Attachment

Chapter 4. Part 2: Youth Program Activities

Participant File Monitoring Checklist

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| Subrecipient Name | | Participant Name (First and Last Name) |
| Contract Number | | Participant CalJOBS WIOA Application # |
| Type of Youth Program  OSY  ISY | | Enrollment Date |
| Reviewed by (First and Last Name) | Date of File Review | Date of Birth |

**Please indicate (yes, no or n/a) if meeting the criteria**

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| **MEDICAL INFORMATION** | **Yes** | **No** | **N/A** | **Comments** |
| No medical information is stored in the participant file -including eligibility/program information on disabilities, request for reasonable accommodation, medical, or mental health information   1. May be kept in a separate, secure file or electronically in CalJOBS |  |  |  |  |

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| **ELIGIBILITY** | **Yes** | **No** | **N/A** | **Comments** |
| **Eligibility Certification Review Form (ECRF)**  1. Correct version of form 2. All sections complete 3. Dates & signatures PRIOR or AT enrollment 4. Eligibility expiration date within 90 days |  |  |  |  |
| **Documentation** | | | | |
| Region & address |  |  |  |  |
| Social Security Number |  |  |  |  |
| Date of birth & age |  |  |  |  |
| Right to work |  |  |  |  |
| Selective service (if applicable) |  |  |  |  |
| Veteran’s priority (if applicable) |  |  |  |  |
| School status |  |  |  |  |
| Employment barriers(At least one must be verified in CalJOBS) |  |  |  |  |

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| **Low Income Determination Documentation (if applicable)** | | | | |
| **Does the youth have a barrier that requires low-income determination?**  *Yes  No (If not, skip this section)* | | | | |
| Youth received, or is a member of a family which receives cash payments under a federal, state, or income-based public assistance program; |  |  |  |  |
| A youth is low-income if he or she receives or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.); |  |  |  |  |
| Living in high poverty area; or |  |  |  |  |
| The youth is receiving SNAP or was determined eligible to receive food stamps in the six-month period prior to program application |  |  |  |  |
| Family size and income determination |  |  |  |  |
| Youth with disabilities income determination (for ISY only) |  |  |  |  |
| **Other Eligibility Documentation (if applicable)** | | | | |
| 5% Eligibility Exception Request FormCorrect version of the formAll sections complete  1. Dates & signatures PRIOR or AT enrollment  Approved by SDWP Program Specialist |  |  |  |  |
| Applicant Statement and Telephone Verification  1. Correct version of the form 2. All sections complete 3. Dates & signatures PRIOR or AT enrollment 4. Case notes in CalJOBS   Note: When using an Applicant Statement, there must be a separate form for each circumstance and a corresponding case note for each form (not to be combined). |  |  |  |  |
| Foster Youth Programs Enrolled in San Pasqual Academy Enrolled in the County of San Diego's Independent Living Skills Program |  |  |  |  |

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| **ENROLLMENT** | **Yes** | **No** | **Comments** |
| **Universal Participant Agreement Form (UPAF)**Correct version of the formAll sections completeDates & signature PRIOR or AT enrollmentMinors <18 signed by parent or legal guardian |  |  |  |
| **Multimedia Publicity/Privacy Release Form**Correct version of the formAll sections completeDates & signature PRIOR or AT enrollmentMinors <18 signed by parent or legal guardian |  |  |  |
| **CalJOBS Data Validation**  1. Eligibility & enrollment information matches in CalJOBS |  |  |  |

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| **LITERACY/NUMERACY** | **Yes** | **No** | **Comments** |
| *Has the youth been tested for Basic Skills Deficient?  Yes  No (If not, skip this section)* | | | |
| **Documentation** Original answer sheetDatedType of test noted (i.e. Pre/Post) |  |  |  |
| **CalJOBS Data Entry**  1. Activity codes (Reference CalJOBS Activity Codes)    1. Separate from Objective Assessment/ISS 2. CalJOBS Case notes for:   Eligibility;  Objective assessment; and/or  Measurable skills gain |  |  |  |

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| **OBJECTIVE ASSESSMENT** | **Yes** | **No** | **Comments** |
| **CalJOBS Data Entry**  1. Objective Assessment completed in CalJOBS within 30 Days after enrollment    1. All sections complete, if applicable 2. CalJOBS Activity Code 412    1. Opened on WIOA App during Enrollment    2. Closed within 30 Days    3. Case Note that Objective Assessment was completed in CalJOBS 3. Completed prior to receiving services 4. No updates after 30 days |  |  |  |

