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**Maine Department of  
Labor/  
Bureau of Employment Services**

**Monitoring Manual  
PY 2013-2014**

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# **Part 1**

## **Program Monitoring Rules and Procedures**

## I. Bureau of Employment Services (BES) Programs Subject to Monitoring

All Federal programs have monitoring requirements. Some programs have State monitoring requirements as well. Federal law requires the State to monitor Workforce Investment Act (WIA) Title I Programs and Trade Assistance Act (TAA) for compliance and quality. Maine statutes governing the Maine Apprenticeship Program, Competitive Skills Scholarship Program (CSSP) and the Governor's Training Initiative (GTI) Programs have reporting and monitoring requirements.

This manual includes monitoring policy and guidance for the following programs:

- WIA Title I Adult
- WIA Title I Youth
- WIA Title I Dislocated Worker Programs
- Wagner-Peyser Labor Exchange

Because National Emergency Grants are monitored on a schedule which depends on the grant start date, the on-site monitoring tool and schedule is separate from the programs in this manual.

## II. Purpose of Monitoring

Program monitoring has two main purposes: 1) to ensure that the CareerCenter system is in compliance with the intent and substance of the rules governing funding streams, and; 2) to provide an understanding of the systems operating to achieve the overall workforce investment goals.

The first purpose satisfies the mandate of the State oversight agency to ensure that statutes, regulations, and policies are being followed. While comparatively narrower in scope than the second purpose, monitoring for compliance supports the State Workforce Investment Board goal of accountability and meets legislated oversight requirements.

The second purpose allows the monitoring effort to take a strategic perspective. Monitoring becomes a way to develop an understanding of the systems the CareerCenters draw upon to deliver information and services to customers. Presumably, the systems in place are a result of efforts to achieve State and local board goals. The systems are composed of the working relationships with public and private entities and may take forms such as partnerships, agreements, collaborations, coalitions, and protocols. Working relationships may be internal or external to the CareerCenter facility. They may have been established by a local board for the entire area or established independently by a CareerCenter.

The monitoring tools are designed to explore the working relationships that make a difference to the customer in terms of the breadth and depth of services. As monitoring experience is gained, the relationships among partners can be compared to the outcomes that customers typically receive. The object of this type of monitoring is to find out how the partners are working together for seamless integration of services, not to make a determination of whether the level of integration is above or below an arbitrary level.

Monitoring for quality may reveal strengths that can be used to illustrate "best practices." Best practices models derived from empirical evidence, rather than from national literature, can be shared among local boards and service providers and can thus have more relevance. This type of monitoring results in an analysis of system development that can be useful to management at all levels.

When desirable system practices are discovered, the intention is to celebrate and promote them beyond simply including them in the monitoring process. In this way, monitoring will yield a value to advisory boards and program operators not otherwise gained, or obtained through traditional compliance monitoring.

### III. Statutory and Regulatory Authority for Monitoring

#### A. WIA Title I Programs

WIA §185 and 20 CFR Sec. 667.400 give the authority to monitor recipients and sub recipients of WIA funds to the Secretary, states, and local boards.

WIA §184(a) (5) and 20 CFR Sec. 667.410 describes the oversight roles and responsibilities of recipients and sub recipients. It also requires the Governor to take prompt corrective action if any substantial violation is found and impose sanctions in the event of a sub recipient's failure to take required corrective action. The sanctions policy is described in section VII of this manual.

#### B. Wagner-Peyser

The Wagner-Peyser Act §10(a) gives the authority to monitor compliance with the Act to the Secretary and states.

### VI. WIA Program Quarterly Desk Review Procedures

#### A. Report Submission Requirements

Local boards report WIA program performance to the BES on a quarterly basis. There are two types of reporting, one is the financial reports. The requirements for the financial reports are specified by the BES Administrative Manual and the reports are submitted to the BES Administration Division. The other is the participant or customer report, which follows a format provided by the BES. This report compares the planned service levels (enrollments, exits, entered employment, etc.) to actual service levels and compares actual performance to the standards. All planned data is taken from the contract and entered into the form. Actual data is available through the One-Stop Operating System (OSOS).

Reports are submitted for each program contracted with the local board. These include the Adult, Youth, and Dislocated Worker Programs, any National Emergency Grants for Dislocated Workers, and any other contracted programs that have participant activity.

The submission must include a cover letter that includes a narrative for performance which is more than 15% higher or lower from the standard or planned level. The purpose of the narrative is to: 1) demonstrate an understanding of the

issue, 2) analyze the impact that continued similar performance could potentially have on the program, if not corrected, and; 3) describe plans to correct the situation.

In situations of underperformance, the State will work with the local area and the program operator to discover the reason for underperformance and help correct it. The State will ensure that data is available for local staff to identify the problem, analyze it, and devise a plan to correct the deficiency.

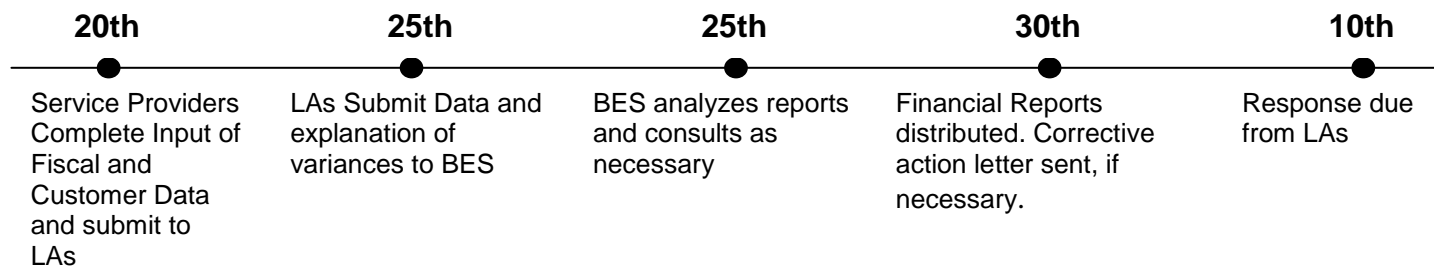
#### B. Responsibilities of BES:

1. Responsible for successful implementation of contract performance
2. Responsible for negotiating contracts
3. Responsible for monitoring contract performance
4. Responsible for reviewing quarterly reports and recommending action
5. Responsible for issuing report formats to contractors/vendors
6. Responsible for identifying need for Corrective Action
7. Responsible for negotiating Corrective Action plans with board directors
8. Responsible for preparing the text for response letters to vendors
9. Responsible for following up on Corrective Action to ensure implementation and success
10. Responsible for maintaining copies of reports
11. Work collaboratively with local areas and program operators to analyze data in order to improve performance.

#### C. Timing of Participant Reports

Local Boards should submit a hard copy of the quarterly report to BES by the 25th of the month following the end of a quarter. Initial reports may be sent by e-mail.

The BES will analyze reports and identify any Corrective Action needed for performance falling below 15% of planned levels. This should be completed by the 30th of the month following the end of the quarter.



#### D. Report Formats

Quarterly Report formats for the WIA Adult, Youth, Dislocated Worker formula and Dislocated Worker National Emergency Grants are shown on the following pages.



**WIA Adult Program  
Quarterly Performance Report**

Grant Recipient \_\_\_\_\_  
 Beginning Date of Performance Period \_\_\_\_\_  
 Ending Date of Performance Period \_\_\_\_\_  
 Date Calculated \_\_\_\_\_

SERVICE SUMMARY	Planned	Actual	□%
A. Core B Registrants			
B. Intensive Services			#DIV/0!
C. Training Services			#DIV/0!
D. Exiters			#DIV/0!
E. Total Entering Employment			#DIV/0!
1. Placements w/Employer-Assisted Benefits			#DIV/0!
2. Females Entering Employment			#DIV/0!
3. Females Entering Employment in NTO			#DIV/0!
NATIONAL PERFORMANCE STANDARDS			
A. Adult Entered Employment Rate			#DIV/0!
B. Adult Employment Retention Rate			#DIV/0!
C. Adult Average Earnings			#DIV/0!
D. Adult Employment and Credential Rate			#DIV/0!



