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| **COVID-19 Enrollment Exception**  *WIN 0109, Chg. 10: Verbal Self-Attestation and Remote Eligibility Documentation*  *\* Effective Date: March 23, 2020*  *\*Expiration Date: June 30, 2024*  **Minimum Requirements for Documenting Eligibility for WIOA Title I-B Programs**  Verbal self-attestation is allowed to document eligibility for criteria for which self-attestation is not otherwise allowed per DOL guidance but should not be used as a first resort. LWDBs and their service providers should attempt to collect eligibility source documentation when possible. However, full verbal self-attestation is allowed if it is clearly documented in case files that the applicant is unable to access eligibility source documentation because of a COVID-19 reason (e.g., the applicant is quarantined or in isolation due to COVID-19 exposure and has no virtual or remote means of transmitting eligibility source documents to a case manager; the applicant does not have COVID-19, but the eligibility source documentation is in a  location that is inaccessible due to COVID-19 restrictions).  **a.** The case manager and applicant conduct the eligibility determination and registration verbally by phone with the case manager case-noting the following in the ETO management information system:  **i.** That verbal self-attestation was necessary due to the inability to meet in person and/or provide eligibility source documentation for COVID-19 reasons, including the specific  circumstances preventing in-person engagement and/or eligibility source documentation transaction  **ii.** Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [applicant name] verbally self-attested to the eligibility and priority of service criteria cited above.”  **iii.** That the case manager has provided to the applicant the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification information (see Attachment A) verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [applicant name] on [date] and [applicant name] attested to understanding the information.”  **b.** If determined eligible per the process described in paragraph 1, the case manager verbally obtains from the applicant all information required forfederal reporting and records the information in the appropriate sections and fields in the ETO management information system.  **c.** Effective with the issuance of Change 5 of this WIN, case managers must obtain appropriate eligibility source documentation within 30 calendar days after the circumstances that prevented applicants from providing source documents cease to exist. | N/A, verbal self-attestation was not used to determine eligibility  **Verbal self-attestation was used to determine eligibility:**  YES, one or more of the following eligibility criteria were verbally self-attested (if documentation was provided for any of the eligibility criteria, refer to those respective parts in section 1 below):  Legally Entitled to Work  Selective Service Registration (if applicable)  Category of Dislocation Criterion: (Case notes must include *how* they meet each criterion)  Category 1: General Dislocation  Termination, layoff, or notice of layoff  *AND* Local area unlikely to return to previous occupation criteria (other than demand /decline)  *AND* Eligible or exhausted UI compensation  *OR* Not eligible for UI, but has a sufficient duration of attachment to workforce  Category 2: Plant Closure / Substantial Layoff  Termination, layoff, or notice of layoff due to permanent closure or substantial layoff  *OR* Employed at a facility which the employer made a general announcement that the facility will close within 180 days  Category 3: Self-employed  Unemployed as a result of general economic conditions in the community in which they reside *or* because of natural disasters  Category 4: Displaced Homemaker  Was dependent on the income of a family member and is no longer supported by that income  *OR* Dependent spouse of an active duty military member whose family income is significantly reduced due to deployment, a call/order to active duty, or service-connected death or disability of the military member  *AND* Unemployed or underemployed *and* experiencing difficulty obtaining or upgrading employment  Category 5: Dislocated / Separated Military  Non-retiree military service member discharged or released from service under other than dishonorable discharge or who has received a notice of military separation  Category 6: Military Spouse  Spouse of a member of the armed forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member  *OR* Spouse of a member of the armed forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment  Date of Dislocation for categories 1, 2, 3, 5 and 6  **Verbal self-attestation was clearly documented by case-noting all the following in ETO:**  YES, all the following were in case notes:  (*December 3, 2021, and beyond*) That verbal self-attestation was necessary due to the inability to meet in person and/or provide eligibility source documentation for COVID-19 reasons, including the specific circumstances preventing in-person engagement and/or eligibility source documentation transaction.  **AND**  Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [applicant name] verbally self-attested to the eligibility and priority of service criteria cited above.”  **AND**  That the case manager has provided to the applicant the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification information (see Attachment A) verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [applicant name] on [date] and [applicant name] attested to understanding the information.”  NO, One or More Issues Identified  **REPORTING:**  **All demographics and required federal reporting information was collected and entered in ETO**  YES, No Issue Identified  NO, One or More Issue Identified  **Case managers obtained appropriate eligibility source documentation within 30 calendar days after the circumstances that prevented applicants from providing source documents cease to exist.** (Enrollments *December 3, 2021, and beyond*)  N/A, circumstances still exist  N/A, 30 days has not passed at time of monitoring  YES, No Issue Identified  NO, One or More Issue Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| 1. **WIOA DW ELIGIBILITY** | | | |
| **Age/ Date of Birth**  **\*Age is not a requirement for DW**  **ESD Policy 1003, Rev. 5:**   * + While age is not a requirement for DW Eligibility, DOL does require verification of age for Data Validation Purposes | **Verification of age was in the file:**  YES, Validated by one of the following: *(ESD Policy 1003, Rev. 5)*  Driver’s License or ID  Federal, State, Local ID Card  Birth certificate  Passport  Baptismal record  DD-214  Work permit  Hospital record of birth  Public assistance  Social service records  School records / ID’s  Family bible  Crossmatch  Justice system records  Medical records  Selective Service Registration  Signed letter from parents or guardian  Report of Transfer or Discharge Paper  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, Unable to Validate  **Reporting:**  **Date of Birth is accurately recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Selective Service Registration**  **TEGL 11-11, Change 2**  All males (U.S. citizens and aliens living in the U.S.) born after January 1, 1960 must be registered with Selective Service within 30 days of their 18th birthday.  **Self-Attestation**  **ESD Policy 1023, Rev. 1**   * + Self-attestation of Selective Service Registration is acceptable for ISD co-enrollment, Basic Career Services only   + Full eligibility documentation is required for participants pursuing Individualized Career Services or Training Services   **Chart of who must register:**  <https://www.sss.gov/register/who-needs-to-register/> | N/A, participant was one of the following: (TEGL 11-11, change 2)  Female / Assigned female at birth  Born before Jan. 1, 1960  Non-US male, who entered the US for the first time after his 26th birthday, validated by one of the following:  Date of entry stamp in passport  I-94 with date of entry stamp  USCIS letter with date of entry presented in conjunction with documentation of age  Non-US male who entered the US illegally after his 26th birthday, validated by:  Proof he was not living in the US from age 18-25  Non-US male on a valid non-immigrant visa  **Participant was registered with Selective Service**  **or received a waiver:** *[WIOA Section 189(h)]*  YES, validated by one of the following:  DD-214  Online SS Verification  SS Acknowledgement letter  Selective Service Registration Card  Selective Service Verification Form (Form 3A)  Stamped Post Office Receipt of Registration  Local area approved waiver documentation  NO, Unable to Validate    **Reporting:**  **Selective Service Registration is recorded in MIS:**  *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Legally Entitled to Work in the U.S.**   * Citizens; * Nationals; * Lawfully admitted permanent resident aliens; * Refugees; * Asylees; * Parolees; and * Other immigrants authorized by the Attorney General to work in the United States.   