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

PY 2025
(7/1/2025-6/30/2026)

Program MONITORING GUIDE

For Quality & Compliance

Department of Job & Family Services

WIOA Program Monitoring

Rev. 10/23/2025

Table of Contents

PY 2025 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 areas 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
- Advancement through Resources, Information & Employment Services (ARIES) System
- 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 administrating 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. What system is in place by the lead agency to track the following: a. Case Management 1. Documented contact with the participant every 30 days? b. Written Notices of Meetings?
		6. Does the Workforce System (lead agency) collaborate with other agency, board, contractors to track the following? a. Coordinate activities? If so, how? b. Establish guidelines, policy and procedures for basic skills assessment? If so, how? c. WIOA/CCMEP Youth Eligibility?
		7. Is the Workforce System making job opportunities available to the customer? If so, how?
		8. Does the Workforce System utilize a variety of social media to reach out to participant? If yes, what type of social media?
		9. How is OhioMeansJobs being used as a job matching tool?
		10. How does the local area identify and ensure that veterans and eligible spouses receive priority of services?

Yes	No	
		11. 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**
		12. Are written policies updated to reflect WIOA requirements?
		13. 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?
		2. Are specific services available for business customers? If so, what kind? ☐ Recruitment ☐ Interview Room ☐ Job Fairs ☐ Business Resource Manual (A list of businesses) ☐ Labor Market Information ☐ Incumbent Worker Training ☐ OJT ☐ Customized Training ☐ Rapid Response ☐ Other: _____

RAPID RESPONSE

Yes	No	Section 134 of WIOA; 20 CFR 682.300; WIOAPL 15-15.3 and 15-16.2
		1. Did the local area conduct any Rapid Response events during PY25? a. If so, how many Rapid Response events were conducted during PY25? 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: $_____ ☐ Rapid Response Layoff Aversion Funds ☐ NEG

		☐ 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. 15-15.3 & 20 CFR 682.300**
		5. Is the Rapid Response team made up of the following mandated partners and assigned backup representatives? ☐ ODJFS Rapid Response (Workforce Specialist) ☐ A Local Coordinator ☐ WDB Director **WIOAPL No. 15-15.3 & 20 CFR 682.310**
		6. Are all individual workers who attend a reemployment session entered into ARIES mini registration? a. Are they also attached to a Rapid Response ID number?

MONITORING AND OVERSIGHT

Yes	No	
		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 WIOA; WIOAPL 15-08.1 (VII), 15-10 (VII) & 20 CFR 683.410**
		2. If yes to Question 1, when was the last monitoring performed, and have written reports been issued and corrective action been received?
		3. Has the local board/lead agency developed a monitoring policy and a written programmatic monitoring guide? a. If no, how are monitoring responsibilities performed?
		4. Who performs the monitoring function for the local board/lead agency?
		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 the monitoring policy include a data validation component to ensure the accuracy input of source data, including source documentation?
		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 state system of record (ARIES)?

Yes	No	
		10. Did the local 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) **If No, skip to Handling Programmatic Complaints Section, Question 1.**
		11. Does the local 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 local 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 local area, are federal encryption standards being used?
		16. What types of procedures are implemented by the local 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 office receive in PY 2025?
		5. 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**
		6. 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?

Yes	No	
		7. Has the local area and/or county offices within the local area identified a hearing officer and an alternate? **WIOA Complaint Procedure Manual**
		8. 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?
		9. How many informal conferences were held in PY2025?
		10. How many formal hearings were held in PY2025?

ADULTS AND DISLOCATED WORKERS

Yes	No	
		1. Has the local 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?
		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 15-07.3 & WIOAPL 15-08.1**
		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**
		5. Have Individual Employment Plans (IEPs) or Individual Opportunity Plans (IOPs) been developed for participants who receive an individualized career service or a training service? **WIOAPL 15-08.1**
		6. Does the local area use prior individualized assessments/evaluations (within six months) of the participants' education training program? **WIOAPL 15-08.1**
		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? 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**
		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 local area to which an adult or dislocated worker receiving such services is willing to relocate? **WIOAPL 15-09.1**
		9. Are participants provided available, information to make an informed customer choice when choosing a training provider?