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| **INDIVIDUAL SERVICE STRATEGY/EMPLOYMENT PLAN (ISS/IEP)** | **Yes** | **No** | **Comments** |
| **CalJOBS Data Entry - Original**  1. ISS/IEP completed in CalJOBS within 30 Days after enrollment 2. CalJOBS Activity Code 413    1. Opened concurrently or after 412    2. Closed within 30 days    3. Case Note that ISS was completed in CalJOBS 3. Completed prior to receiving services |  |  |  |
| **CalJOBS Data Entry - Updates**  1. CalJOBS Activity Code 413    1. Updated every 3-6 months, or sooner if needed    2. Case Note that ISS was updated in CalJOBS |  |  |  |
| **CalJOBS Data Enry - Closing Goals & Objectives**  1. Goals/Objectives are closed as successful/unsuccessful prior to program exit |  |  |  |

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| **SELECTIVE SERVICE** | **Yes** | **No** | **N/A** | **Comments** |
| Males who turn 18 while receiving program services must register for selective service with 30 days after their birthday |  |  |  |  |

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| **PROGRAM SERVICES** | **Yes** | **No** | **N/A** | **Comments** |
| **Active and consistent engagement with participant**  1. CalJOBS activity codes and case notes are complete and accurate |  |  |  |  |
| **Provides at least one of the Program Components**(Includes the 14 required elements) Educational Services  Career Pathways  Work Readiness Training  Work Experience Opportunities  Youth Development |  |  |  |  |
| **Attempts to re-engage** If youth is not actively engaged, then attempts to re-engage are entered in CalJOBS with a case note |  |  |  |  |

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| **WORK EXPERIENCE** | **Yes** | **No** | **Comments** |
| *Has the youth participated in work experience?*  *Yes*  *No (If not, skip this section)* | | | |
| **Documentation**  1. Work permit from the school (if applicable) 2. I-9 Employment Eligibility Verification 3. W-4 Employee’s Withholding Allowance Certificate 4. Worksite Agreement & Training Plan 5. Timesheets (see criteria below)  Documentation may be available in the following: Participant file  Youth service provider records  Third party staffing agency  Payroll processing agency |  |  |  |
| **Documentation – Timesheets**Timesheets must be paper or electronic, at minimum, and include the following:  1. Start and end of each work period 2. Meal periods taken 3. Split shift interval 4. Total hours worked daily and for total pay period 5. No overtime hours allowed 6. Initials from participant and supervisor if changes made 7. No whiteout 8. Timesheets approved by supervisor |  |  |  |
| **CalJOBS Data Entry**  1. CalJOBS Activity code (Reference CalJOBS Activity Codes) 2. CalJOBS Case notes |  |  |  |

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| **INCENTIVES** | **Yes** | **No** | **N/A** | **Comments** |
| *Has participant received incentives?  Yes  No (If not, skip this section)* | | | | |
| **Documentation**  1. An incentive plan was developed and approved by the Workforce Program Specialist before incentive is paid out. 2. Incentive Log & Receipt Form completed 3. Incentive receipt such as check, gift card with serial number or non-cash award. No gift cards for entertainment activities |  |  |  |  |
| **CalJOBS Data Entry**  1. Activity code (Reference CalJOBS Activity Codes) 2. Case notes include type of incentive, amount of incentive and reason for incentive |  |  |  |  |
| Justification for receiving an incentive should be linked to a goal on the ISS and participant should only receive an incentive after successfully completing a milestone. |  |  |  |  |
| The youth must acknowledge the receipt of incentive payment and formal acknowledgement must be maintained in participant file. |  |  |  |  |
| Timesheets or attendance records, if applicable, are maintained to support the incentive paidTimesheets are signed by the participant and his/her supervisorAny changes on time sheets are initialed by the participant or the supervisor |  |  |  |  |