**WIA Dislocated Worker Program  
Quarterly Performance Report**

Grant Recipient \_\_\_\_\_  
 Beginning Date of Performance Period \_\_\_\_\_  
 Ending Date of Performance Period \_\_\_\_\_  
 Date Calculated \_\_\_\_\_

SERVICE SUMMARY	Planned	Actual	□%
A. Core B Registrants			#DIV/0!
B. Intensive Services			#DIV/0!
C. Training Services			#DIV/0!
D. Exiters			#DIV/0!
E. Total Entering Employment			#DIV/0!
1. Placements with Employer-Assisted Benefits			#DIV/0!
2. Females Entering Employment			#DIV/0!
3. Females Entering Employment in NTO			#DIV/0!
NATIONAL PERFORMANCE STANDARDS			
A. Dislocated Worker Entered Employment Rate			#DIV/0!
B. Dislocated Worker Retention Rate			#DIV/0!
C. Dislocated Worker Average Earnings			#DIV/0!
D. Dislocated Worker Employment and Credential Rate			#DIV/0!

**WIA Youth Worker Program  
Quarterly Performance Report**

Grant Recipient \_\_\_\_\_

Beginning Date of Performance Period \_\_\_\_\_

Ending Date of Performance Period \_\_\_\_\_

Date Calculated \_\_\_\_\_

SERVICE SUMMARY – Younger Youth Aged 14 - 18	Planned	Actual	□%
A. Enrollees			#DIV/0!
1. In-School Youth			#DIV/0!
2. Out-of-School Youth			#DIV/0!
B. Exiters			#DIV/0!
1. Total Entering Employment			#DIV/0!
a. Placements with Employer-Assisted Benefits			#DIV/0!
b. Females Entering Employment			#DIV/0!
c. Females Entering Employment in NTO			#DIV/0!
SERVICE SUMMARY - Older Youth Aged 19 - 21			
A. Enrollees			#DIV/0!
1. In-School Youth			#DIV/0!
2. Out-of-School Youth			#DIV/0!
B. Exiters			#DIV/0!
C. Total Entering Employment			#DIV/0!
1. Placements with Employer-Assisted Benefits			#DIV/0!
2. Females Entering Employment			#DIV/0!
3. Females Entering Employment in NTO			#DIV/0!
NATIONAL PERFORMANCE STANDARDS			
A. Older Youth Entered Employment Rate			#DIV/0!
B. Older Youth Retention Rate			#DIV/0!
C. Older Youth Earnings Change			#DIV/0!
D. Older Youth Credential Rate			#DIV/0!
E. Younger Youth Diploma Rate			#DIV/0!
F. Younger Youth Retention Rate			#DIV/0!
G. Younger Youth Skill Attainment Rate			#DIV/0!



V. WIA Local Board On-Site Monitoring

- A. Each recipient and sub-recipient must conduct regular oversight and monitoring of its WIA activities and those of its sub-recipients and contractors in order to determine that expenditures have been made against the cost categories and within the cost limitations. Oversight and monitoring should determine whether or not there is compliance with other provisions of the Act and these regulations and other applicable laws and regulations. Sub-recipients are to provide technical assistance as necessary and appropriate. (20 CFR Sec. 667.410(a))
- B. Accordingly, each Workforce Investment Board, must monitor all service providers and sub-recipients (excluding service providers paid by an individual training account), on-site at least annually, or once during the term of agreement if it lasts less than one year, for financial and programmatic compliance.
- C. Each Workforce Investment Board is required to develop and use local monitoring procedures, monitoring instruments, and a monitoring schedule. The monitoring schedule and any subsequent changes should be sent to all service providers and sub-recipients.
- D. The Workforce Investment Board is responsible for conducting oversight on-site at least annually of local Adult, Dislocated Worker and Youth programs operated under this Act, to ensure both fiscal and programmatic accountability. Each local entity's regular monitoring of their own activities and the activities of their sub-recipients and contractors must determine whether there is compliance with laws and regulations. Additionally, the entity issuing the contract must monitor each on-the-job (OJT) and customized training employer on-site at least annually, or once during the term of agreement in accordance with 20 CFR Sec. 667.410(a).
- E. The Tri County Workforce Investment Board (TCWIB) must establish a monitoring system as part of their oversight responsibilities detailed in the Workforce Investment Act. While ultimate design of the system is up to each TCWIB, the following elements must be included at a minimum:
  - 1. All monitoring procedures must be in writing.
  - 2. Monitoring duties must be assigned to a specific individual(s) and/or committee.
  - 3. A monitoring schedule must be written for each program year. This monitoring schedule must include at a minimum: review of all service providers;
    - a. review of all management systems;
    - b. provide for follow-up on each monitoring;
    - c. reporting procedures that ensure:
      - i. all findings are documented;
      - ii. all findings are reported in writing to the appropriate parties;
      - iii. all deficiencies are noted along with their resolution; follow-up is completed to ensure all corrective action has been implemented.

4. Documentation must be developed that measure progress towards achievement of performance standards and coordination mandates and ensure compliance with WIA and, at a minimum, with all applicable:
  - a. Federal laws and regulations;
  - b. State laws and policies;
  - c. TCWIB policies and agreements;
  - d. The state and local WIA strategic plans;
  - e. The terms of all contracts entered into under the jurisdiction of WIA.

#### VI. BES Local Board On-Site Monitoring

The Maine Department of Labor, through the Bureau of Employment Services (BES) will conduct on-site monitoring reviews of local entities and selected sub-recipients to determine compliance with requirements. To carry out the State's oversight responsibilities in compliance with the Workforce Investment Act and Regulations, the BES Division of Policy and Evaluation (programmatic monitoring) and the Department of Administrative and Financial Services (financial audit) shall have full access to and the right to examine and copy records that are pertinent to the awards of federal funds administered by the State.

During annual on-site visits conducted by the BES, Division of Policy and Evaluation, monitoring procedures, monitoring instruments, implementation of the local policy will be reviewed for compliance (20 CFR Part 652, Sec. 667.410). The BES is responsible for monitoring local area governance, including planning and policy and board composition, Wagner-Peyser, and TAA. In order to ensure consistency and compliance with the sub-recipient requirements the BES will also conduct limited on-site monitoring of local practices and procedures.

#### VII. Entities Subject to Monitoring

Monitoring takes place at the levels of the Tri County Workforce Investment Board, the service provider (EMDC- Direct Delivery), and the individual CareerCenter in Bangor. The object of monitoring varies from strategic (How is the integration of services working in the Local Area 2) to very program specific (describe how and by whom job search and placement assistance for dislocated workers is provided).

The monitoring report includes findings of a strategic nature as well as specific program items of interest primarily to CareerCenter managers.

Monitoring reports concerning governance and strategic planning will be sent to board directors. Program monitoring reports with any requests for corrective action will be sent to board directors, with copies to the appropriate service providers and CareerCenter managers.

##### A. Notification policy

The entity to be monitored will be notified in writing at least ten (10) business days in advance. The notification letter will include the expected timeframes of the monitoring, the programs to be monitored, the sites to be monitored, and will include the

monitoring instrument to be used and requests for copies of documents, such as policies or customer files. The entity to be monitored is expected to provide copies of requested material on the day of monitoring.

