WORKFORCE INNOVATION AND OPPORTUNITY ACT
(WIOA)

MONITORING GUIDE

Submitted by:

MLA WIOA Monitoring Tool

PROGRAM OPERATIONS REVIEW

CONTRACTOR REVIEW INFORMATION
(Program Operations)

Contractor:

Address:

Chief Administrator:

Date(s) of Review:

Grant Number(s)
2020 (Adult)
2030 (Dislocated Worker)
2040 (Youth)

Contact Person:

Title:

Phone Number:

E-Mail Address:

Fax Number:

Reviewer(s):

Title:
Supervisor's Review: Date:

A. Brief summary of overall findings, including program strengths and areas needing improvement.

PY 2017 WIOA Plan:

PROGRAM	PLAN ENROLLMENT	# INTENSIVE SERVED	% INTENSIVE SERVED
Adult			
DW			

PY 2016 FINAL PERFORMANCE REPORT:

Performance Measure	# Program	Actual	Standard	Variance
ADULT:				
2Q Entered Employment				
2Q Median Earnings				
4Q Entered Employment				
Credential				
DW:				
2Q Entered Employment				
2Q Median Earnings				
4Q Entered Employment				
Credential				

PY 2017 PARTIAL PERFORMANCE REPORT:

Performance Measure	# Program	Actual	Standard	Variance
ADULT:				
2Q Entered Employment				
2Q Median Earnings				
4Q Entered Employment				
Credential				
DW:				
2Q Entered Employment				
2Q Median Earnings				
4Q Entered Employment				
Credential	**5**			

PY 2016 Charts

PY2017 Performance Chart

A column chart that compares enrollments of Adults and Dislocated Workers and compares exits with positive outcomes at the time of exit.

PY2017 Demographic Charts

Pie charts that compares enrollments regarding sex, race, and ethnicity with the area's demographic record from the most recent census report.

Administrative Operations

B. Management Information Systems/Records

1. Review the record retention and disposition system.

2. Describe the participant filing system to ensure there is a systematic approach to filing of participant documents. (security of files – adequate protection of privacy)

3. Describe the Contractor's approach to keying participant data into the NCWorks Online management information system.

4. Who controls the distribution and maintenance of passwords to the NCWorks Online management information system?

   Is it adequate to maintain security of the system?

5. How often does the MIS Super User run the edit checks? If an edit reveals incorrect data, how is the correct data obtained and entered?

C. Eligibility Determination and Verification

1. Review the Contractors eligibility determination and verification process.

2. Review a random sampling of individual files. *(10% of enrolled and 10% of exited individuals from each case manager's files.)*

D. Equal Opportunity – 29 CFR 37

1. Is data collected in the following areas?

   a. Customer Data

      1. Applicants/Eligible Applicants:

         a) The race/ethnicity, sex, age, and disability status, where known, of the applicant and the date of initial contact. Yes _ _ No __

         b) The program (WIOA) for which the applicant was found eligible and the date. Yes_ _ No___

         c) The reason the applicant was found ineligible, and the date. Yes ___ (if applicable)   No___

         d) The specific training program (i.e., LPN, Secretarial, Data Processing, Computer Programmer) for which the individual applied. Yes ___ (if applicable) No___

         e) The work history, education and other aspects of the individual's background used as selection and/or placement criteria. Yes___ No___ *(unless required by employer or educational program)*

  f) The name and type of tests and other objective criteria used to determine selection and/or placement. Scores, the name of the person who administered the test or other criteria, and the date of testing should also be recorded. Yes___ No___

  g) Subjective criteria used to determine selection and/or placement. Yes___ No___

  h) For eligible applicants not enrolled, record the reason for non-selection, the name of the individual making this determination, his/her organization (WIOA, college, employer, etc.) and the date.

2. Individuals:

  a) The enrollment date. Yes___ No___

  b) All training the individual received and the inclusive dates of the training. Yes___ No___

  c) The training "track" (OJT, classroom training, etc.) into which the individual was enrolled. Yes___ No___

  d) The organization with whom the participant was enrolled. Yes___ No___

  e) If the individual is receiving a wage, the amount and a record of any increases during the period of training. Yes___ No___

  f) Each service afforded the participant, and the inclusive dates of the service. Yes___ No___

  g) Any additional training, such as GED, and the inclusive dates of the additional training. Yes___ No___

3. Terminees:

  a) Reason for termination, whether it was a positive or a non-positive termination, and the date of the termination. Yes___ No___

  b) Dates and summaries of counseling prior to a non-positive termination. Yes___ No___

E. DISLOCATED WORKERS

1. Has the Contractor experienced any plant closures or mass layoffs within the past year? Yes____ No____

 If yes, what are the names and locations of the plants?