Yes	No	
		WIOAPL 15-09.1
		10. Are ITAs being used for adults and dislocated workers? **WIOAPL 15-09.1**
		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**
		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**
		13. Is the local 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 15-14.1**
		14. Are NRP funds being used only during the period in which an individual participates in WIOA training? **WIOAPL 15-14.1**
		15. Does the participant meet the NRP training requirements as required in **WIOAPL 15-09.1**?
		16. Does the local area have a local Self-Sufficiency policy? **Section 134(b)(3)(A)(i)(l) of WIOA & WIOAPL 15-09.1**
		17. Does the local area determine self-sufficiency for adults and dislocated workers who are going to receive training services?
		18. Does the local area ensure that eligible individuals are determined appropriate for training services based upon standardized tests, interviews, inventory of applicants' fields of interests, skills assessments, career exploration, available labor market information, and other data collected through the provision of a career service, that is relevant to the type of training the individual is applying for? **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 local 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**
		22. 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**
		23. Does the local 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**
		24. Is the local 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 local area/lead agency 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 2.1 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 (See Section 2.1 in the CCMEP Plan)?
		3. Are design framework activities (the process of intake, determination of youth eligibility, initial assessment, comprehensive 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 supportive services as described in Section 8.1 in the CCMEP Plan?
		6. What is the lead agency process for working with the other local participating agency (if the workforce agency is not combined with the CDJFS) and/or any subcontractors to communicate information regarding OWF work-eligible? **Section 9.2 & 9.3 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 9.3 CCMEP Plan**
		8. List the youth program provider(s) contracted to provide framework activities and/or youth program elements. **Section 1.6 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 local area/lead agency provide information and referrals to youth for appropriate services available through the local area, service providers, and Workforce System partners? **Section 9.2 of CCMEP Plan & 20 CFR 681.570**

CCMEP INTAKE/ELIGIBILITY

Yes	No	
		1. Does the local area/lead agency have a definition of "**requires additional assistance to complete an educational program, to secure and hold employment**?" **20 CFR 681.300; Section 13 CCMEP Plan**
		2. Were youth served in this category? **20 CFR 681.210(c)(8)**
		3. How is this criterion documented?

Yes	No	
		4. What assessment type/name is the local area/lead agency using to determine basic skills? (BEST, CASAS, GAIN, SAT, ACT, MAPT, TABE, TABE locator, Work Keys, etc.) **Section 13 CCMEP Plan**

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 local area/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:**
Status: Active ☐ Exited ☐	**Co-Enrolled:** ☐ Yes ☐ No ☐ Youth ☐ DW ☐ NDWG

Eligibility: OAC 5101:9-30-04 and OAC 5101:9-9-21; WIOAPL15-02.1; WIOAPL15-04.1; 15-05.1; 15-06 & 15-07.3				
1. Date of Birth:	Documentation:			
2. Age at Date of WIOA eligibility:	Documentation:			
3. Citizenship Status/Authorization to Work in the US. **(TEGL 10-23 Change 2 effective date 7/10/2025)**	☐ Yes	☐ No	Documentation:	
4. Selective Service Registration: **WIOAPL 15-04.1** https://www4.sss.gov/regver/verification1.asp	☐ Yes	☐ No	☐ N/A	Documentation:
5. Determination of Dependency Status *(for adult participants ages18-24 applying for an ITA)* **WIOAPL 15-06**	☐ Yes	☐ No	☐ N/A	
6. Does the file contain a *signed* and *dated* disclosure of relationship? **WIOAPL 15-05.1**	☐ Yes	☐ No		
7. If yes, was a relationship disclosed	☐ Yes	☐ No	If yes, was area policy followed: ☐ Yes ☐ No ☐ N/A	
8. Is there a signed and dated Complaint Procedures document in file?	☐ Yes	☐ 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 15-07.3; 15-08.1 & 15-19.1**

1. Participant determined to be low-income: ☐ Yes ☐ No

☐ Public Assistance ☐ 100% of FPL ☐ 70% of LLSIL ☐ Food Stamps (aka: SNAP)

☐ Family Income ☐ Homeless Individual ☐ Foster Child ☐ Individual with a disability

2. Documentation: ☐ PA Records ☐ Pay Records ☐ Self-Attestation (JFS-13186) ☐ Other: _____

3. File contain calculations: ☐ Yes ☐ No

Basic Career Service: Self-Services available to the universal customer. **WIOAPL 15-08.1; 15-09.1 & 15-11.3**

☐ Eligibility Determination to receive WIOA services	☐ Orientation to info. & other service available through the workforce systems	☐ Labor Market employment statistical information using OMJ	☐ Self-administered initial assessment of skill levels and needs for supportive services (including literacy, numeracy, & English language proficiency) aptitudes, abilities (skill gaps).
☐ Provision of performance information & cost information on the WIET services		☐ Provision of referrals to and coordination of activities with other programs and services	

☐ Provision of information and assistance regarding filing claims for UC	☐ 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.

