**Workforce Innovation and Opportunity Act (WIOA)**

**Adult (A)/Dislocated Worker (DW)/Trade Adjustment Assistance (TAA)**

**Program Review**

**Outline / Definitions / Resources / Worksheets / Appendix**

**LWDA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name of Reviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Period Reviewed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date(s) of Review:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This review guide has been developed for the New York State Department of Labor (NYSDOL) Division of Employment & Workforce Solutions – Quality Assurance (DEWS-QA) WIOA A, DW and TAA program monitoring. It is a guide and does not limit the reviewer in number, scope, or format.

This document is based on WIOA, its final corresponding regulations, USDOL guidance, and state policies in place at development. This guide may be subject to change as additional USDOL guidance and state policies are released. Reviewers must always check for the most current guidance prior to conducting a review.

**Review Outline**

Prior to On-Site Review

1. Request the following documents from the Local Workforce Development Board (LWDB) Director. Ideally, documents are to be provided electronically, but hard copy is acceptable. Other items may be requested, as needed. Located in the Appendix of this document is Tool A: A/DW/TAA Monitoring Document Request that can be used to request and track documents submitted.
   1. All operational LWDB WIOA policies[[1]](#footnote-1) (see Policy Review section of guide);
   2. A/DW RFP(s) and contract(s) for the period under review (if applicable);
   3. Subrecipient monitoring reports issued and follow-up (if applicable);
   4. A/DW program forms used by service providers, i.e., IEP, ITA, work-based training agreements, procedural tools used by staff such as eligibility documentation checklist or desk reference; and
   5. LWDB composition and meeting minutes covering the review period, if applicable. Under 20 CFR 679.390, the LWDB must make these available through electronic means (i.e., LWDB website). If they are not available electronically, request and discuss with the LWDB Director to determine why the information is not available electronically.
2. Review the documents you received from the LWDB, as well as the following:
   1. [Priority/Demand occupations for the LWDA and its region](https://labor.ny.gov/workforcenypartners/lwda/lwda-occs.shtm). Use the list as a source for determining if training services are directly linked to priority occupations.
   2. Prior DEWS-QA Program review (and LWDB response, if applicable) to ensure that all findings were resolved, and Findings are not continuing.
   3. Local and Regional Plans and Service Delivery MOUs to ensure the LWDB is doing what it has agreed/planned.
   4. LWDA WIOA Primary Indicators of Performance reports.
3. Consult with DEWS-QA FOTA staff to identify and discuss financial matters that may impact program service delivery or program issues that may have a fiscal bearing.
4. Develop a participant sample list.
5. Random sample techniques will be used to perform the review of the A, DW and TAA program records.

The participant sample may be obtained from one or multiple sources, including, but not limited to, [OSOS Management Reports](http://10.64.106.121:8055/reportsite/index.jsp), TAA Fiscal Summary Reports, NYSDOL [Trade Act Tracker](http://intranet-home/uifield_data/index.asp?redirect=T), and any lists of participant issued by NYSDOL DEWS Performance.

* + 1. Use the [OSOS Management Reports](http://10.64.106.121:8055/reportsite/index.jsp) to identify the total participants for each program funding stream and grant recipient/county included in the review. Sample 10% of the total participants for each program funding stream/per grant recipient/county or a maximum of 10 per funding stream/per grant recipient/county.
    2. The sample must include Work Experience/Internship/Transitional Jobs and all training service types provided in the LWDA during the period under review, i.e., ITAs and the allowable exceptions covered under 20 CFR 680.320. (ITA, Work-based training including On-the-Job Training (OJT), Customized Training (CT) and Incumbent Worker (IC).
    3. For all LWDAs with a TET-NDWG (Trade and Economic Transition National Dislocated Worker Grant) during the period under review, a maximum of ten TET-funded participants should be sampled. TET-NDWGs were awarded to 31 of the 33 LWDAs statewide (excluding SWW and Yonkers) and run from 10/01/18 – 09/30/20. These DWs can be reviewed using the standard attachments at the end of this worksheet (DEV Worksheet, DW Eligibility Worksheet, and training-specific attachment depending on the type of training). There is a separate section on page 6 of the guide where TET-NDWG issues should be summarized.
    4. For all LWDAs with an Opioid NDWG (Opioid National Dislocated Worker Grant) during the period under review, a maximum of ten Opioid NDWG funded participants should be sampled. Opioid NDWG was awarded to 12 LWDBs and the funds are available from 10/01/18 - 12/31/20. These DWs can be reviewed using the following attachments: DEV Worksheet, DW Eligibility Worksheet, the Opioid NDWG Specific DEV Worksheet (see page 15), Disaster-Relief Employment Worksite Review sheet (see page 33, only to be used if applicable), and training-specific attachment depending on the type of training. There is a separate section on page 6 of the guide where Opioid NDWG issues should be summarized.
    5. The sample may be increased based on results and consistency of records examined at the discretion of the programs specialist.

1. Conduct OSOS desk review of the participants.
2. Complete one A/DW/TAA Participant Record/DEV Worksheet for each participant in the sample.
3. For each participant in the sample enrolled in the DW program complete one Dislocated Worker Eligibility Worksheet.
4. For each participant in the sample enrolled in the TAA program complete one TAA Participant Worksheet.
5. Enter the data from OSOS for each data element and any allowable documentation. Review the OSOS record for completeness and consistency of information.
6. For each participant in the sample complete as much of the corresponding Training/Transitional Jobs worksheets as possible using information in OSOS, policy and contract documents received prior to the on-site visit.

For Example:

* A/DW participants receiving ITAs complete

1. A/DW Participant ITA/OJT/Customized Training Determination Worksheet; and

2. A/DW ITA Worksheet.

Note: For TAA participants receiving an ITA the review of the training is included in the TAA Participant Worksheet.

* A/DW/TAA participants receiving OJT complete

1. A/DW/TAA Non-ITA Contract Training Worksheet; and

2. A/DW/TAA On-the-Job Training Worksheet.

* For A/DW participants receiving customized training complete

1. A/DW/TAA Non-ITA Contract Training Worksheet; and

2. A/DW Customized Training Worksheet

Note: During the on-site visit, finish completing any outstanding items on all worksheets, review and update all worksheets to include any additional information obtained.

1. Prior to the on-site visit it is recommended a list of topics is prepared for discussion during the entrance conference. This may include issues you discovered when reviewing the policies, contracts, forms and other documents provided by the LWDB. It should include any concerns or issues identified during the OSOS participant review and any unresolved findings from previous reviews.
2. Schedule the on-site review and Entrance Conference.
   1. The Entrance Conference should include the LWDB Director or designee, and may include the program operator(s) and program manager(s).
   2. Inform the LWDB Director or their designated contact of the period covered under the review and provide a copy of the guide documents to be used for the review.
   3. Schedule on-site review and Entrance Conference date(s). Review dates may be scheduled 30 days or more in advance to ensure documents and staff are available at the time of review.
3. Share sample list with the LWDB or their designee prior to on-site review start date, generally, one week prior to the on-site date(s).

On-Site Review

1. Conduct Entrance Conference to review preliminary issues and areas of concern.
2. Complete participant file reviews. Update the participant worksheets with any additional information from the participant files i.e. A/DW/TAA Participant Record/DEV Worksheet, Dislocated Worker Eligibility Worksheet, and the TAA Participant Worksheet.
3. Based on the type of service complete the appropriate worksheets, i.e. Training Determination, ITA, Contract or Transitional Job using all available documentation and compare with OSOS record data for accuracy and consistency.
4. Determine if participant eligibility and documentation standards are compliant with federal, state, and local requirements.
5. Provide opportunity for conversations with local the LWDB Director or their designee and grant recipient program staff to clarify and/or provide additional information regarding any identified issues or concerns. Ask open ended questions to facilitate discussion and the opportunity to jointly determine the causes of issues and what corrective actions might be taken to resolve the issues.
6. Conduct Exit Conference; invite the same individuals who attended the Entrance Conference and any other party the LWDB Director requests to attend. Discuss any outstanding questions and provide preliminary issues, areas of concern, and corrective actions. There may be situations in which findings are not determined until the monitor has completely reviewed all the information obtained through the desk review and on-site visit. Therefore, at the completion of review, the monitor should contact the LWDB Director to communicate any additional issues and required actions and/or recommendations prior to issuing the report.

