

**WIOA COMPLIANCE REVIEW CHECKLIST – PROGRAMMATIC AND FINANCIAL**

Participant Name: State ID # Participation Date:

County: Program: [ ]  Adult [ ]  DW [ ]  In- School Youth [ ]  Out-of-School Youth [ ]  Other \_\_\_\_\_\_\_

WP Participation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WIOA App Date:

Date of review: Career Advisor: Reviewed by:

***Programmatic***

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| **APPLICATION & ELIGIBILITY** | **If No, Add or Correct** | **COMMENTS** |
| WIOA Application | ☐Yes ☐No ☐ N/A |  |
| Social Security Number | ☐Yes ☐No ☐ N/A |  |
| Address/Residency | ☐Yes ☐No ☐ N/A |  |
| Date of Birth/Age | ☐Yes ☐No ☐ N/A |  |
| Authorization to Work/Citizenship | ☐Yes ☐No ☐ N/A |  |
| Selective Service | ☐Yes ☐No ☐ N/A |  |
| Disability | ☐Yes ☐No ☐ N/A |  |
| Veteran | ☐Yes ☐No ☐ N/A |  |
| Employment Status | ☐Yes ☐No ☐ N/A |  |
| Unemployment Compensation | ☐Yes ☐No ☐ N/A |  |
| Dislocation Status/Category | ☐Yes ☐No ☐ N/A |  |
| Highest Education Level | ☐Yes ☐No ☐ N/A |  |
| School Status | ☐Yes ☐No ☐ N/A |  |
| SNAP/ Public Assistance | ☐Yes ☐No ☐ N/A |  |
| Youth Living in a High Poverty Area (Y) | ☐Yes ☐No ☐ N/A |  |
| English Language Learner (Y) | ☐Yes ☐No ☐ N/A |  |
| Dropout | ☐Yes ☐No ☐ N/A |  |
| Basic Skills Deficient | ☐Yes ☐No ☐ N/A |  |
| Homeless/Runaway/Foster Child (Y) | ☐Yes ☐No ☐ N/A |  |
| Ex-Offender (Y) | ☐Yes ☐No ☐ N/A |  |
| Pregnant/Parenting (Y) | ☐Yes ☐No ☐ N/A |  |
| Requires Additional Assistance (Y) – is completed Form scanned? Job Skills/Work History (Y) | ☐Yes ☐No ☐ N/A☐Yes ☐No ☐ N/A |  |
| Displaced Homemaker | ☐Yes ☐No ☐ N/A |  |
| Family Size/Status | ☐Yes ☐No ☐ N/A |  |
| Income (Low Income) | ☐Yes ☐No ☐ N/A |  |
| **INTAKE FORMS** | **If No, Add or Correct** | **COMMENTS** |
| PII | ☐Yes ☐No ☐ N/A |  |
| Information Release | ☐Yes ☐No ☐ N/A |  |
| Training/Job Search Agreement (A/DW)Participation Agreement (Youth) | ☐Yes ☐No ☐ N/A |  |
| **ASSESSMENT DOCUMENTS** | **If No, Add or Correct** | **COMMENTS** |
| Reading/Math Test used (TABE) | ☐Yes ☐No ☐ N/A |  |
| Interest Assessment (Traitify) | ☐Yes ☐No ☐ N/A |  |
| Aptitude Assessment used: | ☐Yes ☐No ☐ N/A |  |
|  If BSD, Enter EFL Tab | ☐Yes ☐No ☐ N/A |  |
| **ENROLLMENT FORMS** | **If No, Add or Correct** | **COMMENTS** |
| EEO Policy/Procedures Form | ☐Yes ☐No ☐ N/A |  |
| Nepotism/Hatch Act | ☐Yes ☐No ☐ N/A |  |
| Publication Authorization | ☐Yes ☐No ☐ N/A |  |
| Incentive Contract (Youth) | ☐Yes ☐No ☐ N/A |  |
| Career Research Worksheet | ☐Yes ☐No ☐ N/A |  |
| Training Provider Research Worksheet | ☐Yes ☐No ☐ N/A |  |
| Pseudo SSN Notification | ☐Yes ☐No ☐ N/A |  |
| IEP/ISS & OA | **If No, Add or Correct** | **COMMENTS** |