WIOAPL 15-07.3 & WIOAPL 15-09.1

1. Is the participant employed?	☐ Yes	☐ No	Documentation:
2. What is the income/wage:	$		Documentation:
3. Does the file contain income calculations?	☐ Yes	☐ No	
4. Does the participant meet the local area policy?	☐ Yes	☐ 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).

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

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

1. Date of First Individualized Career Service:		
4. Does the Area document the appropriateness for training services?	☐Yes	☐No
3. Does the participant have an Individual Employment Plan (IEP) or Individual Opportunity Plan (IOP)?	☐Yes	☐No
4. Does the IEP/IOP incorporate assessment results?	☐Yes	☐No
5. Does the IEP/IOP identify the participant's employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals?	☐Yes	☐No
6. Do participants have focused employment goals or career objectives?	☐Yes	☐No

7. Is the IEP/IOP updated and modified as necessary to reflect participant achievements or changes in service strategy?	☐Yes	☐No
8. Documentation: ☐Gateway Checklist ☐Case Notes ☐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.

WIOAPL 15-09.1; WIOAPL 15-11.3; Section 134(b)(3) of WIOA

☐ On-the-Job training (OJT) WIOAPL 15-22.1	☐ Skill upgrading and retraining	☐ Entrepreneurial Training
☐ ABE or ESL in conjunction with training	☐ Customized Training	☐ Occupational Skills
☐ ABE or ESL not in conjunction of training	☐ Prerequisites Training	☐ Registered Apprenticeship
☐ Other Non-Occupational Skills Training	☐ Job Readiness Training in conjunction with other training.	☐ No Training Services
☐ Programs that combine workplace training with related instruction, which may include cooperative education programs.	☐ Training programs operated by the private sector	☐ Incumbent Worker Training (IWT) **WIOAPL 15-23.2**

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.	☐Yes	☐No
2. If enrolled in secondary education program is at or above 9th Grade Level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school equivalent credentials).	☐Yes	☐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?	☐Yes	☐No
4. Was an ITA/training contract established? **Note:** adult and youth co-enrollment can give an in-school youth customer access to an ITA	☐Yes	☐No
5. Name of Institution:		

6. Does the case file contain current evaluations or assessments?	☐Yes	☐No	7. Does the file justify the need for training?	☐Yes	☐No
8. Does the adult participant meet a locally defined "family sufficiency" standard?				☐Yes	☐No

9. Is the participant's job/career training in a demand occupation?		☐ Yes	☐ No	Documentation:
10. Was the vendor on the Workforce Inventory Education Training (WIET) List:	☐ Yes	☐ No	Area of Study:	
11. Applied for Grants:	☐ Yes	☐ No		
12. Date Entered Training:		13. Date Exited Training: *(if active, mark N/A)*:		
14. Did the participant receive a diploma/credential/license?		☐ Yes	☐ No	
15. If yes above, Documentation and date: of diploma/credential/license				
16. Was the training end date entered into ARIES?		☐ Yes	☐ No	

<u>On-the-Job Training (OJT):</u> ☐ **N/A** **(**Employers can be reimbursed up to 75% for an OJT) **WIOAPL 15.22.1**		
1. Does the IEP/IOP reflect OJT as an appropriate activity?	☐ Yes	☐ No
2. Does the training plan outline the skills to be learned?	☐ Yes	☐ No
3. Does the file contain evidence to justify the length of training?	☐ Yes	☐ No
4. Were the OJT training plans signed by: ☐ Employer ☐ Local Workforce Agency ☐ Trainee ☐ Union (if applicable) ☐ ODJFS Trade Program (if applicable)	☐ Yes	☐ No
5. Was there a monitoring process to ensure satisfactory progress of the participant?	☐ Yes	☐ No
6. If yes, was there timely monitoring? ☐ Yes ☐ No Documentation:		
7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy?	☐ Yes	☐ 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 because of training?	☐ Yes	☐ No

