

# Workforce Investment Act 85-Percent Formula Grants Program On-Site Monitoring Guide

Prepared By  
Compliance Review Division  
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**WORKFORCE INVESTMENT ACT 85-PERCENT FORMULA GRANTS  
PROGRAM ON-SITE MONITORING GUIDE**

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# PROGRAM ON-SITE MONITORING GUIDE

## Background and Instructions

The purpose of the Program On-Site Monitoring Guide is to provide the monitor with information needed to conduct an on-site review of the Local Workforce Investment Area's (LWIA's) 85-Percent Formula grants' administrative and program operations. For this review, monitoring will focus on the Youth Program. As stated in the confirmation letter, the monitor will review for compliance with applicable federal and state laws, regulations, and policies related to the Workforce Investment Act (WIA). The Program On-Site Monitoring Guide should facilitate a more efficient review.

The Program On-Site Monitoring Guide consists of three sections. We request that LWIA staff complete Sections I and II and Attachment I and II in the Guide. The remaining Attachments will be used by the monitor while conducting the review.

The LWIA or subrecipient staff responsible for completing the Program On-Site Monitoring Guide may contact the monitor or his/her supervisor for clarification, if needed. In addition, please ensure that the individual(s) who complete(s) the Guide list his/her name, telephone number, position/title, and date completed at the end of each Section.

Please note that citations are provided for reference, but may not be inclusive of all regulations.

Please provide your completed Program On-Site Monitoring Guide to the monitor in accordance with the timeline specified in the confirmation letter. Thank you.

LWIA:	
Executive Director/Administrator:	
Contact Person:	Phone #
CRD Monitor:	Phone #
CRD Manager:	Phone #

**Section  
I**

**I. PROGRAM ADMINISTRATION**

**A. ONE-STOP DELIVERY SYSTEM**

1. Have there been any significant changes to the infrastructure of this LWIA, such as closing, moving, or adding a One Stop Center, partner relocations, etc. since your last 85-Percent Program On-Site Review?  Yes  No

If Yes, please describe the change(s).

2. Have Memoranda of Understanding (MOUs) been executed with all partners?  
[20 CFR 662.230]  Yes  No

If No, please describe the current status and the steps taken to address this.

3. How does the LWIA ensure that the full array of services is provided to all participants in accordance with the Universal Access (nondiscrimination and equal opportunity) requirements of WIA §188 and 29 CFR 37?

4. How are youth activities coordinated and facilitated through the One-Stop delivery system? [20 CFR 664.700-710]

5. Does your LWIA have separate Youth One-Stop Centers? If yes, what services are provided through the Youth One-Stop Centers?

**B. LOCAL WORKFORCE INVESTMENT BOARD (LWIB)**

1. Please complete Attachment #1 for the Local WIB Roster.

The list must include the member's name, the organization s/he represents, and the required category of representation s/he fulfills. [WIA §117(b)(2); 20 CFR 661.315; WIAD06-17; WIAD06-21] (Included below is a checklist of required Board members.)

- Representatives in the local area who are business owners, CEOs, human resources executives, and other business executives with optimum policymaking or hiring authority. Business owners must make up the majority of the Board.

- At least two representatives of local educational entities, local educational agencies, local school boards, entities providing adult education and literacy activities, and post-secondary educational institutions.
- Representatives of labor organizations nominated by local labor federations, including a representative of an apprenticeship program. At least 15 percent of local board members shall be representatives of labor organizations unless the local labor federation fails to nominate enough members. If this occurs, then at least 10 percent of the local board members shall be representatives of labor organizations.
- At least two representatives of community-based organizations serving populations with barriers to employment (e.g., individuals with disabilities, veterans, economically disadvantaged, youth, farm workers, homeless individuals, and immigrants).
- At least two representatives of economic development agencies including private sector economic development agencies.
- One or more representatives of each One-Stop partner.

2. Are all required categories represented by the appropriate number of members?

Yes  No

If No, please explain how long the positions have been vacant and what is being done about recruitment.