Post On-Site Review

1. Complete analysis of information obtained through the OSOS desk and on-site reviews. If necessary, perform more in-depth research on issues identified during the on-site review prior to finalizing and issuing the monitoring report.
2. Complete the review guide document and draft a detailed Program Review Letter. Submit the completed review guide and draft Program Review Letter to QA Managers for review.
3. After receiving QA Management approval, sign and then save the Program Review Letter as a PDF. Email to the LWDB Director and copy NYSDOL staff listed on the Program Review Letter template. (Send only the letter, not the guide.)
4. If any Findings are cited in the program review letter the LWDB must submit a written response to the Workforce Programs Specialist within thirty (30) days of the receipt of the program review letter. The response must provide written assurance or evidence that the Finding has been corrected. For compliance concerns not resolvable in that period, a plan of action is required with dates and milestones for achieving compliance, with follow-up at regular intervals until the issue is resolved.
5. The Workforce Programs Specialist must issue a written statement within ten (10) working days acknowledging receipt of the plan and if the plan resolves findings or requires additional action.
6. The final versions of the Program Review Letter, guide, corrective action plans, and follow-up statements must be saved in the [DEWS-QA-Central](file:///\\dol-smb\dol_shared\DOL0A1FS1\Dews-Data\DEWS-QA-Central\Prog&FiscalTA\Field\Program) share, under the LWDA.
7. All work papers gathered/created (LWDB Policies, OSOS Management Reports, DEV Worksheets, etc.) must be kept in the DEWS-QA office, in accordance with [TA 16-2](https://labor.ny.gov/workforcenypartners/ta/ta-16-2-record-retention.pdf).

**Definitions**

* **Adult** (WIOA §3(2)) – means an individual who is age 18 or older.
* **Basic Skills Deficient** [WIOA §3(5)](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf) The term ‘‘basic skills deficient’’ means, with respect to an individual -
  1. who is a youth, that the individual has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or
  2. who is a youth or adult, that the individual is unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the individual’s family, or in society.
* **Career Pathway** (WIOA §3(7)) – means a combination of rigorous and high-quality education, training, and other services that -

aligns with the skill needs of industries in the economy of the State or regional economy involved;

prepares an individual to be successful in any of a full range of secondary or postsecondary education options, including apprenticeships registered under the Act of August 16, 1937 (commonly known as the ‘‘National Apprenticeship Act’’; 50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.) (referred to individually in this Act as an ‘‘apprenticeship’’, except in section 171);

includes counseling to support an individual in achieving the individual’s education and career goals; (D) includes, as appropriate, education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;

organizes education, training, and other services to meet the particular needs of an individual in a manner that accelerates the educational and career advancement of the individual to the extent practicable;

enables an individual to attain a secondary school diploma or its recognized equivalent, and at least 1 recognized postsecondary credential; and

helps an individual enter or advance within a specific occupation or occupational cluster.

* **Customized Training —** [WIOA §3(14)](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf)Is training

1. that is designed to meet the specific requirements of an employer (including a group of employers);
2. that is conducted with a commitment by the employer to employ an individual upon successful completion of the training; and
3. for which the employer pays—
4. a significant portion of the cost of training, as determined by the local board involved, taking into account the size of the employer and such other factors as the local board determines to be appropriate, which may include the number of employees participating in training, wage and benefit levels of those employees (at present and anticipated upon completion of the training), relation of the training to the competitiveness of a participant, and other employer-provided training and advancement opportunities; and
5. in the case of customized training (as defined in subparagraphs (A) and (B)) involving an employer located in multiple local areas in the State, a significant portion of the cost of the training, as determined by the Governor of the State, taking into account the size of the employer and such other factors as the Governor determines to be appropriate.

* **Disability**
  + Defined at [29 CFR 37.4](https://www.gpo.gov/fdsys/pkg/CFR-2011-title29-vol1/pdf/CFR-2011-title29-vol1-sec37-4.pdf), Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.
  + See also, [20 CFR 675.300](https://www.gpo.gov/fdsys/pkg/CFR-2017-title20-vol4/pdf/CFR-2017-title20-vol4-sec675-300.pdf)
  + **Dislocated Worker Definitions (WIOA §3(15); WIOA §133 (b)(2)(B))**

**Category 1 – DW**

1. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment, including separation notice from active military service (under other than dishonorable conditions); **and**
2. (I) Is eligible for or has exhausted entitlement to unemployment compensation; **or**

(II) Has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in §121(e), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; **and**

1. Is unlikely to return to a previous industry or occupation**.**

***[Evidence to support this can include Career Center staff assessment based on LMI, profiling score of 50 or higher, customer has exhausted UI.]***

**Category 2 – DW mass layoff or closure**

1. Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; **and**
2. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; **or**
3. For purposes of eligibility to receive services other than training services described in WIOA §134(c)(3), career services described in §134(c)(2)(A), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.

**Category 3 – DW self-employed**

An individual who was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.

**Category 4 – DW displaced homemaker**

An individual who has been providing unpaid services to family members in the home and who—

* Has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed forces on active duty (as defined in §101(d)(1) of title 10, United States code) and whose family income is significantly reduced because of a deployment, a call or order to active duty pursuant to a provision of law, death or disability of the member and
* Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

**Category 5 – DW spouse of a member of the Armed Forces**

1. An individual who is a spouse of a member of the Armed Forces on active duty (as defined in §101 (d)(1) of the title 10, United States Code), 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**
2. Is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in WIOA §3(16)(B). (Category DW-1)

**Category 6- Dislocated due to foreign trade**

Job lost due to the impact of foreign trade and the phenomenon commonly known as "off shoring” and is part of a worker group covered under a certified trade petition.  TAA certified customer.

* **English Language Learner**, defined in [TEGL 21-16](https://wdr.doleta.gov/directives/corr_doc.cfm?docn=7159), is a participant who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language.
* **Family** – Defined in [20 CFR 675.300](https://www.gpo.gov/fdsys/pkg/CFR-2017-title20-vol4/pdf/CFR-2017-title20-vol4-sec675-300.pdf) as: two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

(1) A married couple and dependent children;

(2) A parent or guardian and dependent children; or

(3) A married couple.

* **Homeless** **Individual or Homeless Children and Youths** (WIOA §3(24)(G)) – is an individual who meets any of the following criteria:

1. Lacks a fixed regular, and adequate nighttime residence; this includes a participant who:
   1. Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
   2. Is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations;
   3. Is living in an emergency or transitional shelter;
   4. Is abandoned in a hospital; or
   5. Is awaiting foster care placement;
2. Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground;
3. Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent’s or parent’s spouse’s seasonal employment in agriculture, dairy, or fishing work; or
4. Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e. runaway youth)

(Note- A participant imprisoned or detained under an Act of Congress or State law does not meet the definition. Additionally, a participant who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.)

* **Individual Employment Plan** (20 CFR 680.170) – is an individualized career service, under WIOA sec. 134(c)(2)(a)(xii)(II), that is developed jointly by the participant and career planner when determined appropriate by the one-stop operator or one-stop partner. This plan is an ongoing strategy to identify employment goals, achievement objectives, and an appropriate combination of services for the participant to achieve the employment goals.
* **Individuals with Barriers to Employment**

The populations included in the “individuals with barriers to employment” in WIOA §3(24) include:

* 1. Displaced homemakers (as defined in WIOA §3(16));
  2. Low-income individuals (as defined in WIOA §3(36));
  3. Indians, Alaska Natives, and Native Hawaiians (as defined in WIOA §166(b));
  4. Individuals with disabilities, including youth who are individuals with disabilities (as defined in WIOA §3(25) (includes individuals who are in receipt of Social Security Disability Insurance);
  5. Older individuals (age 55 and older) (as defined in WIOA §3(39));
  6. Ex-offenders (“offender” as defined in WIOA §3(38));
  7. Homeless individuals or homeless children and youths;
  8. Youth who are in or have aged out of the foster care system;
  9. Individuals who are:

1. English language learners (WIOA §203(7)),
2. Individuals who have low levels of literacy (an individual is unable to compute or solve programs, or read, write, or speak English at a level necessary to function on the job, or in the individual’s family, or in society); and
3. Individuals facing substantial cultural barriers;
   1. Eligible migrant and seasonal farmworkers (as defined in WIOA §167(i)(1-3);
   2. Individuals within two years of exhausting lifetime TANF eligibility;
   3. Single parents (including single pregnant women);
   4. Long-term unemployed individuals (unemployed for 27 or more consecutive weeks); and
   5. other groups the Governor determines to have barriers to employment

* **Low Income** – Defined in [WIOA §3(36)](https://www.gpo.gov/fdsys/pkg/PLAW-113publ128/pdf/PLAW-113publ128.pdf);
  1. IN GENERAL, the term ‘‘low-income individual’’ means an individual who—

1. receives, or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received, assistance through the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008, the program of block grants to States for temporary assistance for needy families’ program, or the supplemental security income program established under title XVI of the Social Security Act, or State or local income-based public assistance;
2. is in a family with total family income that does not exceed the higher of —

(I) the poverty line; or

(II) 70 percent of the lower living standard income level;

1. is a homeless individual (as defined above)
2. receives or is eligible to receive a free or reduced-price lunch
3. is a foster child on behalf of whom State or local government payments are made; or
4. is an individual with a disability whose own income meets the income requirement of clause (ii), but who is a member of a family whose income does not meet this requirement.
   1. LOWER LIVING STANDARD INCOME LEVEL. — The term ‘‘lower living standard income level’’ means that income level (adjusted for regional, metropolitan, urban, and rural differences and family size) determined annually by the Secretary of Labor based on the most recent lower living family budget issued by the Secretary.

