**Workforce Innovation and Opportunity Act (WIOA)**

**Program**

**MONITORING**

**GUIDE**

**For Quality & Compliance**

Area:\_\_\_\_

County:\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_

Adapted from the ODJFS Monitoring tool as of March, 2016

***WIOA Program Monitoring***

Rev. June 2017 from State 3/29/2016

Table of Contents

| **TOPIC** | **PAGE** |
| --- | --- |
| [**Monitoring Responsibilities, Goal and Objectives**](#_STATE_RESPONSIBILITIES) | 2 |
| Area & Local [WIOA Monitoring Entrance Conference Form](#wia)  | 4 |
| **Administrative Review Section** |  |
| [Workforce System](#onestop) | 5 |
| [Business](#business)Rapid Response | 56 |
| [Monitoring and Oversight](#monitoring) | 7 |
| Handling Programmatic Complaints | 8 |
| **Adult and Dislocated Worker Programs Review Section** |  |
| Adults and Dislocated Workers | 9 |
| **Youth Program Review Section** |  |
| Youth Program Management | 11 |
| Youth Intake/Eligibility | 12 |
| Youth Follow-Up Services | 12 |
| **Program Waivers**PY15 Program WaiversWIOA Monitoring Post Review Discussion**Attachments-local forms****File Checklists and Forms** | 1213 |
| Pre-visit Monitoring ToolAdult File Checklist | A-1A-2 |
| Dislocated Worker File Checklist  | A-3 |
| Youth File Checklist OJT Checklist | A-4

|  |
| --- |
| A-5 |

 |
| Fiscal | A-fis |

Monitoring Responsibilities, gOALS AND OBJECTIVES

 LOCAL RESPONSIBILITIES

The Workforce Innovation and Opportunity Act (WIOA) and regulations require that the local areas develop a monitoring system and monitor grant supported activities annually for compliance with applicable laws and regulations in accordance with the state monitoring system.

 GOAL

The goal of the monitoring effort is to conduct oversight and monitoring activities to ensure that established policies, procedures and systems achieve quality program outcomes that meet the requirements and objectives of the Workforce Innovation and Opportunity Act and Federal and State Regulations.

**OBJECTIVES**

The Monitoring Guide is designed to achieve three objectives:

1. To determine if local WIOA activities comply with the Act, Federal and State Regulations, Directives and State Procedures, Guidance Letters and other applicable guidelines and goals.
2. To provide program guidance and direction to assist in providing quality workforce development services to customers.
3. To provide a framework for continuous improvement efforts in WIOA.

**SOURCE DOCUMENTS**

1. Workforce Innovation and Opportunity Act (WIOA), dated July 22, 2014

 • Workforce Innovation and Opportunity Act (WIOA), dated August 19, 2016

1. Workforce Innovation and Opportunity Act Policy Letter (WIOAPL) –

 Found at: http://emanuals.jfs.ohio.gov/Workforce/WIOA/WIOAPL/WIOAPL-15-02.stm

1. Ohio Administrative Code
2. Department of Labor Training and Employment Guidance Letters (TEGLs)
3. Department of Labor Training and Employment Notice (TENs)
4. Workforce Investment Act Standard Record Data (WIASRD) Reports
5. Ohio Workforce Case Management System (OWCMS)
6. Regional Plan
7. State Program Monitoring Guide as of April 2016
8. CCMEP, http://jfs.ohio.gov/owd/CCMEP/index.stm

**USE OF THE GUIDE ON-SITE**

The Program Monitoring Guide is used to provide a consistent framework for conducting on-site programmatic monitoring. The local guide’s oversight and monitoring practices reinforce federal law and regulations as well as Ohio’s guidance and policies as it pertains to administrating workforce development.

The guide is organized into three (3) sections: Administrative Review, Adult and Dislocated Worker Program Review, and Youth Program Review. These three (3) sections each contain a series of questions regarding implementation of policies, procedures, and program eligibility. The guide also contains file checklists to be used while reviewing participant files. The information obtained through completion of the guide will be used to develop the report.

**USE OF THE RESULTS IN THE REPORT**

Once the on-site review has been completed, the guide is used to develop the report. The report will provide background information in regards to the review, such as when it was conducted, which staff conducted the review, which sites were visited, and which programs were reviewed. It will contain an overall summary for each monitored section. The report will also address all compliance findings and qualitative observations requiring corrective action plans. Finally, the report will provide information on any promising or innovative workforce development practices currently being implemented.