#### B. Follow-up and Report Procedure

After the on-site monitoring has been completed, the monitor, or monitors, will verbally follow up with the local office manager, service provider and/or the board director, as appropriate, with preliminary findings and any questions pertaining to unresolved findings. A draft report of the findings will be sent to the board director within five days of the completion of monitoring.

Board directors will have ten days from the receipt of the draft to comment and state any actions taken or planned to bring the system into compliance or address issues.

A final monitoring report, including any requests for corrective action, will be issued to the board director within ten days of the end of the comment period. A response from the board director on any issues not finalized in the first response is due ten days after the final report is issued.

### VIII. Format of Manual

This Workforce Investment Act (WIA) Monitoring Procedures Manual has been developed in order to provide a reference for statewide monitoring activities by BES. The information in the manual is intended as a guide and does not limit reviews in number, scope or format.

The manual is divided into three parts.

**Part I provides general information.**

**Part II provides Monitor Plans.** Monitor Plans include information on the monitor reviews that are regularly scheduled for each year. The most important reference of law, regulations, plans or policies are noted at the beginning of the plan. The most important documents and information needed for interviews are included along with general questions that will be answered in the monitor report.

**Part III has been included for your information.** It includes a copy of the monitor plan and sample formats of the type of working papers the monitors will use to review systems. The monitor worksheets formats may vary from the samples provided but will reflect law, regulation and policy.

The Workforce Investment Act places primary emphasis on program performance at the State and Local Area levels. Monitoring at State and Local Area levels will insure that proper systems are in place, are being followed, and meet the requirements of the law.



To accomplish this, the State has prepared this Monitoring Procedures Manual which has also been adopted by the TCWIB and to be used for the local area annual monitoring. This manual includes the onsite and desktop systems, review checklists, corrective action and follow-up procedures and other items.

The reason for the emphasis on monitoring is to assist in reducing the possibility of audit exceptions, sanctions, or unallowable costs (which may have to be reimbursed to the federal government). Through the use of the established monitoring procedures, the State and local areas can minimize problems by early detection and correction.

#### A. Monitor Review Process:

BES and the TCWIB shall utilize monitor review guides to conduct objective system and program reviews. These guides may be amended as regulatory changes occur.

The monitor review may be conducted through desktop evaluation, onsite evaluation, or most often, by a combination of the two processes.

BES and the TCWIB are authorized to monitor any entity receiving Workforce Investment Act (WIA) funds, and the review may include examining program records, questioning employees, interviewing participants and entering any site or premise which receives WIA funds.

Random sample techniques will be used to perform the review of program records.

Monitor review entrance conferences and exit conferences will be held with appropriate officials for each review conducted.

Monitor review working papers shall be established during the review and maintained by BES.

#### B. Programs and Systems:

The following programs and systems will be reviewed at least once annually. BES and the TCWIB are not limited to this list and may review other areas as necessary:

##### **1. Participation**

- Participant Eligibility
- Participant Priority Documentation
- Participant Assessment and Referral
- Outreach and Recruitment
- Supportive Service

##### **2. Training**

- On-the-Job Training
- Occupational Skills Training
- Customized Training
- Work Experience
- Individual Training Accounts
- Eligible Training Providers

##### **3. Reporting**

- Management Information Systems
- Follow-up Systems
- 4. Additional Areas**
  - Equal Opportunity
  - Tri County Workforce Investment Board
  - Grievances or Complaints (nondiscriminatory)
  - Youth Councils

C. Monitor Reports:

BES and the TCWIB shall issue a written monitor report and forward it to the entity monitored within 5 working days of the completion of the review.

The monitor report shall be published in the following format:

- Scope of Review
- Best Practices
- Findings
- Corrective Action (if Required)
- Area of Concern
- Follow Up (if required)
- Summary

IX. Corrective Action Plans and Technical Assistance

A key emphasis subsequent to on-site reports is to follow up on the findings and observations that BES has identified through oversight activities. The objective is to demonstrate that contractors and providers are in compliance with policy and regulations and meet performance expectations. In the past, the leadership in the local areas has taken an active role in resolving performance issues, and we are confident that this will continue. Technical assistance is a significant BES and Region I USDOL strategy for resolving issues identified through desk reviews and on-site monitoring.

As previously noted, a response from the board director or in the case of TCWIB monitoring EMDC stating the actions taken or planned to correct deficiencies or otherwise address issues is due ten days after the date the draft monitoring report is issued. These actions will be included as part of the final monitoring report.

X. Sanctions and Appeals of Sanctions

A local board that does not provide an adequate or timely response to a monitoring report that cites compliance issues may be subject to sanctions. The sanctions and appeals process is covered under a separate BES policy issuance.

XI. Circulation

Copies of the monitor reports will be dispensed to the following:

- Commissioner, Maine Department of Labor
- Bureau Director, Bureau of Employment Services
- Deputy Director, Bureau of Employment Services

- Director of Policy and Evaluation
- WIA Program Manager
- Career Center Manager
- Service Provider Manager

XI. Schedule of Events in Days\* After Completion of On-Site Monitoring



A Planning and Governance Review and review of WIA Title I Adult, Youth, Dislocated Worker Programs, and the Wagner-Peyser Labor Exchange Program will be monitored in each of the four local areas. A timetable which identifies specific sites, dates and programs for monitoring is as follows:

\* Business Days

**Part II**

**Review of  
Local Workforce Board  
Governance**

**A. Tri County Workforce Investment Board Monitor Plan (WIA 117, 20 CFR 661, 20 CFR 667)**

**Purpose:** Maine Department of Labor/Bureau of Employment Services will conduct a desk review of Tri County Workforce Investment Boards to examine compliance with the Workforce Investment Act (WIA), it's implementing regulations and policies regarding agreements, board membership, appointment procedures and areas of representation, responsibilities and activities.

**Documents:** Documentation collected and examined within the course of review will include but not necessarily be limited to the following:

1. TCWIB membership list
2. Agreements
3. Organizational Structure (chart)
4. Memorandums of Understanding (MOUs)
5. TCWIB By-laws
6. One Stop Certifications
7. Youth Council membership lists
8. Board Minutes
9. Local WIA Plan
10. Current Policies

**B. Local Investment Board Certification**

(Obtain and review most recently approved TCWIB certification):

1. Governor certified: \_\_\_\_\_
2. Within two years? \_\_\_\_\_
3. Written request for certification to DOL: \_\_\_\_\_

**C. Governance of Board Worksheet**

**Questions:** The following questions will be asked:

TCWIB GOVERNANCE	YES	NO
Does TCWIB membership meet the requirements of the Law? (obtain current TCWIB membership roster) If not, in what area is there a vacancy?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Do the majority of board members represent business (51%)? If not, why?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Is the TCWIB chair a private sector business member? (If applicable, is the chair elect or co-chair, if this office succeeds the chair, a private sector business member?)	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

<b>TCWIB GOVERNANCE</b>		<b>YES</b>	<b>NO</b>
Does the TCWIB meet regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Is the agenda for TCWIB meetings published and properly announced?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Does the CLEO (Chief Local Elected Official) regularly receive an advance notice of meetings and copies of the minutes?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Does this TCWIB have any committees (ad hoc or standing)? Please list:	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Are there any issues or concerns regarding TCWIB membership, its functions or its committees? If so, please indentify.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

<b>WIA PLANNING AND POLICIES</b>		<b>YES</b>	<b>NO</b>
Is there a strategic planning process for the TCWIB?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Has the local plan been amended? If yes, what has been amended and when?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Is there a vision and are there goals for the system?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Does the TCWIB coordinate WIA activities with economic development strategies?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Is the local plan complete? If not when will it be?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