3. Is there a business majority?  Yes  No

If No, please explain how long the positions have been vacant and what is being done about recruitment.

4. How does the Local Workforce Investment Board ensure that it is not directly providing core, intensive, or training services, or acting as a One-Stop Operator? [20 CFR 661.310]

5. How does the LWIA inform the LWIB of changes in WIA laws, regulations, directives, and so forth, affecting the LWIB?

6. How are results of audits and monitoring reports communicated to the LWIB?

### C. YOUTH COUNCIL

1. Please complete Attachment #2 for the local Youth Council Roster. The list must include the member's name, the organization s/he represents, and the required category of representation s/he fulfills under the laws and policy. [WIA §117(h)(2); 20 CFR 661.335(b)] (Included below is a checklist of required Youth Council members.)
  - a. Members of the LWIB, such as educators, which may include special education personnel, employers, and representatives of human service agencies, who have special interest or expertise in youth policy.
  - b. Members who represent service agencies, such as juvenile justice and local law enforcement agencies.
  - c. Members who represent local public housing authorities.
  - d. Parents of eligible youth seeking assistance under WIA.
  - e. Individuals, including former participants, and members who represent organizations that have experience relating to youth activities.
  - f. Members who represent the Job Corps, if a Job Corps Center is located in the local area represented by the Council.
  
2. Does the Youth Council contain all the required members? [20 CFR 661.335]  
 Yes  No  
If No, please explain how long the positions have been vacant and what is being done about recruitment.
  
3. When did the Youth Council last meet with a quorum? Please provide the agenda and minutes from the last meeting.
  
4. Please describe the types of activities and services provided by the Youth Council. [20 CFR 661.340; 20 CFR 664.100]

### D. OVERSIGHT AND MONITORING

1. Please provide copies of the following documents:
  - A listing of the LWIA's subrecipients for PY's 2006-07; 2007-08; and 2008-09.
  - The LWIA's subrecipient program oversight and monitoring policies and procedures, if available.
  - The LWIA's subrecipient monitoring tools.
  - PY 2008-09 monitoring schedule.
  - PY's 2006-07 and 2007-08 monitoring reports (draft, response, and final) for all subrecipients including evidence that identified findings were corrected and corrective action plans were approved and implemented.
  - A log, or other documentation, which shows monitoring reviews completed and resolution of any identified findings.

**Note:** Please have working papers for all program reviews available for review by the State monitor. [20 CFR 667.400(c)(1); 20 CFR 410; WIAD00-7]

2. Do the oversight and monitoring policies, procedures, and tools ensure and obtain verification for the following:
- Identify procedures for on-site monitoring of all subrecipients at least once each program year?  
 Yes  No
  - Require that the monitoring of subrecipients follow a standardized review methodology resulting in written reports which record findings, any needed corrective actions, and due dates for the accomplishment of corrective actions?  
 Yes  No
  - Require systematic follow-up to ensure corrective action has been taken?  
 Yes  No
  - Identify procedures for oversight of the One-Stop delivery system?  
 Yes  No
  - Ensure that its subrecipients comply with the requirements in WIA Directive WSD07-6 regarding nondiscrimination and equal opportunity?  
 Yes  No
  - Ensure that its subrecipients comply with the requirements in WIA Directive WSD08-4 regarding program grievance and complaint procedures?  
 Yes  No
  - Coordinate with other LWIAs for monitoring administrative entities serving multiple areas, if applicable?  
 Yes  No
  - Require that all written reports and other documentation pertaining to monitoring and other oversight activities must be made available for review by federal and State officials?  
 Yes  No
  - Require that reports and other records of monitoring activities be retained for three years or until the resolution of any litigation, claims, audits, or other actions.  
 Yes  No

For any “No” answers to the above questions, please explain.