 **WIOA MONITORING ENTRANCE CONFERENCE**

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

Address:

Monitoring Staff Present:

Local Area Staff Present:

Monitoring Review Comments:

Comments from Local Area:

Will an Exit Conference be required? Yes No If issues need covered

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

Signature of Monitor and Date Signature of Authorized Representative and Date

###

###  ADMINISTRATIVE REVIEW SECTION

**WORKFORCE SYSTEM**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. Does the Workforce System have a method to measure its success in delivering services to the business customer and participant (i.e. customer satisfaction surveys)? Please describe and how is the info used for change? |
| Local |  | 2. How many Adult participants? How many were enrolled this program year? |
|  |  | 3. How many Dislocated Worker participants? How many enrolled this program year? |
|  |  | 1. How many YIS-Youth participants? How many were enrolled this program year?
 |
|  |  | 1. How many YOS-Youth participants? How many were enrolled this program year?
 |
|  |  | 1. How is OhioMeansJobs being used as a job matching tool?
 |
|  |  | 1. How does the local area identify and ensure that veterans receive preference to services?
 |
|  |  | 1. Has the board become certified? If not, status?
 |
|  |  | 1. Does the board have written policies/procedures for **supportive services** for Adults, Dislocated Workers, and Youth which ensure resource and service coordination?

 **20 CFR 680.900\*** |
|  |  | 1. Are written policies updated to reflect WIOA requirements?
 |

**BUSINESS**

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

**RAPID RESPONSE**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Section 134 of WIOA; TEGL WIOA 3-15; 20 CFR 682.300 and WIOAPL 15-15** |
|  |  | * + 1. Did the local area conduct any Rapid Response events this program year?
1. If so, how many Rapid Response events?
 |
|  |  | * + 1. Have any Rapid Response services been provided in the last 6 months?

If yes, where have they been provided and to how many workers have services been offered? |
|  |  | * + 1. If Rapid Response services have been provided, have additional funds been requested? If yes:

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Rapid Response (RR) [ ]  NEG [ ]  RR Emergency Assistances Funds (RREAF)Company(s): Purpose of funds: |
|  |  | * 1. Does the local area have a written team protocol for entering Rapid Response in OhioRed?
1. If not, what is the protocol for entering Rapid Response information into OhioRed?
 |
|  |  | * 1. Is the Rapid Response team made up of the following mandated partners and assigned backup representatives?

0 ODJFS Regional Coordinator 0 A local area Coordinator (representing the WIB/WIOA Workforce System) **WIOAPL No. 15-15 & 20 CFR 682.310\*** |

**MONITORING AND OVERSIGHT**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. Identify all WIOA activities having sub-recipients and contractors? **Section 116 (i)(1) of WIOA, WIOAPL 15-08 (VII), 15-10 (VII); 20 CFR 683.410\*** |
|  |  | 2. When was the last monitoring performed, and have written reports been issued and corrective action been received? |
|  |  | 3. Has the local board developed a monitoring policy and a written monitoring guide? a. If no, how are monitoring responsibilities performed?  |
|  |  | 4. Who performs the monitoring function for the local board? |
|  |  | 5. What is the frequency of monitoring according to the policy? |
|  |  | 6. How often were providers/programs monitored?  |
|  |  | 7. What is the procedure to ensure that corrective action has been taken by the provider? |
|  |  | 8. Does local monitoring policy include a data validation component to ensure the accurate input of source data, including source documentation?  |
|  |  | 9. If no to Question 8, how does the local board ensure source documentation is available and consistent with the state and federal data entered into the Workforce Case Management System (formerly known as SCOTI) and Ohio RED.gov? |
|  |  | 10. Did the Area sign a Data Sharing and Confidentiality Agreement with ODJFS to obtain wage record information and Unemployment Insurance (UI) records on participants?**If No, skip to Handling Programmatic Complaints Section, Question 1.** |
|  |  | 11. Does the Area provide monitoring and oversight regarding wage record information and UI records, including tracking which staff has access to this information and records? |
|  |  | 12. Has the local area ensured that all staff who has access to wage record information and UI records signed the “Personal Confidentiality Statement?” |
|  |  | 13. Does the Area provide security and confidentiality training associated with wage and UI record data sharing to staff?  |
|  |  | 14. If yes to Question 13, when was the last training conducted? |
|  |  | 15. If the data is being transmitted via e-mail within the Area, are federal encryption standards being used? |
|  |  | 16. What types of procedures are implemented by the Area to ensure that the confidentiality of wage record information and UI records are monitored, tracked, and maintained? |
|  |  | 17. Does the local area destroy the wage record data and the UI information within 30 days after it is determined to be no longer needed?**Check with the OWD Agreement Manager to ensure that Area has reported data destruction.**  |