For a list of accepted I-9 Documentation, visit: <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents> | **Participant was eligible to work in the U.S.:**  *(WIOA Section 3(2); ESD Policy 1019, Rev. 8)*  YES, validated by one of the following:  Accepted I-9 Documentation  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, Unable to Validate  **Reporting:**  **Eligibility to work in the U.S. is recorded in MIS:**  *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **General Dislocation**  **Definition**  **ESD Policy 1019, Rev. 8:**   * + An individual who was terminated, laid off, or received a notice of termination or layoff, ***AND***   + Is determined unlikely to return to previous industry or occupation (as defined by LWDB policy), ***AND***   + Is eligible for or has exhausted entitlement to unemployment compensation; ***OR***   + Is not eligible for unemployment compensation but can show attachment to the workforce of sufficient duration.   **UI Good Cause Voluntary Quits**  Individuals can qualify under Category 1 (General Dislocation)***if they file and are approved*** *for Unemployment Insurance (UI) benefits after having been determined by the Employment Security Department (ESD) as having voluntarily left employment due to no fault of their own for one of the following good cause reasons* (RCW 50.20.050; WAC 192-150, et al):  • Illness or disability of the claimant or death, illness, or disability of an immediate family member.  • Relocate to follow spouse’s or registered domestic partner’s employment.  • Need to protect the claimant or immediate family member from domestic violence or stalking.  • Usual hours, compensation, or benefits are reduced by 25 percent or more.  • Involuntary change in work site or location (no minimum distance or mile threshold).  • Work site safety has deteriorated.  • Illegal activities at work site  • Usual work changed to work that violates religious or moral beliefs.  • Left part-time work to accept full-time job that was eliminated without prior knowledge.  Under these circumstances, claimants have satisfied criteria 1.1. because ESD recognizes them as terminated even though they, rather than their employers, are the moving party. Such individuals must also be determined unlikely to be return to the industry or occupation they left for a UI good cause voluntarily quit reason (criteria 1.2). Finally, they must satisfy criteria 1.3.1 (1.3.2 is not an option) by documenting their status as having been determined eligible for or exhausted UI benefits as good cause voluntary quits are inseparably tied to UI and documented through separation determination letters provided by the Employment Security Department or, if that is not available, other documentation in the form of UI correspondence from the Employment Security Department. | N/A, not enrolled under this category  **Participant met the following *“General Dislocation”* eligibility criteria:** *(20 CFR 677.235)*  1.1An individual who was terminated, laid off, or received a notice of termination or layoff, ***AND***  YES, evidence located  NO, Unable to Validate  *Participant voluntarily left employment due to no fault of their own and was approved for Unemployment Insurance (UI) benefits for a good cause reason which now recognizes them as having been terminated (making them eligible under criteria 1.1):*  N/A, not a UI Good Cause Voluntary Quit  YES, validated by one of the following:  Separation determination letters provided by Employment Security Department  UI Correspondence from Employment Security Department supporting determination  NO, Unable to Validate  1.2 Is determined unlikely to return to previous industry or occupation (as defined by LWDB policy), ***AND***  YES, evidence located  NO, Unable to Validate  1.3.1 Is eligible for or has exhausted entitlement to unemployment compensation, ***OR***  N/A, not eligible  YES, evidence located  NO, Unable to Validate  1.3.2 Is *not eligible for unemployment* compensation but can show attachment to the workforce of sufficient duration.  N/A  YES, evidence located  NO, Unable to Validate  YES, validated by one of the following:*(ESD Policy 1019, Rev. 8)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Verification from employer  Rapid Response list  Notice of layoff  Public announcement with crossmatch to UI wage records  NO, Unable to Validate  **Reporting:**  **General Dislocation is recorded in MIS:***(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Plant Closure/ Substantial Layoff**  **Definition**  **ESD Policy 1019, Rev. 8:**   * + An individual who was terminated, laid off, or received a notice of layoff from employment at a plant, facility, or enterprise as a result of a permanent closure or substantial layoff; ***OR***   + An individual employed at a facility at which the employer has made a general announcement that the facility will close within 180 days. | N/A, not enrolled under this category  **Participant met the *“Plant Closure/Substantial Layoff”* eligibility criteria:** *(20 CFR 677.235)*  YES, validated by one of the following:*(ESD Policy 1019, Rev. 8)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Verification from employer  Rapid Response list  Notice of layoff  Public announcement with crossmatch to UI wage records  NO, Unable to Validate  **Reporting:**  **Plant Closure or Substantial Layoff is recorded in MIS:**  *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Self-Employed**  **Definition**  **ESD Policy 1019, Rev. 8:**   * + Was self-employed (including employment as a farmer, rancher or fisherman), but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters. | N/A, not enrolled under this category  **Participant met the *“Self-employment”* eligibility criteria:** *(20 CFR 677.235)*  YES, validated by one of the following:*(ESD Policy 1019, Rev. 8)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  UI wage records  Other:  NO, Unable to Validate  **Reporting:**  **Self-Employed is recorded in MIS**: *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Displaced Homemaker**  **Definition**  **ESD Policy 1019, Rev. 8:**   * + An individual who was dependent on the income of another family member and is no longer supported by the income of that family member; ***OR***   + Is the dependent spouse of a member of the armed forces on active duty and whose family income is significantly reduced because of a deployment, a call or order to active duty, or a service-connected death or disability of the member. ***AND***   + Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.   **\***Date of Dislocation *does not apply* to Displaced Homemaker | N/A, not enrolled under this category  **Participant met the *“Displaced Homemaker”* eligibility criteria*:*** *(20 CFR 677.235)*  YES, validated by one of the following:*(ESD Policy 1019, Rev. 8)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Public assistance records  Court papers  Divorce papers  Bank records  Needs assessment  Spouse’s permanent change of station  Signed Individual Employment Plan  Spouse’s layoff notice  Spouse’s death record  NO, Unable to Validate  **Reporting:**  **Displaced Homemaker is recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Dislocated/Separating Military Service Member**  **Definition**  **ESD Policy 1019, Rev. 8:**   * + A non-retiree military service member who was discharged or released from service under other than dishonorable or has received a notice of military separation (defined by LWDB).   + Retirement orders do not qualify as “terminated” or “laid off”.   \*Note: A DD-214 can only be used if it indicates other than dishonorable involuntary separation due to force reduction or restructuring. | N/A, not enrolled under this category  **Participant met the *“Dislocated or Separating Military Service Member”* eligibility criteria:** *(20 CFR 677.235)*  YES, validated by one of the following:*(ESD Policy 1019, Rev. 8)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  DD-2648 – (Pre separation counseling checklist)  - Dislocated Service Member  Counseling statements indicating separation proceedings - Dislocated Service Member  Veterans Administration Release of Information Hospital Inquiry (VA ROI HINQ) – Dislocated Veteran  \*DD-214  NO, Unable to Validate  **Reporting:**  **Dislocated or Separating Military Service Member is recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Military Spouse**  **Definition**  **ESD Policy 1019, Rev. 8:**   * + The spouse of a member of the armed forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; ***OR***   + The spouse of a member of the armed forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. | N/A, not enrolled under this category  **Participant met the “Military Spouse” eligibility criteria:** *(20 CFR 677.235)*  YES, validated by one of the following:*(ESD Policy 1019, Rev. 8)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Public assistance records  Court papers  Divorce papers  Bank records  Needs assessment  Spouse’s permanent change of station  Signed Individual Employment Plan  Spouse’s layoff notice  Spouse’s death record  NO, Unable to Validate  **Reporting:**  **Dislocated or Separating Military Service Member is recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Date of Actual Dislocation**  Date of Dislocation *does not apply* to Displaced Homemaker | N/A, enrolled as a Displaced Homemaker  **Date of Dislocation was documented in the file:** *(20 CFR 677.235)*  YES, validated by one of the following:*(ESD Policy 1019, Rev. 8)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Verification from employer  Rapid Response list  Notice of layoff  Public announcement with crossmatch to UI wage records  NO, Could Not Locate  **Reporting:**  N/A, Displaced Homemaker  **Date of Dislocation is recorded in MIS**: *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Under-Employed Workers and**  **Stop-Gap Employment**  **Under-employed Workers**  **ESD Policy 1019, Rev. 8:**   * + **Dislocated from full-time employment *and* meets one of the following eligibility criteria**:     - Employed less than full-time but actively seeking full-time employment, *or*     - Employed in a position that is inadequate with respect to documented skills and training, *or*     - Employed but meet the definition of “low-income” in WIOA Section 3(36), *or*     - Employed but current earnings are insufficient compared to earnings from previous employment.   **Stop-Gap Employment**  **ESD Policy 1019, Rev. 8:**   * + Temporary employment that will not lead to self-sufficiency,   + Accepted only because they have been laid off from the customary work for which their training, experience or work history qualifies them.   + Intend to end stop-gap employment upon completion of training, obtaining self-sufficient employment or as specified in the individual employment plan (IEP).   + Typically, pays less than the individual’s wage of self-sufficiency (as defined by the LWDB), but with exception per local policy. | N/A, not employed at enrollment  **UNDER-EMPLOYED WORKER**  N/A  **Participant met the *“Under-Employed Worker”* eligibility criteria:** *(ESD Policy 1019, Rev. 8)*  YES, No Issues Identified:  Employed less than full-time but actively  seeking full- time employment,  Employed in a position that is inadequate with  respect to documented skills and training, *or*  Employed but meet the definition of low-  income” in WIOA Section 3(36)  Employed but current earnings are insufficient  compared to earnings from previous  employment  NO, Unable to Validate  **STOP-GAP EMPLOYMENT**  N/A  **Participant met “Stop-Gap” employment criteria:**  (ESD Policy 1019, Rev. 8):  YES, no Issues identified  Employment was temporary and not self-  sufficient (unless exempt per local policy)  Unable to find employment customary to their  training, experience or work history  Intend to end employment upon completion  of training or as specified on IEP  NO, Unable to Validate | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **2. program enrollment** | | | |
| **Date of Program Entry, Participation**  **Participant**  **20 CFR 680.110:**  **(a)** Individuals are considered participants *when* they have received a WIOA service other than self-service or information-only activities and have satisfied all applicable programmatic requirements for the provision of services, such as eligibility determination.  **(b)** Adults who receive services funded under Title I other than self-service or information-only activities must be registered and must be a participant*.*  **ESD Policy 1020, Rev. 1 Handbook**:  For adults, the date of participation is the date when a participation-level service is delivered. | **FILE REVIEW:**  **Participant met all programmatic eligibility requirements:** *[20 CFR 680.110 and TEGL 19-16)*  YES, No Issues Identified  NO, Unable to Validate  **There is documented evidence indicating a service other than self-service or information only activities were provided to the participant initiating program participation: *(****[20 CFR 680.110) and TEGL 19-16; ESD Policy 1003, rev. 5)]*  YES, documented on one of following:  Individual Plan for Employment  Electronic Records  Program intake documents such as eligibility  determination documentation or program  enrollment forms  NO, Unable to Validate  **Reporting:**  **A service other than self-service or information-only activities is recorded in MIS on date of program** enrollment:*(20 CFR 680.110) and TEGL 19-16; ESD Policy 1003, Rev. 5)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Concurrent Program Enrollment**  **Tracking of Funds**  **TEGL 19-16**   * + Local program operators must **identify and track the funding streams** which pay the costs of services provided to individuals who are concurrently enrolled, and   + Ensure no duplication of services.   **ESD WIOA Title I Policy 5617, Rev. 3**  TAA participants must be co-enrolled in the WIOA Title I-B DW program if they are determined eligible, unless the participant declines. | N/A, not co-enrolled at time of monitoring  **Reporting:**  **Program enrollments are correctly recorded in MIS:** *(20 CFR 677.160)*  YES, No Issues Identified  NO, One or More Issues Identified  **No duplication of services between co-enrolled programs were observed at the time of review:** *(TEGL 19-16)*  YES, No Issues Identified  NO, One or More Issues Identified  **DW / TAA co-enrollments followed local policy and procedures:** *(ESD Policy 5617, Rev. 3; LWDB Policy)*  N/A  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Veteran Status at Participation** | N/A, not identified as a veteran or eligible spouse  **Documentation of participant’s veteran/eligible spouse status is in the file**: *(ESD Policy 1003, Rev. 5)*  YES, documented on one of the following:  DD-214  Letter from the Veteran’s Admin.  Other:  NO, Could Not Locate  **Reporting:**  **Veteran status is recorded in MIS:**  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **3. services** | | | |
| **Support Services**  **MIS**  **WIN 0077, Change 15; WorkSource Services Catalog:**   * + **Program Support Services-Other (3.0)**     - This service is used when the support services being provided does not fall into the transportation category. This may include assistance with clothing, counseling, family/health care, housing, tools, union dues, driver’s licenses, or car repairs, assistance with books, fees, and school supplies, and payments for employment and training-related applications, tests, and certifications.     - The purpose of support services is to offer a resource for participants who are actively engaged in job search, work activities or training. Support services should be provided based on the real and immediate needs of the participant.   + **Program Support Services-Transportation**   Support services to be provided to participants prior to job placement and exiting the program. Transportation support are goods in the form of transportation assistance. The purpose of support services is to offer a resource for participants who are actively engaged in job search, work activities or training. Support services should be provided based on the real and immediate needs of the participant.  **Eligibility to Receive Supportive Services**  **20 CFR 680.910:**  **(a)** Supportive services may only be provided to individuals who are:  **(1)** Participating in career or training services as defined in WIOA secs 134(c)(2) and (3); **and**  **(2)** Unable to obtain supportive services through other programs providing such services.  **(b)** Supportive services may only be provided when they are necessary to enable individuals to participate in career services or training services.  **Reporting / MIS Requirements**  **ESD Policy 1019, Rev. 8:**   * + Supportive services can be provided to Adults and DW **subject to also receiving a career and training services** (supportive services cannot be the only service in a participant record).   + The supportive service **can be record on or after the date of the career or training service** and should also **include a case note** explaining how the supportive service connects to a career or training service. | N/A, no documented evidence service(s) provided  **Supportive services were necessary to enable the individual to participate in career and training services:** *(20 CFR 680.910; TEGL 19-16)*  YES, No Issues Identified  NO, Unable to Validate  **Supportive services were provided with WIOA funds only when the participant was unable to obtain supportive services through other resources and/or programs providing such services:** *[20 CFR 680.910(a)(2)]*  YES, No Issues Identified  ☐ NO, One or More Issues Identified  **Documentation of supportive services is on file and meets local policy requirements:** *(ESD WIOA Policy 5602, Rev. 5)*  YES, No Issues Identified  NO, One or More Issues Identified  **Reporting:**  **For Supportive Services, a qualifying career or training service was provided to the participant and is recorded in MIS in conjunction to the supportive services recorded in MIS:**  *(ESD Policy 1019, Rev. 8)*  YES, No Issues Identified  NO, on one or more occasion, no supportive service is recorded in MIS  NO, on one or more occasion, no  qualifying service is recorded in MIS  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the invoice/receipt, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Incentives**  **MIS**  **ESD Policy 5621, Rev. 5**: Incentive payments are not services but, rather, financial transactions. (T*here is no service to record an incentive in ETO*.)  **Incentives**  **ESD WIOA Policy 5621, Rev. 5:**  Incentive payments to WIOA Title I adult and dislocated worker participants *are limited to* achievement milestones directly tied to work experience and the following WIOA-recognized training services – occupational skills training, registered apprenticeship, on-the-job training, increased capacity training, customized training, and entrepreneurial training. Unlike Title I youth, this *excludes incentive payments for attainment and retention of unsubsidized employment for adults and dislocated workers who complete work experience or training services*.   * + Incentive payments must be justified and documented by service providers.   + Adult and Dislocated Worker program service providers must document (case note) in the case management system for each participant that receives an incentive payment(s) the WEX, or training milestone achieved along with the incentive amount paid for the achievement.     - Service providers must also internally maintain appropriate and identifiable expenditure records of incentive payments for the purpose of local, state, and federal monitoring and audits. | N/A, no documented evidence incentives were  provided  **WEX, or training milestone achieved along with the incentive amount paid for the achievement was documented in case notes for each incentive received:** *(ESD Policy 5621, Rev. 5)*  YES, No Issues Identified  NO, Unable to Validate  **Incentive expenditure records were available for monitoring purposes:** *(ESD Policy 5621, Rev. 5)*  YES, No Issues Identified  NO, Unable to Validate  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the incentive payment, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **Needs-Related Payments**  **MIS**  **WIN 0077, Change 15; WorkSource Services Catalog:**   * + **Needs-Related Payments:** Needs-Related Payments 3.0     - Financial assistance (income support) to eligible adults and dislocated workers in training to enable them to participate in that training. | N/A, no documented evidence this service was needed or provided  **Participant was unemployed, did not qualify for UI (or ceased to qualify) and was enrolled in training:** *(20 CFR 680.930)*  YES, No Issues Identified  NO, Unable to Validate  **For participants who have ceased to qualify for UI, the participant was enrolled in training by the end of the 13th week after the most recent layoff, or enrolled by the end of the 8th week after the worker was informed that a short-term layoff would exceed 8 weeks, whichever is applicable?** *[WIOA Sec. 134(d)(3)(B)]*  N/A  YES, No Issues Identified  NO, Unable to Validate  **Is the level of NRP equal to or less than the applicable level of UI or the poverty line as described in WIOA Sec. 134(d)(3)(C)?**  YES, No Issues Identified  NO, Unable to Validate  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the needs related payments, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **training services** | | | |
| **Occupational Skills Training**  **MIS**  **WIN 0077, Change 15; WorkSource Services Catalog:**   * + **Training, Occupational Skills Training (2.0):**      - An organized program of study for adults and dislocated workers that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels.   **Eligibility**  **20 CFR 680.210**: Training services may be made available to employed and unemployed adults who:  **(a)** A one-stop center or one-stop partner determines, *after an interview, evaluation or assessment, and career planning*, are:   1. Unlikely or unable to obtain or retain employment that leads to economic **self-sufficiency** or wages comparable to or higher than wages from previous employment through career services; 2. In need of training services to obtain or retain employment leading to economic **self-sufficiency** or wages comparable to or higher than wages from previous employment through career services; 3. Have the skills and qualifications to participate successfully in training services;   **(b)** Select a program of training services that is **directly linked to the employment opportunities** in the local area or the planning region, or in another area to which the individuals are willing to commute or relocate;  **(c)** Are **unable to obtain grant assistance from other sources** to pay the costs of such training, including such sources as State-funded training funds, TAA, and Federal Pell Grants, or require WIOA assistance in addition to other sources of grant assistance, including Pell Grants.  **Documentation Requirements**  **20 CFR 680.220:**  (b) The case file must contain a determination of need for training services as determined through the interview, evaluation, or assessment, and career planning informed by local labor market information and training provider performance information, or through any other career service received. There is no requirement that career services be provided as a condition to receive training services; however, if career services are not provided before training, the Local WDB must document the circumstances that justified its determination to provide training without first providing the services described in paragraph (a) of this section.  **3-D. Occupational Skills Training***, continued…*  **Individual Training Accounts (ITA)**  **TEGL 19-16:**  Training services, when determined appropriate, *must be provided either through an Individual Training Account (ITA) or through a training contract discussed in Section 8 of this TEGL. Except in certain instances listed in WIOA sec. 122(h) and 20 CFR sec. 680.320*, training services *must* be provided by an Eligible Training Provider (ETP) in accordance with WIOA sec. 122(d).  **Use of ITA Funds**  **ESD** **Policy 5601, Rev 2:**  If an ITA has been established and the training is managed between the WIOA Title I case manager and the participant, those funds may be used to pay for allowable training-related expenses as well as tuition expenses.  If the training provider was selected by the WIOA Title I participant and the case manager, but the source of *payment* for training is Pell, other financial aid, or private scholarships, a WIOA-funded ITA **may be used** to pay allowable training costs not covered by those fund sources.  A WIOA-funded ITA is **not** appropriate **if** the WIOA Title I case manager and program played no role in training provider selection and the participant’s training is selected, funded, and directed by a program other than Title I, such as Vocational Rehabilitation (VR), Trade Adjustment Assistance (TAA), or community and technical colleges (Worker Retraining (WRT). However, if such funding ends after training has started, a WIOA Title I-funded ITA may be initiated if that program is on the Eligible Training Provider (ETP) list.  **In-demand Occupations**  **ESD** **Policy 5601, Rev 2:**  ITA funds must be directly linked to an in-demand industry sector or occupation in the local area, or in another area to which the individual is willing to relocate. Local boards may also approve training services for occupations determined by the local board to be in economic sectors that have high potential for sustained demand or growth in the local area.  DOL guidance is that registered apprenticeship programs are in-demand even if the labor market information may not list as “in-demand” the occupation for which the individual is apprenticed because registered apprenticeship programs, being tied to specific employers, only enroll individuals when there is employer demand, which makes it possible to carry out the on-the-job aspect of the instruction**.** | N/A, no evidence this service was provided  **FILE REVIEW:**  **Participant attended a post-secondary education program that leads to a credential or degree from an accredited post-secondary education institution at any point during program participation:**  N/A  YES, Validated by one of the following: *(ESD Policy 1003, Rev. 5)*  Copy of enrollment record  File documentation with notes from program staff  Vendor training documentation  Electronic Records  Individual Training Account  Attendance Records  No, Unable to Validate  **Established Individual Training Account (ITA)**  N/A, training provided through contract or under an exception listed in 20 CFR 680.320  YES, validated by one of the following: *(ESD Policy 1003, Rev. 5)*  Case notes  ITA approval, Allocation or Activation Records  NO, Unable to Validate  **Participant was unlikely or unable to obtain or retain employment that leads to economic *self-sufficiency or wages comparable to or higher than wages from previous employment* through career services:** *[20 CFR 680.210(a)(1)]*  YES, No Issues Identified  NO, Unable to Validate  **The participant needed *training to obtain or retain***  ***employment leading to economic self-sufficiency* or wages comparable to or higher than wages from previous employment:** *[20 CFR 680.210(a)(2)]*  YES, No Issues Identified  NO, Unable to Validate  **The participant had the *skills and qualifications* to participate successfully in training:** *[20 CFR 680.210(a)(3)]*  YES, No Issues Identified  NO, Unable to Validate  **Training is linked to *in-demand employment* opportunities in local area or area in which they are willing to commute or relocate:** *[20 CFR 680.210(b)]*  YES, No Issues Identified  NO, Unable to Validate  **Evidence of participant’s satisfactory progress in training is in the file:** *(WIOA Final Rule, narrative page 56177; ESD Policy 5601, Rev. 2)*  N/A-training not started/progress not yet provided  YES, No Issues Identified  NO, Could Not Locate  **Date participant enrolled in training is documented in the file:**  YES, Validated by one of the following: *(ESD Policy 1003, Rev. 5)*  Copy of enrollment record  File documentation with notes from program staff  School Records  Transcript or report cards  No, Unable to Validate  **If the participant withdrew from training, the reason for withdrawing and the revision to the participant’s employment and training plan is documented:**  N/A, participant did not withdraw from training  YES, reason for withdrawal is documented and revision to participant’s employment and training program is documented.  