Department of Economic Opportunity (DEO) Technical Assistance Checklist PY 2018-23
2018 California Megafires National Dislocated Worker Grant – Workforce Development Component

AJCC: _____ Participant Name _____ Grant Code: _____

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

WIOA Application

☐ **Yes** ☐ **No** Staff /Case Manager Signature **Date:** _____
☐ **Yes** ☐ **No** Application Reviewer Signature **Date:** _____
☐ **Yes** ☐ **No** Participant Signature **Date:** _____
☐ **Yes** ☐ **No** Application is reviewed and approved prior to providing services
☐ **Yes** ☐ **No** Reviewer is not same as staff/case manager

Requirement Met:
☐ Yes ☐ No
Comments:

Residence

☐ **Yes** ☐ **No** Is participant a resident of Los Angeles County?
☐ **Yes** ☐ **No** If not a resident, is a waiver for service provided and on file?

Requirement Met:
☐ Yes ☐ No
Comments:

Right to Work (As listed on USCIS Form I-9)

☐ **LIST A**	☐ US Passport ☐ Per. Resident Card ☐ Other:

OR

☐ **LIST B**	☐ CA ID Card ☐ CA Driver License ☐ Other:
☐ **LIST C**	☐ SSN Card ☐ Birth Certificate ☐ Other:

Right to Work Documents ☐ Current ☐ Expiring soon ☐ Have expired on:

Requirement Met:
☐ Yes ☐ No
Comments:

Selective Service

Male 18 years of age or older born after 12/31/1959 ☐ Yes ☐ No
☐ Documentation provided:
Ex: ☐ Print out ☐ Card ☐ Letter ☐ Other:
☐ No Documentation
☐ Confirmation Date: _____
☐ Dated after participation date

Requirement Met:
☐ NA ☐ Yes ☐ No
Comments:

National Dislocated Worker Grant (NDWG) Program Eligibility

NDWG Category:
☐ Participant is temporarily or permanently laid off because of the disaster;
☐ A dislocated worker as defined in WIOA Sec.29 U.S.C. 3102(3)(15);
☐ A long-term unemployed worker defined as an individual who has been unemployed for 15 or more consecutive weeks; or
☐ A self-employed individual who became unemployed or significantly underemployed because of the disaster.
Documents Used: 1_____ 2_____ 3_____

Requirement Met:
☐ NA ☐ Yes ☐ No
Comments:

Initial Assessment & Basic Skills Testing

☐ **Yes** ☐ **No** ☐ **N/A** Are all requirements of initial assessment met on enrollment?
☐ **Aptitudes & Abilities** ☐ **Supportive Service Determination** ☐ **Basic Skills**
☐ **Yes** ☐ **No** ☐ **N/A** Is an assessment from a partner program used? If so, from what partner program: _____
☐ **Yes** ☐ **No** ☐ **N/A** If a basic skills test is provided, what assessment tool is used: _____
☐ **Yes** ☐ **No** ☐ **N/A** If no basic skills testing is provided, is a valid reason given for lack of testing?
☐ **Yes** ☐ **No** ☐ **N/A** Are basic skills test results accurately reported in CalJOBS and case notes?
☐ **Yes** ☐ **No** ☐ **N/A** Is Participant Basic Skills Deficient?
☐ **Yes** ☐ **No** ☐ **N/A** Are initial assessment testing tools stored in the participant case file?
☐ **Yes** ☐ **No** ☐ **N/A** Are initial assessment testing tools legible, dated, and signed by staff?
☐ **Yes** ☐ **No** ☐ **N/A** Is the initial assessment activity code open in CalJOBS?

Requirement Met:
☐ NA ☐ Yes ☐ No
Comments:

Individual Employment Plan (IEP)

☐ **Yes** ☐ **No** ☐ **N/A** Is need for Individualized Career Services documented in case notes?
☐ **Yes** ☐ **No** ☐ **N/A** Was an IEP Developed prior to providing individualized services?
☐ **Yes** ☐ **No** ☐ **N/A** Does the IEP include the Objective Assessment Summary (OAS)?
☐ **Yes** ☐ **No** ☐ **N/A** Are required CalJOBS activity codes open: **OAS (203)** ☐ **IEP (205)** ☐
☐ **Yes** ☐ **No** ☐ **N/A** Is the IEP updated continuously as activities occur?
☐ **Yes** ☐ **No** ☐ **N/A** Does the IEP provide a plan of activity for the participant?
☐ **Yes** ☐ **No** ☐ **N/A** Is the IEP dated and signed by the participant?

