

**Workforce Innovation and Opportunity Act (WIOA)
&
Comprehensive Case Management and Employment Program
(CCMEP)**

PY 2019

**Program
MONITORING
GUIDE**

For Quality & Compliance



WIOA Program Monitoring

Solutions for Success



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PY 2019 STATE MONITORING RESPONSIBILITIES, GOALS AND OBJECTIVES

STATE RESPONSIBILITIES

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

GOAL

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

OBJECTIVES

The State's 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 local programs in order to assist them in providing quality workforce development services to customers.
3. To provide a framework for continuous improvement efforts in WIOA.

SOURCE DOCUMENTS

- Workforce Innovation and Opportunity Act (WIOA), dated July 22, 2014
- Workforce Innovation and Opportunity Act Policy Letters (WIOAPLs)
- Ohio Administrative Code
- Department of Labor Training and Employment Guidance Letters (TEGLs)
- Department of Labor Training and Employment Notices (TENS)
- Participant Individual Record Layout (PIRL) Data Elements
- Ohio Workforce Case Management System (OWCMS)
- Business Plans
- Federal Register Vol. 81 No. 161 Part VI Final Rule

USE OF THE GUIDE ON-SITE

The Program Monitoring Guide is used to provide a consistent framework for conducting on-site, programmatic monitoring of local Areas throughout Ohio. The guide ensures that the Office of Fiscal and Monitoring Services, Bureau of Monitoring and Consulting Services' oversight and monitoring practices reinforce federal law and regulations as well as Ohio's guidance and policies as it pertains to administering workforce development at the local level.

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 to the local Area.

USE OF THE RESULTS IN THE REPORT

Once the on-site review has been completed, the guide is used to develop the report to the local Area. The report will provide background information regarding 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 in the local Area, as appropriate.

WIOA/CCMEP MONITORING ENTRANCE CONFERENCE

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

Intentionally Left Blank

**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)?
		2. If yes to Question 1, what is the process of measuring customer satisfaction?
		3. If yes to Question 1, does the Workforce System use the information obtained to make any necessary changes to increase success in delivering services?
		4. What is the average length of time from when the customer initially comes to the Workforce System to when the customer enrolls and begins receiving services?
		5. How many participants are receiving adult services? a. How many were enrolled in PY19?
		6. How many participants are receiving dislocated worker services? a. How many were enrolled in PY19?
		7. How many participants are receiving in-school youth services? a. How many were enrolled in PY19? <u>WIOA</u> <u>TANF</u> <u>Co-Enrolled</u> b. How many are enrolled in CCMEP?
		8. How many participants are receiving out-of-school youth services? a. How many were enrolled in PY19? <u>WIOA</u> <u>TANF</u> <u>Co-Enrolled</u> b. How many are enrolled in CCMEP?
		9. What system is in place by the lead agency to track the following: a. Case Management 1. Review the Individual Opportunity Plan (IOP) every 30 days? b. Written Notices of Meetings?

		<p>10. Does the Workforce System (lead agency) collaborate with other agency, board, contractors to track the following?</p> <p>a. Coordinate activities? If so, how?</p> <p>b. Establish guidelines, policy and procedures for basic skills assessment? If so, how?</p> <p>c. WIOA/CCMEP Youth Eligibility?</p>
		11. Is the Workforce System making job opportunities available to the customer? If so, how?
		<p>12. Does the Workforce System utilize a variety of social media to reach out to participant?</p> <p>If yes, what type of social media?</p>
		13. How is OhioMeansJobs being used as a job matching tool?
		14. How does the local Area identify and ensure that veterans and eligible spouses receive priority of services?
		<p>15. Does the board have written policies/procedures for supportive services for Adults, Dislocated Workers, and Youth which ensure resource and service coordination?</p> <p style="text-align: right;">20 CFR 680.900</p>
		16. Are written policies updated to reflect WIOA requirements?
		17. How is the lead agency providing assurance that youth participants can request reasonable modifications to their activities to comply with all requirements of the American with Disabilities Act (ADA)?

BUSINESS

Yes	No	
		1. What are the strategies used by the local Workforce System to attract employers to the services provided by the center?
		<p>2. Are specific services available for business customers? If so, what kind?</p> <p><input type="checkbox"/> Recruitment</p> <p><input type="checkbox"/> Interview Room</p> <p><input type="checkbox"/> Job Fairs</p> <p><input type="checkbox"/> Business Resource Manual (A list of businesses)</p> <p><input type="checkbox"/> Labor Market Information</p> <p><input type="checkbox"/> Incumbent Worker Training</p> <p><input type="checkbox"/> OJT</p> <p><input type="checkbox"/> Customized Training</p> <p><input type="checkbox"/> Rapid Response</p> <p><input type="checkbox"/> Other: _____</p>

Yes	No	
		3. Is there a single point of contact for business customers? If yes, who is the point of contact and title?

RAPID RESPONSE

Yes	No	Section 134 of WIOA; TEGL WIOA 3-15; 20 CFR 682.300; WIOAPL 15-15.2 and 15-16.1
		1. Did the local area conduct any Rapid Response events during PY19? a. If so, how many Rapid Response events were conducted during PY19? b. Were Rapid Response Workforce Surveys completed and collected at these events?
		2. Have any Rapid Response Services been provided in the last six (6) months? a. If yes, how many services were offered? b. How many workers have attended a reemployment session?
		3. If Rapid Response services were provided, have additional funds been requested? If yes: Amount: \$ _____ <input type="checkbox"/> Rapid Response Layoff Aversion Funds <input type="checkbox"/> NEG <input type="checkbox"/> Rapid Response Emergency Assistances Funds (RREAF) Company(s): Purpose of funds:
		4. Has the local area developed policies or procedures regarding the implementation of Rapid Response assistance services? a. If yes, was the RACI protocol used in development? Section 108 (b)(8) of WIOA; Section 134 (a)(2)(A) of WIOA; WIOAPL No. 15-15.2 & 20 CFR 682.300
		5. Is the Rapid Response team made up of the following mandated partners and assigned backup representatives? <input type="checkbox"/> ODJFS Rapid Response (Workforce Specialist) <input type="checkbox"/> A Local Coordinator <input type="checkbox"/> WDB Director WIOAPL No. 15-15.2 & 20 CFR 682.310
		6. Does the local area have a written team protocol for entering Rapid Response in OhioRed? a. If not, what is the protocol for entering Rapid Response information into OhioRed?

		<p>7. Are all individual workers who attend a reemployment session entered into OWCMS mini registration?</p> <p>a. Are they also attached to a Rapid Response ID number?</p>
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MONITORING AND OVERSIGHT

Yes	No	
		<p>1. Is the local board conducting monitoring of its WIOA/CCMEP activities and those of its sub-recipients and contractors? Section 116 (i)(1) of WIOAWIOAPL 15-08.1 (VII), 15-10 (VII) & 20 CFR 683.410</p>
		<p>2. If yes to Question 1, when was the last monitoring performed, and have written reports been issued and corrective action been received?</p>
		<p>3. Has the local board/lead agency developed a monitoring policy and a written programmatic monitoring guide?</p> <p>a. If no, how are monitoring responsibilities performed?</p>
		<p>4. Who performs the monitoring function for the local board/lead agency?</p>
		<p>5. What is the frequency of monitoring according to the policy?</p>
		<p>6. How often were providers/programs monitored?</p>
		<p>7. What is the procedure to ensure that corrective action has been taken by the provider?</p>
		<p>8. Does the monitoring policy include a data validation component to ensure the accurate input of source data, including source documentation?</p>
		<p>9. If no to Question 8, how does the local board/lead agency ensure source documentation is available and consistent with the state and federal data entered into the Workforce Case Management System and Ohio RED.gov?</p>
		<p>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? (WIOA only. If TANF, skip to next section)</p> <p align="center">If No, skip to Handling Programmatic Complaints Section, Question 1.</p>
		<p>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?</p>
		<p>12. Has the local area ensured that all staff who has access to wage record information and UI records signed the “Personal Confidentiality Statement?”</p>
		<p>13. Does the Area provide security and confidentiality training associated with wage and UI record data sharing to staff?</p>
		<p>14. If yes to Question 13, when was the last training conducted?</p>

Yes	No	
		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? WIOA Complaint Procedure Manual & 20 CFR 683.600(b)
		3. Do the local Area and/or county offices log and record all complaints received? WIOA Complaint Procedure Manual
		4. How many complaints did the local Area and/or county offices with the Area receive in PY 2019?
		5. Has the local area and/or county offices within the local Area identified a hearing officer and an alternate? WIOA Complaint Procedure Manual
		6. What are the names and titles 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 2019?
		8. How many formal hearings were held in PY 2019?
		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? WIOA 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 15-08.1 & TEGl No. 3-15
		2. Are career services provided by the OhioMeanJobs center operator or through contracts with service providers procured through and approved by the local WDB?

Yes	No	
		<p>3. 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 15-07.2 & WIOAPL 15-08.1</p>
		<p>4. Is priority of service being provided for individualized career and training services for veterans and eligible spouses? WIOAPL 15-08.1 & WIOAPL 15-09.1</p>
		<p>5. Have Individual Employment Plans (IEPs) been developed for participants who receive an individualized career service or a training service? WIOAPL 15-08.1</p>
		<p>6. Does the Area use prior individualized assessments/evaluations (within six months) of the participants' education training program? WIOAPL 15-08.1</p>
		<p>7. Do the case files for adults and dislocated workers contain a determination of need for training services as determined through the interview, evaluations, assessments, and contain enough information to justify the need for training services?</p> <p>a. Did the participants get individualized career services? Yes or No b. If not, why did they go straight to training? WIOAPL 15-09.1</p>
		<p>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 15-09.1</p>
		<p>9. Are participants provided available, information to make an informed customer choice when choosing a training provider? WIOAPL 15-09.1</p>
		<p>10. Are ITAs being used for adults and dislocated workers? WIOAPL 15-09.1</p>
		<p>11. 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</p>
		<p>12. 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</p>
		<p>13. 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 15-09.1 & WIOAPL 15-14</p>
		<p>14. Are NRP funds being used only during the period in which an individual participates in WIOA training? WIOAPL 15-14</p>
		<p>15. Does the participant meet the NRP training requirements as required in WIOAPL 15-09.1?</p>
		<p>16. Does the Area have a local Self-Sufficiency policy? Section 134(b)(3)(A)(i)(I) of WIOA & WIOAPL 15-09.1</p>