**Note**: Under WIOA, there is no exclusion of payments for unemployment compensation, child support payments, and old-age survivors’ insurance benefits from the income calculations for determining if an individual is low-income ([TEGL 19-16](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf), pg. 9); see also [TEGL 21-16](https://wdr.doleta.gov/directives/corr_doc.cfm?docn=7159)

* **Long term unemployed individual** – ([TEGL 19-16](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf), Attachment III)is a person who has been unemployed for 27 or more consecutive weeks.
* **Nontraditional Employment** (WIOA §3(37)) – refers to occupations or fields of work, for which individuals from the gender involved comprise less than 25 percent of the individuals employed in each such occupation or field of work.
* **On-the-Job Training —** [WIOA §3(44)](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf)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— (A) provides knowledge or skills essential to the full and adequate performance of the job; (B) is made available through a program that provides reimbursement to the employer of up to 50 percent 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 (C) 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, as appropriate.
  + **Offender** - [WIOA §3(38)](https://www.gpo.gov/fdsys/pkg/PLAW-113publ128/pdf/PLAW-113publ128.pdf) - The term ‘‘offender’’ means an adult or juvenile—

who is or has been subject to any stage of the criminal justice process, and for whom services under this Act may be beneficial; or

who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.

* **Supportive Services** are services designed to provide a participant with the resources necessary to enable their participation in career and training services and are governed by 20 CFR 680.900 - .970. LWDBs must develop a policy on supportive services that ensures resource and service coordination in the local area. The policy should address procedures for referral to such services, including how such services will be funded when they are not otherwise available from other sources. These policies may establish limits on the provision of supportive services or provide the Career Center with the authority to establish such limits, including a maximum amount of funding and maximum length of time for supportive services to be available to a participant. These policies may also allow Career Centers to grant exceptions to these limits. Local WDBs must develop policies and procedures that ensure that supportive services are WIOA-funded only when these services are not available through other agencies and that the services are necessary for the individual to participate in title I activities. These policies include establishing limits on the provision of supportive services and any exceptions to those limits, as described in 20 CFR 680.920. Supportive services may be made available to any adult or dislocated worker participating in title I career services or training activities that is unable to obtain supportive services through other programs providing such services. Additionally, the supportive services must be necessary to enable the individual to participate in career services or training activities. Note that follow-up career services are not a qualifying service for the receipt of supportive services; therefore, an individual who is only receiving “follow-up” services may not receive supportive services. Individuals identified as needing ongoing supportive services must still be participating in career services (other than follow-up), training activities, or both to continue to receive supportive services ([TEGL 19-16](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf)).
* **Statutory Priority for Adult Funds -** [TEGL 19-16](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf)

WIOA §134(c)(3)(E) establishes a priority requirement with respect to funds allocated to a local area for adult employment and training activities. Under this section, American Job Center staff when using WIOA Adult funds to provide individualized career services, training services, or both, must give priority to recipients of public assistance, other low-income individuals, and individuals who are basic skills deficient. ETA notes that individuals who are English language learners meet the criteria for “basic skills deficient” and must be included in the priority populations for the title I Adult program. Under WIOA, priority must be implemented regardless of the amount of funds available to provide services in the local area.

* **Veterans’ Priority of Service for Covered Persons in Qualified USDOL Job Training Programs** - [TEGL 10-09](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=2816.), [TA 12-12.4](https://www.labor.ny.gov/workforcenypartners/ta/ta12-12-4-veterans-priority-of-service.pdf), [TEGL 19-16](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf)
* **Veterans and Adult Priority -** [TEGL 19-16](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf)

Priority must be provided in the following order:

* + 1. First, to veterans and eligible spouses who are also included in the groups given statutory priority for WIOA Adult formula funding. This means that veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient would receive first priority for services with WIOA Adult formula funds for individualized career services and training services.
    2. Second, to non-covered persons (that is, individuals who are not veterans or eligible spouses) who are included in the groups given priority for WIOA Adult formula funds.
    3. Third, to veterans and eligible spouses who are not included in WIOA’s priority groups.
    4. Fourth, priority populations established by the Governor and/or Local WDB.
    5. Last, to non-covered persons outside the groups given priority under WIOA.
* **Substantial Layoff** – [NYS Laws, Labor, Article 24, Worker Adjustment Act](https://www.nysenate.gov/legislation/laws/LAB/835) - any reduction-in-force which is not the result of a plant closing and which results in an employment loss at a single site of employment during any thirty day period for:

1. (i) at least thirty-three percent of the employees (excluding employees regularly working less than twenty hours per week); and  
   (ii) at least fifty employees (excluding employees regularly working less than twenty hours per week); or
2. at least five hundred employees (excluding employees regularly working less than twenty hours per week).

* **Transitional Job** (20 CFR 680.190) – is a time limited work experience that is wage-paid and subsidized, and is in the public, private or non-profit sectors for those individuals with barriers to employment who are chronically unemployed or have inconsistent work history, as determined by the Local Workforce Development Board. These jobs are designed to enable an individual to establish a work history, demonstrate work success in an employee-employer relationship, and develop the skills that lead to unsubsidized employment.
* **Work Experience** (or Internship) (20 CFR 680.180) – is a planned, structured learning experience that takes place in a workplace for a limited period of time. Internships and other work experiences 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. Transitional Jobs are a type of work experience.

**Resources**

**Federal Resources**

* [Workforce GPS](https://www.workforcegps.org/) – USDOL’s Employment and Training Administration (DOLETA) which includes recorded web-based trainings and reference materials.
* **WIOA Legislation**
  + [WIOA Law](https://www.gpo.gov/fdsys/pkg/PLAW-113publ128/pdf/PLAW-113publ128.pdf)
  + [20 CFR Parts 676, 677, 678](https://www.gpo.gov/fdsys/pkg/FR-2016-08-19/pdf/2016-15977.pdf)
    - §676 – Unified & Combined State Plans Under Title I of WIOA
    - §677 – Performance Accountability Under Title I of WIOA
    - §678 – Description of the One-Stop Delivery System Under Title I of WIOA
  + [20 CFR Parts 679, 680, 681, 682, 683](https://www.gpo.gov/fdsys/pkg/FR-2016-08-19/pdf/2016-15975.pdf)
    - §679 – Statewide & Local Governance of Workforce Development System under WIOA Title I
    - §680 – A & Dislocated Worker Activities under Title I of WIOA
    - §681 – Youth Activities under Title I of WIOA
    - §682 – Statewide Activities under Title I of WIOA
    - §683 – Administrative Provisions under Title I of WIOA
    - §680.300 -.340 Individual Training Accounts (ITAs)
    - §680.700 -.840 Work-Based Training
* **Training and Employment Guidance Letter’s (TEGL)**
  + DOL ETA all WIOA [related](https://wdr.doleta.gov/directives/All_WIOA_Related_Advisories.cfm) advisories
  + [TEGL 10-16 Change 1 Performance Accountability Guidance for WIOA](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3255)
  + [TEGL 7-18 Guidance for Validating Jointly Required Performance Data Submitted under WIOA](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_7-18_Acc.pdf)
    - Employment Rate – 2nd Quarter After Exit
    - Employment Rate – 4th Quarter After Exit
    - Median Earnings – 2nd Quarter After Exit
    - Credential Attainment
    - Measurable Skills Gains
    - Categories of Enrollment – Reportable Individual, Participant & Date of Program Exit
  + [TEGL 39-11](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_39_11_Acc.pdf) Guidance on Handling and Protection of Personally Identifiable Information (PII)
  + [TEGL 19-16](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3851) Guidance on Services provided through the A and DW Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules
  + [TEGL 14-18](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=7611) Aligning Performance Accountability Reporting, Definitions, and Policies Across Workforce Employment and Training Programs Administered by the U.S. Department of Labor (DOL)
* [TEGL 2-15](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=4439) Operational Guidance for National Dislocated Worker Grants;
* [TEGL 12-17](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_12-17_Acc.pdf) National Health Emergency Dislocated Worker Demonstration Grants to Address the Opioid Crisis
  + [TEGL 4-18](https://wdr.doleta.gov/directives/corr_doc.cfm?docn=7230) National Health Emergency Phase Two: Disaster Recovery National Dislocated Worker Grants to Address the Opioid Crisis

* **[Trade Act Program Directives and Guidance](https://doleta.gov/tradeact/law/)**

