**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