3. If the LWIA does not have written monitoring policies and procedures, how does it ensure that its subrecipients comply with WIA provisions and other applicable laws and regulations? [20 CFR 667.410(a)]

4. Please list the party or agency responsible for the oversight and monitoring of the following programs.

Adult	
Dislocated Worker	
Youth	
One Stop Delivery System	

5. What steps does the LWIA take to ensure the security of participant case files? Where are the participant case files kept?

6. How does the LWIA ensure that its subrecipients are monitoring their lower-tier WIA providers? [WIA §117(d)(4); 20 CFR 667.410(a); WIAD00-7]

7. How does the LWIA ensure that its staff and/or subrecipients (including the One-Stop operators) are made aware of all WIA laws, regulations, and directives?

## E. MANAGEMENT INFORMATION SYSTEM

1. Please describe how the LWIA and/or its subrecipients ensure that youth participant activities are reported to the State in a timely and consistent manner. Please include procedures on concurrently enrolled participants, if applicable. [WIA §185; WIAD04-17]

2. Please identify the party responsible for ensuring that the data are submitted through the Job Training Automation (JTA) system. [20 CFR 667.300(b); WIAD04-17]

3. Please describe your youth case management practices. Please include when, how and by whom enrollment and exit dates are determined and how decisions on service levels are made. [20 CFR 663.105; 20 CFR 664.215; TEGLs 17-05; 17-05, Change 1]

4. How does the LWIA ensure that concurrently enrolled youth participants are tracked accurately? Please explain how the LWIA ensures that there is no duplication of services and performance outcomes are credited to the appropriate WIA grants. [20 CFR 664.500(c)]

5. Please describe the local procedures/processes established to ensure that there are no periods of inactivity of 90 days or more for youth participants. [TEGL 17-05]

6. How does the LWIA ensure the security of confidential participant information?

**F. INCIDENT REPORTING** [20 CFR 667.600; 20 CFR 667.630]

1. Please provide a copy of the LWIA’s internal management procedures related to the prevention, detection, and reporting of fraud, waste, abuse, or criminal activity. [WIAD02-3]

2. Please list the staff person responsible for notifying OIG and CRD of any incidents.

3. Has the LWIA provided written notification to its lower-tier subrecipients regarding their responsibilities to be alert for instances of fraud, abuse, and criminal activity committed by staff, contractors, or program participants and to report all such instances to the funding entity, OIG, and CRD immediately?  Yes  No

If yes, please indicate the date and method of the last notification. Please have proof of this notification available for review.

**G. NONDISCRIMINATION AND EQUAL OPPORTUNITY**

1. Please provide a copy of the LWIA’s nondiscrimination and equal opportunity (EO) policies and procedures. [WIA §188; 29 CFR 37; 20 CFR 667.200(f); WSD07-06]

2. Please list the name of the LWIA’s EO Officer.

3. Please provide a copy of the form that is maintained in youth participant case files to acknowledge receipt of the policies on nondiscrimination, equal opportunity, and EO grievances or complaints. [WSD07-06]

**H. PROGRAM GRIEVANCE AND COMPLAINT**

1. Please provide a copy of the LWIA’s programmatic grievance and complaint policies and procedures. [WIA §181(c); 20 CFR 667.600; WSD08-4]

2. Does the policy:

- Identify the one-year filing timeline?  Yes  No
- Identify the requirement to provide staff assistance to the complainant in preparing the written complaint?  Yes  No
- Identify the 30-day timeline for conducting a hearing?  Yes  No
- Provide written notice to the complainant 10 days prior to the hearing?  Yes  No
- State that a written decision will be issued within 60 days of a hearing?  Yes  No
- Identify the process for appealing to the State?  Yes  No

- Please provide a copy of the form that is maintained in youth participant case files to acknowledge receipt of the policies on programmatic grievances or complaints. [WSD08-4]

<u>Name of Staff</u> Completing Section I	<u>Telephone</u>	<u>Position/Title</u>	<u>Date</u>
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**Section  
II**

