**POCONO COUNTIES**

**WORKFORCE DEVELOPMENT BOARD (WDB)/**

**WORKFORCE DEVELOPMENT AREA (WDA)**

CAREERLINK®/ADULT/DISLOCATED WORKER PARTICIPANT

MONITORING TOOL

**Primary Areas of Concern:**

* + - * Compliance with eligibility requirements
      * Programmatic and administrative accountability
      * Service Providers
      * Compliance with accepted methods of procurement
      * Individual Training Accounts (ITAs) (if applicable)
      * On-the-Job Training (OJT) Agreements (if applicable)
      * Work Experience/Transitional Employment Activities (if applicable)
      * Compliance with Supportive Service/Training reimbursement policies
      * Achievement of performance measures and outcomes
      * Compliance with ADA/EEO requirements

# SERVICE LOCATION

## Title I Service Provider:

## Service County: Click or tap here to enter text.

Monitored By:

Date of Monitoring Report:

**ELIGIBILITY/PARTICIPANT FILE REVIEW**

Participant Name: Participant ID#:Click or tap here to enter text.

Program Eligibility (check all that apply)

Adult  Dislocated  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the following Documentation/Information in the file (check all that apply):

**General Eligibility**

1. WIOA Application  SIGNED  DATED

2. Civil Rights/Grievance Receipt  SIGNED  DATED

3. Proof of Citizenship/Eligible to work   YES  NO

4. Proof of Social Security #  YES  NO

5. Proof of residence  YES  NO

6. Proof of age  YES  NO

7. Proof of Selective Service Reg.  YES  NO  N/A

**Adult Eligibility (if applicable)**

Does the participant qualify under the PCWDA

Priority of Service Policy?  YES  NO

If yes, check which category  FED WIOA  PCWDA

Indicate the documentation in the file to support the determination the participant

qualified as a priority candidate.

Click or tap here to enter text.

**Dislocated Worker Eligibility (if applicable)**

Indicate the documentation in the file to support the determination the participant met

The definition of a Dislocated Worker.

Click or tap here to enter text.

**Miscellaneous Documentation (if applicable)**

Proof of Veterans status  YES  NO  N/A

Proof of Disability status  YES  NO  N/A

CASAS Assessment (if applicable)  YES  NO

Release of information form  SIGNED  DATED

Completed and signed File review checklist,

Per PCWDA policy   YES  NO

**Issues/Concerns:**

**PARTICIPANT SERVICE RECORD REVIEW**

1. At the time of review, what level of services had the participant received?

Check all that apply.

Basic Career Services

Individualized Career Services

Training Services

2. What information/elements were utilized in the participant assessment process?

CWDS participant work history/education/skills information

Participant resume

Interview

Interest/Aptitude Survey

Basic Skills Assessment

Other Describe: Click or tap here to enter text.

3. Does the participant have an IEP?  YES  NO

4. Was the IEP developed jointly with the participant

and consistent with the information obtained

in the assessment process?  YES  NO

5. Are the goals and objectives of the IEP, along with

the participant’s service plan and responsibilities

described in the plan?  YES  NO

6. Is the IEP and the services the customer received

reflected in CWDS, per the PCWDA system of

record policy.  YES  NO

7. Does the Service provider utilize any paper

versions of the IEP and service record in the

participant’s file?  YES  NO

8. Is there documentation of participant progress,

outcomes, or performance information in their

file?  YES  NO

Are outcome and performance information

information documented in CWDS?  YES  NO

9. Did the assessment process or IEP indicate

a need for supportive services?  YES  NO

If yes, is their documentation in the file

and information in CWDS reflecting the

supportive services received by the participant?  YES  NO

10. Are Case notes recorded in CWDS/and or the

participant’s file to note progress, issues and

outcomes of the services listed in the IEP  YES  NO

11. Is there a signed training agreement in the file

for participants receiving training services?  YES  NO

**Issues/Concerns:**

**TRAINING SERVICES REVIEW (AS APPLICAPLE)**

**ITA SERVICES**

1. Were ITA services received by the customer

consistent with the assessment and interests

identified in the IEP?  YES  NO

2. Was the need/justification for the training

indicated in the IEP or Case Notes?  YES  NO

3. How was the training goal and training provider selected by the participant developed?

Jointly with the customer as part of the assessment/IEP development

Written application submitted by the participant

Other Describe:Click or tap here to enter text.

4. Does the review of the training goal/training provider include the following information?

Participant interest/knowledge regarding their occupational goal

Confirmation of occupational demand for the participant’s goal

Training provider selection justification

Review of financial support/transportation/child care needed for training plan.

5. Is their information confirming the participant completed

an application for Federal/State financial aid if available?  YES  NO

6. Is the ITA approval with an Eligible Training Provider and

within the limit of the ITA cap of the PCWDA?  YES  NO

7. Are there case notes/attendance reports documenting

The participant’s participation/progress in their training

plan?  YES  NO

**OJT SERVICES**

1. Were OJT services received by the customer

consistent with the assessment and interests

identified in the IEP?  YES  NO

2. Was the need/justification for the training

indicated in the IEP or Case Notes?  YES  NO

3. Was the Employer registered and the OJT position

posted as required in CWDS?  YES  NO

4. Was the Employer OJT position, starting wage, other

eligibility criteria in compliance with the PCWDA OJT Policy?  YES  NO

5. Is the job description and training hours in the OJT

agreement consistent with the PCWDA OJT Policy?  YES  NO

6. Are their monthly invoices/progress reports in the file

to document participant attendance/performance?  YES  NO

**OTHER TRAINING SERVICES (Transitional Employment/Incumbent Worker/Other)**

1. Describe what type of training services were provided the participant?

Click or tap here to enter text.

2. Was the need/justification for the training

indicated in the IEP or Case Notes?  YES  NO

3. Were the Agreements with the Training Provider/Employer

consistent with the PCWDA Policy relevant to this service?  YES  NO

4. Are there records/invoices provided by the training provider

or Employer to document the participant’s attendance or

participation in activities described in the agreement?  YES  NO

5. Are their monthly invoices/progress reports in the file

to document participant attendance/performance?  YES  NO

**Issues/Concerns:**

**PARTICIPANT OUTCOMES/FOLLOWUP SERVICE**

1. Are training and performance outcomes and benchmarks

documented and recorded in CWDS in a timely manner?  YES  NO  N/A

2. Do Case notes indicate attempts to follow up and document

participant employment status after completion of scheduled

services?  YES  NO  N/A

3. Does placement information include employer, occupation,

wage, hours/wk, benefits, and whether the employment is

related to the training services received by the participant?  YES  NO  N/A

4. Was the participant exited no longer than 90 days after the

last recorded service in compliance with CWDS policy  YES  NO  N/A

5. Are their monthly invoices/progress reports in the file

to document participant attendance/performance?  YES  NO  N/A

6. Were follow-up attempts/services recorded in CWDS?  YES  NO  N/A

**Issues/Concerns:**

**SUMMARY/FINDINGS**

1. **AREAS OF CONCERN/DEFICIENCIES**

1. **STRENGTHS**

1. **BEST PRACTICES**

REV. 4/1/20