Supportive Service:				**WIOAPL 15-08.1; WIOAPL 15-14.1 &Section 134 (d)(2)**
1. Was the need identified?	☐ Yes	☐ No		If no, explain:
2. How was the need identified and documented?				
3. Was the need met?	☐ Yes	☐ No	☐ N/A	If no, explain:
4. Was the need met, by referral?	☐ Yes	☐ No	☐ N/A	If yes, explain:
5. What supportive service was requested/provided: ☐ None Requested ☐ Childcare ☐ Dependent Care ☐ Transportation ☐ Housing ☐ Tools/Uniforms ☐ Other (explain)				
6. If policy sets limits, is the service within the limits?	☐ Yes	☐ No	☐ N/A	If no, explain:
7. Was a Needs-Related Payment (NRPs) provided?	☐ Yes	☐ No	☐ N/A	If no, explain:
8. Was the participant eligible to receive an NRP as required by WIOAPL 15-14?	☐ Yes	☐ No	☐ N/A	If yes, explain:
9. Does the Adult participant meet the training requirements for NRPs as required by WIOAPL 15-14.1?	☐ Yes	☐ No	☐ 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:	☐ Yes	☐ No	Documentation:	
2. Exit Reason:	☐ Yes	☐ No	Other Reasons for Exit	
3. Job Title:			4. Was training related	☐ Yes ☐ No
5. Hourly Wage: $			6. Credential?	☐ Yes ☐ No
7. Type of Credential:			8. Date Attained Credential:	
9. Date enrolled in post exit education or training program leading to a recognized post-secondary credential?				Date
10. Date of most recent measurable skills gains: Educational Functioning Level (EFL):			11. Date of most recent measurable skills gains: post-secondary transcript/report card):	
12. Date of most recent measurable skills gains secondary transcript/report card):			13. Date of most recent measurable skills gains: Training Milestone:	
14. Date of most recent measurable skills gains: Skills Progression:			15. Date enrolled during program participation in an education or training program leading to a recognized postsecondary credential or employment:	

Post-Placement Services: ☐ N/A (Services provided after employment but prior to exit)			
☐ Career Planning/Counseling	☐ Contact with Participant's Employer	☐ Job Referrals	☐ Limited Training
☐ Educational Opportunities	☐ Supportive Services	☐ 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:			
2. Did the local area take a placement for the participant (unsubsidized employment)? ☐ Yes ☐ No			
3. If yes (to question 2) date of placement:	4. Was follow up provided? ☐ Yes ☐ No		
5. Were there wages 2nd Quarter after exit?		☐ Yes	☐ No
6. Were there wages 4th Quarter after exit?		☐ Yes	☐ No

Other:

1. Did ARIES contain case notes?	☐ Yes	☐ No	
2. Did participant file a complaint with the local area?	☐ Yes	☐ No	
3. Did local area follow complaint procedures?	☐ Yes	☐ No	☐ N/A

Comments:

DISLOCATED WORKER FILE CHECKLIST

Name:	**WIOA Area/County:** **Date entered program:**			
Status: ☐ Active ☐ Exited	**Co-enrolled:**	☐Yes ☐Adult	☐No ☐Youth	☐ NDWG

WIOA Eligibility: **OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02.1; 15-04.1; 15-5.1 & 15-07.3**				
1. Date of Birth:				
2. Age at date of WIOA eligibility:	Documentation:			
3. Citizenship Status/Authorization to Work in the US. **(TEGL 10-23 Change 2 effective date 7/10/2025)**	☐ Yes	☐ No	Documentation:	
4. Selective Service Registration: https://www4.sss.gov/regver/verification1.asp **WIOPL 15-04**	☐ Yes	☐ No	☐ N/A	Documentation:
5. Does the file contain a *signed* and *dated* disclosure of relationship? **WIOAPL 15-05**	☐ Yes	☐ No		
6. If yes, was a relationship disclosed	☐ Yes	☐ No	If yes, was area policy followed: ☐ Yes ☐ No ☐N/A	
7. Is there a signed and dated Complaint Procedures document in file?	☐ Yes	☐ No		