**II. PROGRAM OPERATIONS**

**A. ELIGIBILITY FOR YOUTH PARTICIPANTS (14-21)**

1. WIA Directive WIAD04-18 transmitted the WIA Eligibility Technical Assistance Guide (TAG). Please provide a copy of the local “Table of Documentation to Establish WIA Eligibility” which is described in Section X of the TAG.  
[WIA §188(a)(5); WIA §189(h); 20 CFR 663.105-115; 20 CFR 664.200-240; TEGL 17-05; WIAD01-4; WIAD04-18; WSD08-3]

2. Please describe the circumstances under which an applicant statement or self-attestation is accepted to verify an eligibility requirement.

3. How are the equal opportunity data collected during the registration process?  
[20 CFR 663.105(c); 20 CFR 664.215(c)]

**B. YOUTH SERVICES**

[WIA §129; 20 CFR 664 et seq.; TEGLs 9-00; 18-00; 28-01; 17-05; 17-05, Change 1]

1. How are youth participants assessed to determine their academic and occupational skills, prior work experience, employability, interests, aptitudes, and service needs? How is this documented in the participant case file?

[WIA §129 (c)(1)(A); 20 CFR 664.405(a)(1)]

2. Describe how assessment results are incorporated into the development of the youth participant's Individual Service Strategy (ISS).

[WIA §129(c)(1)(B); 20 CFR 664.405(a)(2)(3)]

3. Provide a copy of your policies and procedures on youth competencies. In addition, please describe or provide samples of tools and/or documents used to ensure your subrecipients complete the following determinations:

[WIA §129 (c)(1)(A); 20 CFR 664.405(a)(1)]

- academic skill level

Tools/Assessment:
Documentation:

- basic skills level

Tools/Assessment:
Documentation:

- occupational skills level

Tools/Assessment:
Documentation:

- prior work experience

Tools/Assessment:
Documentation:

- employability

Tools/Assessment:
Documentation:

- interests

Tools/Assessment:
Documentation:

- aptitudes

Tools/Assessment:
Documentation:

- supportive service needs

Tools/Assessment:
Documentation:

4. Please provide a brief description of how the ten required youth program elements are provided in the LWIA. [WIA §129(c)(2) (A-J); 20 CFR 664.200; 20 CFR 664.410; WSD08-3]

Tutoring, study skills training, instruction, drop-out prevention, etc.
Alternative secondary school offerings
Summer employment activities
Work experience
Occupational skills training
Leadership development opportunities
Supportive services
Adult mentoring
Follow-up services
Comprehensive guidance and counseling

5. Please describe how the LWIA documents the following Youth Common Performance Measures, ages 14 to 21:

[20 CFR 666.100(a)(3)(i); WSIN07-33; TEGLs 17-05;17-05, Change 1]

Literacy and Numeracy
Placement in Employment or Education
Attainment of a Degree or Certificate

6. How is the receipt of services documented in the case file? Please provide an example of forms, checklists, or documents used.

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7. Does the LWIA offer and grant youth participant's achievement incentive awards?  
 Yes  No If Yes, please describe the incentive program and the types and value of the incentive awards. [WIA §129 (a)(5)]

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8. Please describe how follow-up services are provided to youth participants during the 12 months following exit? [20 CFR 664.450]

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9. How does the LWIA and/or its subrecipients ensure that the summer youth program is not a stand-alone program? Please describe how the summer youth employment program provides direct linkages to academic and occupational learning. [20 CFR 664.600(b)(d)]

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10. Please describe how the LWIA ensures verification that 17-year-old male participants are registered with the Selective Service System if they turn 18 during the period of WIA enrollment.