Yes	No	
		17. Does the Area determine self-sufficiency for adults and dislocated workers who are going to receive training services?
		18. 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
		19. Does the local Area have a "family self-sufficiency" policy? WIOAPL 15-09.1
		20. If so, does the area policy determine "family self-sufficiency" for participants seeking a WIOA adult funded ITA? WIOAPL 15-09.1
		21. Are 18-24-year-old adults who are seeking WIOA funded ITAs being screened for dependent status? WIOAPL 15-06 & WIOAPL 15-09.1
		23. Are follow-up services made available to a participant who has been placed in unsubsidized employment for a minimum of twelve (12) months following the participant's first date of employment? WIOAPL 15-08.1
		24. 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
		25. Is the Area meeting the WIOA performance measures as required by WIOA Section 116 (b)(2)(A)(iii) and WIOA Section 122(b)?

**CCMEP 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? a. Does it match the plan outlined in Section 4.1 in the CCMEP Plan? 20 CFR 681.420(c)
		2. Does staff utilize a variety of social media to reach out to youth participants? If yes, what type of social media?
		3. Are design framework activities (the process of intake, determination of youth eligibility, initial assessment, objective assessment, and the development of the individual service strategy) conducted by the local WIOA/CCMEP administrator/staff? 20 CFR 681.420(b)
		4. If no to Question 3, which portions of the design framework are contracted? 20 CFR 681.400 (a)
		5. Is the lead agency following the plan for co-location and supportive services as described in Section 3 of current CCMEP Plan?

		6. How is the lead agency working with the other local participating agency to refer eligible WIOA and TANF participants to CCMEP? Section 4.2 CCMEP Plan
		7. What is the lead agency’s communication plan or processes for working with the other local participating agency to ensure that CCMEP activities for OWF work-eligible participants comply with the terms of an individual opportunity plan? Sections 3.2 & 4.3 CCMEP Plan
		8. List the youth program provider(s) contracted to provide framework activities and/or youth program elements. Section 1.9 CCMEP Plan
		9. 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)
		10. 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

CCMEP 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
		2. . Were youth served in this category? 20 CFR 681.210(c)(8)
		3. How is this criterion documented?
		4. What assessment type/name is the Area using to determine basic skills? (BEST, CASAS, GAIN, MAPT, TABE, TABE locator, Work Keys or etc.)

CCMEP FOLLOW-UP SERVICES

Yes	No	
		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? 5101:14-1-06 (D)(1)
		2. If so, does the guidelines include what type of contact attempts should be performed and how they are documented? 5101:14-1-06 (D)(3)
		3. How does the lead agency determine at which point to exit a participant (no soft exits; must provide a close reason)? 5101:14-1-06 (B)(2)

ADULT FILE CHECKLIST

Name:	WIOA Area/County:		
	Date entered program:		PIRL 900 DV <input type="checkbox"/>
Status: Active <input type="checkbox"/> Exited <input type="checkbox"/>	Co-Enrolled:	<input type="checkbox"/> Yes	
		<input type="checkbox"/> DW	<input type="checkbox"/> OSY
			<input type="checkbox"/> No

Eligibility: OAC 5101:9-30-04 and OAC 5101:9-9-21; WIOAPL15-02; WIOAPL15-04; 15-05; 15-06 & 15-07.2			
1. Date of Birth:	Documentation:		
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 form JFS-13187)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
4. Selective Service Registration: WIOAPL 15-04 https://www4.sss.gov/regver/verification1.asp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Determination of Dependency Status <small>(for adult participants ages 18-24 applying for an ITA)</small> 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> disclosure of relationship? WIOAPL 15-05	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. If yes, was a relationship disclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, was area policy followed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Is there a signed and dated Complaint Procedures document in file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Low-Income: Priority is given to adult participants who are recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient. WIOAPL 15-07.2; 15-08.1 & 15-19.1	
1. Participant determined to be low-income: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Public Assistance <input type="checkbox"/> 100% of FPL <input type="checkbox"/> 70% of LLSIL <input type="checkbox"/> Food Stamps (aka: SNAP) <input type="checkbox"/> Family Income <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Foster Child <input type="checkbox"/> Individual with a disability	
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	

Basic Career Service: Self-Services available to the universal customer. TEGL WIOA 3-15; WIOAPL 15-08.1; 15-09.1 & 15-11.1			
<input type="checkbox"/> Eligibility Determination to receive WIOA services	<input type="checkbox"/> Orientation to info. & other service available through the workforce systems	<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 15-07.2 & WIOAPL 15-09.1

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 WIOA 3-15; Section 134 (c)(2)(A)(xii), WIOAPL 15-08.1 & WIOAPL 15-09.1

<input type="checkbox"/> Comprehensive and Specialized assessments of the skill levels and service needs	<input type="checkbox"/> English Language acquisition and integrated education/training programs	<input type="checkbox"/> Group counseling or individual counseling	<input type="checkbox"/> Short-term prevocational services to prepare individuals for unsubsidized employment or training
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Internship and work experiences that are linked to careers	<input type="checkbox"/> IEP/ Employment Goal	<input type="checkbox"/> Provision of job club activities
<input type="checkbox"/> Workforce Preparation Activities	<input type="checkbox"/> Out of area job search assistance and relocation assistance.		<input type="checkbox"/> Financial Literacy Services

1. Date of First Individualized Career Service:		
2. Does the Area document the appropriateness for training services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the participant have an Individual Employment Plan (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the IEP 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. Is the IEP updated and modified as necessary to reflect participant achievements or changes in service strategy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Documentation: <input type="checkbox"/> Gateway Checklist <input type="checkbox"/> Case Notes <input type="checkbox"/> Other (Identify): _____		

Training Services: N/A For training purposes, must be 18 years of age or older, be legally authorized to work in the US and be properly registered for Selective Service. Training contracts may be provided in lieu of ITAs such as OJTs, IWTs and Customized Training.