Dislocated Worker Eligibility: **OAC 5109:9-30-04 & OAC 5101: 9-9-21; WIOAPL 15-02.1; WIOAPL 15-07.3** **The JFS-13186, Self-Attestation form can be used to verify several categories, refer to WIOAPL 15-07.3 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:	☐ Yes	☐ No	Documentation:
1. Proof of employment with layoff employer(and)	☐ Yes	☐ No	Documentation:
2. Proof of termination or layoff (and)	☐ Yes	☐ No	Documentation:
3. Proof of UC or exhausted entitlement (or)	☐ Yes	☐ No	Documentation:
4. Proof of duration of employment or attachment to the workforce but not UC eligible (and)	☐ Yes	☐ No	Documentation:
5. Is unlikely to return to a previous industry	☐ Yes	☐ No	Documentation:
6. Has been identified as meeting the criteria for RESEA selection	☐ Yes	☐ No	Documentation:
B. Plant Closure or Substantial Layoff:	☐ Yes	☐ No	Documentation:
Substantial Lay-Off plant/facility/enterprises (or)	☐ Yes	☐ No	Documentation:
Public Announcement:	☐ Yes	☐ No	Documentation:
C. Self-Employed:	☐ Yes	☐ No	Documentation:
D. Displaced Homemaker:	☐ Yes	☐ No	Documentation:

E. Military Spouse:	☐ Yes	☐ No	Documentation:
2. Able to determine eligibility based on documentation referenced above:	☐ Yes	☐ No	If no, explain:
3. Dislocation Date:			

Basic Career Service: Self-Services available to universal customer.

WIOAPL 15-08.1; 15-09.1; & 15-11.3

☐ Eligibility Determination to receive WIOA services	☐ Orientation to info. & other services available through the workforce systems	☐ Labor Market employment statistical info. using OMJ	☐ Self-administered initial assessment of skill levels and needs of supportive services (including literacy, numeracy, and English language proficiency), aptitudes, abilities (skill gaps).
☐ Provision of performance information & cost information on the WIET services		☐ Provision of referrals to and coordination of activities with other programs and services (including Financial aid)	
☐ Provision of information and assistance regarding filing claims for UC		☐ 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?	☐ Yes	☐ No	Documentation:
2. What is the income/wage:	$		Documentation:
3. Does the file contain income calculations?	☐ Yes	☐ No	
4. Does the participant meet the local area policy?	☐ Yes	☐ No	

Individualized Career Services: Involves staff making a determination of needs of an individual and arranging those services to be provided to the participant.

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

☐ Comprehensive and specialized assessments	☐ English Language Acquisition and integrated education/training programs	☐ Group counseling or Individual counseling.	☐ Short-term prevocational services to prepare individuals for unsubsidized employment or training
☐ Career Counseling	☐ Internship and work experiences that are linked to careers	☐ IEP/IOP/Employment Goals	☐ Provision of job club activities
☐ Workforce preparation activities	☐ Out of the area job search assistance and relocation that are linked to careers		☐ Financial Literacy Services
1. Date of First Individualized Career Service:			

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

Training Services: ☐ N/A

WIOAPL 15-09.1; 15-11.3; 15-23.2 & 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.

☐ On-the-Job training (OJT) WIOAPL 15-22.1	☐ Skill upgrading and retraining	☐ Entrepreneurial Training
☐ ABE or ESL in conjunction with training	☐ Customized Training	☐ Occupational Skills
☐ ABE or ESL not in conjunction of training	☐ Prerequisites Training	☐ Registered Apprenticeship
☐ Other Non-Occupational Skills Training	☐ Job Readiness Training in conjunction with other training.	☐ No Training Services
☐ Programs that combine workplace training with related instruction, which may include cooperative education programs.	☐ Training programs operated by the private sector	☐ Incumbent Worker Training (IWT) **WIOAPL 15-23**

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.	☐ Yes	☐ No
2. If enrolled in Secondary Education Program is at or above 9th Grade Level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school equivalent credentials).	☐ Yes	☐ 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?	☐ Yes	☐ No
4. Was an ITA/training contract established? **Note:** adult and youth co-enrollment can give an in-school youth customer access to an ITA	☐ Yes	☐ No
5. Name of Institution:		

6. Does the case file contain current evaluations or assessments?	☐ Yes	☐ No	7. Does the file justify the need for training?	☐ Yes	☐ No
8. Is the participant's job/career training in a demand occupation?	☐ Yes	☐ No	Documentation:		
9. Was the vendor on the Workforce Inventory Education Training List (WIET)?	☐ Yes	☐ No	Area of Study:		
10. Applied for Grants:			☐ Yes	☐ No	
11. Is Trade available to pay for training?			☐ Yes	☐ No	
12. Date Entered Training:	13. Date Exited Training: *(if active, mark N/A)*				
14. Did the participant receive a diploma/credential/license?	☐ Yes	☐ No	Documentation:		
15. Was the training end date entered into ARIES?			☐ Yes	☐ No	

