Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2020-21 WIOA Youth@Work Programs Attachment C

Level II Services – Academic an	d Career Development		
AJCC:	Name:		Grant Code:
App #:	App Date:	Participation Date:	Exit Date:
WIOA Application (Electronic Sign	atures Acceptable)		
Yes No Was application u Yes No Staff /Case Manage Yes No Application Review Yes No Participant Signate Yes No Data Parent Signate Yes No Application is review	ploaded to CalJOBS? ger Signature wer Signature	Date:	Requirement Met:
Residence			D
Yes No If not a resident,	resident of Los Angeles County? , is a waiver for service provided a tion appropriately uploaded to Ca		Requirement Met:
Right to Work (As listed on USCIS	Form I-9)		
LIST B CA ID/DL Card LIST C SSN Card Right to Work Documents	Per. Resident Card D Other: OR School ID w/Photo Other: Birth Certificate Other: Current Expiring soon d d other documents appropriately u	Have expired on:	Requirement Met:
Selective Service			
Male 18 years of age or older b Documentation provided: Ex: Print out Confirmation Date:	Other:	Yes No Dated after participation date No Documentation	Requirement Met:
Yes No N/A Was doo	cumentation appropriately uploade	ed to CalJOBS	
	cumentation appropriately uploade	ed to CalJOBS	
Eligibility WIOA In-School Youth (ISY)	cumentation appropriately upload	ed to CalJOBS	
Eligibility UNOA In-School Youth (ISY) Yes No N/A Attending Yes No N/A Not young 1. Low income	any school (Secondary and/or Po ler than <u>16</u> nor older than <u>21</u> AND poverty Area (Print Out)	ust-Secondary) AND	Requirement Met:
Eligibility UNOA In-School Youth (ISY) Yes No N/A Attending Yes No N/A Attending Yes No N/A Not young L. Low income Resides in High p AND 2. One or more of the follo a) Basic Skills Defic b) An English Iangu c) An offender d) A homeless indiv e) An individual in for attained 16 years of f) Pregnant/parentin	any school (Secondary and/or Po per than <u>16</u> nor older than <u>21</u> AND poverty Area (Print Out) lr wing: cient age learner idual, a runaway poster care or who has aged out of age and left foster care for kinshing	nst-Secondary) AND ncome Verification the foster care system or who has	□ N/A □ Yes □ No
Eligibility UNOA In-School Youth (ISY) Yes No N/A Attending Yes No N/A Not young L Low income Resides in High p AND C. One or more of the follo a) Basic Skills Defic b) An English langu c) An offender d) A homeless indiv e) An individual in fo attained 16 years of f) Pregnant/parentin g) Individual with dis h) An individual who S% limitation Which one (1) of the abo Was the barrier substant Documents collecte	any school (Secondary and/or Po per than <u>16</u> nor older than <u>21</u> AND poverty Area (Print Out) rewing: cient age learner idual, a runaway poster care or who has aged out of age and left foster care for kinship ng sability prequires additional assistance* to approval from County in file we was documented as the eligibilitated with proper documents:	est-Secondary) AND ncome Verification the foster care system or who has p guardianship or adoption o complete an educational program o ility barrier (ex: a, b, c, d, e, f, g, or h)' Yes (If yes, list documents below) □	N/A Yes No Comments:
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	oulsory school attendance but has not atte	ended school for at leas	t the most recent complete		
	school year calendar quarter.				
c) L Recipient of a seconda or/and English language lo					
d) 🗌 An individual who is su	bject to the juvenile or adult justice syste				
	who meets the criteria defined in sec. 414				
	meless child or youth who meets the crite (42 U.S.C. 11434a (2)) or a runaway	eria defined in sec. 725(2) of the McKinney-Vento		
		re system or who has at	tained 16 years of age and left		
	f) An individual in foster care or who has aged out of the foster care system or who has attained 16 years of age and left foster care for kinship guardianship or adoption, a child eligible for assistance under Section 477 of the Social Security Active				
or in an out-of-home place					
g) An individual who is pr					
 h) A youth who is with disability i) A low-income individual who requires additional assistance to enter or complete an educational program or to secure or 					
hold employment.					