DV **TEGL WIOA 3-15; WIOAPL 15-09.1; WIOAPL 15-11.1; Section 134(b)(3) of WIOA**

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

1. Participated in post-secondary education during program participation that leads to a credential or degree from secondary education institution at any point during the program participation. <small>PIRL CODE 1332</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If enrolled in secondary education program is at or above 9 th Grade Level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school equivalent credentials). <small>PIRL CODE 1401</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Before receiving training services, have the participants been interviewed, evaluated or assessed and career planning determines that the individual requires training to obtain employment or remain employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the participant have an Individual Employment Plan (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Was an ITA/training contract established? Note: adult and youth co-enrollment can give an in-school youth customer access to an ITA	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Name of Institution:		
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7. Does the case file contain current evaluations or assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Does the file justify the need for training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the adult participant meet a locally-defined "family sufficiency" standard?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is the participant's job/career training in a demand occupation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
11. Was the vendor on the Workforce Inventory Education Training (WIET) List:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:	
12. Applied for Grants:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
13. Date Entered Training:			14. Date Exited Training: <i>(if active, mark N/A):</i>		
15. Did the participant receive a diploma/credential/license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation and date:	
16. Was the training end date entered into OWCMS?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

On-the-Job Training (OJT): <input type="checkbox"/> N/A (Employers can be reimbursed up to 75% for an OJT) WIOAPL 15.22.1					
1. Does the IEP reflect OJT as an appropriate activity?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the training plan outline the skills to be learned?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the file contain evidence to justify the length of training?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Were the OJT training plans signed by: <input type="checkbox"/> Employer <input type="checkbox"/> Local Workforce Agency <input type="checkbox"/> Trainee <input type="checkbox"/> Union (if applicable) <input type="checkbox"/> ODJFS Trade Program (if applicable)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Was there a monitoring process to ensure satisfactory progress of the participant?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If yes, was there timely monitoring?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Date Entered Training:			9. Date Exited Training: <i>(if active, mark N/A)</i>		
10. OJT Employer:			11. OJT Job Title:		
12. OJT Begin Wage:			13. OJT Ending Wage:		
14. Was each skill attained as a result of training?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Supportive Service: **TEGL WIOA 3-15; WIOAPL 15-08.1; WIOAPL 15-14 & Section 134 (d)(2)**

1. Was the need identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
2. How was the need identified and documented?			
3. Was the need met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A If no, explain:
4. Was the need met, by referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A If yes, explain:
5. What supportive service was requested/provided:			
<input type="checkbox"/> None Requested <input type="checkbox"/> Child Care <input type="checkbox"/> Dependent Care <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Tools/Uniforms <input type="checkbox"/> Other (explain)			
6. If policy sets limits, is the service within the limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A If no, explain:
7. Was a Needs-Related Payment (NRPs) provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A If no, explain:
8. Was the participant eligible to receive an NRP as required by WIOAPL 15-14?	<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 NRPs as required by WIOAPL 15-14?	<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. Exit Reason:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Reasons for Exit PIRL 923 DV <input type="checkbox"/>
3. Job Title:	4. Was training related		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Hourly Wage: \$	6. Credential?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Type of Credential:	8. Date Attained Credential: PIRL 1801 DV <input type="checkbox"/>		
9. Date enrolled in post exit education or training program leading to a recognized post-secondary credential?			Date PIRL CODE 1406
10. Date of most recent measurable skills gains: Educational Functioning Level (EFL): PIRL 1806		11. Date of most recent measurable skills gains: <u>post-secondary</u> transcript/report card): PIRL 1807	
12. Date of most recent measurable skills gains secondary transcript/report card): PIRL 1808		13. Date of most recent measurable skills gains: Training Milestone: PIRL 1809	

14. Date of most recent measurable skills gains: Skills Progression: <div style="text-align: right;">PIRL 1810</div>	15. Date enrolled during program participation in an education or training program leading to a recognized postsecondary credential or employment: <div style="text-align: right;">PIRL 1811</div>
---	---

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 or not placed into unsubsidized employment)
WIOAPL 15-08.1

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

Other:

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

Comments:

Data Validation Comments:

DISLOCATED WORKER FILE CHECKLIST

Name:		WIOA Area/County:		
		Date entered program:		
		PIRL 900 DV <input type="checkbox"/>		
Status: <input type="checkbox"/> Active <input type="checkbox"/> Exited		Co-enrolled:		<input type="checkbox"/> Yes
				<input type="checkbox"/> No
		<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	
WIOA Eligibility: OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02; 15-04; 15-5 & 15-07.2				
1. Date of Birth:				
2. Age at date of WIOA eligibility:		Documentation:		
3. Citizenship Status/Authorization to Work in the US: (Can also be verified by self-attestation from JFS-13187)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
4. Selective Service Registration: https://www4.sss.gov/regver/verification1.asp WIOPL 15-04		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		DV <input type="checkbox"/>		
5. Does the file contain a <i>signed</i> and <i>dated</i> disclosure of relationship? WIOAPL 15-05		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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 <input type="checkbox"/> N/A
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 The JFS-13186, Self-Attestation form can be used to verify several categories, refer to WIOAPL 15-07.2 for details.				
1. Eligibility Criteria A. Terminated or laid off, or received a notice of termination or layoff, (if dislocated workers are UCRS eligible, they only have to document number 5)(Each portion of the criteria (either B, C, D, or E) must be fully documented in the case record)				
A. Has been terminated/laid off:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
1. Proof of termination or layoff (and)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. Proof of UC or exhausted entitlement (or)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
3. Proof of duration of employment or attached workforce but not UC eligible (and)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
4. Is unlikely to return to a previous industry		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
5. Has been identified as meeting the criteria for RESEA selection		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
B. Plant Closure or Substantial Layoff:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Substantial Lay-Off plant/facility/enterprises (or)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
Public Announcement:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
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:

2. Able to determine eligibility based on documentation referenced above:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain:
3. Dislocation Date:				
Basic Career Service: Self-Services available to universal customer. TEGL WIOA 3-15; WIOAPL 15-08.1; 15-09.1; & 15-11.1				
<input type="checkbox"/> Eligibility Determination to receive WIOA services	<input type="checkbox"/> Orientation to info. & other services available through the workforce systems	<input type="checkbox"/> Labor Market employment statistical info. using OMJ	<input type="checkbox"/> Self-administered initial assessment of skill levels and needs of supportive services (including literacy, numeracy, and English language proficiency), aptitudes, abilities (skill gaps).	
<input type="checkbox"/> Provision of performance information & cost information on the WIET services		<input type="checkbox"/> Provision of referrals to and coordination of activities with other programs and services (including Financial aid)		
<input type="checkbox"/> Provision of information and assistance regarding filing claims for UC		<input type="checkbox"/> Group workshops (e.g., interviewing, job search, and resume writing)		

Self-Sufficiency: If an individual is being considered for training services and is employed, local areas must determine if the applicant is self-sufficient before providing those services, based on the local definition by the Workforce Development Board.				
1. Is the participant employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
2. What is the income/wage:	\$		Documentation:	
3. Does the file contain income calculations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Does the participant meet the local area policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Individualized Career Services: Involves staff making a determination of needs of an individual and arranging those services to be provided to the participant. TEGL WIOA 3-15; Section 134 (c)(2)(A)(xii); WIOAPL 15-08.1 & 15-09.1				
<input type="checkbox"/> Comprehensive and specialized assessments	<input type="checkbox"/> English Language Acquisition and integrated education/training programs	<input type="checkbox"/> Group counseling or Individual counseling	<input type="checkbox"/> Short-term prevocational services to prepare individuals for unsubsidized employment or training	
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> Internship and work experiences that are linked to careers	<input type="checkbox"/> IEP/Employment Goals	<input type="checkbox"/> Provision of job club activities	
<input type="checkbox"/> Workforce preparation activities	<input type="checkbox"/> Out of the area job search assistance and relocation that are linked to careers		<input type="checkbox"/> Financial Literacy Services	

1. Date of First Individualized Career Service:		
2. Does the area document the appropriateness for training services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the participant have an Individual Employment Plan (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do the IEPs incorporate assessment results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the participant have focused employment goals or career objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the IEP identify the participant's employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are IEPs updated and modified as necessary to reflect participant achievements or changes in service strategy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Documentation: <input type="checkbox"/> Gateway Checklist <input type="checkbox"/> Case Notes <input type="checkbox"/> Other (Identify): _____		

Training Services: <input type="checkbox"/> N/A DV <input type="checkbox"/> TEGL WIOA 3-15; WIOAPL 15-09.1; 15-11.1; 15-23 & 15-22.1; Section 134(b)(3) of WIOA Training contracts may be provided in lieu of ITAs such as OJTs, IWTs and Customized Training.		
<input type="checkbox"/> On-the-Job training (OJT) <small>WIOAPL 15-22.1 (Non-Youth) PIRL CODE 01</small>	<input type="checkbox"/> Skill upgrading and retraining <small>PIRL CODE 02</small>	<input type="checkbox"/> Entrepreneurial Training <small>(Non-Youth) PIRL CODE 03</small>
<input type="checkbox"/> ABE or ESL in conjunction with training <small>PIRL CODE 04</small>	<input type="checkbox"/> Customized Training <small>PIRL CODE 05</small>	<input type="checkbox"/> Occupational Skills <small>(Non-Youth) PIRL CODE 06</small>
<input type="checkbox"/> ABE or ESL not in conjunction of training <small>PIRL CODE 07</small>	<input type="checkbox"/> Prerequisites Training <small>PIRL CODE 08</small>	<input type="checkbox"/> Registered Apprenticeship <small>PIRL CODE 09</small>
<input type="checkbox"/> Other Non-Occupational Skills Training <small>PIRL CODE 11</small>	<input type="checkbox"/> Job Readiness Training in conjunction with other training. <small>PIRL CODE 12</small>	<input type="checkbox"/> No Training Services <small>PIRL CODE 00</small>
<input type="checkbox"/> Programs that combine workplace training with related instruction, which may include cooperative education programs.	<input type="checkbox"/> Training programs operated by the private sector	<input type="checkbox"/> Incumbent Worker Training (IWT) <small>WIOAPL 15-23</small>
1. Participated in Postsecondary Education During Program Participation that leads to a credential or degree from secondary education institution at any point during the program participation. <small>PIRL CODE 1332</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If enrolled in Secondary Education Program is at or above 9 th Grade Level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school equivalent credentials). <small>PIRL CODE 1401</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Before receiving training services, have the participants been interviewed, evaluated or assessed and career planning determines that the individual requires training to obtain employment or remain employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the participant have an Individual Employment Plan (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Was an ITA/training contract established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: adult and youth co-enrollment can give an in-school youth customer access to an ITA		

