

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2020-21
INVEST Program**

AJCC: _____ Participant Name _____ Grant Code: _____

App #:	App Date:	Participation Date:	Exit Date:
--------	-----------	---------------------	------------

CalJOBS Application

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Staff /Case Manager Signature Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Application Reviewer Signature Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participant Signature Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Application is reviewed and approved prior to providing services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Reviewer is not same as staff/case manager <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Medical and Disability related questions have been redacted from Application	Requirement Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
---	---

Initial Assessment & Basic Skills Testing

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are all requirements of initial assessment met on enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is an assessment from a partner program used? If so, from what partner program: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If a basic skills test is provided, what assessment tool is used: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no basic skills testing is provided, is a valid reason given for lack of testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are basic skills test results accurately reported in CalJOBS and case notes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is Participant Basic Skills Deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools stored in the participant case file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are initial assessment testing tools legible, dated, and signed by staff? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the initial assessment activity code open in CalJOBS?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
--	---

Individual Employment Plan (IEP)

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is need for Individualized Career Services documented in case notes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was an IEP developed prior to providing individualized services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the IEP include the Objective Assessment Summary (OAS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are required CalJOBS activity codes open: OAS (203) <input type="checkbox"/> IEP (205) <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the IEP updated continuously as activities occur? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Does the IEP provide a plan of activity for the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the IEP dated and signed by the participant?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
---	---

Supportive Services

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are Sup. Services provided for participation in INVEST career and/or training activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are Supportive Services provided reasonable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are Supportive Services provided in a timely manner? (3-day turnaround timeframe) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If not, has the agency case noted why the 3-day timeframe was not met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is support documentation on file? (e.g. receipts) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are appropriate Supportive Services activity codes opened in CalJOBS?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
--	---

Documentation for Grievance/Complaint Procedures

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 4/2020) properly filled out, signed, dated and double sided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A WIOA Applicant Acknowledgement Statements (Dated 1/2019), signed and dated	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
--	---

Case Notes and Documentation

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes detailed, clear, and fully developed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do case notes indicate initial assessment was conducted on enrollment and include initial assessment results and interpretation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do case notes include a plan of activity for the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are applicant statements complete, clear, detailed and fully developed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is confidential health information & Participant PII secured and kept out of file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are medical and disability related questions redacted from all CalJOBS forms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do Activity codes match information in the case notes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is a current and well-developed resume on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation supporting services provided on file? (i.e. Job Referrals, IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation supporting planned break in services provided on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are case notes showing that participant met with the Mentor on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are activity codes used to show that the participant met with the Mentor? If so, list the activity codes used: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
---	---

Training Services	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is training need and benefit clearly documented?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is local LMI used to link training to in demand occupations?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is a comprehensive assessment used to identify training course?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is training provider performance data on file?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are attendance records on file?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the course Certificate of Completion on file?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is customer choice requirement met?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is link to employment established?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are case notes acceptable?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is a complete, signed, and dated ITA on file?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are documentation of payments on file?
Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cohort Training: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

On the Job Training (OJT)	
Employer Name/Address	
Employer Info	Total full-time employees _____; Employees at the unit _____; Supervisor/Employee ratio ____ / ____; Total OJT participants previously placed with this employer _____; Total former OJT's currently employed full time unsubsidized _____.
OJT Info	OJT duration _____ (M/W); Total hours _____; Wage \$ _____ (H/W/M); Benefits included (Y / N); Employer reimbursement rate _____%.
Job Description	Job title _____; OES code _____ Industry sector _____; High growth sector (Y / N)
<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT agreement with employer and participant signed/dated prior to OJT start?
<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT need and benefit established and documented thru assessment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP supports the OJT and is developed and signed prior to OJT start?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer is committed to hiring participant upon successful completion?
<input type="checkbox"/> Yes <input type="checkbox"/> No	AJCC monitoring OJT progress monthly to ensure goals are met?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreement includes an outline with detailed topics and skills with time at each?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly performance reviews on file?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Final evaluation on file? MUST include whether participant satisfactorily met the training objectives. Should be consistent with monthly performance reviews.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon completion, was the participant hired?
Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Transitional Subsidized Employment	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Original Worksite Agreement is on file?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant Weekly Progress Reports are signed and dated by participant and Worksite Supervisor and are in file?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Time sheets are signed and dated by participant and Worksite Supervisor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are daily/total number(s) of hours calculated correctly?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are breaks and lunches taken as directed by Labor Laws?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Completion of the five workshops?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Work Readiness/Workplace Norms or approved web-based equivalent
<input type="checkbox"/> Yes <input type="checkbox"/> No	Education on the Fair Chance Initiative or approved web-based equivalent
<input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Financial Literacy or approved web-based equivalent
<input type="checkbox"/> Yes <input type="checkbox"/> No	How to Overcome Unique Barriers or approved web-based equivalent
<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer based skills or approved web-based equivalent
Number of TSE hours completed: _____	
Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Incentives	
Job Readiness	
Workshops	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Documentation for participation of workshops?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sign-in sheet completed for each workshop attended?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All 6 workshops completed? If no, how many completed? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Incentive provided for completion of all 6 workshops?
Employment Achievements	
Attainment and Retention of Employment	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Documentation, such as a paystub was used to verify attainment of employment?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Retention Milestone Achieved (circle all that apply): 30,60,90,180 days
Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Retention milestones were recorded, and sign-in sheet completed? Advancement in Employment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Advancement in Employment was documented, and sign-in sheet completed? Proof of Advancement of Employment used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comparison of paycheck stub exhibiting a pay raise <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Paycheck stub displaying 40 or more hours worked a week <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Letter from employer stating promotion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Letter from employer notifying the eligibility for medical benefits Occupational Training <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Incentive provided for completion of first half of training and sign-in sheet Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Start and end date with distribution of incentive provided at a date halfway between start and end date? Date Incentive was provided: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Incentive provided for completion of second half of training and sign-in sheet completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Certificate from the institution with the participant's name and date of completion in file? Higher Education Participation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Enrollment into an educational program documented Name of educational program participant enrolled into _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Completion of educational program with certificate in case file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Secondary/postsecondary transcript/ report card documenting participant is meeting the state's academic standards outlined by the California Department of Education	
--	--

Case Closure	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was this file a positive case closure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was case closure completed with appropriate documentation (i.e. school status, employment verification)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was the participant exited as a global exclusion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is documentation supporting a Global Exclusion on file (i.e. incarceration, institutionalization, death etc.)?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Follow-Up Services	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Were Follow-Up Services offered to participant upon employment & program exit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are any Follow-up services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, are Follow-up services fully documented on file, in case notes, with appropriate CalJOBS codes open?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Co-Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is need documented? (customer choice, customer benefit, funding) <input type="checkbox"/> Yes <input type="checkbox"/> No Are separate files kept per funding stream? <input type="checkbox"/> Yes <input type="checkbox"/> No Are services provided without duplication between programs?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Certification of Review		
WDACS REPRESENTATIVE NOTES:		
All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No NOTES:		
_____ AJCC REPRESENTATIVE PRINT NAME	_____ SIGNATURE	_____ DATE
_____ WDACS REPRESENTATIVE PRINT NAME	_____ SIGNATURE	_____ DATE