purpose _____

Monitoring Entity Comments _____

Provider Comments _____

Monitor Signature & Date

Provider Signature & Date

**PROGRAM PARTICIPANT FILE REVIEW
“Adult, Dislocated Worker, NEG and Youth”**

File Review 4 participant files (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/NEG Participants Files will be reviewed for the following contents using the “Adult/Dislocated Worker/NEG File Checklist”.

Required

- * **Eligibility application and supporting eligibility documentation**
- * **OWCMS record created**
- * **Assessment**
- * **Employment plan with goals, objectives and activities**
- * **Complaint Procedure Form**
- * **Related Party Form**
- * **For employed individuals, self-sufficiency documentation**
- * **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, child care, other)**
- * **Exited participants: obtained employment information or other outcome**
- * **Case notes**

- * **Training: training documented as a demand occupation (On Ohio Demand Occupation list 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.

Adult/Dislocated Worker/NEG File Checklist

Name _____ County _____

Program: _____ Adult _____ DW _____ NEG

Eligibility: ___ Application ___ Right to Work ___ Age ___ Selective Service

___ Low Income/Public Assistance ___ Entered in OWCMS

Supporting documentation in file ___ Yes ___ No; _____

Dislocated Worker: ___ Terminated/Laid Off, Unemployment Compensation & Unlikely to Return
___ Plant closure ___ Self-Employed ___ Displaced Homemaker

Supporting documentation in file: ___ Yes ___ No; _____

NEG: ___ Eligibility Reason _____

Supporting documentation in file: ___ Yes ___ No; _____

Employment Status: ___ Unemployed ___ Employed; If employed, has the participant been
enrolled in compliance with the Area's Self-Sufficiency definition?
___ Yes ___ No; If no, explain _____

Activity _____

Are the following items in file? : "✓" =Yes "X" = No NA = Not Applicable Optional

___ Assessment _____ Employment Plan (goals, objectives, activities)

___ Complaint Procedure _____ Related Party form

___ Dependency documentation if under 25 years old

___ Training: documentation of approved training program & provider for ITA

___ Training: ITA Agreement _____ Training: in demand occupation

___ Training: ITA Policy signed _____ Supportive services received

___ Training: transcripts/grades _____ Training: class schedule

___ Training: PELL/financial aid

___ Supportive Services Form _____ Case notes

___ Exited participant; exit date _____ Outcomes _____

Comments

Youth Participants Files will be reviewed for the following contents using the “Youth File Checklist-CCMEP-WIOA”.

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, child care, other)
 - * Exited participants: outcome
 - * Case notes
-

- * OWCMS
- * Training: transcripts/grades
- * Training: class schedule
- * Training: PELL and other financial aid information
- * If applicable, Supportive Services Form
- * Training: In-demand occupation on Ohio In-Demand Occupation list

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

Youth File Checklist (CCMEP- WIOA)

Name _____ County _____

___ In-School Youth ___ Out-of-School Youth (O/S)

Out-of-School Youth ___ TABE Test; O/S Documentation _____

Eligibility: ___ Application ___ Right to Work ___ Age ___ Selective Service

___ Public Assistance/Low Income ___ Entered in OWCMS

Supporting documentation in file ___ Yes ___ No; _____

Youth Barrier _____

If applicable, 5% barrier _____

Activities _____

Are the following items in file? “✓” = Yes “X” = No NA = Not Applicable Optional

___ Objective Assessment ___ IOP (goals, objectives and activities)

___ Complaint Procedure ___ Related Party Form

___ Training: documentation of approved training program & provider of ITA

___ Training: ITA/CRT Agreement ___ Training: In-demand occupation

___ Training: ITA/CRT Policy signed

___ Training: transcripts/grades ___ Training: class schedule

___ Training: PELL/financial aid ___ Supportive Services received

___ Supportive Services Form ___ Case notes

___ Exited participant; exit date _____ Outcomes _____

Summer Employment Opportunities (SEO) Overview (CCMEP-WIOA)

County _____

Who provides the SEO element? _____

SEO Provider Selection: ___ **Grant Recipient/Fiscal Agent** ___ **Procured**

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

Describe how SEO was made available and how participants were selected for SEO

Participants are covered by ___ **workers compensation** ___ **other insurance**

Number of youth enrolled in SEO _____

Is SEO supplemented by other funds? ___ **Yes** ___ **No; If yes, funds** _____

How many of the SEO participants are enrolled in year-round services? _____

Program Duration: From _____ **To** _____ **# Weeks** _____

Does SEO provide paid employment? ___ **Yes** ___ **No; Hourly Wage** _____

Is SEO in compliance with Minor Labor Laws? ___ **Yes** ___ **No; If no explain**

Comments

WIOA POLICY REVIEW

County _____

Does the county follow Workforce Development Area 14 Policies in delivering WIOA services?

