**POCONO COUNTIES**

**WORKFORCE DEVELOPMENT BOARD (WDB)/**

**WORKFORCE DEVELOPMENT AREA (WDA)**

CAREERLINK®/YOUTH PARTICIPANT

MONITORING TOOL

**Primary Areas of Concern:**

* + - * Compliance with eligibility requirements
      * Programmatic and administrative accountability
      * Compliance with WIOA Youth Program Element Requirements
      * Service Providers
      * Child Labor Law compliance (if applicable)
      * Youth Objective Assessment/ISS requirements
      * 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)

In-School  Out-of-School  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**General Eligibility**

1. WIOA Application  SIGNED  DATED

Parent/Guardian Signature of all required

documents if the participant is a minor.  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

8. Proof of In-School/Out-of-School Status?   YES  NO

**In-School Youth Eligibility**

1. Proof of Low Income  YES  NO

Low Income Documentation: Click or tap here to enter text.

2. In-School Youth Barrier (check all that apply)

Basic Skills Deficient/English Language Learner

Offender

Homeless

Pregnant/Parenting Youth

Youth with a Disability

Youth who requires additional assistance per PCWDA definition/policy

(\*no more than 5% of IS Youth may be eligible based on this barrier)

Describe barrier documentation in file:Click or tap here to enter text.

3. Out-of-School Youth Barrier (check all that apply)

School Dropout/Not attending during most recent school quarter

High School graduate who is Low income and

Basic skills deficient or English language learner

Youth offender

Homeless

Pregnant/Parenting Youth

Youth with a Disability

Low income Youth who requires additional assistance per PCWDA definition/policy

Describe barrier documentation in file: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 youth objective 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 ISS?  YES  NO

4. Is there information in the file to document which

Required Youth Program Elements are part of the

ISS and the justification for them?  YES  NO

5. Was the ISS developed jointly with the participant

and consistent with the information obtained

in the objective assessment process?  YES  NO

6. Are the goals and objectives of the ISS, along with

the participant’s service plan and responsibilities

described in the plan?  YES  NO

6. Is the ISS 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 ISS and service record in the

participant’s file?  YES  NO

8. Is there documentation of participant progress,

outcomes, or performance information in the

file?  YES  NO

Are outcome and performance information

information documented in CWDS?  YES  NO

9. Did the assessment process or ISS 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 ISS  YES  NO

11. Is there a signed training agreement in the file

for participants receiving training services?  YES  NO  N/A

**Issues/Concerns:**

**TRAINING SERVICES REVIEW (AS APPLICAPLE)**

**WORK EXPERIENCE SERVICES**

1. Is the following documentation in the participant’s file:

I-9  SIGNED  DATED

W-4  SIGNED  DATED

Working papers  YES  NO  N/A

Participant Manual/LMO Receipt  YES  NO

2. Is there a worksite agreement in place

describing the work to be done and worksite

supervisor responsibilities?  YES  NO

3. Is the worksite monitored for compliance with

required postings, child labor law, attendance,

and other requirements described in the worksite

agreement?  YES  NO

4. Are records of hours worked/checks received  YES  NO

by the participant maintained.

5. Are work maturity questionnaires completed to

document participant program benchmarks.  YES  NO

**ITA SERVICES**

1. Were ITA services received by the customer

consistent with the assessment and interests

identified in the ISS?  YES  NO

2. Was the need/justification for the training

indicated in the ISS 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 ISS?  YES  NO

2. Was the need/justification for the training

indicated in the ISS 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 ISS 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

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

participant employment status after completion of scheduled

services?  YES  NO

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

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

last recorded service in compliance with CWDS policy  YES  NO

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

to document participant attendance/performance?  YES  NO

6. Were Youth Follow-up services and outcomes recorded in

CWDS?  YES  NO

**Issues/Concerns:**

**SUMMARY/FINDINGS**

1. **AREAS OF CONCERN/DEFICIENCIES**

1. **STRENGTHS**

1. **BEST PRACTICES**

REV. 4/1/20