**Handling Programmatic Complaints**

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

**WIA Complaint Procedure Manual** |
|  |  | 1. How many complaints did the local area and/or county offices with the Area receive this year?
 |
|  |  | 5. Has the local area and/or county offices within the local area identified a hearing officer and an alternate? **WIA Complaint Procedure Manual** |
|  |  | 6. What are the names of the hearing officer and the alternate and what is their affiliation with the local area and/or the county offices within the local area? |
|  |  | 7. How many informal conferences were held this year? |
|  |  | 8. How many formal hearings were held this year? |
|  |  | 9. Have the local area and/or the county offices within the local area 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?**WIA Complaint Procedure Manual** |
|  |  | 10. What are the names and titles of the EOO and the alternate, and what are their affiliations with the local area and/or the county offices within the local area? |

**ADULTS AND DISLOCATED WORKERS**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | * 1. Has the Area made Career Services (Basic Career Services, Individualized Career Services and Follow-Up Services) available through the OhioMeansJobs delivery system to individuals who are adults and dislocated workers?

 **Section 134(c)(1) of WIOA; WIOAPL 15-08 & TEGL No. 3-15** |
|  |  | * 1. Are career services provided by the OhioMeanJobs center operator or through contracts with service providers procured through and approved by the local WDB?

 **(Note: Becomes Effective July 1, 2017**) |
|  |  | 1. Are priority of career and training services funded by and provided through the adult program being given to recipients of public assistance, other low-income individuals, individuals who are basic skills deficient and individuals who are underemployed and meet the definition of a low-income individual?

 **WIOAPL 15-07 & WIOAPL 15-08** |
|  |  | 4. Is priority of service being provided for individualized career and training services for veterans and eligible spouses? **WIOAPL 15-08 &** **WIOAPL 15-09**  |
|  |  | * 1. Have Individual Employment Plans (IEPs) been developed for participants who receive an individualized career service or a training service?

 **WIOAPL 15-08** |
|  |  | 1. Does the area use prior individualized assessments/evaluations (within six months) of the participants’ education training program?

**WIOAPL 15-08** |
|  |  | 1. Does the case files for adults and dislocated workers contain a determination of need for

training service as determined through the interview, evaluations, assessments and contain enough information to justify the need for training services?1. Did the participants get individualized career services? Yes or No
2. If not, why did they go straight to training?

 **WIOAPL 15-09** |
|  |  | 8. Are training services provided directly linked to an in-demand industry sector or occupation or a high potential for sustained growth in the local area or planning region, or in another area to which an adult or dislocated worker receiving such services is willing to relocate?   **WIOAPL 15-09**  |
|  |  | 9. Does the area training providers meet the eligibility criteria and are on the eligibility training provider list?  **Section 122 of WIOA &** **WIOAPL 15-09**  |
|  |  | 10. Are participants made available, information to make an informed customer choice when choosing a training provider?  **WIOAPL 15-09**  |
|  |  | 1. Are ITA’s being used for adults and dislocated workers?
2. If not, is a waiver in the file? Yes or No

 **WIOAPL 15-09**  |
|  |  | 1. Has the Workforce Development Board (WDB), OMJ partners and other community service providers, developed a supportive service policy that ensures resources and service coordination in the local area? **WIOAPL 15-08**
 |
|  |  | 1. Are supportive services and needs-related payments being provided to adults and dislocated workers who are participating in a career and/or training services?

 **WIOAPL 15-08** |
|  |  | 1. Is the area providing needs-related-payments (NRPs) for adults and dislocated workers who are unemployed and do not qualify for (or have ceased to qualify for) unemployment compensation for the purpose of enabling such individuals to participate in programs of training services?

 **WIOA PL 15-09 & WIOAPL 15-14** |
|  |  | 1. Are NRP funds being used only during the period in which an individual participates in WIOA training?