* **Individual Training Account; ___ Yes ___ No; If no, explain**

* **Self-Sufficiency; ___ Yes ___ No; If no, explain**

* **Limited Funds and Priority of Service; ___ Yes ___ No; If no, explain**

* **Supportive Service; ___ Yes ___ No; If no, explain**

* **WIOA Eligibility; A/DW, Youth, and Source Documentation for WIOA Eligibility-
___ Yes ___ No; If no, explain**

* **Close Relationship/Service to Family Members Policy; Is there a list/log and was that made available to you? ___ Yes ___ No
If no, explain _____**

* **Following WIET process for approval of ITA Providers ___ Yes ___ No;
If no, explain _____**

* **Complaint Procedure; Is there a log and was that made available to you?**
___ Yes ___ No; If no, explain

POLICY REVIEW “CONTINUED”

County _____

* **Approval of Youth Providers and Procurement Standards** ___ Yes ___ No;
If no, explain

* **Retention of Records;** ___ Yes ___ No; **If no, explain**

* **Veterans’ Priority of Service;** ___ Yes ___ No; **If no, explain**

* **On-the-Job Training;** ___ Yes ___ No; **If no, explain**

* **Work Experience;** ___ Yes ___ No; **If no, explain**

OhioMeansJobs Center SYSTEM REVIEW

Comprehensive Counties _____

Affiliate/Satellite Counties _____

Athens County OMJ Operator _____

Meigs County OMJ Operator _____

Perry County OMJ Operator _____

Athens County OMJ Partners co-located _____

Meigs County OMJ Partners co-located _____

Perry County OMJ Partners co-located _____

COUNTY OMJ REVIEW

County _____

Hours of Operation _____ Posted ____ 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
- ____ OWCMS
- ____ WIOA Eligibility
- ____ Job Search Assistance
- ____ Other employment web sites
- ____ Career assessment tools
- ____ Books, videos, CD-ROMS or printed material on job search, interviewing, employment applications and related topics
- ____ Labor Market Information
- ____ Resume assistance
- ____ Training Provider information
- ____ Financial Aid information
- ____ Unemployment compensation information
- ____ Telephone for customer use
- ____ Fax machine for customer use
- ____ Copier for customer use
- ____ Access to Intensive Services
- ____ Access to Training Services
- ____ Customer Referral to other agencies for services

Comments _____

How are OMJ customers tracked? _____

How is customer satisfaction feedback obtained? _____

FINANCIAL REVIEW

“Financial Reports and Allowable Costs”

Are reports filed timely and accurately? Yes No

Comments _____

Is backup documentation available to support financial transactions Yes No

Comments _____

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

Comments _____

Is the coding of expenditures done accurately? Yes No

Comments _____

Is all of PY _____ funding expended? Yes No

Comments _____

Is all of PY _____ funding expended and/or obligated? Yes No

Comments _____

Are expenditures, accruals and obligations being reported against PY _____ funding? Yes No

Comments _____

Are costs allowable and reasonable under WIOA regulations? Yes No

Comments _____

“Cash Management”

Are funds being requested on a daily, weekly and monthly basis reasonable and in line with the cash forecast submitted to the Area fiscal agent? Yes No

Comments _____

Is cash drawn on an “as needed basis”? Yes No

Comments _____

What is the average day cash residual on hand?

Comments _____

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

Comments _____

Is interest calculated and reported properly? ___ Yes ___ No

Comments _____

“Cost Allocation”

Is the correct staff included in the RMS Process? ___ Yes ___ No

Comments _____

Are RMS reports completed reports checked for accuracy? ___ Yes ___ No

Comments _____

Does all staff have access to an RMS Manual? ___ Yes ___ No

Comments _____

“Procurement”

Are procurement regulations followed? ___ Yes ___ No

Comments _____

Is the Area’s procurement policy being followed? ___ Yes ___ No

Is an RFP issued when appropriate? ___ Yes ___ No

Comments _____

Are an adequate number of quotes obtained for small purchases? ___ Yes ___ No

Comments _____

“Internal Management”

Are there written procedures available for the fiscal officer and staff ___ Yes ___ No

Comments _____

Is there an adequate separation of duties? ___ Yes ___ No

Comments _____

Is there an inventory of all equipment and major purchases? ___ Yes ___ No

Comments _____

Are the appropriate asset disposal regulations followed? ___ Yes ___ No

Comments _____

Is depreciation being done on required items? ___ Yes ___ No

Comments _____

Has the agency received a financial audit by ODJFS, Auditor of State or federal agency in the last six months? ___ Yes ___ No

Comments _____

**Have all audit findings, sanctions and/or repayment of overpayments been resolved?
___ Yes ___ No**

Comments _____

Additional Evaluation to be conducted by the WDB14 Director

**Additional Performance Selected Items from:
Training and Employment Guidance Letter (TEGL)
One Stop Operating Guidance for WIOA No 16-16 Jan 17, 2017**

Integrated Partnerships: Is there a Memorandum of Understanding (MOU) in place that contains provisions describing the services to be provided through the one-stop delivery system; how the costs of such services and the operating costs of the system will be funded; methods for referral of individuals between the one-stop operator and the one-stop partners; and the duration of the MOU and procedures for amending the MOU? ___ Yes ___ No; Explain

Businesses and Employer Services: There is a system and services in place to enable businesses and employers to easily identify and hire skilled workers and access other human resource assistance, including education and training for their current work force, which may include assistance with pre-screening applicants, writing job descriptions, offering rooms for interviewing, and consultation services on topics like succession planning and career ladder development, and other forms of assistance. ___ Yes ___ No: Explain

One Stop Certification: The One Stop Center is fully compliant and up-to-date with Certification requirements. ___ Yes ___ No; Explain

Continuous Improvement: The One Stop Center participates in rigorous evaluations that support continuous improvement of the Job Center by identifying which strategies work better for different populations. ___ Yes ___ No; Explain

Outreach: Evidence of client outreach (business, individuals, and partners) as per WDB14 approved Outreach Plan ___ Yes ___ No; Explain

Standard Operating Procedures (SOP): Evidence of compliance with WDA14 Standard Operating Procedures (SOP) ___ Yes ___ No; Explain