| Objective Assessment Tab completed and updated | ☐Yes ☐No ☐ N/A |  |
| IEP/ISS signed and dated and scanned into Documents Tab | ☐Yes ☐No ☐ N/A |  |
| IEP/ISS identifies goals & specific steps of attainment? | ☐Yes ☐No ☐ N/A |  |
| Supportive services listed on IEP, OA and case noted | ☐Yes ☐No ☐ N/A |  |
| Updated IEP/ISS, every 90 days, activity recorded?  | ☐Yes ☐No ☐ N/A |  |
| Program Activities | **If No, Add or Correct** | **COMMENTS** |
| Training activity dates match documents scanned | ☐Yes ☐No ☐ N/A |  |
| Drop Out Form, if applicable | ☐Yes ☐No ☐ N/A |  |
| CSS activity must match documents scanned (invoice/receipt date) | ☐Yes ☐No ☐ N/A |  |
| Other activities (such as IEP updates, career guidance, etc.) match documents scanned | ☐Yes ☐No ☐ N/A |  |
| Measurable Skills Gains Recorded and the supporting documentation scanned, case note added | ☐Yes ☐No ☐ N/A |  |
| Credentials Entered and the supporting documentation scanned, case note added | ☐Yes ☐No ☐ N/A |  |
| Case Notes | **If No, Add or Correct** | **COMMENTS** |
| Service case notes entered in activity, must have a related activity code (see above)Are they open/closed same day? | ☐Yes ☐No ☐ N/A |  |
| Last date of activity listed in case notes with results (successful or not successful) – training related | ☐Yes ☐No ☐ N/A |  |
| Incentive payment case note includes: incentive provided, milestone achieved, date achieved, and date paid  | ☐Yes ☐No ☐ N/A |  |
| Supportive Service case note list type of CSS provided, need, barrier, and amount paid. If travel the “need” for travel must be on the IEP/ISS | ☐Yes ☐No ☐ N/A |  |
| **Case Closure and Follow-up** | **If No, Add or Correct** | **COMMENTS** |
| Closure created at exit | [ ] Yes [ ] No [ ]  N/A |  |
| 1st Quarter after Exit Follow-up | [ ] Yes [ ] No [ ]  N/A |  |
| 2nd Quarter after Exit Follow-up | [ ] Yes [ ] No [ ]  N/A |  |
| 3rd Quarter after Exit Follow-up | [ ] Yes [ ] No [ ]  N/A |  |
| 4th Quarter after Exit Follow-up | [ ] Yes [ ] No [ ]  N/A |  |
| If youth participant provided supportive services during follow-up, was it documented on IEP/ISS and OA prior to exit? | [ ] Yes [ ] No [ ]  N/A |  |
| Case closure case note list date of last service, credential/employment & participant made aware of follow-up.  | [ ] Yes [ ] No [ ]  N/A |  |
| All activities closed on correct date | [ ] Yes [ ] No [ ]  N/A |  |
| All IEP/ISS goals & objectives closed on the Plan Tab. | [ ] Yes [ ] No [ ]  N/A |  |
| No system closures or unknown status on activities | [ ] Yes [ ] No [ ]  N/A |  |
| Case Closure Request Form along with Employment at Exit Form and pay stub scanned | [ ] Yes [ ] No [ ]  N/A |  |