**NYSDOL Resources**

**NYSDOL Performance Unit** **Email** - Dews.performance@labor.ny.gov

**NYESS/OSOS Guides**

* [OSOS Service Categories and Types](https://labor.ny.gov/workforcenypartners/PDFs/youth-OSOS-service-categories-types.pdf)
* [WIOA Performance Measures and Outcomes Guide](https://www.labor.ny.gov/workforcenypartners/osos/WIOA-Performance-Measures-and-Outcomes-Guide.pdf)

* [Comprehensive Assessment OSOS Guide](https://labor.ny.gov/workforcenypartners/osos/Comprehensive-Assessment-OSOS-Guide-2017.pdf) (2017)
* [Opioid Crisis Dislocated Worker Grant OSOS Guide](https://labor.ny.gov/workforcenypartners/osos/Opioid-Crisis-DWG-OSOS-Guide.pdf)
* [Trade and Economic Transition Dislocated Worker Grant Training OSOS Guide](https://labor.ny.gov/workforcenypartners/osos/Trade-and-Economic-Transition-DWG-OSOS-Guide.pdf)

**Workforce Professionals**

* [Quality Case Notes: A Valuable Tool](https://www.labor.ny.gov/workforcenypartners/osos/video/osos-case-notes.shtm)
* [Quality Case Notes Training Spot](https://labor.ny.gov/workforcenypartners/osos/Quality-Case-Notes-Training-Spot.ppsx)

[NYSDOL Workforce Development System Technical Advisories](https://labor.ny.gov/workforcenypartners/tas.shtm) **(TA) & Division of Equal Opportunity Development (DEOD)**

* [TA 16-2](https://labor.ny.gov/workforcenypartners/ta/ta-16-2-record-retention.pdf) Retention of Records by Local Workforce Development Boards
* [TA 18-4](https://labor.ny.gov/workforcenypartners/tas.shtm) [Processing Non-Criminal Complaints/Grievances under Title I of the Workforce Innovation and Opportunity Act (WIOA)](https://labor.ny.gov/workforcenypartners/ta/ta18-4_wioa_title_I_non-criminal_complaints_and_grievance.pdf)
* [DEOD 01-1](https://www.labor.ny.gov/formsdocs/DEOD/deodformsandpublications.shtm) Innovation and Opportunity Act (WIOA) Equal Opportunity and Nondiscrimination Complaint Processing Procedures
* [TA 16-4](https://www.labor.ny.gov/workforcenypartners/ta/ta-16-4-universal-accessibility-of-wds-to-individuals-with-disabilities-om-primer-combined.pdf) Universal Accessibility of the Workforce Development System to Individuals with Disabilities, including those who are Blind or Visually Impaired
* [TA 16-1](https://labor.ny.gov/workforcenypartners/ta/ta-16-1-poverty-income-and-llsil-guidelines.pdf) Poverty Guidelines (Current tables can be found on the NYSDOL website under *Income Eligibility Guidelines* on the [Programs and Tools page](https://labor.ny.gov/workforcenypartners/tools.shtm).)
* [TA 12-9.1](https://labor.ny.gov/workforcenypartners/ta/TA12-9-1-Selective-Service.pdf) Selective Service Registration Requirements under WIOA
  + [Selective Service System](https://www.sss.gov/Home/Verification) – Registration Verification
* [TA 09-2.1](https://labor.ny.gov/workforcenypartners/ta/TA09-2-1-ITA-Approval-Policy.pdf) Individual Training Account (ITA) Approval Policy
* [TA 08-4.2](https://labor.ny.gov/workforcenypartners/tas.shtm) Effective Use of Initial Assessment in the Career Center System
* [TA 09-17.1](https://labor.ny.gov/workforcenypartners/tas.shtm) Individual Employment Plans/Training Plans for WIA Participants in Training
* [TA 11-12.2](https://labor.ny.gov/workforcenypartners/ta/TA11-12.2.pdf) Data Element Validation for the WIA, Wagner-Peyser, Veterans Employment and Training Service and TAA/TGAA Programs
* [TA 06-16.2](https://labor.ny.gov/workforcenypartners/ta/ta06-16-2-ServiceDefinitionsandDataEntryProcedures.pdf) L1 and L2 Service Definitions and Data Entry Procedures
  + [Attachment 4](https://labor.ny.gov/workforcenypartners/ta/ta06-16-2-Level2ServiceDefinitionsandDataEntryProcedures.pdf) – Level 2 Service Definitions and Data Entry Procedures
* [TA 10-15.2](https://labor.ny.gov/workforcenypartners/ta/ta-10-15-2.pdf) Updated Local Workforce Investment Area On-the-Job Training Policy
* [TA 04-21](https://labor.ny.gov/workforcenypartners/ta/ta04-21.htm) WIA Work Experience Programs and Employer Liability for Unemployment Insurance Coverage
* [TA 04-19](https://labor.ny.gov/workforcenypartners/ta/ta-04-19.pdf) Technical Assistance and Clarifying Guidance Regarding Oversight and Monitoring Responsibilities for Chief Local Elected Officials and Local Workforce Investment Boards

**Credential Attainment**

* + - * [Career OneStop Credentials Center](https://www.careeronestop.org/Credentials/Toolkit/toolkit.aspx)
* Below is a list of credentials that are not reportable as a positive outcome in New York, this list is not all inclusive, discuss any questionable credentials found during your review with your supervisor –
* First Aid;
* CPR training;
* Occupational Safety and Health Administration 10-hour course (OSHA 10);
* Work or career readiness certificate, including the National Career Readiness Certification[[2]](#footnote-2);
* Completion of an assistive technology training program, such as screen reading software1;
* Completion of orientation and mobility training1;
* Certificates awarded by LWDBs (TEGL 10-16, Change 1);
* Graduate degrees are not included in the definition of a recognized postsecondary credential and do not count towards credential attainment (TEGL 10-16, Change 1);
* Certificates for general skills related to safety, hygiene, etc., (e.g., ServSafe) even if such general skills certificates are broadly required to qualify for entry-level employment or advancement in employment (TEGL 10-16, Change 1).

**A/DW/TAA Participant Record/DEV Worksheet**

**PY20\_\_\_\_**

**OSOS and On-site Documentation**

County/AJC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date \_\_\_ /\_\_\_ /20\_\_\_ Participant NYOSOS\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LWDA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Reviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding stream: A  DW  TAA  **Enrollment/exit date**: \_\_\_ /\_\_\_ /20\_\_\_ - \_\_\_ /\_\_\_ /20\_\_\_

**\*** ***WIOA Priority for Adult funded individualized career & training services*** (*Customer Detail* – “Enrollments” button)