<u>On-the-Job Training (OJT)</u>: ☐ **N/A** **WIOAPL 15-22.1**

Note: Employers can be reimbursed up to 75% for an OJT

1. Does the IEP/IOP reflect OJT as an appropriate activity?				☐ Yes	☐ No
2. Does the training plan outline the skills to be learned?				☐ Yes	☐ No
3. Does the file contain evidence to justify the length of training?				☐ Yes	☐ No
4. Were the OJT training plans signed by: ☐ Employer ☐ Local Workforce Agency ☐ Trainee ☐ Union (if applicable) ☐ ODJFS Trade Program (if applicable)				☐ Yes	☐ No
5. Was there a monitoring process to ensure satisfactory progress of the participant?				☐ Yes	☐ No
6. If yes, was there timely monitoring?	☐ Yes	☐ No	Documentation:		
7. Does the reimbursement amount reflect an appropriate percentage of wages based on the local OJT policy?				☐ Yes	☐ 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?				☐ Yes	☐ No

Supportive Service: Section 134 (d)(2) WIOAPL 15-08.1 & WIOAPL 15-14.1					
1. Was the need identified?	☐ Yes	☐ No	If no, explain:		
2. How was the need identified and documented?					
3. Was the need met?	☐ Yes	☐ No	☐ N/A	If no, explain:	
4. Was the need met by referral?	☐ Yes	☐ No	☐ N/A	If yes, explain:	
5. What supportive service(s) was/were requested and/or provided:					
☐ None Requested	☐ Childcare	☐ Dependent Care	☐ Transportation		
☐ Housing	☐ Tools/Uniforms	☐ Other (explain)			
6. If policy sets limits, is the service within the limits?	☐ Yes	☐ No	☐ N/A	If no, explain:	
7. Was a Needs-Related Payment (NRP) provided?	☐ Yes	☐ No	☐ N/A	If yes, explain:	
8. Was the participant eligible to receive the NRP as required be WIOAPL 15-14.1?	☐ Yes	☐ No	☐ N/A	If yes, explain:	
9. Does the Participant meet the training requirements for NRP's as required by WIOAPL 15-14.1?	☐ Yes	☐ No	☐ N/A	If yes, explain:	

Outcome & Performance Measures: ☐ N/A					
1. Entered Employment:	☐ Yes	☐ No	Documentation:		
2. Exit Reason: Employment?	☐ Yes	☐ No	Other reason for exit:		
3. Job Title:					
4. Was training Related:	☐ Yes	☐ No	5. Hourly Wage: $		
6. Credential:	☐ Yes	☐ No	7. Date Attained Credential:		
8. Type of Credential?					
9. Date enrolled in post exit education or training program leading to a recognized post-secondary credential?	Date:				
10. Date of most recent measurable skills gains educational functioning level (EFL).	Date:				
11. Date of most recent measurable skills gains (post-secondary) transcript report card?	Date:				

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

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

☐ Career Planning/Counseling	☐ Contact with Participant's Employer	☐ Job Referrals	☐ Limited Training
☐ Educational Opportunities	☐ Supportive Services	☐ 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 of program exit:			
2. Did the local area take a placement for the participant (unsubsidized employment)?		☐ Yes	☐ No
3. If yes (to question 2) date of placement:	4. Was follow up provided?	☐ Yes	☐ No
5. Were there wages 2nd Quarter after exit?		☐ Yes	☐ No
6. Were there wages 4th Quarter after exit?		☐ Yes	☐ No

Other:

1. Did ARIES contain case notes?	☐ Yes		☐ No
2. Did participant file a complaint with the local area?	☐ Yes		☐ No
3. Did local area follow complaint procedures?	☐ Yes	☐ No	☐ N/A

Comments:

CCMEP FILE CHECKLIST

Name:	CCMEP lead agency/County:	Date entered program: PIRL 900
Did a contractor provide services? ☐ Yes or ☐ No	Name of contractor?	