 **WIOAPL 15-14** |
|  |  | 1. Does the participant meet the NRP training requirements as required in **WIOAPL 15-09**?
 |
|  |  | 1. Does the area have a local Self-Sufficiency policy?

 **Section 134(b)(3)(A)(i)(l) of WIOA & WIOAPL 15-09** |
|  |  | 1. Does the area determine self-sufficiency for adults and dislocated workers who are going to receive training services?
 |
|  |  | 1. Does the area ensure that eligible individuals are determined appropriate for training services based upon standardized tests, interviews, inventory of applicants’ fields of interests, skills assessments, career exploration, available labor market information, and other data collected through the provision of a career service, that is relevant to the type of training the individual is applying for?

 **Section 134(b)(3)(A) of WIOA & WIOAPL 15-09** |
|  |  | 1. Does the local area have a “family self-sufficiency” policy?

 **WIOAPL 15-09** |
|  |  | 1. If so, does the area the policy determine “family self-sufficiency” for participants seeking WIOA adult funded ITA?

**WIOAPL 15-09** |
|  |  | 1. Are 18-24 year old Adults who are seeking WIOA funded ITA’s being screened for dependent status?

**WIOAPL 15-06 & WIOAPL 15-09** |
|  |  | * 1. Are follow-up services made available to a participant who has been placed in unsubsidized employment for a minimum of 12 months following the participant’s first date of employment?

**WIOAPL 15-08** |
|  |  | 1. Does the area conduct oversight and monitoring of the implementation of the WIOA adult and dislocated worker programs to ensure that participants are enrolled in the programs and have received appropriate services?

**WIOAPL 15-09** |
|  |  | 1. Is the area meeting the WIOA performance measures as required by WIOA Section 116 (b)(2)(A)(iii) and WIOA Section 122(b)?
 |

###

### YOUTH PROGRAM REVIEW SECTION

##### YOUTH PROGRAM MANAGEMENT

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | * 1. What type(s) of outreach activities does the Area conduct to ensure that appropriate links have been established with entities that will foster the participation of eligible youth?

**20 CFR 681.420(c)\*** |
|  |  | * 1. 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?

**20 CFR 681.420(b)\*** |
|  |  | 3. If no to Question 2, which portions of the design framework are contracted?**20 CFR 681.400(a)\*** |
|  |  | 4. List the youth program provider(s) contracted to provide framework activities and/or youth program elements. |
|  |  | 1. Were the youth program provider(s) identified and awarded grants or contracts on a competitive basis by the local board?

  **Section 107 (d)(10)(B)(i) of WIOA & 20 CFR 681.400(a)\*** |
|  |  | 1. Does the Area provide information and referrals to youth for appropriate services available through the Area, service providers, and Workforce System partners?

**20 CFR 681.570\*** |
|  |  | 1. Does staff utilize a variety of social media to reach out to youth participants?

If yes, what type of social media? |
|  |  | 1. Did the local area use the database provided by OWD to collect the youth information during the transition from WIA to WIOA?
2. If not, what did the local area use to collect the data?
 |
|  |  | 1. This review is ONLY for WIOA however, please tell me about the interaction with CCMEP TANF? How is the funding split decided on the dual enrolled?
 |

**Youth Intake/Eligibility**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | 1. Does the local area have a definition of “**requires additional assistance to complete an educational program, to secure and hold employment**?” **20 CFR 681.300\***  |
| **Local** |  | 2. Were youth served in this category? **20 CFR 681.210(c)(8)\***  |
|  |  | 3. How is this criterion documented?   |
|  |  | * 1. What is the assessment type the area using to determine basic skills?

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

**YOUTH PROGRAM FOLLOW-UP SERVICES**

| **Yes** | **No** |  |
| --- | --- | --- |
| **Both** |  | 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? |
|  |  | 2. If so, does the guidelines include what type of contact attempts should be performed and how they are documented?  |
|  |  | 3. When does the Area determine at which point to exit a participant (soft and or hard exit)? |

**PROGRAM WAIVERS**

**WIOA MONITORING POST REVIEW DISCUSSION**

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

Address:

State Staff Present:

Local Area Staff Present:

State Review Comments:

Comments from Local Area:

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

Signature of Monitor and Date Signature of Authorized Representative and Date