**Enter any discrepancies and/or deficiencies disclosed during the review in the review guide summary.**

| **Data Element** | **Per OSOS**  **(Note: If blank, write “blank”)** | **Supported** | |
| --- | --- | --- | --- |
| **Yes** | **No** |
| **Eligibility:** [**TA 10-3.1**](https://labor.ny.gov/workforcenypartners/ta/ta10-3-1_AdditionalParticipantDemographicInformation.pdf); [**TA 11-12.2**](https://labor.ny.gov/workforcenypartners/ta/TA11-12.2.pdf); [**TA 12-9.1**](https://labor.ny.gov/workforcenypartners/ta/TA12-9-1-Selective-Service.pdf) [**TEGL 19-16**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf); **WIOA §3(36); WIOA** **§3(2); 20 CFR 680**; [**DOB Tab Guide**](https://labor.ny.gov/workforcenypartners/osos/osos-guide-dob.pdf) | | | |
| ***Date of Birth***:(*Customer Detail* - *DOB*) | *If UI DOB / NYSDMV, no need to review onsite. If other, documentation must be in file.* | *UI DOB / NYS DMV or other* |  |
| * Is this participant 18 year or older? 20 CFR 680.120 | Yes  No |  |  |
| ***Selective Service*** - registered (born after 12/31/1959)? (*Customer Detail* - *Add’l Info*) | Yes  No  N/A (Blank) | *Selective Service; DD-214* |  |
| * If no and between the age of 18 and 26, was the participant directed to register for Selective Service? | Yes  No  N/A  *If not registered or refuses to register, customer is not eligible for Title 1 programs.* | *CN* |  |
| * If no, and over 26 years, has it been determined the failure to register was not knowing and willful? | *Comment staff determined that failure to register with SS was not knowing/willful.* | *CN* |  |
| **Additional Participant Data/Barriers to Employment/Priority of Service:** [**TA 10-3.1**](https://labor.ny.gov/workforcenypartners/ta/ta10-3-1_AdditionalParticipantDemographicInformation.pdf); [**TA 11-12.2**](https://labor.ny.gov/workforcenypartners/ta/TA11-12.2.pdf); [**TA 12-9.1**](https://labor.ny.gov/workforcenypartners/ta/TA12-9-1-Selective-Service.pdf); [**TEGL 10-16**](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3255); [**TEGL 19-16**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf); [**WIOA sec. 3(5)(B)**;](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf) **20 CFR 680.210;** [**Income Eligibility Guidelines**](https://labor.ny.gov/workforcenypartners/tools.shtm) | | | |
| ***Veteran****?* (*Customer Detail* - *Add’l Info*)[TA 11-12.2](https://labor.ny.gov/workforcenypartners/ta/TA11-12.2.pdf) Attachment A/B | Yes  No  N/A (Blank) | *State MIS* |  |
| ***\*Low Income***? **\*** (*Customer Detail* – *Eligibility)*  Individual is in a family with total family income that does not exceed the higher of (I) the poverty line; or (II) 70% of the lower living standard income level. | ***\*Lower Living Standard\**** Yes  ***\*Income 70% LLSIL\**** Yes  Not Disclosed (blank) Yes | *CN; SA; Paystubs* |  |
| ***Individual with a Disability***?[[3]](#footnote-3) (*Customer Detail* - *Eligibility*) | Yes  No  N/A (Blank) |  |  |
| * ***Category of disability****:* | Category: |  |  |
| ***Educational Status at Registration?*** [[4]](#footnote-4) *(Services - Service History - Enrollment Detail)* |  |  |  |
| ***\*TANF? \**** recipient? (*Customer Detail* - *Pgms/PA*) | Yes  Enter Date:  N/A (Blank) | *CM w/TANF* |  |
| ***\*Other public assistance? \**** recipient? (*Customer Detail* - *Pgms/PA*) (Refugee Cash Assistance; Food Stamps; General Assistance; Supplemental Security Income (SSI-SSA)? | Yes  Enter Date:  N/A(Blank) | *CM; medical card; PA printout* |  |
| ***\*English Language Learner? \****(*Comp Assess* - *Education*) | Yes  No  N/A(Blank) | *CN; SA* |  |
| ***\*Basic Skills Deficient/Low Levels of Literacy at Registration? \**** *(Services - Service History - Enrollment Detail)* | Yes  No  N/A(Blank) | *CN; SA* |  |
| ***Single Parent***?(*Comp Assess* - *Family -* *Family Status* field) | Yes  No  N/A(Blank) | *CN; SA* |  |
| ***Offender***? *(****Adult Only****)* (*Comp Assess* - *Legal*) | Yes  No  N/A/Not Disclosed/Blank | *CN; SA; legal docs* |  |
| ***\*Homeless Individual? \**** (*Comp Assess* - *Housing*) | Yes  No  N/A/Not Disclosed/Blank | *CN; SA; shelter / residence letter* |  |
| ***Employment Status at Registration***? *(Services - Service History - Enrollment Detail)* Select the correct enrollment, then *Detail* button. | Employed  Not Employed  Employed received notification of layoff | *Work History tab CN, Paystubs / W-2* |  |
| ***Priority of Service?*** *– (****Adult Only****) Does the participant meet one of the priority of service categories? (SEE Veterans & Adult Priority under the Definitions section of this guide)* | Yes  No   N/A  If YES, Category 1  2  3  4 |  |  |
| ***Is the participant an Individual with Barriers to Employment?*** *(SEE Individuals with Barriers to Employment under the Definitions section of this guide)* | Yes  No  If YES, Population |  |  |
| **Career Services:** [**TA 06-16.2**](https://labor.ny.gov/workforcenypartners/ta/ta06-16-2-ServiceDefinitionsandDataEntryProcedures.pdf);[**TA 06-16.4**](https://www.labor.state.ny.us/workforcenypartners/ta/ta06-16-OSOSDataEntryProcedures.pdf); [**TEGL 19-16**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf); **20 CFR 680.150(c)**; **20 CFR 678.430(c)**  **Initial Assessment (IA) -** [**TA 08-04.2**](https://labor.ny.gov/workforcenypartners/ta/TA08-4-2-Initial-Assessment.pdf)  **Individual Employment Plan (IEP)** - [**TA 09-17.1**](https://labor.ny.gov/workforcenypartners/ta/TA09-17-1.pdf); **20 CFR 680.170**  **Supportive Services - 20 CFR 680.900-.970**; **WIOA §3(59)**; **WIOA §134(d)(2) and (3)**  **Follow Up Services:** [**TEGL 19-16**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf)**;** [**TEGL 10-16**](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3255)**; WIOA §134(c)(2)(A)(xiii); WIOA §134(d)(5); LWDA Related Service Policies, Release of Information** [**TA 19-1**](https://labor.ny.gov/workforcenypartners/tas.shtm) | | | |
| ***IA*** completed? must have IA & outcome activity, supporting comment (*Service*s - *Service History)* | *Enter date; Comment justifies the IA outcome;* | *State MIS; CN* |  |
| ***IEP*** completed? (*Service*s - *Service History)* | *Enter date; Comment describes skills gap/why training is necessary* | *State MIS; CN; HC in file* |  |
| ***Referrals to partner programs?*** (*Service*s - *Service History)* | *Enter date; Comments identify provider & follow-up/outcome of referral* | *State MIS; CN; HC release of information form in file* |  |
| ***Transitional Jobs*** *(Work Experience)**is the transitional job service type “transitional job”?*  (*Service*s - *Services)* | Yes  No  N/A | *State MIS* |  |
| ***Supportive Services*** received? (*Service*s - *Service History)* | *Enter date(s) & service type(s) provided. Comment describes need, service type & provider.* | *CN; IEP* |  |
| * If yes, is participant eligible to receive WIOA funded Supportive Services? | Yes  No  Basis for determination? *e.g. CN; IEP* | | |
| * If yes, are the supportive services necessary for the participant to participate in Title 1 services? *(Note: A/DW participants who are only receiving “follow-up” services may not receive WIOA funding for supportive services.)* | Yes  No  Basis for determination? | | |
| * If yes, is staff following local policy in the provision of Supportive Services? *e.g. allowable service type, funding level, duration and documentation)* | Yes  No  Basis for determination? | | |
| * If yes, is staff following local policy in the provision of Supportive Services? *e.g. allowable service type, funding level, duration and documentation)* | Yes  No  Basis for determination? | | |
| ***Follow up services*** After placement in employment are post-placement follow-up services being provided? (*Service*s - *Service History)*  Evidence (e.g. comments, activities) staff complying with the local follow-up policy? | Yes  No  N/A  If Yes, is the service supported in an OSOS Comment?  Yes  No  Yes  No  N/A | | |
| **Training Services:** [**TA 06-16**](http://www.labor.state.ny.us/workforcenypartners/ta/ta06-16-OSOSDataEntryProcedures.pdf);[**TA 06-16.2**](http://www.labor.state.ny.us/workforcenypartners/ta/ta06-16-2-ServiceDefinitionsandDataEntryProcedures.pdf);[**TA 11-12.2**](https://labor.ny.gov/workforcenypartners/ta/TA11-12.2.pdf)**;** [**TA 18-2.2**](https://labor.ny.gov/workforcenypartners/ta/ta18-2.2.pdf); [**TEGL 19-16**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf) | | | |
| ***Type of Training*** (*Services* - *Services* - *Service Type*) |  | *State MIS* |  |
| ***Program Service Type*** (*Services* – *Services tab* - *Program Service Type*) Entered correctly meaning consistent with documentation e.g. contract or ITA, and comment. | ITA  Non-ITA  Entered correctly Yes  No | *CN, Contract, ITA* |  |
| ***Incumbent Worker Training (IWT Only)*** (*Services* – *Services tab* – *Training Service Funding box* – *Incumbent Worker Training dropdown*) | Yes  No  N/A | *CN, Contract* |  |
| ***Actual Training Service Start & End Date*** (*Services* - *Services* - *Actual Start Date*) | Enter Start date:  Enter End date: | *State MIS* |  |
| ***Is customer eligible to receive the services provided***? (*Services* - *Services -Funding*) | Yes  No  If no state reason: | | |
| **Record Maintenance** | | | |
| ***Services*** are closed after participant is no longer active and/or has completed the service? (*Service*s - *Services)* | Yes  No  If No, or if services are open passed the planned end date send a list of participants with open services to the LWDA for review & updating as appropriate. | | |
| ***Timely Data Entry*** Does it appear services are being entered in OSOS within five business days after service provision? | Yes  No  If No, ask why services are being entered late during the on-site review. | | |
| ***Comments*** Information recorded in OSOS Comments is sufficiently detailed and correlates with information data entered in the record, Customer Detail, Services, and Comprehensive Assessment? | Yes  No  If No, ask why during the on-site review? Is action needed to fix the comments? Does action need to be taken to prevent this from happening? | | |
| **Outcomes:** [**TA 11-12.2**](https://labor.ny.gov/workforcenypartners/ta/TA11-12.2.pdf)**;** [**TA 11-7**](http://www.labor.state.ny.us/workforcenypartners/ta/TA11-7.pdf); [**TA 18-6.2**](https://labor.ny.gov/workforcenypartners/ta/ta18-6.2.pdf); [**TEGL 10-16, Change 1**](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3255)**;** [**TEGL 26-16**](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=5002)**;** [**OSOS Outcomes Guide**](https://labor.ny.gov/workforcenypartners/osos/WIOA-Performance-Measures-and-Outcomes-Guide.pdf) | | | |
| ***Other Reasons for Exit*** (*Customer Detail – Programs PA – Non-Service Event*) | Yes  No  N/A  If yes, state: | *State MIS / CN* |  |
| ***Employment Outcome Tab***  ***Entered documented unsubsidized employment*?** (*Services* – *Empl Outcomes*) | Yes  No  N/A | *Participant/Employer Survey w/ CN, Partner database match* |  |
| ***Manual Wages-Supplemental Wage data for*** *participants in unsubsidized employment not included in quarterly wage reporting (e.g. no social security #, self-employed).*  ***Employed 2nd Quarter after Exit***?  ***Employed 4th Quarter after Exit***?  *(Employment Outcome Details)* Employed 2nd/4th quarter after exit. | Yes  No  N/A  Yes  No  N/A  Yes  No  N/A | *Participant/Employer Survey w/ CN, Partner database match* |  |
| ***Measurable skills gain*** *(apprenticeship only) ((Employment outcome details)* | Yes  No  N/A | *CN, completion of related instruction,* *wage increase based on skill gain* |  |
| ***Training Outcome Tab***  ***Is documented training data entered?*** *(Services -Trng Outcomes)* | Yes  No  N/A | CN; credential; SR, ITA, Contract |  |
| ***Credential Attained & Type*** | Yes  No  Type | CN, HC, SR |  |
| ***Date Attained Credential*** | Date: | CN, HC, SR |  |
| ***Measurable skills gain****: related to training service; including OJT.**(Training outcome details)* | Yes  No  N/A | CN, training record, employer evaluation |  |