Status:	☐ Active	☐ Exited

☐ In-school youth	☐ Out-of-school youth	Co-enrolled?	☐ Yes ☐ No	☐ Adult ☐ TANF ☐ WIOA

CCMEP Eligibility: WIOAPL 15-03.1, 15-04.1, 15-05.1, 15-06, 15- 07.3, 5101:10-3-01, 5101:14-1-02

(Required participants: 14-24 years old; Volunteer participants: 14-24 years old; and in-school youth: 14-21 years of age; Out-of-School Youth:16-24 years)

1. Did the lead agency use form JFS03002?	☐ Yes	☐ No	2. Is the application signed?	☐ Yes	☐ No
3. Date of Birth:					
4. Age at date of CCMEP eligibility:			Documentation:		
5. Citizenship Status/Authorization to Work in the US. **(TEGL 10-23 Change 2 effective date 7/10/2025)**	☐ Yes	☐ No	☐ N/A (OWF/PRC)		
6. Selective Service Registration: https://www4.sss.gov/regver/verification1.asp	☐ Yes	☐ No	☐ N/A	Documentation:	
7. Determination of Dependent Status:	☐ Yes	☐ No	Documentation:		
8. Was TANF eligibility determined?	☐ Yes	☐ No	Documentation:		
9. Was WIOA eligibility determined?	☐ Yes	☐ No	Documentation:		
10. Does the file contain a *signed* and *dated* disclosure of relationship?	☐ Yes	☐ No	11. If yes, was area policy followed: ☐ Yes ☐ No ☐ N/A		
12. Is there a *signed* and *dated* Complaint Procedure document in file?	☐ Yes	☐ No	13. Military Status?		
14. Is the participant enrolled in school?	☐ Yes	☐ No	Documentation:		
15. Does the participant have a high school diploma?	☐ Yes	☐ No	Documentation:		
16. Was an opportunity to register to vote offered to the participant?	☐ Yes	☐ No	Documentation:		

CCMEP Eligibility: WIOAPL 15-03.1(V), 15-07.3, Section 129 of WIOA, 5101:14-1-04 & 5101:10-3-01

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

In-School Youth Barrier Categories *(ISY: 14-21 years old)*:	**Out-of-School Youth Barrier Categories** *(OSY: 14 – 24 years old, not attending any school)*:
☐ Low-income individual *and* has one or more of the following barriers: ☐ Basic skills deficient; ☐ An English language learner; ☐ An Offender; ☐ A homeless individual, runaway ☐ Foster care or aged out of foster care ☐ Pregnant or parenting ☐ Individual with a Disability (can be up to 23 yr. old) ☐ Individual who requires additional assistance	☐ A school drop-out ☐ Age of compulsory school attendance but has not attended school ☐ Diploma or equivalent, *low income*, basic skills deficient; ☐ English language learner and *low income* ☐ Offender or subject to juvenile/adult justice system ☐ A homeless individual or runaway ☐ Foster care or aged out of foster care ☐ Pregnant/Parenting ☐ Individual with a Disability ☐ *Low Income* who requires additional assistance

5% Exception Category **5101:14-1-01, 5101:14-1-04, 5101:10-3-01**

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 <u>*not*</u> *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:_____**
	5101:14-1-04 & WIOAPL 15-10(V)(C)

3. The comprehensive assessment used (JFS 03003, JFS 03006, or JFS 03008 Stepping-Stones) must review and contain information for all of the following

☐ Occupational skills	☐ Prior work experience
☐ Employability	☐ Interests
☐ Aptitudes	☐ Supportive service needs
☐ Developmental needs	☐ Basic skills

2. Was a Basic Skills Assessment completed, or a prior assessment accepted? **(i.e., TABE, TABE Locator, ACT, SAT, WorkKeys BEST, CASAS, GAIN, MAPT)**	☐ Yes	☐ No	Type:
3. Is the Comprehensive Assessment signed?	☐ Yes	☐ No	

Individual Opportunity Plan and Activities	**Date of IOP:_____**
	5101:14-1-04 &WIOAPL 15-10(V)(C)

1. Did the case file contain evidence of an ISS?	☐ Yes	☐ No

4. 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 services based on individual need(s)

3. Was the IOP goals and strategies updated as education/training goals are achieved or as the needs of the youth change?	☐ Yes	☐ No
4. If yes to question 3, are the updates signed by all parties?	☐ Yes	☐ No
5. Are assigned services based on individual need(s)?	☐ Yes	☐ No

7. Were services provided leading to the attainment of a secondary diploma or its recognized equivalent, or a recognized post-secondary credential?	☐ Yes	☐ No
8. Is the IOP signed and dated by all parties (Participant, Parent/Guardian, and Case Manager)?	☐ Yes	☐ No
9. Evidence that there are strong linkages between academic instructions and occupation education that led to the attainment of recognized post-secondary credentials?	☐ Yes	☐ No

10. Does the IOP contain evidence of preparation for unsubsidized employment opportunities (as appropriate)?	☐ Yes	☐ No
11. Are there effective connections to employers, including small employers, in in-demand industry sectors and occupations that the local and regional labor markets?	☐ Yes	☐ No