6. Name of Institution:					
7. Does the case file contain current evaluations or assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Does the file justify the need for training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the participant's job/career training in a demand occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
8. Was the vendor on the Workforce Inventory Education Training List (WIET)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Area of Study:		
9. Applied for Grants:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Is Trade available to pay for training?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Date Entered Training: DV <input type="checkbox"/>	12. Date Exited Training: (if active, mark N/A)				DV <input type="checkbox"/>
13. Did the participant receive a diploma/credential/license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
14. Was the training end date entered into OWCMS?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
On-the-Job Training (OJT): <input type="checkbox"/> N/A			WIOAPL 15-22.1		
Note: Employers can be reimbursed up to 75% for an OJT					
1. Does the IEP reflect OJT as an appropriate activity?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Does the training plan outline the skills to be learned?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Does the file contain evidence to justify the length of training?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Were the OJT training plans signed by: <input type="checkbox"/> Employer <input type="checkbox"/> Local Workforce Agency <input type="checkbox"/> Trainee <input type="checkbox"/> Union (if applicable) <input type="checkbox"/> ODJFS Trade Program (if applicable)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Was there a monitoring process to ensure satisfactory progress of the participant?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. If yes, was there timely monitoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:		
7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Date Entered Training:		9. Date Exited Training: (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	

Supportive Service:**Section 134 (d)(2) TEGL WIOA 3-15; WIOAPL 15-08.1 & WIOAPL 15-14**

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

Outcome & Performance Measures: N/A

1. Entered Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
2. Exit Reason: Employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other reason for exit: PIRL 923 DV <input type="checkbox"/>
3. Job Title:			
4. Was training Related:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Hourly Wage: \$
6. Credential:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Date Attained Credential: PIRL 1801 DV <input type="checkbox"/>
8. Type of Credential?			PIRL 1800 DV <input type="checkbox"/>
9. Date enrolled in post exit education or training program leading to a recognized post-secondary credential?			Date: PIRL 1406
10. Date of most recent measurable skills gains educational functioning level (EFL).		Date: PIRL 1806	
11. Date of most recent measurable skills gains (post-secondary) transcript report card?		Date: PIRL 1807	

12. Date of most recent measurable skills gains (secondary transcript/reports card)? PIRL 1808	Date:
13. Date of most recent measurable skills gains (training milestone)? PIRL 1809	Date:
14. Date of most recent measurable skills gains (skills progression)? PIRL 1810	Date:
15. Date enrolled during program participation in an education or training program leading to a recognized post-secondary credential or employment? PIRL 1811	Date:

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

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

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

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

Other:

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

Comments:

Data Validation Comments:

Intentionally Left Blank

CCMEP FILE CHECKLIST

Name:		CCMEP lead agency/County:		Date entered program: PIRL 900 DV <input type="checkbox"/>	
Did a contractor provide services? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Name of contractor?			
Status:		<input type="checkbox"/> Active		<input type="checkbox"/> Exited	
<input type="checkbox"/> In-school youth	<input type="checkbox"/> Out-of-school youth	Co-enrolled?		<input type="checkbox"/> Yes	<input type="checkbox"/> Adult
				<input type="checkbox"/> No	<input type="checkbox"/> TANF
					<input type="checkbox"/> WIOA
CCMEP Eligibility:		WIOAPL 15-03.1, 15-04, 15-05, 15-06, 15- 07.1			
(Required participants: 14-24 years old; Volunteer participants: 14-24 years old; and in-school youth: 14-21 years of age)					
If referred, what date is the referral _____ Date of IOP _____ Date of Assessment _____					
1. Did the lead agency use form JFS03002?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Is the application signed?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Date of Birth:					
4. Age at date of CCMEP eligibility:			Documentation:		
5. Citizenship Status/Authorization to Work in the US: (Can also be verified by self-attestation from JFS-13187)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A (OWF/PRC)
6. Selective Service Registration: https://www4.sss.gov/regver/verification1.asp		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation:
7. Determination of Dependent Status:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
8. Was TANF eligibility determined?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
9. Was WIOA eligibility determined?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
10. Does the file contain a <i>signed</i> and <i>dated</i> disclosure of relationship?		<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 Procedure document in file?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Military Status?	
14. Is the participant enrolled in school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	
15. Does the participant have a high school diploma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:	

16. Was an opportunity to register to vote offered to the participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Documentation:
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CCMEP Eligibility: WIOAPL 15-03.1(V), 15-07.2, Section 129 of WIOA & 5101:10-3-01(M)(2)
Youth must document one of the following barriers in addition to meeting one of the low-income criteria.