Requirement Met:
☐ NA ☐ Yes ☐ No
Comments:

Supportive Services

☐ **Yes** ☐ **No** Are Supportive Services necessary for individual to participate in WIOA activities?
☐ **Yes** ☐ **No** Are Supportive Services provided reasonable?
☐ **Yes** ☐ **No** Is support documentation on file? (e.g. receipts)
☐ **Yes** ☐ **No** Are appropriate Supportive Services activity codes opened in CalJOBS?

Requirement Met:
☐ NA ☐ Yes ☐ No
Comments:

Documentation for Grievance/Complaint Procedures

☐ **Yes** ☐ **No**	WIOA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 11/2016) properly filled out, signed, dated and double sided	**Requirement Met:** ☐ NA ☐ Yes ☐ No
☐ **Yes** ☐ **No**	WIOA Applicant Acknowledgement Statements (Dated 11/2016), signed and dated	**Comments:**

Case Notes and Documentation

Requirement Met: ☐ NA ☐ Yes ☐ No
Comments:

- ☐ **Yes** ☐ **No** ☐ **N/A** Are case notes detailed, clear, and fully developed?
- ☐ **Yes** ☐ **No** ☐ **N/A** Do all case notes follow the CalJOBS Case Note Guidelines?
- ☐ **Yes** ☐ **No** ☐ **N/A** Do case notes indicate initial assessment was conducted on enrollment and include initial assessment results and interpretation?
- ☐ **Yes** ☐ **No** ☐ **N/A** Do case notes include a plan of activity for the customer?
- ☐ **Yes** ☐ **No** ☐ **N/A** Are applicant statements complete, clear, detailed and fully developed?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is confidential health information & Participant PII secured and kept out of file?
- ☐ **Yes** ☐ **No** ☐ **N/A** Do Activity codes match information in the case notes?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is a current and well-developed resume on file?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is documentation supporting services provided on file? (i.e. Job Referrals, IEP)
- ☐ **Yes** ☐ **No** ☐ **N/A** Is documentation supporting planned break in services provided on file?

Training Services

Requirement Met: ☐ NA ☐ Yes ☐ No

Cohort Training: ☐ NA ☐ Yes ☐ No
Comments:

- ☐ **Yes** ☐ **No** ☐ **N/A** Is training need and benefit documented?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is local LMI used to link training to in demand occupations?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is a comprehensive assessment used to identify training course?
- ☐ **Yes** ☐ **No** ☐ **N/A** Does ITA match I-Train and CalJOBS ETPL approved course printout?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is training provider performance data on file?
- ☐ **Yes** ☐ **No** ☐ **N/A** Are attendance records on file?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is the course Certificate of Completion on file?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is customer choice requirement met?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is link to employment established?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is a Waiver to exceed the ITA cap or the one year training time limit on file?
- ☐ **Yes** ☐ **No** ☐ **N/A** Are case notes acceptable?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is a complete, signed, and dated ITA on file?
- ☐ **Yes** ☐ **No** ☐ **N/A** Are documentation of payments on file?

On the Job Training (OJT)

Requirement Met: ☐ NA ☐ Yes ☐ No
Comments:

Employer Name: _____ **Address:** _____

OJT Info: Job Title: _____ Total Training Hrs.: _____
Start Date: _____ End Date: _____ Hourly Wage $_____ Reimbursement
Rate:_____% Maximum Reimbursement $_____