Program Elements/Services: **5101:14-1-02, WIOAPL 15-10(V)(D), Section 129(c)(2) of WIOA**

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?	☐ Yes	☐ No

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: **5101:14-1-02, 5101:14-1-05 & WIOAPL 15-10**

☐ Skills upgrading and retaining	☐ ABE ESL in conjunction with training	☐ Customized Training
☐ ABE ESL not in conjunction with training	☐ Prerequisites Training	☐ Registered Apprenticeship
☐ Youth Occupational Skill Training	☐ Other Non-Occupational Skills Training	☐ Job Readiness Training in conjunction with other training

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.	☐ Yes	☐ No
2. If enrolled in secondary education program is at or above the 9th Grade level (includes both secondary school and enrollment in a program of study with instructions designed to lead to a high school.	☐ Yes	☐ No

3. Was an ITA/training contract established?	☐ Yes	☐ No

4. Name of Institution:	
5. Date entered Training:	6. Date Exited Training (N/A if active):

7. Was the training entered into ARIES?	☐ Yes	☐ No

8. Is the participant's job/career training in-demand occupation?	☐Yes	☐No	Documentation:
9. Was the vendor on the Workforce Inventory Education Training (WIET) List:	☐Yes	☐No	Area of Study:

<u>Supportive Services:</u> **5101:14-1-02 & WIOAPL 15-10(V)(D)(7)**

1. Were supportive services provided?	☐ Yes	☐ No	
2. Was the need for supportive services clearly documented in the case file and/or ARIES?	☐ Yes	☐ No	
3. Were the supportive services identified in the comprehensive assessment?	☐ Yes	☐ No	
4. Were the supportive services identified in the individual opportunity plan?	☐ Yes	☐ No	
5. How were the supportive services documented	☐ Case Notes	☐ Document	☐ ARIES

6. 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 heath 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 ARIES)

2. Credential?	☐ Yes	☐ No	3. Type of Credential:		
4. Date attained credential?			5. Was training related to employment	☐ Yes	☐ No
6. Date enrolled in post-exit education or training program leading to a recognized post-secondary credential?					
7. Date of most recent measurable skills gains (education all functioning level (EFL)			8. Date of most recent measurable skills gains (post-secondary transcript/report card):		
9. Date of most recent measurable skills gains (secondary transcript/report card):			10. Date of most recent measurable skills gains (training milestone):		

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:
2. Other reason for exit:
3. Most recent date received follow-up services?
4. List the follow-up services received (*must* include *more* than only a contact attempt or made for securing documentation in order to report performance):
   - ☐ Supportive service need(s)
   - ☐ Case Management: Regular contact with employer, including assistance in addressing work-related problems.
   - ☐ Assistance in securing better paying jobs, career pathway development, and further education or training.

☐ Work-related peer support groups
☐ Adult mentoring
☐ Financial Literacy
☐ Career Counseling/LMI
☐ Preparation for post-secondary training or education

5. Was the type of service provided based on the needs of the youth?	☐ Yes	☐ No
6. Were follow-up services provided for a minimum of 12 months?	☐ Yes	☐ No
7. If no to Question 5, are follow-up services still being provided?	☐ Yes	☐ No

8. Quarterly Contact after exit:						
1st Quarter	☐ Yes	☐ No	☐ N/A	Documentation: Employed in 1 Quarter after exit?	☐ Yes	☐ No
2nd Quarter *	☐ Yes	☐ No	☐ N/A	Documentation: Employed in 2 Quarter after exit?	☐ Yes	☐ No
		Were there wages 2nd Quarter after exit?			☐ Yes	☐ No
3rd Quarter	☐ Yes	☐ No	☐ N/A	Documentation: Employed in 3 Quarter after exit?	☐ Yes	☐ No
4th Quarter *	☐ Yes	☐ No	☐ N/A	Documentation: Employed in 4 Quarter after exit?	☐ Yes	☐ No

Other:

5101:14-1-05, 5101:9-30-04; WIOAPL 15-07.3

1. Is it evident that ARIES was used to track progress?	☐ Yes	☐ No	
2. Are there case notes in ARIES?	☐ Yes	☐ No	
3. 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?	☐ Yes	☐ No	
4. Did the youth file a complaint with the local area?	☐ Yes	☐ No	
5. If yes, did the local area follow complaint procedures?	☐ Yes	☐ No	☐ N/A

Comments:

Intentionally Left Blank

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