<p>In-School Youth Barrier Categories <i>(ISY: 14-21 years old):</i></p> <p><input type="checkbox"/> Low-income individual <i>and</i> has one or more of the following barriers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic skills deficient; <input type="checkbox"/> An English language learner; <input type="checkbox"/> An Offender; <input type="checkbox"/> A homeless individual, runaway <input type="checkbox"/> Foster care or aged out of foster care <input type="checkbox"/> Pregnant or parenting <input type="checkbox"/> Individual with a Disability (can be up to 23 yr. old) <input type="checkbox"/> Individual who requires additional assistance 	<p>Out-of-School Youth Barrier Categories <i>(OSY: 14 – 24 years old, not attending any school):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> A school drop-out <input type="checkbox"/> Age of compulsory school attendance but has not attended school <input type="checkbox"/> Diploma or equivalent, <i>low income</i>, basic skills deficient; <input type="checkbox"/> English language learner and <i>low income</i> <input type="checkbox"/> Offender or subject to juvenile/adult justice system <input type="checkbox"/> A homeless individual or runaway <input type="checkbox"/> Foster care or aged out of foster care <input type="checkbox"/> Pregnant/Parenting <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> <i>Low Income</i> who requires additional assistance
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5% Exception Category **5101:10-3-01 (M)(2)**

Up to 5% of in-school youth participants served by youth programs in a local area may be individuals who would be covered individuals except that the persons are *not* low-income (WIOPL 15-03.1(V)).
(must have at least one check if income criteria is not met):

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

Low Income (Section 3 (36)(a) of WIOA)
(Must meet at least one condition to be considered low income)

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

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

OR

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

- Disabled Individual
 Receives or is eligible to receive a free or reduced-price lunch (42 U.S.C. 1751 et seq.)

Comprehensive Assessment:	Date of Assessment/WIOA Service: _____
WIOAPL 15-10(5)(C) & 5101:14-1-04	

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

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

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

1. Did the case file contain evidence of an ISS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Did the development of an IOP contain information for all of the following:

- Identification of the program participant’s career pathway that includes employment and education goals;
- Development of short-term goals;
- Identification of services necessary for the program participant to achieve goals;
- Assignment to activities based on service(s) needed

3. Was the IOP goals and strategies updated as education/training goals are achieved or as the needs of the youth change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. If yes to question 5, are the updates signed by all parties?	<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. Are there 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
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7. 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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8. Evidence that there are strong linkages between academic instructions and occupation education that lead to the attainment of recognized post-secondary credentials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the IOP contain evidence of preparation for unsubsidized employment opportunities (as appropriate)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are there effective connections to employers, including small employers, in in-demand industry sectors and occupations that the local and regional labor markets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Program Elements/Services:

WIOAPL 15-10(V)(D), Section 129(c)(2) of WIOA & 5101:14-1-05

Lead agencies must make available to CCMEP participants the following 14 specific core youth elements:

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

- Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies.
- Alternative secondary school offerings dropout prevention and recovery strategies.
- Paid/unpaid work experiences that have as a **component academic & occupational education**, which may include:
 - A. Summer employment opportunities & other employment opportunities available throughout the school year
 - B. Pre-apprenticeship programs
 - C. Internships and job shadowing
 - On-the-Job training opportunities WIOA Funded
 - TANF Funded
- Occupational skill training
- Education offered currently with the in the context as workforce preparation activities
- Leadership development opportunities
- Supportive services
- Adult mentoring (no less than 12 months and formal relationship, interactions face to face)
- Follow-up services (minimum of 12 months in duration and **must** include **more** than only a contact attempt or made for securing documentation in order to report performance).
- Comprehensive guidance and counseling (may include drug/alcohol abuse as well as referral to counseling, as appropriate to the needs of the youth)
- Financial literacy education
- Entrepreneurial skills training
- Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services
- Activities that help youth prepare for and transition to postsecondary education and training

2. Were the provided program elements based on the participant's assessments and IOP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Paid or Unpaid Work Experience: **WIOAPL 15-10 & WIOAPL 15-13**

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

- Comprehensive assessment and IOP (indicating need for work experience);
- Justification for incentive/stipend and description of type of payment method and amount, if applicable;
- Worksite Agreement to include all attachments, such as a training plan and job description;
- Time sheets, attendance sheets, and performance records;
- Documentation of receipt of incentives, stipends and supportive services received;
- Proof of age/Parental consent (under 18 years of age);
- Schooling Certificate (Work Permit) (while school is in session and under 16 years of age);
- Minor Wage Agreement (under 18 years of age)

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

- The Duration
- Remuneration
- Tasks
- Duties
- Supervision
- Health and Safety Standards
- Other Conditions (e.g., consequences of not adhering to the agreement)
- Termination Clause
- Appropriate signatures (site employer, local area, participant and or designee)
- Union Concurrence for participants, as applicable.