**Opioid NDWG specific DEV Worksheet**

| **Data Element** | **Per OSOS**  **(Note: If blank, write “blank”)** | **Supported** | |
| --- | --- | --- | --- |
| **Yes** | **No / N/A** |
| **Eligibility:** [**TEGL 04-18**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_4-18.pdf)**;** [**TEGL 2-15**](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=4439)**;** [**Opioid OSOS Guide**](https://labor.ny.gov/workforcenypartners/osos/Opioid-Crisis-DWG-OSOS-Guide.pdf) | | | |
| **Is customer an eligible DW based on completion of DW eligibility worksheet** | Yes  No |  |  |
| **Comment entered if participant self-disclosed of being affected by the opioid crisis?** (*Services - Comments*) | Yes  No  N/A | *CN* |  |
| ***“DWG Participant – Affected by Opioid Crisis”*** *activity entered?*If “yes” to *“*Do you, a friend, or any member of your family have a history of opioid use?” (*Customer Detail* *- Activities)* | Yes  No | *RF; CN* |  |
| **Career Services:** [**TEGL 19-16**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf)**; Opioid OSOS Guide** | | | |
| ***Did the participant receive career services under the Opioid grant?*** Yes  No | | | |
| ***If yes, are they consistent with the LWDB subrecipient agreement?*** Yes  No | | | |
| ***Did the participant receive supportive services under the Opioid grant?*** Yes  No | | | |
| ***If yes, were the services provided entered in OSOS along with an appropriate Comment?*** Yes  No | | | |
| **Training Opioid Services:** [**TEGL 19-16**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf)**;** [**TEGL 04-18**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_4-18.pdf)**;** [**TEGL 2-15**](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=4439); **Opioid OSOS Guide** | | | |
| ***Opioid Crisis DWG funding entered for Opioid grant service?*** (*Services* - *Services -Funding*) | Yes  No | *ITA, supportive service; temporary employment; career services* |  |
| ***Are only services identified on the grant budget reported in OSOS?*** | Yes  No |  |  |
| ***If customer received a training service, was training service in allowable field?*** *(See Opioid section in guide for description)* | Yes  No |  |  |
| **Did customer participate in disaster relief employment?** | Yes  No |  |  |
| If yes, complete Opioid NDWG Disaster-Relief Employment Worksite Review worksheet, and comment on any issues identified. | | | |

**Dislocated Worker Eligibility Worksheet**

**PY20\_\_\_\_**

**OSOS and On-site Documentation**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NYOSOS Number: NY \_\_\_\_\_\_\_\_\_\_\_\_

**References**:[**TA 11-12.2**](https://labor.ny.gov/workforcenypartners/ta/TA11-12.2.pdf) **Attachment A and B;** [**TEGL 19-16**](https://wdr.doleta.gov/directives/attach/TEGL/TEGL_19-16_acc.pdf); [**WIOA §3(15)**](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf)

**Enter any discrepancies and/or deficiencies disclosed during the review in the review guide summary.**

|  |  |  |
| --- | --- | --- |
| **Dislocated Worker outcome -** [**TA 11-12.2**](https://labor.ny.gov/workforcenypartners/ta/TA11-12.2.pdf) **Attachments A/B** | | |
| Dislocation Category: (*Customer Detail* – *Work History – Reason for Leaving*) | *List DW Category in OSOS* | |
| DW Dislocation Date: (*Customer Detail* – *Work History – Qualifying DW Date*) | *Enter date* | *State MIS; SA; RR* |
| **Participant must meet the criteria of at least one (1) DW category to be eligible. The DW category verified must match the category entered on the Work History tab.** | | |
|  | **Per OSOS** | **List source** |
| **DW 1 – Participant must meet either a, b, c, or d below.** [**Dislocated Worker Definitions**](https://labor.ny.gov/workforcenypartners/PDFs/wioa-dislocated-worker-definition.pdf) | | |
| 1. UI profiled. (UI profiled DW eligibility is valid for up to one year from date profiled) | *Enter date (Service History Enrollment Detail)* | *State MIS/CN* |
| 1. UI Exhaustee | *Service History Enrollment Detail* | *State MIS/CN* |
| 1. Active UI Claimant **AND**    1. Is unlikely to return to a previous industry or occupation. | *Service History Enrollment Detail* |  |
| *Determined through job search activities / assessment* | *CN* |
| 1. Terminated or laid off, or has received notice of termination/layoff. **AND** 2. Was employed and demonstrated attachment to workforce, but not eligible for UI (due to insufficient earnings or employment not covered by State UI) **AND** 3. Is unlikely to return to a previous industry or occupation. | *Work History Tab* | *CN* |
| *Comment describing work history* | *CN; Paystubs/ W-2* |
| *Determined through job search activities / assessment* | *CN* |
| **DW 2 (mass layoff or closure) - participant must meet either a, b, or c** | | |
| 1. Terminated, laid off, or has received notice of permanent closure or substantial layoff? | *Work History / CN* | *CN/WARN/RR* |
| 1. Employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; | *Work History / CN* | *CN* |
| 1. For purposes of eligibility to receive services other than training services described in section 134(c)(3), career services described in section 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close | *Work History / CN* | *CN* |
| **DW 3 (self-employed)** | | |
| Was self-employed, but unemployed due to general economic conditions or natural disaster? | *Comment unemployed due to economic conditions / natural disaster* | *CN; W-2; business docs* |
| **DW 4 (displaced homemaker) - participant must meet a, b and c** | | |
| 1. Was providing unpaid services to family members in the home? **AND** | *Comment stating homemaker.* | *CN, SA* |
| 1. Was dependent on another family member, but no longer supported by that income, or dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced due to deployment, call or order to active duty, death or disability of the member? **AND** | *Comment stating dependent on family member and reason no longer supported* | *CN; Divorce / court / death / military records* |
| 1. Unemployed / underemployed and unable to obtain / upgrade employment? | *Comment stating unemployed / underemployed; needs help obtaining / upgrading employment.* | *CN; SA; W-2; Bank Records; Paystubs* |
| **DW 6 (spouse of a member of the Armed Forces) - participant must meet a or b** | | |
| 1. Spouse is a member of the Armed Forces on active duty and is unemployed as a direct result of spouse’s relocation in duty station. **OR** | *Comment stating lost employment as due to spouse’s change in duty station* | *CN; DD-214; Military records* |
| 1. Spouse of a member of the Armed Forces on active duty and is a displaced homemaker? (refer to DW 4) | *Comment stating unemployed / underemployed; needs help obtaining / upgrading employment.* | *CN; SA; DD-214; Military records* |

Does the verification source stated in comments meet the requirements of at least one (1) DW category? Yes  No

If yes, does the verified DW category match the DW category in the Work History tab? Yes  No