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### Local Workforce Investment Board Roster

WIA §117 (a-b); 20 CFR 661.315; WIAD06-17; WIAD06-21

#	Member Name & Title	Organization/Company	Required Category Represented
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

#	Member Name & Title	Organization/Company	Required Category Represented
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

**Youth Council Roster**  
20 CFR 661.335

#	Member Name & Title	Organization/Company	Required Category Represented
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

#	Member Name & Title	Organization/Company	Required Category Represented
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

## YOUTH CASE FILE REVIEW WORKSHEET

Monitor:	LWIA:	Subrecipient:	Date: M,T,W,Th,F week of:
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### PARTICIPANT DATA & GENERAL ELIGIBILITY

Participant Name:		Last 4 SSN:	Application Date:	Enrollment/Registration Date:
Date of Birth:	Age:	<input type="checkbox"/> RTW <input type="checkbox"/> Youth Work Permit	<input type="checkbox"/> Selective Service <input type="checkbox"/> N/A <input type="checkbox"/> Registered Selective Service after Enrollment	<input type="checkbox"/> Equal Opportunity Procedure Information Provided <input type="checkbox"/> Grievance Acknowledgement Provided

### PROGRAM ELIGIBILITY FOR YOUTH SERVICES

<b>Youth :</b> <input type="checkbox"/> In-School Youth <input type="checkbox"/> Out-of-School Youth	<b>AND IS WITHIN ONE OR MORE OF THE FOLLOWING CATEGORIES:</b> <input type="checkbox"/> 1(a) Deficient in Basic Literacy Skills (20 CFR 664.205) PRE: Math:_____ Reading:_____ POST: Math:_____ Reading:_____ <input type="checkbox"/> 2. School Dropout <input type="checkbox"/> 3(a) Homeless or <input type="checkbox"/> 3(b) Runaway or <input type="checkbox"/> 3(c) Foster Child <input type="checkbox"/> 4(a) Pregnant or <input type="checkbox"/> 4(b) Parenting <input type="checkbox"/> 5. Offender <input type="checkbox"/> 6(a) Requires Additional Assistance to Complete an Educational Program or to Secure and hold Employment including a youth with a disability. (20 CFR 664.210) <input type="checkbox"/> 6(b) Local Definition, specifically:_____	<b>OR:</b> <input type="checkbox"/> 5% Low Income Exception Window (20 CFR 664.220) in one or more of categories 2, 3 (a) or (b), 4, or 5 checked above <b><u>or</u></b> <input type="checkbox"/> Is basic skills deficient as defined in WIA §101(4) <input type="checkbox"/> Is one or more grade level(s) below age appropriate grade level <input type="checkbox"/> Has a serious barrier to employment. Describe barrier below:
<b>Low Income (WSD08-3)</b> <input type="checkbox"/> Public Assistance Program (TANF) <input type="checkbox"/> Family Income: 6 months \$ _____ Family Size: _____ <input type="checkbox"/> Food Stamps <input type="checkbox"/> Homeless <input type="checkbox"/> Disability <input type="checkbox"/> Foster Child		

<b>Date (ISS) Developed:</b> _____	<b>PROGRAM ELEMENTS: Identify the service(s) provided to the participant</b>
------------------------------------	--

<input type="checkbox"/> Employment Goal(s) _____ Date Set _____ <input type="checkbox"/> Achievement Objective(s) _____ <input type="checkbox"/> Appropriate Service Concur with Assessment. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ISS developed under another education or training program. Please specify program and date developed. _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention.                 </td> <td style="width: 33%;"> <input type="checkbox"/> Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral                 </td> </tr> <tr> <td> <input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing                 </td> <td> <input type="checkbox"/> Adult Mentoring                 </td> </tr> <tr> <td> <input type="checkbox"/> Leadership development opportunities which may include community service and peer-centered activities                 </td> <td> <input type="checkbox"/> Summer Employment Opportunities directly linked to academic and occupational learning                 </td> </tr> <tr> <td> <input type="checkbox"/> Follow-up services                 </td> <td> <input type="checkbox"/> Alternative Secondary School Services                 </td> </tr> </table>	<input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention.	<input type="checkbox"/> Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral	<input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing	<input type="checkbox"/> Adult Mentoring	<input type="checkbox"/> Leadership development opportunities which may include community service and peer-centered activities	<input type="checkbox"/> Summer Employment Opportunities directly linked to academic and occupational learning	<input type="checkbox"/> Follow-up services	<input type="checkbox"/> Alternative Secondary School Services
<input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention.	<input type="checkbox"/> Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral								
<input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing	<input type="checkbox"/> Adult Mentoring								
<input type="checkbox"/> Leadership development opportunities which may include community service and peer-centered activities	<input type="checkbox"/> Summer Employment Opportunities directly linked to academic and occupational learning								
<input type="checkbox"/> Follow-up services	<input type="checkbox"/> Alternative Secondary School Services								