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

- 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

Training Services:		WIOAPL 15-10	
PIRL 1303		DV <input type="checkbox"/>	
<input type="checkbox"/> Skills upgrading and retaining PIRL CODE 02	<input type="checkbox"/> ABE ESL in conjunction with training PIRL CODE 04	<input type="checkbox"/> Customized Training PIRL CODE 05	
<input type="checkbox"/> ABE ESL not in conjunction with training PIRL CODE 07	<input type="checkbox"/> Prerequisites Training PIRL CODE 08	<input type="checkbox"/> Registered Apprenticeship PIRL CODE 09	
<input type="checkbox"/> Youth Occupational Skill Training PIRL CODE 10	<input type="checkbox"/> Other Non-Occupational Skills Training PIRL CODE 11	<input type="checkbox"/> Job Readiness Training in conjunction with other training PIRL CODE 12	
1. Participated in post-secondary education during program participation that leads a credential or degree from secondary education institution at any point during the program participation. PIRL 1332		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If enrolled in secondary education program is at or above the 9 th Grade level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school). PIRL 1401		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was an ITA/training contract established?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Name of Institution:			
5. Date entered Training:		6. Date Exited Training (N/A if active):	
7. Was the training entered into OWCMS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is the participant's job/career training in a demand occupation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Was the vendor on the Workforce Inventory Education Training (WIET) List:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Documentation:	
		Area of Study:	
Supportive Services:		WIOAPL 15-10(5)(D)(7)	
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 and/or OWCMS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were the supportive services identified in the objective assessment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Identify the Supportive Services provided:

- Linkage to Community Service
- Assistance with transportation
- Assistance with childcare and dependent care
- Assistance with housing
- Needs-Related Payments (NRP)
- Assistance with educational testing
- Reasonable accommodations for youth with disabilities
- Referrals to health care
- Incentives
- Assistance with uniforms or other appropriate work attire and tools
- Other: _____ (Please list)

Outcome & Performance Measures:

5101:14-1-07

1. Did the youth receive a measurable skill gain as a result of participation in CCMEP in any of the following areas?

- In an education or training program
- Gained at least one educational functional level
- Unsubsidized employment
- Secondary education (high school or equivalent)
- Recognized post-secondary education (4-year college, 2-year college, technical school)
- Entering military service
- Completion of training
- Receipt of credential/certificate
- N/A- youth did not complete WIOA services

(Should be in OWCMS)

2. Credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Type of Credential: PIRL 1800 DV <input type="checkbox"/>
4. Date attained credential? PIRL 1801 DV <input type="checkbox"/>	5. Was training related to employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date enrolled in post-exit education or training program leading to a recognized post-secondary credential?			PIRL 1406
7. Date of most recent measurable skills gains (education all functioning level (EFL)) PIRL 1806	8. Date of most recent measurable skills gains (post-secondary transcript/report card): PIRL 1807		
9. Date of most recent measurable skills gains (secondary transcript/report card): PIRL 1808	10. Date of most recent measurable skills gains (training milestone): PIRL 1809		

Follow-Up Services:

N/A- Youth has not exited the program

WIOAPL 15-10(V)(D)(9) & 5101:14-1-06(D)

1. Date of program exit: PIRL 901 DV <input type="checkbox"/>		2. Other reason for exit: PIRL 923 DV <input type="checkbox"/>		3. Most recent date received follow-up services?			
4. List the follow-up services received (<i>must</i> include <i>more</i> than only a contact attempt or made for securing documentation in order to report performance):							
<input type="checkbox"/> Leadership development and supportive service activities							
<input type="checkbox"/> Regular contact with employer, including assistance in addressing work-related problems							
<input type="checkbox"/> Assistance in securing better paying jobs, career pathway development, and further education or training.							
<input type="checkbox"/> Work-related peer support groups							
<input type="checkbox"/> Adult mentoring							
<input type="checkbox"/> Services necessary to ensure the success of youth participants in employment and/or post-secondary education							
5. Was the type of service provided based on the needs of the youth?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
6. Were follow-up services provided for a minimum of 12 months?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
7. If no to Question 5, are follow-up services still being provided?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
8. Quarterly Contact:							
1 st Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 1 Quarter after exit? PIRL 1600	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
2 nd Quarter *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 2 Quarter after exit? PIRL 1602	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
		Were there wages 2 nd Quarter after exit? PIRL 1704			<input type="checkbox"/> Yes		<input type="checkbox"/> No
3 rd Quarter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 3 Quarter after exit? PIRL 1604	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV
4 th Quarter *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Documentation: Employed in 4 Quarter after exit? PIRL 1606	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DV

Other:

5101:9-30-04; WIOAPL 15-07.2

1. Is it evident that OWCMS was used to track progress?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Did the hard file contain case notes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Are there case notes in OWCMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Was there evidence that the case manager made persistent and reasonable attempts to engage with the program participant no less than once every 30 days?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
5. Did the youth file a complaint with the local area?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
6. If yes, did the local area follow complaint procedures?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Was the participant referred from CDJFS?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
8. Date of referral?		9. Date of Individual Opportunity Plan (IOP)?			
10. How many days between referral and IOP?			11. Date of Assessment?		
12. Was the referral 7 days or less? OAC 5101:14-1-04 (A)(1)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Was the IOP entered in OWCMS within 30 days? OAC 5101:14-1-04 (H)(2)			<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Was the Assessment entered in OWCMS within 30 days? OAC 5101:14-1-04 (H)(2)			<input type="checkbox"/> Yes		<input type="checkbox"/> No

Comments:**Data Validation Comments:**

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WIOA/CCMEP 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