NO, could not locate documentation for reason for  withdrawing from training and/or revision to plan  **Evidence of training outcome is in the file:**(*20 CFR 677.235)*  N/A-still active in service  YES, Documented on one of the following: *(ESD Policy 1003, Rev. 5)*  Copy of credential  Copy of school record  Follow-up survey from program participants  Case notes documenting information obtained from education or training provider  NO, Could Not Locate  **Reporting:**  **Date withdrew/completed training is recorded in MIS:**  N/A-still active in service  YES, validated by one of the following: *(ESD Policy 1003, Rev. 5)*  Crossmatch between state MIS *and* attendance sheets or records  Vendor training records *with* follow-up crossmatch to state MIS database  Case notes *with* follow-up crossmatch to state MIS database  NO, Unable to Validate if the participant is still in training  NO, date withdrew/completed training is not recorded in MIS  **Date participant actually began training is accurately recorded in MIS** *(ETA PIRL 9172)*  YES, validated by one of the following: *(ESD Policy 1003, Rev. 5)*  Crossmatch between state MIS *and* attendance sheets or records  Vendor training records *with* follow-up crossmatch to state MIS database  Case notes *with* follow-up crossmatch to state MIS database  ITA  NO, date participant began training is not recorded in MIS | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Consumer Choice *(Occupational Skills Training Continued)***  **20 cfr 680.340:**  **(a)** Training services, whether under ITAs or under contract, **must be provided in a manner that maximizes informed consumer choice in selecting an eligible provider**.  **(b)** Each Local WDB, through the one-stop center, **must make available to customers the State list of eligible training providers** required in WIOA sec. 122(d).  **Arranging Out of State Training - Washington Workforce Training & Education Coordinating Board - Workforce Innovation and Opportunity Act Title I-B and Washington’s Eligible Training Provider List Evaluation:** It is the policy of the state to allow an eligible WIOA Title I-B Adult or Dislocated Worker to use an Individual Training Account (ITA) voucher to purchase training services offered by an out-of-state provider if it’s listed on that state’s ETP list and there is agreement between Washington and the respective state regarding ETP eligibility.  **WTEB website as of 07/28/2023**: The state with which we have existing agreements are Idaho, Illinois, Missouri, Montana, Oregon, and Utah  You can find the most up to date information on the Workforce Board Eligible Training Provider List webpage, listed at the bottom under Reciprocity Agreements. [https://www.wtb.wa.gov/research-resources/etpl/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wtb.wa.gov%2Fresearch-resources%2Fetpl%2F&data=04%7C01%7Cworkforcemonitoring%40esd.wa.gov%7C8620a9432e6b4ed7781f08d96da533a7%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637661378580123329%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=vcba47EgJFzBO2W1fB6LSphxKEZvwRTaEXxLQtFi8hM%3D&reserved=0) | N/A, not participating in applicable training service  **Eligible Training Provider List (ETPL) was made available to the participant*:*** *[20 CFR 680.340(b)]*  YES, No Issues Identified  NO, Unable to Validate  **Training was outside of WA State and met the requirements of local policy and ESD WIOA Policy 5611, Rev. 2:**  N/A  YES, No Issues Identified  NO, Unable to Validate | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Financial Aid; Other Program / Grant Assistance *(Occupational Skills Training Continued)***  **Coordination of WIOA Training Funds and other Federal Assistance**  **ESD Policy 5601, Rev 2:**   * + Local areas **must consider the availability of other sources of grants**, excluding loans, to pay for training costs so that WIOA funds are used to supplement but not supplant other sources.   + WIOA funds are intended to provide training services in instances when there is **no grant assistance (or insufficient assistance) from other sources** (i.e., TANF, BFET, Title IV Programs and State-funded grants) to pay for those costs.   + The use of WIOA funds to pay down a loan of an otherwise eligible participant is prohibited; however, **the mere existence of a federal loan must not impact eligibility determinations.**   **20 CFR 680.310**  (d) An individual may select training that costs more than the maximum amount available for ITAs under a State or local policy when other sources of funds are available to supplement the ITA. These other sources may include Pell Grants; scholarships; severance pay; and other sources. | N/A, not participating in applicable training service  **Availability of non-WIOA funds, excluding loans, was explored and outcome of efforts was documented:**  *(20 CFR 680.230)*  FAFSA/other resources such as TAA, TANF, BFET, Worker Retraining, Title IV programs, and State-funded grants, etc. *were explored first*, and not available, utilizing WIOA funds as a last dollar resource:  YES, No Issues Identified  NO, Could Not Validate  Outcome of FAFSA/other resources explored was documented:  YES, No Issues Identified  NO, Could Not Locate  **If applicable, Dept. of Veterans Affairs training funds were exempt from the “other sources of training grants” requirement**: (*WIOA Final Rules)*  N/A  YES, No Issues Identified  NO, Unable to Validate | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Occupational Skills Training***, continued…* | **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the invoice/receipt, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **Adult Education & Literacy Activities**  **MIS**  **WIN 0077, Change 15; WorkSource Services Catalog:**   * + **Training, Adult Education and Literacy with Training (2.0):**     - Adult education and literacy instruction is intended to upgrade basic skills in order to prepare the individual for further training, future employment, or retention in present employment. Includes remedial reading, writing, mathematics, literacy training, study skills, English for non-English speakers, bilingual training, and GED preparation (including computer assisted competency training, and school to post-secondary education transition).     - This group must be offered in combination with other allowable training services (not including transitional jobs or customized training).     - If not in combination with training, this group must be recorded as a career service.   **ETA 9172 (PIRL)**: If the participant received services under WIOA Title II defined as academic instruction and education services below the post-secondary level that increases an individual’s ability to-   * + Read, write, and speak in English and perform mathematics or other activities necessary for the attainment of a secondary school diploma or its recognized equivalent;   + Transition to post-secondary education and training; and   + Obtain employment   **Training Requirement**  **20 cfr 680.350:**   * + WIOA funds may provide adult education and literacy activities if they are provided concurrently or in combination with one or more of the following training services:   **(a)** Occupational skills training, including training for nontraditional employment;  **(b)** OJT;  **(c)** Incumbent worker training;  **(d)** Programs that combine workplace training and related instruction, which may include cooperative education programs;  **(e)** Training programs operated by the private sector;  **(f)** Skill upgrading and retraining; or  **(g)** Entrepreneurial training. | N/A, no documented evidence service was provided  **If WIOA funds were used for the Adult Education & Literacy Activities, they were provided in concurrence with any of the training activities in WIOA sec. 134(c)(3)(D)(i)–(vii) and 20 CFR 680.350.**  YES, provided concurrently with *one or more* of the following training services:  Occupational Skills Training, including training for nontraditional employment  On-the-job Training (OJT)  Incumbent Worker Training (IWT)  Programs that combine workplace training and related instruction, which may include cooperative education programs  Training programs operated by the private sector  Skill upgrading and retraining  Entrepreneurial training  NO, Unable to Validate  **Secondary Education Program at or above the 9thGrade Level:**  **Participant attended a program designed to lead to a HS equivalent credential (GED) at program enrollment or at any point while participating in the program:**  N/A  YES, Validated by one of the following: *(ESD Policy 1003, Rev. 5)*  Copy of enrollment record  File documentation with notes from program staff  School Records  Transcript or report card  Data match to State K-12 data system  No, Unable to Validate | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **work-based training** | | | |