Services Concur with ISS?  Yes  No If No, explain:

<b>Youth Test Scores</b>	<b>English as a Second Language (ESL)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Type	Functional Area	Test Score	Education Level	Date Administrated	Documented



### Case File Review: Issues Summary

LWIA: \_\_\_\_\_ Subrecipient: \_\_\_\_\_

CMS MONITOR(S): \_\_\_\_\_ DATE: \_\_\_\_\_

TYPES OF ISSUES:  ELIGIBILITY •  GRIEVANCE PROCEDURES  INTENSIVE SERVICES  TRAINING SERVICES  FOLLOW-UP ACTIVITIES  SUPPORTIVE SERVICES  
 REPORTING

#	PARTICIPANT NAME/SSN# (last-4)	WHAT IS THE ISSUE?
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

### Participant Work Activity (OJT, WEX, or Customized Training)

Review a sample of monitoring reports or other documentation showing that the work activities are overseen in the LWIA.

LWIA: \_\_\_\_\_ Date Completed: \_\_\_\_\_ CMS Monitor: \_\_\_\_\_

Employer/Trainer Reviewed	Date of Review	Date Report Issued	Reviewed Amounts Claimed* (Y/N)	Reviewed Training Provided* (Y/N)	Issues Identified (Y/N)	Corrective Action Requested (Y/N)	Due Date Requested	Corrective Action Performed (Y/N)	Follow-up conducted (Y/N)
Comments:									

\* Info. may be contained in either the LWIA's Monitoring Guide, Monitoring Reports, or other documentation

### Subrecipient Monitoring

Review monitoring reports for oversight of subrecipient programs.

LWIA: \_\_\_\_\_ Date Completed: \_\_\_\_\_ CMS Monitor: \_\_\_\_\_

Entity Reviewed and Type of Review	Date of Review and Date Report Issued	List all the Issues Identified	CA Requested (Y/N)	Due Dates Requested (Specify)	CA Performed (Y/N)	Date Follow-up Conducted
Comments						

<p><b>LWIA/Youth Service Provider Location:</b> _____</p> <p><b>Participant's Name:</b> _____</p> <p><b>CMS Monitor:</b> _____ <b>Date:</b> _____</p>
---

1. How did you learn about the Youth Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. With whom did you discuss your skills, education, work experience, and employment goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What services are you receiving?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How are these services helping you reach your educational and/or employment goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any family members employed at any location where you receive services (e.g., One-Stop Center, youth service provider, educational site, or training location)? If yes, what do they do and how are they related to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you encountered any problems while enrolled in the program? If so, how were they handled?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you feel safe when coming to the youth program facility? If you are participating in any work, educational, or training activities, is the facility a safe and healthy environment?

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8. Have you received any supportive services? If so, please describe them. Would you have been able to participate in the WIA Youth program had you not received the supportive services?

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9. Have you been referred to services provided by any other organizations? If so, what were the organizations and what services were provided to you?

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10. If you felt you were being treated unfairly or being discriminated against, how would you file a complaint?

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11. Have you ever been asked to participate in any political, union-organizing, or religious activities while participating in the Youth Program? If so, please describe.

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12. Overall, how well do you think the services you've received have helped you?

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13. Do you have any questions, suggestions, or concerns about the youth services you have received?

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