2. Are there any dislocated workers using WIOA funds? Yes ____ No____

3. Is there any coordination or dual enrollment with North American Free Trade Agreement (NAFTA) or Trade Adjustment Assistance (TAA) programs for dislocated workers? Yes ____ No____

4. Has the Contractor developed a policy on "self sufficiency?" Yes _____ *(established by the LA WDB)* No _____

F. EXITING WIOA

1. When an individual is no longer receiving WIOA services, how does the WDB determine when it is appropriate to allow the system to soft exit an individual from WIOA?

2. Who enters the outcome data into the NCWorks Online system? *(WDB staff or case manager.)*

3. How is the decision documented?

G. FOLLOW-UP

1. Name the person(s) and provide their title who conducts follow-up activities for WIOA exiters.

2. Is the WIOA Participant Activity Record form properly completed for each exiter?

    Yes___   No ___

3. What services are provided during follow-up to WIOA exiters?

4. What additional job search assistance is provided to exiters who are unemployed during follow-up?

5. Are post exit follow-up contacts properly conducted and documented?   Yes___   No _____

Mountain Local Area WIOA Youth Monitoring Guide

MOUNTAIN LOCAL AREA WILL HAVE SEPARATE FILES FOR YOUTH SERVED IN THESE PROGRAMS:

WIOA YOUTH

Operator Agency Name:
County:
Operator staff participating in review:
LA Reviewer:
Date of review:

1. Are all youth documented as economically disadvantaged? Yes _____ No ___
    Has the operator used the five (5%) percent window for youth?
    Yes _____ No _____
    If Yes, serious barriers to employment

    Was prior approval obtained from the LA? Yes ___   No ___

2. Has the operator enrolled youth in adult programs concurrently? Yes __ No _____
    Was prior LA approval obtained? Yes __ No __   If yes, describe the operator
    process for tracking, funding and providing services for concurrently enrolled youth/adults (18-21).

3. How does the operator track the requirement for enrollments of out-of-school youth? (If applicable)

    Attach enrollment analysis.

4. How does the operator plan to conduct and track the required twelve-month (12) follow-up for youth?

5. Describe the operator's process for providing summer employment opportunities <u>directly</u> linked to academic and occupational learning and the youth's career path.

6. Are the following areas included in the operator's design of the youth programs?

    a. Objective assessment_____
    b. Academic and occupational skill level_____
    c. Individual Employability Plan (ISS)_____
    d. Establishment of Career Goals____
    e. Preparation for post-secondary education opportunities_____
    f. Linkages between academic and occupational learning_____
    g. Preparation for employment_____
    h. Links to the job market and employers_____

Note any deficiencies in delivery of any of the above elements:

7. Have payments been made using the incentive system? Yes ___ No ___
   If not, why?
   Describe feedback from the operator on the value of the incentive system.

8. Have any OJT contracts been executed? Yes ___ No ____ If yes, were they appropriate and properly developed? Yes ___ No ___

10. Has the contractor worked closely with the school system for career path information and coordination of services for in-school youth? Yes ____ No ___

    a. Describe examples of specific school system coordination of services.

11. Review a sample of work experience sites.

12. Do youths' timesheets reflect non-payment for the time spent in basic remediation? Yes ___ No ____

13. Are all teachers for basic education/remediation in the operator's program North Carolina certified?
    a. Yes ____ No ___

14. Is tutorial time being arranged as appropriate? Yes ____ No ___

15. Do all out-of-school youth have a mentor? Yes ____ No ___
    Describe the mentoring system.

16. Is the operator tracking the progress of youth and facilitating all service needs, with referral if needed? Yes ____ No ___

    Describe a sample of the referrals that have taken place.

17. Is the operator using the Mountain Local Area youth skill attainment system?

    a. Yes ____ No ___

    b. Describe any problem areas.

18. Examine NCWorks Online records for timely input and accuracy.

19. General comments on file folders and documentation:

20. Interview a sample of youth participants about the program and record significant interview comments below.

21. Describe the strengths of the program.

ATTACHMENTS: