

**Workforce Development, Aging and Community Services (WDACS) Technical Assistance Checklist PY 2021-22
Prison to Employment (P2E) Program – Individual Direct Services (IDS) Component**

AJCC: _____ Participant Name _____ Grant Code: _____

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

Program Eligibility Requirements			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is participant over the age of 18?	DOB: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Los Angeles County Resident	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Justice-Involved or Formerly Incarcerated	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proof of Justice-Involvement or Former Incarceration: _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Released from a custody setting after January 1, 2020	
			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"/> Aptitudes & Abilities <input type="checkbox"/> Supportive Service Determination <input type="checkbox"/> Basic Skills
<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	Is Participant in need of Supportive Services?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, was there a referral made to Supportive Services Earn and Learn (SSEL)?
<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:			

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?
			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?	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:
<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	Does ITA match I-Train and CalJOBS ETPL approved course printout?	
<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	Is a Waiver to exceed the ITA cap or the one-year training time limit on file?	
<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?	

Case Closure				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Was this file a positive case closure?	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	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.)?	

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	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	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?	

Co-Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____			Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there co-enrollment with Supportive Services Earn and Learn (SSEL)?	
<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?	

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