WIA PLANNING AND POLICIES	YES	NO
Does the local plan address the needs of local employers and workers?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Does the TCWIB coordinate WIA activities with economic development strategies?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Has the TCWIB established local performance measures? If yes, what are they? If no, why not?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Are there polices in place for the local area program, such as:	<input type="checkbox"/>	<input type="checkbox"/>
ITA Policy?	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Service Policy?	<input type="checkbox"/>	<input type="checkbox"/>
On-The-Job Training	<input type="checkbox"/>	<input type="checkbox"/>
Needs Related Policy?	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Has the TCWIB established guidelines for Priority of Services policy for intensive services? If yes, describe. If no, why not?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Has the TCWIB established policies, strategies and guidelines to ensure that the CareerCenter system is used to support, expand and maintain services to the veteran population. If yes, explain how.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
How has the TCWIB developed and issued "Priority of Service to Veterans" policy for all job training programs funded in which they have direct oversight and responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		





#### D. LWIA Common Measures Performance Data

Please provide the following data:

<b><u>Performance Measure</u></b>	Negotiated Rate	Actual Rate (most recent quarter)*
<b>Adult Performance</b>		
Entered Employment		
Employment Retention		
Average Earnings		
<b>Dislocated Worker Performance</b>		
Entered Employment		
Employment Retention		
Average Earnings		
<b>Youth Performance</b>		
Placement in Employment or Education		
Degree or Certificate		
Literacy/Numeracy Gain		

\*Per OSOS

- For those measures *below* the acceptable rate of “meets”, has Technical Assistance (TA) been requested? Yes  No

If so, has the TA session been scheduled? Yes  No  If yes, when? .

- List staff whose attendance is critical to the success of the TA session:

<b>Name</b>	<b>Program/Area of Concentration</b>

- What changes do you propose, in advance of the TA session, to correct the unacceptable rate(s)?
- For measures at the level of “meets” or “exceeds”, have you requested TA in order to work toward continuous improvement? Yes  No  N/A

**E. Youth Program, Youth Council Review Plan (WIA Sec. 117 & 123; 20 CFR 661.335; 20 CFR 661.340; 20 CFR 664.100-110)**

**Purpose:** To review the Youth Council requirements including membership and responsibilities.

**Documents:** The following documents will be examined as a part of the review.

1. The local board's service plan
2. Youth Council membership and area of affiliation list
3. Meeting minutes or/and notice of meetings
4. Monitor and evaluation plans or procedures
5. Schedules
6. Oversight Activities
7. Minutes

**Questions:** The following questions will be asked:

YOUTH COUNCIL	YES	NO
Does the Youth Council have all the required partners?	<input type="checkbox"/>	<input type="checkbox"/>
Members of the TCWIB	<input type="checkbox"/>	<input type="checkbox"/>
Service Agencies (i.e., juvenile justice, local law enforcement)	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing	<input type="checkbox"/>	<input type="checkbox"/>
Parents of Eligible youth	<input type="checkbox"/>	<input type="checkbox"/>
Youth – Former youth participant	<input type="checkbox"/>	<input type="checkbox"/>
Job Corps	<input type="checkbox"/>	<input type="checkbox"/>
Other interested parties (former participants, other youth agencies)	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Comments:		
How does the Youth Council advise the TCWIB regarding Youth services:	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Does the committee advise and report to the TCWIB?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
How often does the council meet?		
Comments:		
Does the CLEO receive advance notice of meetings and meeting minutes?	<input type="checkbox"/>	<input type="checkbox"/>

YOUTH COUNCIL			YES	NO
Comments:				
Does the council conduct oversight of youth services? Explain how the council conducts the oversight.	<input type="checkbox"/>	<input type="checkbox"/>		
Comments:				
Are all policies and procedures for the youth council up to date? (request polices)	<input type="checkbox"/>	<input type="checkbox"/>		
Comments:				

**F. Nondiscrimination and Equal Opportunity Compliance Issues (WIA Section 188 29 CFR Part 37)**

1. Who is the local area's designated EO Officer?
2. Is the officer a senior level staff member with access to executive staff? 29 CFR Part 37.24  
Yes  No
3. Does the LWIA take appropriate steps to ensure they are providing reasonable accommodations to their WIA Title I-financially assisted programs and activities for persons with disabilities (both architectural and programmatic)? 29 CFR Part 37.8 Yes   
No

If not, what accommodations are provided?

4. Does the LWIA make available accessible services, activities, and facilities (such as Braille, TDD/TTY, etc)? 29 CFR Part 37.9 Yes  No   
  
If not, can the TCWIB provide upon request? Yes  No
5. Does the LWIA have appropriate EO posters displayed with the name, address, phone number (voice and TTY/TDD) of the local area designated EO Officer/contact person? 37.26 Yes  No

If not, are there plans for implementation? Yes  No

6. Are EO notices posted in visible and prominent locations (such as public reception areas/staff bulletin boards)? 29 CFR Part 37.31 Yes  No
7. Does the LWIA ensure that each participant received a copy of the EO notice, and copy of such notice is placed in each participant's file? 29 CFR Part 37.31 Yes  No

If not, why?

8. Does the LWIA ensure that recruitment brochures and other materials routinely made available to the public include the following statements: "equal opportunity employer/program" and "auxiliary aids and services are available upon request to individuals with disabilities?" 29 CFR Part 37.34 Yes  No

If not, why?

9. Does the LWIA provide this information in languages other than English and a means of assuring accessibility to programs by persons of limited English-speaking ability (if applicable in its area)? 29 CFR Part 37.35 Yes  No

If not, why?

10. How does the LWIA provide disability awareness training for designated staff at the one-stop centers? 29 CFR Part 37.7
11. How does the LWIA ensure that all job-training plans, contracts, assurances, and other similar agreements are non-discriminatory and contain provisions regarding nondiscrimination and equal opportunity? 29 CFR Part 37.20
12. Does the TCWIB have staff attend annual EO/ADA training? Yes  No

Assurance (to be included in Contracts and RFP's): Yes  No  (review copies of contracts and RFPs)

29 CFR Part 37.20 (a) (1) Each application for financial assistance under Title I of WIA, as defined in Sec. 37.4, must include the following assurance:

As a condition to the award of financial assistance from the Department of Labor under Title I of WIA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I-financially assisted program or activity;

Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;

Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and

Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The grant applicant also assures that it will comply with 29 CFR part 37 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIA Title I-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIA Title I-financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

21. How does the LWIA ensure that individuals are not excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in programs or activities because of race; color; religion; sex; national origin; age; disability; political affiliation or belief? 29 CFR Part 37.5
22. Does the LWIA record the race/ethnicity, sex, age, and disability status of each applicant, registrant, participant, terminnee, and employee for the purpose of EO data and information collection and maintenance? 29 CFR Part 37.37 Yes  No

How is this data collected?

23. Does the LWIA have a policy on how they plan to analyze EO data to ensure that certain population categories are not unknowingly being discriminated against? 29 CFR Part 37.54 Yes  No
24. Does the LWIA perform statistical or other quantifiable analysis of these records and data on at least an annual basis? 29 CFR Part 37.54 Yes  No
25. Does the LWIA maintain a log of filed complaints that allege discrimination (in accordance with the local and state level discrimination complaint procedures)? 29 CFR Part 37.37 Yes  No

If not, why?

26. Does the LWIA ensure that training is provided to EO officers and members of the recipients' staff who have been assigned responsibility under the nondiscrimination and equal opportunity provision of WIA? 29 CFR Part 37.26 Yes  No
27. Has the local area EO Officer conducted monitoring reviews for all WIA Title –I financially assisted programs/facilities? 29 CFR Part 37.25 Yes  No

*(Please provide a copy of the Accessibility Checklist(s) for monitors' review)*

## **Part III**

# **TCWIB Local Monitoring WIA- Title 1 Service Provider Program Review**

**A. One-Stop System WIA Service Provider Program Review (WIA Sec. 121, 134; 20 CFR 662; 20 CFR 663)**

**Purpose:** TCWIB will conduct onsite review of One-Stop operations to evaluate compliance with Workforce Investment Act (WIA), regulations and TCWIB policy. Areas of review will be characteristics, services, and the implementation of policies and procedures.