| **On-the-Job Training (OJT)**  **MIS**  **WIN 0077, Change 15; WorkSource Services Catalog:**   * + **Training, On-the-Job Training (2.0):**     - Training provided by an employer to a paid participant while engaged in productive work in a job that improves knowledge or skills essential to the full and adequate performance of the job;     - Provides reimbursement to the employer of up to 75% of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training;     - Limited in duration as is appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participants, as appropriate.   **ojt Definition & Design**  **WIOA Sec. 3(44):**The term “**on-the-job training” means** training by an employer that is provided to a paid participant while engaged in productive work in a job that-   1. Provides knowledge or skills essential to the full and adequate performance of the job; 2. Is made available through a program that provides reimbursement to the employer of up to 50% of the wage rate of the participant, except as provided in section 134(c)(3)(H), for the extraordinary costs of providing the training and additional supervision related to the training; and 3. Is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant.   **OJT Wages & Benefits**  **20 CFR 683.275:**  **(a)** Individual in OJT must be compensated at the same rates, including periodic increase, as trainees or employees who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills.  **(c)** Individuals in OJT must be provided benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same type of work.  *Continued…*  **On-the-Job Training (OJT),** *continued…*  **ojt Contracts**  **20 CFR 680.710: *OJT*** contracts may be written for *eligible employed workers when:*  **(a)** The employee is not earning a self-sufficient wage or wages comparable to or higher than wages from previous employment;  **(b)** The requirements of sec. 680.700 are met; and  **(c)** The OJT relates to the introduction of new technologies, introduction to new production or service procedures, upgrading to new jobs that require additional skills, workplace literacy, or other appropriate purposes identified by the Local WDB.  **WIOA Final Rules, page 56149:**   * + OJT contracts *must be continually monitored* so that WIOA funds provided through OJT contracts are providing participants the training to retain employment successfully. | N/A, no documented evidence service was provided  **The participant’s work experience and existing knowledge and skills were considered when developing the OJT:***[WIOA Sec. 3(44)]*  YES, No Issues Identified  NO, Unable to Validate  **Contracts, time sheets, performance evaluations, and similar documentation supporting the OJT was on file for the participant:** *(DOL, State guidance)*  YES, No Issues Identified  NO, Could Not Locate  Contract(s)  Time sheets and paystubs  Performance evaluations  **Knowledge and skills essential to the full and adequate performance of the job was documented:** *[WIOA Sec. 3(44)]*  YES, No Issues Identified  NO, Unable to Validate  **The length of the OJT was appropriate to the occupation for which the participant was trained.***[WIOA Sec. 3(44)]*  YES, No Issues Identified  NO, Unable to Validate  **The participant was compensated at the same rate and provided benefits and working conditions as other employees in similar occupations by the same employer:** *(20 CFR 683.275)*  YES, No Issues Identified  NO, Unable to Validate  **The OJT did not displace or partially displace other employees of the employer:** *[WIOA Sec. 181(b)]*  YES, No Issues Identified  NO, Unable to Validate  **Written concurrence of the labor organization and employer was obtained, if applicable:** *[WIOA Sec. 181(b)]*  N/A  YES, No Issues Identified  NO, Unable to Validate  **The OJT was developed with an employer who does not continuously fail to provide long-term employment with equal benefits and wages:** *[WIOA Sec. 194(4)]*  YES, No Issues Identified  NO, Unable to Validate  **The service provider confirmed the employer had not relocated less than 120 days prior to the OJT and did not lay off employees at the prior location:** *[WIOA Sec. 181(d)]*  YES, No Issues Identified  NO, Unable to Validate  **Factors were documented if employer was reimbursed above 50% and up to 75%:** *[20 CFR 680.730(b); TEGL 19-16]*  N/A  YES, No Issues Identified  NO, Unable to Validate  **OJT contract was regularly monitored:** *(WIOA Final Rules, page 56149)*  YES, No Issues Identified  NO, Unable to Validate  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the timesheets, paystubs, vouchers, and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Internship or Work Experience (WEX)**  **MIS**  **WIN 0077, Change 15; WorkSource Services Catalog:**   * + **Individualized, Work/Internship Experience:**     - For adults and dislocated workers, work experience is a planned, structured learning experience that takes place in a workplace for a limited period of time and is linked to a career. Work experience may be paid or unpaid, as appropriate. A work experience workplace may be in the private for-profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience where an employee/employer relationship, as defined by the Fair Labor Standards Act, exists.   **Definition**  **20 CFR 680.180**:   * + An **internship or work experience** is a planned, structured learning experience that takes place in a workplace for a limited period of time.   + Internships and other work experience may be paid or unpaid, as appropriate and consistent with other laws, such as the Fair Labor Standards Act.   + An internship or other work experience may be arranged within the private for-profit sector, the non-profit sector, or the public sector.   + **Labor standards apply** in any work experience setting where an employee/employer relationship, as defined by the Fair Labor Standards Act, exists. | N/A, no documented evidence service was provided  **FILE REVIEW:**  **Contracts, time sheets, performance evaluations, and similar documentation supporting the WEX was on file for the participant:** *(DOL, State guidance)*  YES, No Issues Identified  NO, Unable to Locate  Contract(s)  Time sheets and paystubs  Performance evaluations  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the timesheets, paystubs, vouchers, and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **Transitional Jobs**  **mis**  **WIN 0077, Change 15; WorkSource Services Catalog:**   * + **Individualized, transitional Job:**     - A transitional job is a training service that is a subsidized, time-limited work experience with a public, private, or nonprofit employer for individuals with barriers to employment who are chronically unemployed or have an inconsistent work history to establish a work history that will lead to retention in unsubsidized employment. This service must be provided in combination with career services and/or support services. If it is not, it must be recorded as a work experience and/or internship.   **Program Design and Eligible Participants**  **20 CFR 680.190**:   * + A transitional job is one that provides a time-limited work experience that is wage-paid and subsidized, and is in the public, private, or not-for-profit sectors for those *\*****individuals with barriers to employment******who are chronically unemployed or have inconsistent work history****,* as determined by the Local WDB.   + Transitional jobs*must be combined with comprehensive career services and supportive services.*   **TEGL 19-16:**   * + This service *must be combined with career and supportive services.*   **Individuals with a Barrier to Employment**  **WIOA sec. 3(24):**  **(1)** Displaced homemakers;  **(2)** Low-income individuals;  **(3)** Indians, Alaska Natives, and Native Hawaiians;  **(4)** Individuals with disabilities;  **(5)** Older individuals, i.e., those aged 55 or over  **(6)** Ex-offenders;  **(7)** Homeless individuals;  **(8)** Youth who are in or have aged out of the foster care system;  **(9)** Individuals who are English language learners, individuals who have low levels of literacy, and individuals facing substantial cultural barriers;  **(10)** Eligible migrant and seasonal farmworkers, defined in WIOA sec. 167(i);  **(11)** Individuals within 2 years of exhausting lifetime eligibility under TANF;  **(12)** Single parents (including single pregnant women);  **(13)** Long-term unemployed individuals;  **(14)** Other groups determined by the Governor to have barriers to employment. | N/A, no documented evidence service was provided  **Participant met the definition of “individual with barrier to employment” as described in WIOA Sec. 3(24) and was chronically unemployed or had inconsistent work history as determined by the LWDB:** *(20 CFR 680.190)*  YES, No Issues Identified  NO, Unable to Validate  **The Transitional Job was combined with comprehensive career services *and* supportive services:**  *(20 CFR 680.190 and TEGL 19-16)*  YES, No Issues Identified  NO, Unable to Validate  **The service provider confirmed the employer had not relocated less than 120 days prior to the training and did not lay off employees at the prior location:**  *[WIOA Sec. 181(d)]*  YES, No Issues Identified  NO, Unable to Validate  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the timesheets, paystubs, vouchers, and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **4. OUTCOMES** | | | |