- ☐ **Yes** ☐ **No** ☐ **N/A** OJT need and benefit established and documented thru assessment?
- ☐ **Yes** ☐ **No** ☐ **N/A** Participant has the skills and qualifications to successfully complete the OJT?
- ☐ **Yes** ☐ **No** ☐ **N/A** Business meets the requirements of OJT?
- ☐ **Yes** ☐ **No** ☐ **N/A** If business previously participated in OJT, do they meet employee persistency rate of 75% over a 12-month period? (If no, waiver is required)
- ☐ **Yes** ☐ **No** ☐ **N/A** OJT contract signed/dated prior to OJT start and uploaded to CalJOBS?
- ☐ **Yes** ☐ **No** ☐ **N/A** OJT training plan completed, signed/dated prior to OJT start, and uploaded to CalJOBS?
- ☐ **Yes** ☐ **No** ☐ **N/A** OJT training plan completed, signed/dated prior to OJT start and uploaded to CalJOBS?
- ☐ **Yes** ☐ **No** ☐ **N/A** IEP supports the OJT and is developed and signed prior to OJT start?
- ☐ **Yes** ☐ **No** ☐ **N/A** Employer is committed to hiring participant upon successful OJT completion?
- ☐ **Yes** ☐ **No** ☐ **N/A** AJCC is monitoring OJT progress to ensure goals are met?
- ☐ **Yes** ☐ **No** ☐ **N/A** Progress report & invoice submitted every pay period & uploaded to CalJOBS.
- ☐ **Yes** ☐ **No** ☐ **N/A** Final evaluation completed and uploaded to CalJOBS? MUST include whether participant satisfactorily met the training objectives.
- ☐ **Yes** ☐ **No** ☐ **N/A** OJT does not exceed one year?
- ☐ **Yes** ☐ **No** ☐ **N/A** Was the participant hired after OJT completion?
- ☐ **Yes** ☐ **No** ☐ **N/A** If AJCC is providing a 90% reimbursement rate, is DEO/EBD approval on file?
- ☐ **Yes** ☐ **No** ☐ **N/A** Are case notes acceptable?

Performance Outcomes

Requirement Met: ☐ NA ☐ Yes ☐ No
Comments:

- ☐ **Yes** ☐ **No** ☐ **N/A** Is participant placement in a training related occupation?
- ☐ **Yes** ☐ **No** ☐ **N/A** Is documentation supporting unsubsidized employment during exit provided on file?

☐ Yes ☐ No ☐ N/A	Is 1st Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs…. etc.) for all applicable quarters?	
☐ Yes ☐ No ☐ N/A	Is 2nd Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs…. etc.) for all applicable quarters?	
☐ Yes ☐ No ☐ N/A	Is 3rd Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs…. etc.) for all applicable quarters?	
☐ Yes ☐ No ☐ N/A	Is 4th Quarter Follow-Up Completed and is Supplemental data on file to support Follow-up status (Employment verification, check stubs…. etc.) for all applicable quarters?	
☐ Yes ☐ No ☐ N/A	If participant was employed during follow-up, was employer information added for each applicable quarter? Employer Name: _____ Start Date: _____	
☐ Yes ☐ No ☐ N/A	Has participant attained a recognized postsecondary credential or a secondary school diploma, or its recognized equivalent, during participant in or within one year after exit?	
☐ Yes ☐ No ☐ N/A	If yes, has Credential Attainment been reported accurately in CalJOBS?	
☐ Yes ☐ No ☐ N/A	Is documentation supporting Credential Attainment provided on file?	
☐ Yes ☐ No ☐ N/A	Has participant advanced in or completed a training or educational program where advancement or completion qualifies as a Measurable Skills Gain?	
☐ Yes ☐ No ☐ N/A	If yes, has Measurable Skills Gain been reported accurately in CalJOBS?	
☐ Yes ☐ No ☐ N/A	Is documentation validating the type of Measurable Skills gain provided on file?	

Case Closure

☐ Yes ☐ No ☐ N/A	Was this file a positive case closure?	Requirement Met: ☐ NA ☐ Yes ☐ No **Comments:**
☐ Yes ☐ No ☐ N/A	If participant was exited as employed, was employer information added? Employer Name: _____ Start Date: _____	
☐ Yes ☐ No ☐ N/A	Was case closure completed with appropriate documentation (i.e. school status, employment verification)?	
☐ Yes ☐ No ☐ N/A	Was the participant exited as a global exclusion?	
☐ Yes ☐ No ☐ N/A	Is documentation supporting a Global Exclusion on file (i.e. incarceration, institutionalization, death etc.)?	

Follow-Up Services

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

Co-Enrollment: ☐ Yes ☐ No

Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____	Requirement Met: ☐ NA ☐ Yes ☐ No **Comments:**
☐ Yes ☐ No Is need documented? (customer choice, customer benefit, funding)	
☐ Yes ☐ No Are separate files kept per funding stream?	
☐ Yes ☐ No Are services provided without duplication between programs?	

Certification of Review
DEO REPRESENATIVE NOTES:

All Requirements Met: ☐ Yes ☐ No
NOTES:

_____   _____   _____
AJCC REPRESENTATIVE PRINT NAME   *SIGNATURE*   *DATE*

_____   _____   _____
DEO REPRESENTATIVE PRINT NAME   *SIGNATURE*   *DATE*