**Interviews:** Interviews will be conducted as necessary with:

- One-Stop Operating Entity designated staff

**Please answer the following questions:**

The following questions will be directed to EMDC by TCWIB monitor (executive director)

- 1. As part of the Tri County One Stop CareerCenter system can you describe as the WIA Service Provider what your greatest WIA program accomplishments have been over the past program year?  
Comments:**

- 2. As WIA Service Provider of the Tri County One Stop CareerCenter system can you describe your programs' greatest challenges over the program year?  
Comments:**

- 3. Can you identify any best practices?  
Comments:**

- 4. Do you see anyway to that your program can use the TCWIB as a resource and support to your efforts?  
Comments:**



**5. What policies would you like to see created and implemented by the TCWIB in our three counties?  
Comments:**

**6. As the One Stop Operator how do you engage the CareerCenter Managers and increase productivity within the entire workforce system in Penobscot, Piscataquis and Hancock Counties?  
Comments:**

**B. WIA Adult and Dislocated Worker Program Review**

TCWIB Name/Location:  
TCWIB Staff Interviewed:  
Monitor/Program Year/

<b>A. Program Design and Delivery of Title I Services</b>
<p>What has the Adult or Dislocated Worker Program accomplished that you regard as a success that would be of interest to other boards or CareerCenters.</p> <p>Comments:</p>
<p>Describe how and by whom the following WIA Title I core services are being provided:</p>
<p>Eligibility determination: Comments:</p>
<p>Outreach and intake Comments:</p>
<p>Job search and placement assistance: Comments:</p>
<p>Access to Labor Market Information Comments:</p>
<p>Information on other program providers: Comments:</p>
<p>Information on available community supportive services; Comments:</p>
<p>Follow Up services: Comments:</p>

Information on Unemployment Compensation claims;  
Comments:

## B: Core Services

Assistance in establishing eligibility for non-WIA employment and training programs. (Trade, CSSP, Apprenticeship, other agencies):  
Comments:

Describe any core services that will be provided in addition to those listed above.  
Comments:

Describe the process of determining when adults and dislocated workers are to be registered and enrolled in the WIA Title I program.  
Comments:

What procedures are in place to handle veteran's preference and veterans' triage?  
Comments:

Describe the process used to determine if an individual is eligible for Intensive services, including any local area policies and documentation requirements such as those included in the following:  
Comments;

.

### C. Registration

Describe the process of determining when adults and dislocated workers are to be registered and enrolled in the WIA Title I program.

Comments:

### D. Intensive Services

Describe the process used to determine if an individual is eligible for Intensive services, including any local area policies and documentation requirements such as those included in the following:

Comprehensive and specialized assessment of skill levels and service needs of adults and dislocated workers;

Comments:

Development of participant's Individual Service Strategy:

Comments:

Group counseling:

Comments:

Individual counseling and career planning:

Comments:

Case Management:

Comments: .

Short-term pre-vocational services (i.e. "soft skills" training):

Comments:

Stand alone GED training:

Comments:

### E. Training Services

Describe how and by whom WIA Title I training services are being provided as in the following:

Occupational skills training, including training for nontraditional employment:

Comments; .

On-the-Job training:

Comments: .

Programs that combine workplace training with related instruction, which may include cooperation education programs: Comments:	
Training programs operated by the private sector: Comments:	
Skill upgrading and retraining: Comments:	
Entrepreneurial training: Comments:	
Job readiness training: Comments:	
Describe the process used to determine if an individual is eligible for training services, including any local area policies and documentation requirements. Comments:	
Describe how the Eligible List of Providers is used by case managers and customers in selecting a course of training for an ITA. Comments:	
Describe how it is determined that training is relevant to occupation in demand or employment opportunities in the local area. Comments:	
Describe how consumers are involved in the selection of the provider of training services. Comments:	
<b>F. Concurrent Enrollment of Youth</b>	
Have any youth been concurrently served under both the Adult or Dislocated worker program and the Youth Program	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe circumstances under which youth may e concurrently enrolled in the Adult or Dislocated Program. Comments:	
<b>G. Dislocated Worker Services</b>	
Describe coordination efforts with the Displaced Homemaker programs at Maine Centers for Women Work and Community. Comments:	
Describe how services to displaced Homemakers are integrated into and provided through the Dislocated Worker Program. Comments:	
Describe the local methods that have been developed to respond expeditiously to plant closings and layoffs. Comments:	
Describe coordination with statewide rapid response activities.	

Comments:
<b>H. Local Area Policies</b>
Describe the CareerCenter's policies for the following. In addition, identify any issues with implementing these policies.
Priority of service: Comments:
Supportive Services: Comments:
Needs Related Payments: Comments:
Self-sufficiency: Comments:
Individual Training Accounts: Comments:
On-The-Job training: Comments:
Customized Training: Comments:
Equal Employment opportunity/ADA/Grievance Policies: Comments:
Others: Comments:

### C. Summary of Adult and Dislocated Worker Program Review

<b>Local Area:</b>		<b>Date of Review:</b>	
<b>BES Staff Reviewer(s):</b>			
<b>Local Workforce Board Staff Interviewed:</b>			
<b>CareerCenter Staff Interviewed:</b>			
<b>Summary and Observations:</b> Summarize the strengths (including best practices) and weaknesses identified.			
<b>Comments:</b>			
<b>Follow Up Needed:</b>			
<b>Comments:</b>			
<b>Technical Assistance Needs:</b> Identify technical assistance needs of the CareerCenter or program provider related to the WIA adult or dislocated worker program.			
<b>Comments:</b>			

### D. WIA Youth Program Review

TCWIB Name/Location: \_\_\_\_\_  
 TCWIB Staff Interviewed: \_\_\_\_\_  
 Monitor/Program Year/Date: \_\_\_\_\_

<b>A. Successes</b>	
What has the Youth Program accomplished that you regard as a success that would be of interest to the other boards or CareerCenters? Comments: _____	
Describe successful partnerships with partner agencies: Comments; _____	
<b>B. Year-Round Strategy</b>	
Describe how the program provides a year-round strategy of services for youth. Comments; _____	
Describe the summer employment opportunities component and how it fits into the year-round strategy. Comments: _____	
How is it linked to academic and occupational learning? Comments; _____	
<b>C: Outreach/recruitment</b>	
How are out-of-school youth identified and brought into the program? Comments: _____	
Do you enroll youth who do not meet the income eligibility requirements? Comments; _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>D. Orientation/Initial Assessment/Eligibility/Registration</b>	
Describe the intake, initial assessment, and orientation process. Comments: _____	
Describe how youth are assessed for (Include methods, tools, and recourses used for pre/post testing, as appropriate.)	
Academic skill level; Comments: _____	