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| **STIPENDS** | **Yes** | **No** | **N/A** | **Comments** |
| *Has the participant received stipends?  Yes  No (If not, skip this section)* | | | | |
| A stipend plan was developed and approved by the Workforce Program Specialist *before* stipends are given.  1. Stipend Log & Receipt Form Completed |  |  |  |  |
| If the stipend paid is based on the hours of participation, the stipend paid is below the Federal or California State minimum hourly wage, whichever is higher. |  |  |  |  |
| Evidence, such as participation or attendance records, or certification of achievement, are maintained to support that the participant met the terms and conditions of the stipends paid. |  |  |  |  |
| Evidence document(s) (i.e., timesheet, attendance records, or certification of achievement) are signed by the participant and supervisor. |  |  |  |  |
| Any change of time sheets or attendance records are initialed by the participant or his/her supervisor. |  |  |  |  |
| The payment is not based on online or virtual participation. |  |  |  |  |
| The ISS has specified the goal or criteria that must be met to earn the stipends. |  |  |  |  |
| Justification for the payments of stipends is documented in the participant file. |  |  |  |  |
| The type of payment method and amount is specified in the participant file. |  |  |  |  |
| A worksheet showing how the payment amount was calculated is maintained in the participant file. |  |  |  |  |
| Activity code is entered into CalJOBS. |  |  |  |  |

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| **SUPPORTIVE SERVICES** | **Yes** | **No** | **Comments** |
| *Has the participant received supportive services?  Yes  No (If not, skip this section)* | | | | |
| **Determination of need:**   1. Listed on the ISS 2. Based on results of objective assessment   Allowable supportive services may include:  Housing/shelter  Transportation  Clothing/uniforms  Work related tools/equipment  License/certification fees  Optical needs such as eyeglasses or protective eye gear  Short term child care  Other needs related to training or employment retention |  |  |  |
| **Documentation**  1. SDWP Supportive Service Log & Receipt Form 2. Itemized receipt of purchase 3. Transportation: copy of bus pass with serial number 4. Transportation: determination of distance (map) 5. Gas card: Mileage tracking log |  |  |  |
| **CalJOBS Data Entry**  1. Activity codes (reference CalJOBS activity code list) 2. Case notes include:  * Type of supportive services, * Amount expended, * Link to program activities such as educational or employment related activities. |  |  |  |

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| **PERFORMANCE** | **Yes** | **No** | **N/A** | **Comments** |
| *Does participant have performance outcomes?  Yes  No (If not, skip this section)* | | | | |
| **PLACEMENT****Placement includes any of the following (1st, 2nd, & 4th quarters after exit):**EducationOccupation Skills TrainingUnsubsidized EmploymentApprenticeshipMilitary | | | | |
| **CalJOBS Data Entry**Outcome form is completedCase notes include information regarding outcome |  |  |  |  |
| **Documentation in case file (If applicable)** |  |  |  |  |
| **Median Earnings Gain (2nd quarter after exit)**Documented wages under the 2nd quarter placement measure |  |  |  |  |
| **ATTAINMENT****Attainment includes any of the following (2nd quarter after exit):**Recognized postsecondary credential  1. Other recognized credential  Secondary school diploma or its recognized equivalent and must have a placement | | | | |
| **CalJOBS Data Entry**Outcome form is completedCase notes include information regarding outcome |  |  |  |  |
| **Documentation in case file** |  |  |  |  |
| **MEASURABLE SKILLS GAIN****Measurable Skills Gain includes any of the following (if youth is in an education or training program and must be attained within program year):**  1. Educational Functioning level (EFL) gain 2. Secondary Diploma/Equivalent 3. Transcript/Report card 4. Training milestone  Skills progression | | | | |
| **CalJOBS Data Entry**Outcome form is completedCase notes include information regarding outcome |  |  |  |  |
| **Documentation in case file** |  |  |  |  |

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| **GLOBAL EXCLUSIONS** | **Yes** | **No** | **N/A** | **Comments** |
| *Was the participant exited with a global exclusion?  Yes  No (If not, skip this section)* | | | | |
| **Documentation in case file**Reasons for global exclusions: Health/medical  Residing in an institution or facility providing 24-hour support  Deceased  Reservist called to Acive Duty  Relocated to a Mandated Program (Foster Youth) |  |  |  |  |
| **CalJOBS Data Entry**Closure form completeCase notes include information regarding global exclusion |  |  |  |  |

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| **FOLLOW UP SERVICES** | **Yes** | **No** | **N/A** | **Comments** |
| *Is the participant exited and in follow up services?  Yes  No (If not, skip this section)* | | | | |
| **Quarter 1 Completed** |  |  |  |  |
| **Quarter 2 Completed** |  |  |  |  |
| **Quarter 3 Completed** |  |  |  |  |
| **Quarter 4 Completed** |  |  |  |  |
| **CalJOBS Data Entry**  1. Activity codes (reference activity code list F series) 2. Case notes regarding follow up status |  |  |  |  |
| **Attempts to engage**  1. CalJOBS case notes with attempts to contact |  |  |  |  |