| **Date of Most Recent Measurable Skill Gains**  *-In-Program Performance Measure*  **Reporting/MIS Data Entry Requirements**  Recording MSG in ETO instructions provided via email from Carri Callaghan on 8-11-23:  *Create a new Tests and Results Touchpoint (TP), if the job seeker has a pre-test Tests and Results (TP).*  **On the Record Type Tab:**   * + - Select “Tests and Results” from the Record Type drop down.   **On the Tests and Results Tab:**   * + - Select the appropriate program from the Associated Program Enrollment drop down.     - Select the “Post Test” radio button.     - Select the appropriate category from the Assessment Category drop down.     - Select a date from the Test Date field.   \*For the post-test to count as an MSG it must take place on or after the pre-test, in the same participation episode.  It also must take place during the reporting period.   * + - Select an appropriate functional area from the Functional Area drop down.   \*For the post-test to count as an MSG, it must have the same functional area as the pre-test.   * + - Select an appropriate level from the Educational Functioning Level drop down.   \*For the post-test to count as an MSG, it must have a higher level than the pre-test.  **-OR-**  For Credential Attainments for Secondary School Diploma/or equivalency to be counted for Measurable Skill Gains it does not need to be entered into the system outside of the normal process, see DOL Credential Attainment Performance Measure (PM) Statewide Data Analysis document for more information.  **-OR-**  *Create a Transcript/Report Card on the Test and Results Touchpoint (TP)*  **On Record Type Tab:**   * + - Select “Report Card or Transcript” from the Record Type drop down.   **On Report or Transcript Tab:**   * + - Select the appropriate program enrollment from the Associated Program Enrollment drop down.     - Enter an appropriate date in the Date of Report Card or Transcript field.     - Select the appropriate school type from Secondary or Postsecondary drop down.     - If the school type is “Postsecondary School” enter the appropriate response in the How many credits/units did the participant complete? field.     - Select the appropriate Radio Button on the Does the transcript or report card meet the state unit’s academic standards?   **-OR-**  *Create a Training Milestone on the Test and Results Touchpoint (TP)*  **On Record Type Tab:**   * + - Select “Progress Report” from the Record Type drop down.     - Select the appropriate program enrollment from the Associated Program Enrollment drop down.     - Select the appropriate progress report type, either “Apprenticeship” or “OJT” from the Progress Report Type drop down.     - Enter an appropriate date in the Date of Progress Report field.     - Select the appropriate response for the Is the progress satisfactory? radio button.   **-OR-**  *Create a Skills Progression on the Test and Results Touchpoint (TP)*  **On Record Type Tab:**   * + - Select “Progress Report” from the Record Type drop down.   **On Progress Report Tab:**   * + - Select the appropriate program enrollment from the Associated Program Enrollment drop down.     - Select “Skills Progression” from Progress Report Type drop down.     - Enter an appropriate date in the Date of Progress Report field.     - Select the appropriate response for the Did the participant successfully pass an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams? radio button.     - Select the appropriate response for the “Is the progress satisfactory?” radio button.   Skill gains should be counted using the *date on which they occur*, not the date on which they are recorded, or documentation is received. | N/A, not participating in applicable services or no measurable skill gain documented at the time of monitoring  **Educational Functioning Level (EFL):**  N/A  YES, **the most recent date** the achieved at least one EFL is **recorded in MIS** and **validated by one of the following**: *(ESD Policy 1003, Rev. 5)*  Pre- and post-test results measuring EFL gain  Adult High School transcript showing EFL gain through the awarding of credits or Carnegie units  Post-secondary education or training enrollment determined through survey documentation or *program notes.*  NO, Could Not Validate  **Secondary Progress:**  N/A  YES, **the most recent date** of the participant’s transcript or report card for secondary education for one semester showing that the participant is meeting the State unit’s academic standards *(grade “C” or better per WIN 0098)* **is recorded in MIS** and **validated by one of the following:** *(ESD Policy 1003, Rev. 5)*  Transcript  Report Card  NO, Could Not Validate  **Post-Secondary Progress:**  N/A  YES, **the most recent date** of the participant’s transcript or report card for post-secondary education that shows a participant is meeting the State unit’s academic standards *(grade “C” or better per WIN 0098)***is recorded in MIS** and **validated by one of the following:** *(ESD Policy 1003, Rev. 5)*  Transcript  Report card  NO, Could Not Validate  **Employer Training Milestones (e.g., OJT):**  N/A  YES, **the most recent date** that the participant had a satisfactory or better progress report towards established milestones from an employer who is providing training **is recorded in MIS** and **validated**  **by:** *(ESD Policy 1003, Rev. 5)*  Documentation of a skill gained through OJT or Registered Apprenticeship  Contract and/or evaluation from employer or training provider  Progress report from employer documenting skill gain  NO, Could Not Validate  **Industry Exams or Skills Progression:**  N/A  YES, **the most recent date** the participant successfully passed an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as a knowledge-based exam **is recorded in MIS** and **validated by one of the** following:*(ESD Policy 1003, Rev. 5)*  Results of knowledge-based exam or certification of completion  Documentation demonstrating progress in attaining technical or occupational skills through an exam or benchmark attainment  Documentation from training provider or employer  Copy of credential that is required for a particular occupation and only is earned after the passage of an exam  NO, Could Not Validate  **REPORTING:**  **Measurable Skill Gains correctly recorded in ETO:**  YES, No Issues Identified  NO, one or more issues identified  **Case notes document the date achieved and type of the Measurable Skill Gain*:*** *(20 CFR 677.155(c)(5); (ESD Policy 1020, Rev. 1)*  YES, very detailed  YES, some detail  Could not locate case notes for:  Date Measurable Skill Gain achieved  Type of Measurable Skill Gain | No Issues Identified  Items to Address  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **Date attained & Type of Recognized Credential**  *In-Program and Exit-Based Performance Indicator*  **Types of Acceptable Credentials**  **TEGL 10-16, Change 1**: The following are acceptable types of credentials that count toward the credential attainment indicator:   * + Secondary school diploma or recognized equivalent   + Associate degree   + Bachelor’s degree   + Graduate degree for purposes of the VR program   + Occupational licensure   + Occupational certificate, including Registered Apprenticeship and Career and Technical Education educational certificates   + Occupational certification   + Other recognized certificates of industry/occupational skills completion sufficient to qualify for entry-level or advancement in employment.   **Certificates / Credentials not Included**  **ESD Policy 1020, Rev. 1 Data Integrity and Performance Policy and Handbook:** Credentials that do not count include, but are not limited to:   * + First aid cards   + Food handler’s card   + Non-commercial driver’s license   + Proof of employment held subsequent to training   + Certificates of completion for short-term prevocational services   + Completion of programs provided by institutions and training organizations not licensed by WTECB or an equivalent state regulatory agency or trade association in cases where the institution or training provider is not eligible to provide recognized postsecondary credentials as described above.   **Evan Rosenberg, Division of Youth Services, DOL ETA, “WIOA Youth Eligibility Live Q&A Session” on WorkforceGPS October 24, 2017:** Even though DOL will not define what counts as a credential, Evan did state the following common trainings do not count as a credential or occupational skills training:   * + CPR   + OSHA 10   + Work readiness   + Completion of assistive technology training program (screen reading software)   + Certificates related to hygiene and safety that are broadly required for entry level employment | N/A not participating in applicable services, or no  credential documented at time of monitoring  **Documentation of *date and type* of Credential Earned is located in the file:**  YES, Documented on one of the following: *(ESD Policy 1003, Rev. 5)*  Copy of credential  Copy of school record  Follow-up survey from program participants  Case notes documenting information obtained  from education or training provider  NO, Unable to Locate:  Date credential earned  Type of credential  **Reporting:**  **Type of Credential Earned is recorded in MIS:**  *(20 CFR 677.160)*  YES, No Issues Identified  Yes, but on one or more occasion, the incorrect  credential is recorded  NO, on one or more occasion, no credential  recorded  Unable to Validate credential earned recorded in  MIS  **Type of credential earned is documented in case notes:**  YES, No Issues Identified  NO, on one or more occasions, type of credential  earned is not documented in case notes  NO, on one or more occasion, type of credential  documented in case notes does not match credential recorded in MIS  NO, one or more credential was not recorded in MIS | No Issues Identified  Items to Address  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **5. PROGRAM Exit** | | | |