Occupational skill level: Comments:	
Interests, aptitudes: Comments:	
Basic Skills: Comments;	
Supportive service needs Comments:	
Developmental needs: Comments:	
Work History Comments:	
<b>E: Individual Service Strategy (ISS)</b>	
Describe how an ISS is developed: Comments:	
Does it identify which program elements the youth will participate in	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does it identify a long term goal as well as shorter-term goals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does it reference the assessment data that supports each goal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How often is it updated? Comments:	
<b>F: Skill Attainment Goals</b>	
What is the process for monitoring progress toward meeting a goal and assuring that a goal attained within 12 months? Comments:	
<b>G: Work Experience</b>	
Do you use paid or unpaid experiences? Comments:	
How are work experiences monitored for labor law issues; what is the process for handling such an issue? Comments:	
What are the criteria for determining when a worksite should no longer be used? Comments;	
<b>H: Supportive Services</b>	
Does the supportive services policy for youth differ in any way from the policy for adults? If yes, please describe	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments;	
<b>I: OJT/Customized Training/Pre-Apprenticeship/Apprenticeship</b>	
What is the policy for using OJT and Customized Training for youth? Comments;	
<b>J: Follow Up</b>	
What is the policy on follow-up for all youth that exit the program? Comments:	
What services are offered? Comments:	
Is there a customized follow-up plan for youth? Comments:	Yes <input type="checkbox"/> No <input type="checkbox"/>

## E. Summary of WIA Youth Program Review

<b>Local Area:</b>		<b>Date of Review:</b>	
<b>BES Staff Reviewer(s):</b>			
<b>Local Workforce Board Staff Interviewed:</b>			
<b>CareerCenter Staff Interviewed:</b>			
<b>Summary and Observations:</b> Summarize the strengths (including best practices) and weaknesses identified.			
<b>Comments:</b>			
<b>Follow Up Needed:</b>			
<b>Comments:</b>			
<b>Technical Assistance Needs:</b> Identify technical assistance needs of the CareerCenter or program provider related to the WIA adult or dislocated worker program.			
<b>Comments:</b>			

# **Part IV**

## **Program Participant Review Monitoring Worksheets**

<b>CASE FILE REVIEW WORKSHEET FOR ADULT/DISLOCATED WORKER PROGRAMS</b>	
<b>Monitor:</b>	<b>Date:</b>
<b>Service Provider:</b>	<b>TCWIB #:</b>
<b>Participant Name:</b>	<b>OSOS Number:</b>
<b>Application Date:</b>	<b>Date of Enrollment</b>
<input type="checkbox"/> <input type="checkbox"/> Right to Work <input type="checkbox"/> <input type="checkbox"/> Selective Service	<b>Age:</b> <b>Date of Birth:</b>
<b>PROGRAM APPLICATION</b>	
Completed Program application in file/    Yes <input type="checkbox"/> No <input type="checkbox"/> Signed by client:    Yes <input type="checkbox"/> No <input type="checkbox"/> Signed by Staff member?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Comments:</b>	
<b>PARTICIPANT DATA &amp; GENERAL ELIGIBILITY</b>	
<b>Selective Service (male- 18yrs or over:</b> <input type="checkbox"/> Internet verification <input type="checkbox"/> Acknowledgement Letter <input type="checkbox"/> Photocopy of Selective Service Registration Card <input type="checkbox"/> <input type="checkbox"/> Selective Service Declaration w/Register online <input type="checkbox"/> <input type="checkbox"/> Other:	<b>Proof of Citizenship/Right-to-work Documentation Reviewed:</b> <input type="checkbox"/> <input type="checkbox"/> ME Drivers License <input type="checkbox"/> <input type="checkbox"/> State ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> US Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> INS Certification <input type="checkbox"/> <input type="checkbox"/> School Picture ID <input type="checkbox"/> Other:
<b>COMMENTS:</b>	

<b>PROGRAM ELIGIBILITY FOR ADULTS</b>	
<input type="checkbox"/> <input type="checkbox"/> <b>Low Income Adults over 18 yrs</b>	
Automatically Low Income: <input type="checkbox"/> <input type="checkbox"/> TANF <input type="checkbox"/> Food Supplement Program (FSEP) <input type="checkbox"/> <input type="checkbox"/> Medicare/MaineCare <input type="checkbox"/> General Assistance <input type="checkbox"/> <input type="checkbox"/> Social Security Income	All Other Low Income: <input type="checkbox"/> <input type="checkbox"/> Family Income <ul style="list-style-type: none"> <li>• 6 months \$</li> <li>• Family size (# of persons in family)</li> </ul>
Comments:	
<input type="checkbox"/> Orientation to NTO: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PROGRAM ELIGIBILITY FOR DISLOCATED WORKERS</b>	
<input type="checkbox"/> <b>Date of Dislocation</b> Letter from employer: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UI determination: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Self-declared: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Other evidence of dislocation:	
<b>COMMENTS:</b>	
<b>VETERAN'S DOCUMENTATION/PRIORITY OF SERVICE</b>	
DD214 (or other) Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence of priority of service Yes <input type="checkbox"/> No <input type="checkbox"/> Referral to veteran's services Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>COMMENTS:</b>	
<b>OBJECTIVE ASSESSMENT</b>	
Education Basic Skills tested: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Occupational skills tested: Yes <input type="checkbox"/> No <input type="checkbox"/> Interests tested: Yes <input type="checkbox"/> No <input type="checkbox"/> Aptitudes tested: Yes <input type="checkbox"/> No <input type="checkbox"/> Test scores/results documented; Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Financial resources and needs documented: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Support services needs documented: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Employment barriers documented: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Work history documented: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>COMMENTS:</b>	
<b>INDIVIDUAL SERVICE STRATEGY</b>	
Individual Service Strategy Completed and signed by Participant and case manager? Yes <input type="checkbox"/> No <input type="checkbox"/>  Date signed:  ISS Updated Yes <input type="checkbox"/> No <input type="checkbox"/>  ISS Update signed by participant: Yes <input type="checkbox"/> No <input type="checkbox"/>	Objectives clearly stated Yes <input type="checkbox"/> No <input type="checkbox"/>  Clear justification for training Yes <input type="checkbox"/> No <input type="checkbox"/>  6 criteria for training Yes <input type="checkbox"/> No <input type="checkbox"/>  <input type="checkbox"/> No suitable employment exists <input type="checkbox"/> Reasonable expectation for employment after training

Job Goal Identified Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Training appropriate <input type="checkbox"/> Training available at reasonable cost <input type="checkbox"/> Training readily available <input type="checkbox"/> Client is suitable for training
--	--

<b>ACTIVITY/STATUS</b>	
Documentation of core service: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Services received through CareerCenter: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referral to non-WIA services documented: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Intensive Services:</b> Need for intensive services documented: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/>	<b>Training Services:</b> Eligibility for training documented: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Need for training services documented: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Required skills for training documented: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>COMMENTS:</b>	
<b>INDIVIDUAL TRAINING ACCOUNTS (ITA)</b>	
Applied for Pell Grants (other grants) documented; Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provider selected from Eligible List of providers documented; Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Regular attendance at training documented; Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Grades/progress reviews documented; Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>COMMENTS:</b>	
Non-WIA Funding available for training? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**SUPPORTIVE SERVICES**

Supportive Services are: Necessary, reasonable, and allowable? Yes <input type="checkbox"/> No <input type="checkbox"/> Not available through other programs? Yes <input type="checkbox"/> No <input type="checkbox"/> Consistent with local written policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	All support services provided: <input type="checkbox"/> Tools <input type="checkbox"/> <input type="checkbox"/> Medical Services <input type="checkbox"/> Transportation <input type="checkbox"/> Linkages to Community Services <input type="checkbox"/> Child Care <input type="checkbox"/> Counseling <input type="checkbox"/> Housing <input type="checkbox"/> Clothing <input type="checkbox"/> Other: <input type="checkbox"/> None
---	---

**COMMENTS:**

**Work/OJT/Training Experience**

Work agreements? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 1-9 in file? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Work experience paid? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Work readiness evaluations? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> OJT contract? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> OJT progress reviews? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Training payment requests? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Invoices? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Attendance/grades? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
---	--