**T****AA Participant Worksheet**

**PY20\_\_\_\_**

**OSOS and On-site Review**

County/AJC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date: \_\_\_ /\_\_\_ /20\_\_\_ Participant **NYOSOS** Number: NY\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LWDA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment/exit date**: \_\_\_ /\_\_\_ /20\_\_\_ - \_\_\_ /\_\_\_ /20\_\_\_

(*Customer Detail* – “Enrollments” button)

**Resources -** [**Trade Act Tracker**](http://intranet-home/uifield_data/index.asp?redirect=T); [**A Quick Guide for Serving Customers: Petitions TA-W # 80,000 +**](https://labor.ny.gov/workforcenypartners/taa/quick-guide-for-petitions-ta-w-80000.pdf); [**TAA Quick Process Guide**](https://labor.ny.gov/workforcenypartners/taa/TAA-Quick-Process-Guide.pdf);[**Program Specific OSOS Guides – Trade Act**](https://labor.ny.gov/workforcenypartners/osos.shtm); [**Trade Adjustment Assistance Desk Guide**](https://labor.ny.gov/workforcenypartners/taa/Trade-Adjustment-Assistance-Desk-Guide.pdf)

**Benchmarks Toolkit**: [**Guide to Training Benchmarks**](https://labor.ny.gov/workforcenypartners/taa/TAA-Benchmarks-Guide.pdf); [**Training Benchmark Progress Report**](https://labor.ny.gov/workforcenypartners/taa/TAA-Benchmarks-Training-Progress-Report.pdf); [**Using the TRA Benchmarks Tab**](https://labor.ny.gov/workforcenypartners/osos/tra-benchmarks.pdf)

**Enter any discrepancies and/or deficiencies disclosed during the review in the review guide summary.**

|  | **Per OSOS** | **Supported** | |
| --- | --- | --- | --- |
| **Yes** | **No** |
| **TAA Participant OSOS and On-site Review** | | | |
| Reason for Leaving: (*Customer Detail* – *Work Hist.*) ***Must be “Category 5-DW Dislocated Due to Foreign Trade”****.* |  | *TAA Report, TA722, Trade Tracker, SPU* |  |
| Rapid Response Event # (if applicable) (*Customer Detail* – *Work Hist.*) | *Enter number* | *State MIS* |  |
| TAA Petition Number (*Customer Detail* – *Work Hist.*) | *Enter number* | *State MIS, TA 722* |  |
| TAA application date (*Customer Detail* – *Work Hist.*) | *Enter date* | *State MIS, TA 722, TAA Report/Unit* |  |
| Adversely Affected Incumbent Worker (*Customer Detail* – *Work Hist.*) | *Yes or No* | *TAA Report, TA722, Trade Tracker, SPU* |  |
| Tenure with Employer at Separation (*Customer Detail* – *Work Hist.*) based on Qualifying Separation Date/Last Day Worked | *Enter number of months* | *TA722, CN, SPU, TAA Report* |  |
| TAA Qualifying Separation Date (*Customer Detail* – *Work Hist.*) | *Enter date* | *State MIS* |  |
| Date of TAA Eligibility Determination (*Customer Detail* – *Work Hist.*) | *Enter date* | *TA722, CN, TAA Report/Unit, SPU* |  |
| TAA Liable/Agent State Identifier (*Customer Detail* – *Work Hist.*) | *Enter state* | *TA722, CN, TAA Report, SPU* |  |
| Co-enrolled in WIOA & TAA (*Customer Detail* – *Enrollments*) Customers eligible to receive WIOA / TAA program funds, are required to be co-enrolled in WIOA and Trade Act programs. Customers who are TAA eligible, but not DW eligible due to insufficient Selective Service status, are only eligible for Trade Act benefits; not eligible for WIOA funded benefits. | *Yes or No* | *State MIS* |  |
| Petition number attached to all TAA program services? (*Services* – *Services*) | *Yes or No* | *State MIS* |  |
| Waivers - Waivers are issued to customers who will not be “enrolled” in TAA approved training by their *Training Enrollment Deadline* date. A waiver allows the customer to remain eligible for TRA. *The initial waiver can be issued for up to 90 days; subsequent waivers can be issued for up to 30 days*. Allowable Waiver Types*:* Enrollment Unavailable, Health, Training Not Available (almost never used in NYS) | | | |
| 1. If the participant received a TAA Waiver(s), is the waiver entered in Services – Services tab? Must be funded with Local DW. If not DW eligible due to insufficient Selective Service status, they are only eligible for Trade Act benefits. They are not eligible for WIOA benefits. | *Yes, No or N/A* | *CN; Trade Act Tracker* |  |
| 1. If yes, was an OSOS Comment entered supporting the Waiver type(s)? | *Yes or No* | *CN; Trade Act Tracker* |  |
| 1. Is the Waiver type(s) allowable? | *Yes or No* | *CN; Trade Act Tracker* |  |
| TAA Training– A trade-affected worker is eligible for one training program per certified petition. The customer’s eligibility to the benefit of paid training does not expire, there is no time limit. TAA program training includes classroom-based, apprenticeship, customized, OJT, remedial and pre-requisite, distance learning/on-line programs.  A training plan may include Remedial/Pre-requisite training and occupational training; remedial training should only be approved as a stand-alone training program when participation in the remedial training will remove all barriers to re-employment.  Distance Learning or On-Line training programs may be approved when the following criteria are met:   * The degree or certificate received is equivalent to what would have been received if the training had been conducted on campus. * The final degree or certificate conferred must be equivalent in content and the standard of achievement the same as programs completed on campus. * All other criteria for TAA training approval must be met. | | | |
| Is TAA training entered in OSOS as a single service?   * Separate training services are not to be added for separate semesters/courses. * Exception: Separate training services may be entered when different providers are involved. | *Yes or No* | *State MIS* |  |
| Is the OSOS TAA training service funded only with TAA funds?  Exception: WIOA funding may be used when the total cost of training exceeds the TAA caps and the additional cost, over and above the caps, is covered by WIOA funds. (*Services* – *Services*) | *Yes or No* | *State MIS* |  |
| Rapid Response Event # attached to training service (if applicable) | *Yes or No or NA* | *State MIS* |  |
| Benchmarks and 60-Day Check-Ins – Required for all customers who are TRA eligible. If customer meets all other TRA eligibility requirements meeting the benchmarks is required for them to be eligible for Completion TRA. For eligible customers local staff must monitor satisfactory progress against the following two benchmarks at intervals of no more than 60 days; 1. maintaining satisfactory academic standing (e.g., not on probation or determined to be “at risk” by the instructor/training institution); and 2. on schedule to complete training within the timeframe identified in IEP. | | | |
| 1. Are all benchmarks attached to the correct IEP service? *(all benchmarks must be entered under the same IEP service)* (*Services* – *TRA Benchmarks tab*) | *Yes or No* | *State MIS* |  |
| 1. Is the monitoring of benchmarks being documented in Comments? | *Yes or No* | *CN* |  |
| 1. Are benchmarks updated at 60-day intervals (or less) for TRA eligible customers enrolled in approved training? (*Services* – T*RA Benchmarks tab*) | *Yes or No* | *State MIS* |  |
| Job Search Allowance – Application for Job Search Allowance must be submitted to NYSDOL TAA Unit  1. Customer must be totally separated from the certified employer at time of job search  2. No reasonable expectation of securing suitable employment within the normal commuting distance  3. Job search allowance must be requested prior to interview  4. Interview must be for a verifiable job within the U.S.  5. Job search effort must be completed within 30 days.  Request for job search allowance must be made before the 365th day of petition certification or the trade-affected worker’s last total separation from the certified employer (whichever is the later date) or the 182nd day after the trade-affected worker completed his or her TAA approved training program. | | | |
| 1. Did the participant receive TAA FundedJob Search Allowance service(s) (*Services* – *Services tab*) | *Yes or No* | *State MIS* |  |
| 2. If yes, was an OSOS Comment entered detailing verification of the criteria for approval? | *Yes or No* | *CN* |  |
| Relocation Allowance – Application for Job Search Allowance must be submitted to NYSDOL TAA Unit  1. Customer must be totally separated from the certified employer at time of job search  2. Have no reasonable expectation of securing suitable employment within the normal commuting distance  3. Have not already received a relocation allowance under the same certification  4. Have obtained suitable employment of a long-term duration or have a bona fide offer of suitable employment, within the U.S.  5. Provide written verification of suitable employment obtained from the new employer  6. Request the Relocation Allowance prior to relocating | | | |
| 1. Did the participant receive TAA FundedRelocation Allowance service(s) (*Services* – *Services tab*) | *Yes or No* | *State MIS* |  |
| 2. If yes, was an OSOS Comment entered detailing verification of the criteria for approval? | *Yes or No* | *CN* |  |
| Subsistence While in Training Allowance- assistance necessary to pay costs of lodging and meals when the training facility is located outside the commuting area | | | |
| 1. Did the participant receive TAA Funded Subsistence Allowance service(s) while in training? | *Yes or No* | *State MIS* |  |
| 1. If yes, was an OSOS Comment entered detailing the need and supporting the subsistence allowance service(s) provided? | *Yes or No* | *CN* |  |
| Travel While in Training Allowance- Mileage will be reimbursed for travel over 1 hour each way by personal vehicle or public transportation over 1.5 hours each way, at the General Services Administration (GSA) mileage rate. | | | |
| 1. Did the participant receive TAA Funded Travel Allowance service(s) while in training? (*Services* – *Services tab*) | *Yes or No* | *State MIS* |  |
| 1. If yes, was an OSOS Comment entered supporting the travel allowance service(s)? | *Yes or No* | *CN* |  |