| **Date and Reason for Program Exit**    **Exit**  **ESD Policy 1020, Rev. 1 Handbook:**   * + “Exit” refers to a participant who has not received a qualifying service funded by any qualifying program in the WorkSource system for 90 consecutive calendar days and is not scheduled to receive future qualifying services.   **20 CFR 677.150(c)(1):**   * + **Exit** is the last day of service.   **ETA 9172 (PIRL):**   * + The last date the participant received services that are not self-service, information-only, or follow-up services.   + And only if there are no future services that are not self-service, information-only or follow-up services, planned from the program.   **Other Reasons for Exit / Exclusions from Performance**  **ESD Policy 1020, Rev 1 Handbook**:  Exclusions from performance measures should only be used in rare circumstances. Only participants who have one of the following reasons are excluded from all performance measures:   * + Institutionalized;   + Health/Medical;   + Deceased (the only exclusion that can be linked to non-participants)   + Reserve Forces Called to Active Duty;   + Foster Care (Youth only);   + Criminal Offender;   The “Deceased” category is the only category that can be counted through the fourth quarter after exit.  **Program Completion**  **ESD Policy 1020, Rev 1 Handbook**:   * + The program completion date is the date of the final program-funded participation-level service. This date is entered into ETO by staff.   + Note: Individuals who have completed program participation enter a follow-up period to support their continued success (see Section 2.3.5 for youth and Section 3.1 for adults and dislocated workers). However, if at any time they return in the 90-day period, they must be provided participation-level services as needed.   + Note: “Program completion” should not be confused with system exit since completion of one program does not necessarily mean the participant has reached a true exit. | N/A, there is evidence the participant has not  completed the program  **file review:**  **Date of program exit is documented in the file:**  YES, Validated by one of the following: *(ESD Policy 1003, Rev. 5)*  Copy of the letter sent to the individual indicating that the case was closed.  WIOA Status/Exit Forms  Electronic records  Attendance Records  Review of service records identifying the last  qualifying service (and lack of a planned gap)  NO, Unable to Locate  **If program exit was due to “Other Reasons for Exit”, evidence is documented in the file:**  N/A  YES**,** Validated by one of the following:*(ESD Policy 1003, Rev. 5)*  File documentation with notes from program  staff  Information from partner services  WIOA status/exit forms  Electronic Records  Withdrawal form with explanation  Information from institution or facility  NO, One or More Issues Identified  **Reporting:**  **All durational services recorded in MIS are closed:**  *(20 CFR 677.160)*  N/A  YES, No Issues Identified  NO, One or More Issues Identified  **Program Completion Date recorded in MIS matches the date of the last qualifying recorded in MIS:**  YES, No Issues Identified  NO, One or More Issues Identified  **Case notes document the date and reason for program completion:** *(ESD Policy 1020, Rev. 1)*  YES, very detailed  YES, some detail  NO, could not locate case notes for:  Date of program completion  Reason for program completion | No Issues Identified  Items to Address  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| **Follow-up Services**  **MIS**  **WIN 0077, Change 15; WorkSource Service Catalog**  **When to Provide Follow-up Services**  **ESD WIOA Policy 5620, Rev. 1:**   * + Follow-up services can only be provided to WIOA Title I Adult and Dislocated Worker program participants who are placed in unsubsidized employment and have a Program Completion recorded in the Management Information System (MIS). | N/A, participant not placed in UE and/or has not yet  exited, or opted out of follow-up services  **Reporting:**  **Follow up services included more than a contact attempted:** *[20 CFR 681.580(c)]*  YES, No Issues Identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **6. Data Integrity** | | | |
| **MIS**  **Reporting / MIS Requirements**  **WIN 0082, Change 1:** The minimal ETO data entry requirements are as follows:   * + *Services must be entered at the point in time they are delivered;*   + If services cannot be entered at the time they are delivered, Basic Services and ITSS services must be entered *within* ***14*** *calendar days* of service delivery and the *service date entered must always reflect the date the service was delivered.*   + For any Activity Start Date of Basic and ITSS services errors identified after the 14-day calendar restriction, *staff must correct the errors and request Department Head review and approve the correction*. Department Head approval must be documented with a case note. **The case note must identify** *the service name, the reason for the correction, and the Department Head’s review and approval of the correction.*   + When a service is provided, the appropriate qualifying service must be identified, even if case notes are entered.   + *Qualifying services are identified in the WorkSource Service Catalog.*   + *Services should only be entered when delivered to a participant* and only actual services should be entered   + Case notes should support, not contradict service entries.   + Case notes should not be entered to represent service delivery without also entering a qualifying service from the WorkSource Service Catalog.   + *Services should not be recorded if only a voice message was left, or an email delivered* as they only represent the intent to provide service as opposed to the actual provision of services.   **ESD Policy 1023, Rev. 1:** All services must be linked to an Active Program Enrollment.  **Report Accurate Services Data:** States are required by WIOA sec. 116 to report accurately the characteristics of participants, the services received, and the outcomes achieved. | **summary of MIS observations:**  **Employment Status at Program Entry is recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified  **All basic and/or individualized services provided to the participant *(as identified in case notes or other documentation in the file)* are recorded in MIS:** *(20 CFR 677.240; WIN 0082, CHG. 1)*  YES, No Issues Identified  NO, One or More Issues Identified  **Services are assigned to the appropriate program:** *(20 CFR 677.160)*  YES, No Issues Identified  NO, One or More Issues Identified  **For services recorded in MIS, services are recorded correctly:** *(20 CFR 677.240; WIN 0082, CHG. 1)*  YES, No Issues Identified  NO, One or More Issues Identified  **For services recorded in MIS, services are recorded within the allotted timeframes:** *(WIN 0082, CHG. 1)*  YES, No Issues Identified  NO, One or More Issues Identified  **For services recorded in MIS, appropriate outcomes are recorded:** *(20 CFR 677.240; WIN 0082, CHG. 1)*  N/A  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Case Notes**  **Definition**  **ESD Policy 1003, Rev. 5**: Paper or electronic statements by the case manager that identifies, at a minimum, the following:   * + A participant’s status for a specific data element,   + The date on which the information was obtained and   + The case manager who obtained the information.   **Late Service Entry**  **WIN 0082, Change 1**   * + For any Activity Start Date of Basic and ITSS services errors identified after the 14-day calendar restriction, *staff must correct the errors and request Department Head review and approve the correction*. Department Head approval must be documented with a case note. **The case note must identify** *the service name, the reason for the correction, and the Department Head’s review and approval of the correction.* | **Summary of case note observations:**  **Documentation of case notes followed local policy, if applicable:**  N/A, No local policy or procedure  YES, No Issues Identified  NO, one or more issues identified  **For service errors identified after the 14-day calendar restriction a Department Head review and approval was documented in case notes:**  N/A, no service errors identified  YES, the case note included *all* the following:  Name of service  Reason for the correction / late entry  Department head review and approval  NO, could not locate | No Issues Identified  Items to Address  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **7. Miscellaneous Observations** | **determination & COMMENTS** | **action required/ recommendations** | |
| This element covers all other observations not accounted for on this tool. Examples of “miscellaneous observations” may include, but are not limited to:   * Loose, unattached documents located in a hard file * Medical references in the file * Names of other program participants located in the file * Other “miscellaneous observations”   **Confidential Information**  **WIN 0023, Change 2**  Medical and disability-related documents must be secured and maintained in a separate and confidential customer file. Medical and disability files should be stored as a medical record, and must be separate from all other confidential information (e.g. court documents). Each customer’s medical file should be separate (i/e/ medical information for multiple customers should not be kept in the same file). Medical and disability-related information contained in case notes, assessment forms, or other documentation in the Management Information System (MIS) must be secured in a separate and confidential medical file. This is accomplished by copying the specific sheet of the case note file, assessment form or language in the MIS that contains medical or disability related information, placing it in a separate medical and disability file, then redacting the medical and disability-related information in the case notes, assessment form or language in the MIS and inserting ‘See separate confidential file’. | N/A  Items to Address  Observation | No Action Required  Action Required  Recommendation | |