**COMMENTS:**

**Case File Notes**

Case notes indicate regular contact/ Yes  No   
 Case notes are recorded at time of activity posted? Yes  No   
 Do the case notes reflect that the participant is ACTIVELY receiving services, at least once (1) every ninety (90) days? Yes  No

**COMMENTS:**

**FOLLOW-UP ACTIVITIES**

Follow up/retention services provided for a minimum of 12 months? Yes  No   
 Credentials/Certificates? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
 Title Closure Date: \_\_\_\_\_  
 Exit Date: \_\_\_\_\_  
 Placement Information: Yes  No   
 Entered unsubsidized employment? Yes  No  N/A   
 Other? Explain: \_\_\_\_\_

**COMMENTS:**



CASE FILE REVIEW WORKSHEET FOR YOUTH PROGRAMS	
Monitor:	Date:
Service Provider:	TCWIB #:
Participant Name:	OSOS Number:
Application Date:	Date of Enrollment
<input type="checkbox"/> Right to Work <input type="checkbox"/> Selective Service	Age:                      Date of Birth:
<b>Program Application</b>	
Is there a Program application in file? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signed by Client? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signed by Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMMENTS:	
<b>PARTICIPANT DATA &amp; GENERAL ELIGIBILITY</b>	
<b>Selective Service (male- 18yrs or over:</b> <input type="checkbox"/> Internet verification <input type="checkbox"/> Acknowledgement Letter <input type="checkbox"/> Photocopy of Selective Service Registration Card <input type="checkbox"/> Selective Service Declaration w/Register online <input type="checkbox"/> Other:	<b>Proof of Citizenship/Right-to-work Documentation Reviewed:</b> <input type="checkbox"/> ME Drivers License <input type="checkbox"/> State ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> US Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> INS Certification <input type="checkbox"/> School Picture ID <input type="checkbox"/> Other:
COMMENTS:	
<b>PROGRAM ELIGIBILITY FOR YOUTH</b>	
<input type="checkbox"/> Eligible Youth is between ages 14-21	
<b>AND Low Income</b> <b>Automatically Low Income:</b> <input type="checkbox"/> Cash Public Assistance Program <input type="checkbox"/> Food Stamps <input type="checkbox"/> Foster Child <input type="checkbox"/> "Family of One" Low Income: <input type="checkbox"/> Homeless <input type="checkbox"/> Disability <input type="checkbox"/> Out-of-Family youth <input type="checkbox"/> Non-Familial Support <input type="checkbox"/> In-Family, Non-dependent <b>All Other Low Income:</b> Family Income 6 months \$ _____ Family size _____ (# of persons in family)	<b>AND with one or more Barriers</b> <input type="checkbox"/> Deficient in Basic Literacy Skills <input type="checkbox"/> School Dropout <input type="checkbox"/> Homeless or Runaway <input type="checkbox"/> Foster Child <input type="checkbox"/> Pregnant or Parenting <input type="checkbox"/> Offender <input type="checkbox"/> Requires additional assistance to complete an education program, or to secure and hold employment <input type="checkbox"/> Faces serious barriers to employment due to disabilities
COMMENTS:	

<b>YOUTH EDUCATION CATEGORY</b>	
<b>OUT-OF-SCHOOL YOUTH</b> <input type="checkbox"/> HS Drop out OR <input type="checkbox"/> HS Grad or GED, but is basic skills deficient, unemployed or underemployed <input type="checkbox"/> Basic Skills Assessment Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Basic Skills Results Recorded - Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>IN-SCHOOL YOUTH</b> <input type="checkbox"/> Attending any school (including alternative school) Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> School Assessment Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>COMMENTS:</b>	
<b>OBJECTIVE ASSESSMENT</b>	
Pre/testing Yes <input type="checkbox"/> No <input type="checkbox"/> Post testing Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Academic skill level <input type="checkbox"/> Occupational skill level <input type="checkbox"/> Interests, aptitudes <input type="checkbox"/> Support services needs <input type="checkbox"/> Developmental needs <input type="checkbox"/> Work history
<b>COMMENTS:</b>	
<b>INDIVIDUAL SERVICE STRATEGY</b>	
<b>Individual Service Strategy Completed and signed by participant?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Date signed:</b> _____ <b>ISS Updated</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>ISS Update signed</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> <b>Goal Types</b> <b>Goal Type 1: Basic</b> _____ <b>Goal Type 2: Work Readiness</b> _____ <b>Goal Type 3: Occupation</b> _____ <input type="checkbox"/> <b>Goal Attainment</b> <b>Attainment 1: Attained</b> _____ <b>Attainment 2: Set, not attained</b> _____ <b>Attainment 3: Set, still pending</b> _____
<b>COMMENTS:</b>	
<b>PROGRAM ELEMENTS (10 Required Elements)</b>	
<b>Identify service(s) provided to participant:</b> <input type="checkbox"/> Tutoring / Study Skills <input type="checkbox"/> Alternative Education <input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Counseling / Career Planning <input type="checkbox"/> Leadership Development <input type="checkbox"/> Supportive Services	<input type="checkbox"/> Work Experience <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Summer Employment <input type="checkbox"/> Follow-up Activities <input type="checkbox"/> Entrepreneurial



**Case File Notes**

Case notes indicate regular contact? Yes  No

Case notes are recorded at time of activity posted? Yes  No

Do the case notes reflect that the participant is **ACTIVELY** receiving services, at least once (1) every ninety (90) days? Yes  No

**COMMENTS:**

**FOLLOW-UP ACTIVITIES**

Follow up Services provided for a minimum of 12 months? Yes  No

Exit Date: \_\_\_\_\_

Placement Information: \_\_\_\_\_

Entered unsubsidized employment? Yes  No  N/A

**COMMENTS:**

## WIA Adult and Dislocated Worker Program Participant Interview Summary

TCWIB Name/Location: \_\_\_\_\_

BES Staff Reviewer: \_\_\_\_\_

Monitor/Program Year/Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

OSOS ID#: \_\_\_\_\_

Program: A \_\_\_\_\_ DW \_\_\_\_\_ CareerCenter \_\_\_\_\_

(Have a copy of the individual's ISS on hand during the interview)

<b>1.</b>	<b><i>How long have you been working with the CareerCenter?</i></b>	
<b>2.</b>	In what activities do you participate?	
<b>3.a</b>	What did you like most about your experience with the CareerCenter?	
<b>3.b</b>	What did you like the least?	
<b>4.</b>	Who is your case manager and how often do you talk with him/her?	
<b>5.</b>	Do you have a copy of the Individual service Strategy that you and your case manager developed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5.1</b>	Does it list all the activities and services that you want?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5.2</b>	What is your employment goal?	
<b>5.3</b>	Is it the same one shown on the ISS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5.4</b>	When was the last time you and your case manager reviewed your employment goals?	
<b>6.</b>	In what types of testing or assessment activities did you participate before you started the activity you are in now?	
<b>7.</b>	Are there other services you think would help you succeed in reaching your goals?	
<b>7.1</b>	Have you discussed them with your case manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>8.</b>	What are some suggestions you have for improving the services at the CareerCenter?	
<b>9.</b>	Other Comments:	

## WIA Youth Program Participant Interview Summary

TCWIB Name/Location: \_\_\_\_\_

BES Staff Reviewer: \_\_\_\_\_

Monitor/Program Year/Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

OSOS ID#: \_\_\_\_\_

Program: CY – CO – RY - RO CareerCenter \_\_\_\_\_

(Have a copy of the individual's ISS on hand during the interview)