***Financial***

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| **On-the-Job Training (OJT)** | **If No, Add or Correct** | **COMMENTS** |
| OJT Pre-award  | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Worker’s Comp, still current | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Skills Gap Analysis Worksheet  | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Employer Job Description | [ ] Yes [ ] No [ ]  N/A |  |
| Participant Resume used with Skills Gap calculation | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Employer Agreement | [ ] Yes [ ] No [ ]  N/A |  |
| OJT EA, Modification | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Training Plan | [ ] Yes [ ] No [ ]  N/A |  |
| OJT TP, Modification | [ ] Yes [ ] No [ ]  N/A |  |
| Evaluation, 30-day | [ ] Yes [ ] No [ ]  N/A |  |
| Evaluation, Mid-Point | [ ] Yes [ ] No [ ]  N/A |  |
| Evaluation, Final | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Case note justification | [ ] Yes [ ] No [ ]  N/A |  |
| OJT IEP/ISS has required components | [ ] Yes [ ] No [ ]  N/A |  |
| Invoices and payment documentation | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Monthly contact documented | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Activity Code correct | [ ] Yes [ ] No [ ]  N/A |  |
| Does Board have originals? | [ ] Yes [ ] No [ ]  N/A |  |
| OJT Monitoring Tool  | [ ] Yes [ ] No [ ]  N/A |  |
| Employer Services recorded? | [ ] Yes [ ] No [ ]  N/A |  |
| **Work Experience** |  | Tier 1 🞏 or Tier 2 🞏 |
| WEX Worksite Agreement | [ ] Yes [ ] No [ ]  N/A |  |
| WEX Agreement Modifications | [ ] Yes [ ] No [ ]  N/A |  |
| Worksite Participant and Supervisor Orientation | [ ] Yes [ ] No [ ]  N/A |  |
| WEX Work Plan | [ ] Yes [ ] No [ ]  N/A |  |
| WEX Work Plan Modifications | [ ] Yes [ ] No [ ]  N/A |  |
| WEX Job DescriptionEmployer [ ] ONET [ ]  | [ ] Yes [ ] No [ ]  N/A |  |
| WEX Prevailing Wage | [ ] Yes [ ] No [ ]  N/A |   |
| Did Board calculate rate if ONET is checked above? | [ ] Yes [ ] No [ ]  N/A |  |
| WEX Activity CodesIndustry Tour [ ] Job Shadow [ ] WEX [ ]  | [ ] Yes [ ] No [ ]  N/A |  |
| Summary Statement uploaded | [ ] Yes [ ] No [ ]  N/A |  |
| Employer thank you note uploaded | [ ] Yes [ ] No [ ]  N/A |  |
| Traitify? |  |  |
| Worksite match career goals? | [ ] Yes [ ] No [ ]  N/A |  |
| Evaluation, Mid-Point | [ ] Yes [ ] No [ ]  N/A |  |
| Evaluation, Final | [ ] Yes [ ] No [ ]  N/A |  |
| Timesheets | [ ] Yes [ ] No [ ]  N/A |  |
| If Tier 2, did it lead a FT job? | [ ] Yes [ ] No [ ]  N/A |  |
| If Tier 2, does participant have HSD/GED? | [ ] Yes [ ] No [ ]  N/A |  |
| If Tier 2, Letter of Intent from Employer? | [ ] Yes [ ] No [ ]  N/A |  |
| Over hours? Tier 1 or Tier 2 | [ ] Yes [ ] No [ ]  N/A |  |
| Employer Services recorded? | [ ] Yes [ ] No [ ]  N/A |  |
| IEP/ISS have appropriate info? | [ ] Yes [ ] No [ ]  N/A |  |
| **Individual Training Accounts** | **If No, Add or Correct** | **COMMENTS** |
| Financial Award Analysis | ☐Yes ☐No ☐ N/A |  |
| “Redeemed” ITA along with supporting documentation (cost of tuition, books, and fees) | [ ] Yes [ ] No [ ]  N/A |  |
| Activity Codes? | [ ] Yes [ ] No [ ]  N/A |  |
| Training on approved list?  | [ ] Yes [ ] No [ ]  N/A |  |
| **Supportive Services** | **If No, Add or Correct** | **COMMENTS** |
| Transportation – Attendance Voucher, MapQuest or Google map and class/clinical schedule | ☐Yes ☐No ☐ N/A |  |
| Childcare – case note verifying ages, itemized invoice from daycare; including DSS Childcare Form | ☐Yes ☐No ☐ N/A |  |
| Purchase Authorization Form and supporting documentation | ☐Yes ☐No ☐ N/A |  |
| Activity Codes and code includes a case note? | [ ] Yes [ ] No [ ]  N/A |  |
| SS listed on IEP/ISS, OA, and in case notes? | [ ] Yes [ ] No [ ]  N/A |  |
| **Special Projects** | **If No, Add or Correct** | **COMMENTS** |
| NDWG documentation | [ ] Yes [ ] No [ ]  N/A |  |