



Department of
Job and Family Services
Office of Fiscal and Monitoring Services

WORKFORCE INVESTMENT ACT

AMERICAN RECOVERY & REINVESTMENT ACT OF 2009

Quality & Compliance

PY'08 & 09

PY' 2008-2009 STATE MONITORING RESPONSIBILITIES, GOALS AND OBJECTIVES

STATE RESPONSIBILITIES

The Workforce Investment Act (WIA) and regulations require that the states develop a monitoring system and monitor grant supported activities of Local Boards annually for compliance with applicable laws and regulations in accordance with the state monitoring system.

GOALS

The goal of the State's monitoring effort is to conduct oversight and monitoring activities to ensure that established policies, procedures and systems of the Workforce Areas achieve quality program outcomes that meet the requirements and objectives of the Workforce Investment Act and Federal and State Regulations.

OBJECTIVES

The State's Monitoring Guide has been designed to achieve three objectives:

1. To determine if local WIA activities are in compliance with the Act, Federal and State Regulations, Directives and State Procedures, Guidance Letters and other applicable guidelines and goals.
2. To provide program guidance and direction to local programs in order to assist them in providing quality workforce development services to customers.
3. To provide a framework for continuous improvement efforts in WIA.

SOURCE DOCUMENTS

- Workforce Investment Act (WIA), dated August 7, 1998
- Workforce Investment Regulations, dated August 11, 2000
- ODJFS Workforce Investment Act Policy, Guidance, Rules and Transmittal Letters
- Department of Labor Training and Employment Guidance Letters (TEGLs)
- Department of Labor Training and Information Notice (TEINs)
- Department of Labor Training and Employment Notice (TENs)
- Workforce Investment Act Standard Record Data (WIASRD) Reports
- WIA Five-Year Plans and Planning Guidance
- Ohio Revised Code
- Immigration Reform and Control Act
- American Recovery and Reinvestment Act of 2009

WIA MONITORING ENTRANCE CONFERENCE

Entity:	Date:
Location:	Time:

Address: _____

State Staff Present: _____

Local Area Staff Present: _____

Service Provider(s) Present: _____

State Review Comments: _____

Comments from Local Area: _____

Signature of Monitor & Date

Signature of WIA Contact & Date

ADMINISTRATIVE REVIEW SECTION

	Yes	No
ADMINISTRATION		
1. Who provides the American Recovery and Reinvestment Act element?		
If not the grant recipient/fiscal agent, was/were the provider(s) competitively procured based on the recommendation of the youth council and criteria contained in the state plan? <div style="text-align: right;"><i>20 CFR 664.610</i></div>		
2. Does the provider sub-contract out any part of the summer youth experience element?		
If yes, identify the subcontractor(s) and what service is being provided		
3. What steps were taken to make summer youth work experience available:		
- Advertisement?		
- Information to schools/libraries/one-stops/youth centers?		
- Provider contract/scope of services?		
4. Are participants covered by either workers compensation or other insurance?		
<i>20 CFR 667.274(a)(b)(1)(2)</i>		
5. What is the total allocation for the stimulus program?		
- How much of the stimulus dollars have been expended?		
- Is this program supplemented by any other funds?		
- What other funds are being utilized?		
6. Does the administrative entity perform a specific monitoring review of the providers of work experience?		
7. Have worksites been locally monitored by providers or the administrative entity?		
8. If the service provider sub-contracted any part of the program to a second tier provider, was that provider monitored by the sub-contracting agency?		
<i>20 CFR 667.410(a)</i>		
9. Total youth enrolled using stimulus funds: _____ Number enrolled in the summer activity? _____		
10. Are any participants registered in the summer activity only?		
<i>20 CFR 664.600(d)</i>		
If yes, how many? _____		
11. Will these participants continue in the year-round program? <i>20 CFR 664.600(d)</i>		
12. If not, will follow-up services be provided? <i>20 CFR 664.600(d)</i>		

	Yes	No
ASSESSMENT-WITH FLEXIBILITY		
13. Was an Objective Assessment completed for each participant? (Verify in file review)		
14. Did the assessment include the following requirements? <i>20 CFR 664.405(a)(1), Section 129(c)(1)(A) of WIA</i>		
- Basic Skills?		
- Occupational Skills?		
- Prior Work Experience?		
- Employability?		
- Interest?		
- Aptitudes (including non-traditional)?		
- Supportive Service Needs?		
- Developmental Needs?		
- A recent assessment developed for the participant under another education or training program if appropriate? <i>NOTE: A new assessment is not required if the provider determines it is appropriate to use a recent assessment conducted pursuant to another education and training program providing all WIA requirements are met.</i>		
INDIVIDUAL SERVICE STRATEGY (ISS)-WITH FLEXIBILITY		
15. Was an ISS completed on each participant? (Verify in file review)		
16. Did the strategy include the following requirements? <i>Section 129(c)(1)(B) of WIA, 20 CFR 664.405(a)(2)</i>		
- Employment goal and/or age-appropriate career goal (i.e. career interest)? <i>20 CFR 664.405(a)(2), TEGL 9-00(5)</i>		
- Appropriate achievement objectives?		
- Appropriate services (taking into account the assessment conducted)?		
- Does the ISS specifically reflect Summer Work Experience as an appropriate service?		
- A recent service strategy developed for the participant under another education or training program if appropriate? <i>NOTE: A new service strategy is not required if the provider determines it is appropriate to use a recent strategy conducted pursuant to another education and training program providing all WIA requirements are met.</i>		
17. Are skill attainment goals established for all in-school and out-of-school youth needing work readiness training?		

	Yes	No
SUMMER EMPLOYMENT		
18. Is each participant receiving a paid wage via subsidized employment? What wage are participants receiving? _____		
19. Is the paid employment in:		
- public entity?		
- private entity?		
20. Did the employing agency obtain union concurrence for positions covered by collective bargaining? <i>Section 181(b)(2)(B) of WIA</i>		
21. Did each worksite enter into a worksite agreement with the employing agency? <i>Workforce Investment Act Transmittal Letter No. 18</i>		
22. Does the worksite agreement include provisions for the following items? <i>Workforce Investment Act Transmittal Letter No. 18</i>		
- Duration?		
- Supervision?		
- Safe working conditions? <i>Section 181 (b)(4) of WIA, 20 CFR 667.274</i>		
- Time and attendance?		
- Payment only for time worked?		
- Prohibition of sectarian activities? <i>20 CFR 667.266</i>		
- Access for Federal, State and local monitoring?		
- Prohibition against displacement and/or reduction of hours of permanent employees? <i>Section 181 (b)(2)(A) of WIA</i>		
- Termination clause?		
23. Is the worksite agreement signed by a representative of the worksite and of the administrative entity and/or the youth provider? <i>WIA Transmittal Letter No. 18</i>		
24. When did worksites begin? _____ When will worksites end? _____		
25. How many hours per day and/or week do the participants work? _____		
26. If a minor works more than 5 hours per day, is it documented that a 30 minute, uninterrupted break is provided? <i>ORC 4109</i>		
27. Are minors restricted from prohibited occupations? (e.g., lawn mowers or other power-driven machinery) <i>ORC 4101:9-2</i>		
28. Has each participant seen and/or received a copy of their job description?		
29. Was an I-9 form completed on each participant? (Verify in file review) <i>Immigration Reform and Control Act</i>		
30. Was an Age and Schooling Certificate form completed on each minor less than 16 years of age? (Verify in file review) <i>ORC Title 3331, ORC 4109.02(A)(B)(1)(2)</i>		
31. Is the Age and Schooling Certificate kept on file? <i>ORC 4109.02-03</i>		
32. In lieu of an Age and Schooling Certificate, for 16-17 year old minor participants, is proof of age and parental or guardian consent kept by the employer in the participant's file? <i>ORC 4109.02</i>		

	Yes	No
33. Was a minor wage agreement completed on each youth? (Verify in file review) <i>ORC 4109.10</i>		
34. Did each minor receive a copy of the minor wage agreement? <i>ORC 4109.10</i>		
35. Are worksites informed of and required to display the Minor Labor Laws? <i>ORC 4109.06</i>		
36. Are participants apprised of rules, policies and disciplinary actions?		

ARRA Summer Youth File Checklist

Name _____

WIA Area/County _____

YOUNGER YOUTH OLDER YOUTH

ELIGIBILITY

Right to Work Age Selective Service Public Assistance/Low Income Entered in SCOTI

OTHER REQUIREMENTS

EEO Age and Schooling Certificate (Work Permit) Proof of Age/Parental Consent
 Minor Wage Agreement I-9 Job description

BARRIER CATEGORIES

1. Deficient Basic Skills
2. School Dropout
3. Homeless, Runaway, Foster
4. Pregnant/Parenting
5. Offender
6. Disability or additional assistance

5% EXCEPTION CATEGORY

1. School Dropout
2. Basic Skills Deficient
3. One or more grade levels below
4. Pregnant/Parenting
5. Disabilities
6. Homeless or Runaway
7. Offender
8. Face serious barriers to employment

ACTIVITIES PROVIDED

1. Tutoring
2. Alternative School
3. Summer Employment Opportunity
4. Work Experience
5. Occupational Skills Training
6. Leadership Development
7. Supportive Services
8. Adult Mentoring
9. Follow-up Services
10. Comp. Guidance/Counseling

OBJ. ASSESSMENT

- 1 Basic Skills
- 2 Occupational Skills
- 3 Prior Work Experience
- 4 Employability
- 5 Interests
- 6 Aptitudes (incl Non-Trad)
- 7 Supportive Service Needs
- 8 Developmental Needs
- 9 Recent assessment

INDIVIDUAL SERVICE STRATEGY (ISS)- Flexible

ISS Completed Achievement Objectives Appropriate Services Age-Appropriate Goal
 Stimulus Work Experience

SUPPORTIVE SERVICES

Need Identified Services provided WIA Funds Non-WIA

ARRA Summer Youth Program Worksite Monitoring Checklist

Worksite:

Supervisor:

Alternative Supervisor:

Number of Participants:

Date:

Monitor:

1. Did the supervisor receive orientation/program information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the alternative supervisor receive orientation/program information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the proper material posted in a conspicuous place :		
➤ Labor Laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Participant roster, including name, age, social security number, and emergency contact phone number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Worksite Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Is it on file at the Summer Youth Program office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. How often does the Area monitor visit this site, including supervisory staff and participants?		
5. What is the participant/supervisor ratio?		
6. Are there adequate work assignments and supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		
7. Are Minor Labor Laws recognized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do safe working conditions exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. What type of safety precautions are taken?		
10. Does the worksite supervisory staff complete bi-weekly evaluations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Does the worksite submit accurate time sheets bi-weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does the worksite have a contingency plan for poor weather?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. What type of attendance record is kept?		
14. Does the work site supervisor have any suggestions for program improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
15. Has a corrective action been filed on this site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Date:		
➤ Reason?		

WIA MONITORING EXIT CONFERENCE

Entity:	Date:
Location:	Time:

Address: _____

State Staff Present: _____

Local Area Staff Present: _____

Service Provider(s) Present: _____

State Review Comments: _____

Comments from Local Area: _____

Signature of Monitor & Date

Signature of WIA Contact & Date