For criteria c and i only:		ration			
	ocumented as the eligibility barrier (ex: a,				
Was the barrier substantiated Documents collected:	with proper documentation: Yes (If yes	s, list documents below)			
	ation appropriately uploaded to CalJOBS	?			
Initial Assessment & Basic Skills Tes	sting				
	ments of initial assessment met on enroll	ment?	Requirement Met:		
	bilities Supportive Service Determination		□ N/A □ Yes □ No		
Yes No N/A Is an assessm	ent from a partner agency used? If so, fro	om what agency:	Comments:		
□ Yes □ No □ N/A If a basic skills test is provided, what assessment tool is used:					
Yes No N/A If CASAS, which assessment was used? Appraisal Only Appraisal and Pre-Test Post-Test					
	is testing is provided, is a valid reason give				
Yes No N/A Are basic skills	s test results accurately reported in CalJC	BS and case notes?			
	ssment testing tools stored in the particip ssment testing tools legible, dated, and s				
	tation appropriately uploaded to CalJOBS				
Objective Assessment Summary (OA	S) and Individual Service Strategy (IS	8)			
Objective Assessment outlinary (OF		5)	Requirement Met:		
	ed before OAS?				
Yes □ No Was eligibility establishe Yes □ No Was OAS completed with	thin 30 days of enrollment?				
Yes No Was eligibility established Yes No Was OAS completed with Yes No Was an initial assessmed	thin 30 days of enrollment?				
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Consent and Release agreement:	,				
Yes No N/A Was documentation appropriately uploaded to CalJOBS?					
Worksite Expectations Review: Yes No Yes No Yes No The form is signed by the youth? Yes No The form is signed by the parent or guardian if under 18? Yes No The form is signed by agency staff? Yes No The form is signed by worksite representative? Timesheets:					
Yes No Signed by Youth Yes No Reviewed by Agency staff to verify compliance of Labor Laws. Yes No Usage of whiteout to correct errors? Yes No Issues with date alterations? Yes No N/A Are changes/corrections initialed? Yes No Are changes/corrections calculated correctly? Yes No Are breaks and lunches taken as directed by Labor Laws? Yes No N/A Worksite: Worksite:					
Yes No Is the Worksite Agreement uploaded to CalJOBS?					
Yes No Is the Worksite Checklist uploaded to CalJOBS?					
Performance Evaluation: □ Yes No Monthly Performance Evaluation signed & dated by worksite supervisor/case manager/youth? Date(s) evaluation was conducted:					
Date evaluation was conducted:					
Yes □ No □ N/A Was documentation appropriately uploaded to CalJOBS?					
Supportive Services Expenditures					
Yes No Need is documented	Requirement Met:				
☐ Yes No Supportive documentation is included (e.g. receipts) ☐ Yes No Appropriate Supportive Services activity code opened? ☐ Yes No Do Supportive Services timeline align with activities? ☐ Yes No Are Supportive Services provided appropriate?	☐ N/A ☐ Yes ☐ No Comments:				
Yes No N/A Was documentation appropriately uploaded to CalJOBS?					
Documentation for Grievance/Complaint Procedures					
 Yes No WIOA Complaint and Resolution Policies and Procedures Participant Acceptar Form (Dated 4/2020) properly filled out, signed, dated and uploaded to CalJOE Yes No WIOA Applicant Acknowledgement Statements (Dated 1/2019), signed, dated and uploaded to CalJOBS 	S N/A Yes No				
Measurable Skills Gain (Only for exited participants)					
Yes No N/A Has participant advanced in or completed a training or educational programmer of the second seco	n? 🗌 N/A 🗌 Yes 🗌 No				
Follow-Up and Follow-Up Services					
Yes No N/A Were Follow-Up Services offered to participant upon employment & progration of the progration of the program of th	│ N/A │ Yes │ No				
Certification of Review WDACS REPRESENTATIVE NOTES:					
All Requirements Met: Yes No					
NOTES:					
AJCC REPRESENTATIVE PRINT NAME SIGNATURE	DATE				
WDACS REPRESENTATIVE PRINT NAME SIGNATURE	DATE				

Last Updated: 8	/2020
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