1.	How long have you been working with the CareerCenter?	
2.	In what activities do you participate?	
3.	What problems, if any, have you experienced with the services or activities provided through the CareerCenter?	
4.	Who is your case manager?	
5.	How often do you talk with him/her?	
6.	Do you have a copy of the Individual service Strategy that you and your case manager developed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.1	Does it list all the activities and services that you want?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.2	What is your employment goal?	
6.3	Is it the same one shown on the ISS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.4	When was the last time you and your case manager reviewed your employment and training goals?	
6.	In what types of testing or assessment activities did you participate in?	
7.	Are there other services you think would help you succeed in reaching your goals?	
7.1	Have you discussed them with your case manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	What is the best thing you like about the CareerCenter?	
9.	What is the worst thing about the CareerCenter?	
10.	Would you recommend the CareerCenter to your friends? Why or Why not?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**MONITORING SCHEDULE**

**Subject: WIA Title 1 Program Review**

**PY '12**

**Contractor: Eastern Maine Development Corporation**

File Review and Site Visit dates for PY12:

Sites will include: Bangor CareerCenter, Dover Foxcroft, Ellsworth, East Millinocket

Schedule:

**Tri County Workforce Investment Board  
Eastern Maine Development Corporation-  
Local Area 2 WIA Service Provider**

**TCWIB Monitoring Schedule for Program Year 2012**

**SCHEDULE / AGENDA**

Be advised that the TCWIB will conduct its annual Workforce Investment Act (WIA) PY 2012 program review beginning July 22, 2013 and going through August 9, 2013. Special note: WIA participant group and system partner interviews will be conducted throughout the month of August.

The Tri County Workforce Investment Board (TCWIB) executive director and program assistant will complete the file reviews the week of July 22, 2013 thru July 26, 2013. WIA participant interviews, EMDC staff interviews and monitoring exercises will take place when possible starting July 22, 2013 through August 9, 2013. This year the TCWIB and youth council members will add group participant interviews and partner interviews to the review. Group interviews will be schedule throughout the **month of August.**

**FILE REVIEW**

TCWIB will submit the participant file review/interview list July 16, 2013

TCWIB will pick up files July 19, 2013 at 1pm

TCWIB will review files from July 19, 2013 to July 31, 2013.

**INTERVIEWS PARTICIPANTS**

Interviews will begin July 29, 2013 (Coordinate with EMDC Career Advisors)

**EMDC STAFF INTERVIEWS**

**Monday July 29, 2013**

**Bangor CareerCenter:**

1. 10:00am- 11:15am EMDC Workforce Staff- Nancy McKechnie
2. 11:30am- 12:15am EMDC Workforce Staff- Annie Collins
3. 1:00pm- 1:45pm EMDC Workforce Staff-Amanda Grant
4. 2:00pm - 2:45pm EMDC Workforce Staff- Denise Smith
5. 3:00pm - 3:45pm EMDC Workforce Staff- Fran McIntyre

**Tuesday July 30, 2013**

**Bangor CareerCenter:**

1. 9:00am- 9:45am EMDC Workforce Staff- Georgia Underwood
2. 10:00am-10:45am EMDC Workforce Staff- Betty Rambo
3. 11:00am-11:45am EMDC Workforce Staff- Theresa Mudgett
4. 12:00pm-12:45pm EMDC Workforce Staff- Gwen Lapointe
5. 2:00pm-2:45pm EMDC Workforce Staff- Tom Fernands

**Wednesday July 31, 2013**

**East Millinocket**

1. 10:00am- 10:45am EMDC Workforce Staff- Joyce Santerre
2. 11:00am- 11:45am EMDC Workforce Staff- Kevin Gregory

**Wednesday July 31, 2013**

**Ellsworth Extension Site:**

1. 3:00pm-4:30pm EMDC Workforce Staff- Loretta Alley, Janet Toth, Chris Huh

**One on One Participant Interviews:**

TCWIB staff will be available the following dates for one on one interviews with PY12 participants:

Bangor: All day August 6<sup>th</sup> – 2 sets (Joanna and Angela will conduct interviews)  
 Dover: All day August 8<sup>th</sup>  
 Ellsworth: August 9<sup>th</sup> 9am-12pm  
 East Millinocket: August 9<sup>th</sup> 1:30pm - 4:30pm

**CareerCenter Managers Interview- Tuesday August 20, 2013**

**Bangor CareerCenter:**

1. 8:00am- 10:30am Managers Jon Farley, Ed Upham, Dale Ruopp, Andrea Bickford

**Focus Groups**

Bangor: August 27, 2013  
 Two Focus Groups 2 hours each 1) 9am-10:30am-Adult/DW 2) 1pm-2:30pm-Youth

Dover Foxcroft: August 28, 2013 1)8:30am-10:00am-Adult/DW 2)10:30am-12:00pm-Youth  
 2 Focus Groups



East Millinocket: August 28, 2013 1) 1:30pm-3:00pm Adult/DW 2) 3:30pm-5:00pm Youth

Ellsworth: August 29, 2013 1) 9:00am-10:30am Adult/DW 2) 11:00am-12:30pm Youth

## ATTACHMENT II

### Glossary

**Department or DOL** means the U.S. Department of Labor, including its agencies and organizational units.

**BES** means Bureau of Employment Services, a bureau under the Maine Department of Labor.

**Local Workforce Investment area** means a combination of local areas that are partly or completely in a single labor market area, economic development region, or other appropriate contiguous sub-area of a State, that is designated by the State under WIA section 116(c), or a similar interstate region that is designated by two or more states under WIA section 116(c) (4)

**Employment and training activity** means a workforce investment activity that is carried out for an adult or dislocated worker.

**EO data** means data on race and ethnicity, age, sex, and disability required by regulations implementing sec. 188 of WIA governing nondiscrimination.

**ETA** means the Employment and Training Administration of the U.S. Department of Labor

**Grant** means an award of WIA financial assistance by the U.S. Department of Labor to an eligible WIA recipient.

**Grantee** means the direct recipient of grant funds from the Department of Labor. A grantee may also be referred to as a recipient.

**Literacy** means an individual's ability to read, write, and speak in English, and to compute, and solve problems at levels of proficiency necessary to function on the job, in the family of the individual, and in society.

**Local Board** means a Tri County Workforce Investment Board established under WIA sec. 117, to set policy for the local workforce investment system.

**Participant** means an individual who has registered under 20 CFR 663.105 or 20 CFR 664.215 and has been determined eligible to participate in and who is receiving services (except follow-up services) under a program authorized by WIA title I. Participation commences on the first day, following the determination of eligibility, on which the individual begins receiving intensive, training or other services provided under WIA Title 10.

**Recipient** means an entity to which a WIA grant is awarded directly from the Department of Labor to carry out a program under title I of WIA. The State is the recipient of funds awarded under WIA sections. 127(b)(1)(C)(I)(II), 132(b)(1)(B) and 132(b)(2)(B).

**Register** means the process for collecting information to determine an individual's eligibility for services under WIA title I. (20 CFR 663.105, 20 CFR 664.215)

**Secretary** means the Secretary of the US Department of Labor

**Self-certification** means an individual's signed attestation that the information he/she submits to demonstrate eligibility for a program under title I of WIA is true and accurate.

**State boards** mean each of the several States of the United States, the District of Columbia and the Commonwealth of Puerto Rico. The term "state" does not include outlying areas.

**Subrecipient** means an entity to which a subgrant is awarded and which is accountable to the recipient (or higher tier subrecipient) for the use of funds provided.

**Vendor** means an entity responsible for providing generally required goods or services to be used in the WIA program. These goods or services may be for the recipient's or subrecipient's own use or for the use of participants in the program.

**Wagner-Peyser Act** means the Act of June 6, 1933, as amended, codified at 29 USC 49 et seq.

**Workforce investment activities** mean the array of activities permitted under title I of WIA, which include employment and training activities for adults and dislocated workers, as described in WIA section 134, and youth activities as described in WIA section 129

**Youth activity** means a workforce investment activity that is carried out for youth.