|  | **Per OSOS** |
| --- | --- |
| How is the participants’ TAA eligibility documented in the record? | *TA 722; Trade Tracker, Central Office Report, CN* |
| TAA Employment Plan – Copy of completed TAA Employment Plan in file? *TAA Employment Plan required for TAA enrollment this meets the IEP requirement.* | *TAA Employment Plan* |
| Are the services in the TAA Employment Plan consistent with the TAA Funded services in OSOS? | *Yes or No*  *Detail any discrepancies* |
| Are TAA funds only used to fund allowable services? TAA Training, Travel/Subsistence while in Training • Job Search Allowances • Job Relocation Allowances (TRA and RTAA benefits are provided via Central office) | *Yes or No*  *Detail any discrepancies* |
| Is each of the six criteria required as the basis for approving TAA-funded training documented in the participant record?  If no, state which of the criteria is not documented.   * + - 1. There is no suitable employment available for the participant.       2. The participant would benefit from appropriate training. There is a direct relationship between the needs of the participant for skills training or remedial education and the training program under consideration.       3. There is reasonable expectation of employment following completion of training.       4. Approved training is reasonably available to the participant.       5. The participant is qualified to undertake and complete such training.       6. Such training is suitable for the participant and is available at a reasonable cost. | *Yes or No*  *If no,* *state which of the criteria is not documented.* |
| How are the 6 criteria required for the approval of training determination documented in the participant’s record? *Check all that apply* [TAA Desk Guide](https://labor.ny.gov/workforcenypartners/taa/Trade-Adjustment-Assistance-Desk-Guide.pdf) | 🞏 TAA Employment Plan  🞏 Assessment 🞏 Work Search  🞏 CN 🞏 LMI  🞏 Reg/Intake form(s)  Other specify: |
| Does the *Request for TAA Funds for Training/Training Plan Details include* all planned training cost, this includes tuition and related expenses (books, tools, and academic fees), travel or transportation expenses, and subsistence? | Yes or No  If no, detail discrepancy |
| Is a revised *Request for TAA Funds for Training/Training Plan Details* completed and submitted to the TAA office when the cost of training changes? | Yes  No  N/A |
| Does the *Request for TAA Funds for Training/Training Plan Details form* document all funding sources for the approved training e.g. TAA, WIOA, public or private funds? *The training plan can only include funds that do not require reimbursement.* | Yes or No  If no, detail discrepancy |
| If local staff recommended a customer’s training request not be approved was a training determination form completed and submitted to TAA Central Office? | *Yes or No or N/A* |
| Approved TAA Training Funding Caps – If the participant received TAA funded training does the funding/length of training meet the requirements below; or if caps are exceeded does the file contain approval from the TAA Unit, Central Office?  $10,000 for training programs lasting up to 52 weeks or less  $20,000 for training programs lasting over 52 weeks  *The above caps represent the total amount of TAA funds that can be approved. The total cost of training may exceed these caps when the additional cost, over and above the caps, will be covered by another funding source such as WIOA, ACESS-VR, Veterans Grants, employer contribution, etc. or when special approval has been granted by the TAA Unit, Central Office.* | *Yes or No*  *If no, detail discrepancy* |
| Classroom/Online Training provider – must be selected from one of the following - *TAA training providers are not required to be on the ETPL.* The training must be selected from one of the following:   * ETPL (<https://applications.labor.ny.gov/ETPL/>) * SED list of approved degree granting institutions ([www.highered.nysed.gov/ocue](http://www.highered.nysed.gov/ocue)) * SED Bureau of Proprietary School Supervision’s list of non-degree granting schools and programs ([www.acces.nysed.gov/bpss/](http://www.acces.nysed.gov/bpss/)) * SED list of Distance Learning Providers ([www.highered.nysed.gov/ocue/ded/database.html](http://www.highered.nysed.gov/ocue/ded/database.html)) * Out-of-State Training Providers – on SED approved lists in the State of the provider | Select allowable provider:  🞏 ETPL  🞏 SED  🞏 SED Bureau of Proprietary School Supervision’s non-degree granting schools and programs  🞏 SED Distance Learning Providers  🞏 Out-of-State Training Providers  Criteria not met 🞏 |
| Did the customer pay for any part of the total cost of training?  *100% of the total cost of training must be paid by TRADE ACT funds, WIOA funds or other public/private funds not requiring reimbursement. The source of funds for an approved training plan must be documented on the Request for TAA Funds for Training/Training Plan Details form. A training plan that requires the trade-affected worker to pay any portion of the cost of training cannot be approved. This prohibition on the use of personal funds includes, but is not limited to student loans; however, student loans can be used for living expenses. In addition, the trade-affected worker cannot borrow funds from a relative or friend to cover any portion of the training costs.* | *Yes or No*  If yes, explain: |
| OJT – Is the OJT for the same occupation from which the worker was separated and TAA certified? Check OSOS WH, OJT service O\*Net code & the trainee job title in the contract to verify. (Reminder: Complete the OJT worksheet)  TAA OJT must not be for the same occupation from which the worker was separated and TAA certified.  [TEGL 05-15 Attachment B](https://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=3863) | *Yes or No*  *If yes, explain:* |

**Source Type Definitions**

**Key**:

|  |  |
| --- | --- |
| CM | Cross Match |
| CN | Case Notes / OSOS Comments |
| EF | WIOA Exit Form |
| HC | Hard Copy (acceptable HC documents depends on element, see DEV handbook) |
| LP | Local WDB approved definition |
| OL | Official Letter from authorized provider stating that youth is receiving services, may include email or other verifiable written correspondence. |
| RF | WIOA Registration Form |
| SA | Self-attestation |
| SD | Supplemental Wage Data – Case Notes, Surveys, Contacts with employers (documented phone call, mail, fax or email). |
| SR | School Records |
| SQ | Supplemental Questionnaire |

Definitions for four types of source documentation are:

1. Case Notes: Case notes refer to either paper or online statements (OSOS Comments) by the case manager that identifies 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.
2. Cross-Match: A cross-match requires validators to find detailed supporting evidence for the data element. An indicator or presence of an SSN in a non-WIOA database is not sufficient evidence. For example, TANF participation can be determined by a cross-match with the state's public assistance database. It is not sufficient to find that the sampled SSN is present in the public assistance database; validators must also find dates of participation and services rendered.
3. Self-Attestation: Self-attestation occurs when a participant states his or her status for a particular data element, such as pregnant or parenting youth, and then signs and dates a form acknowledging this status. The key elements for self-attestation are: (a) the participant identifying his or her status for permitted elements and (b) signing and dating a form attesting to this self-identification. The form and signature can be on paper or in the state management information system, with an online signature.

State MIS: Unless otherwise noted, state MIS refers to specific, detailed information that is stored in the states information system that supports an element. An indicator, such as a checkmark on a computer screen, alone is not acceptable source documentation. For example, state MIS is acceptable source documentation for date of first training service. To be an acceptable source to validate date of first training service, in addition to the date of first training, the state MIS should have detailed information about the type of training and the organization that provided the training.

**A/DW Participant ITA/OJT/Customized Training Determination Worksheet**

County or Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OSOS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program(s) A  DW  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter any discrepancies and/or deficiencies disclosed during the training review in the review guide summary.**

|  |  |
| --- | --- |
| **ITA/OJT/Customized Training Determination**  20 CFR 680.210 | **Documentation/Comments** |
| 1. Does the record contain documentation the participant has been determined to need training?   a. If yes, what method(s) were used to obtain information to make the training determination?  20 CFR 680.210(a) - 220(a-b), TEGL 5-15 & TEGL 5-15, Change1 | 1. 🞏 Yes 🞏 No   * 1. 🞏 Interview 🞏 Evaluation 🞏 Assessment   🞏 Career planning  🞏 Other Method (Describe method)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Does the documentation show the participant is unlikely or unable 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)(1) | 2. Enter the documented reason/barrier |
| 1. Does the documentation show the participant needs training services to obtain or retain employment leading to economic self-sufficiency or wages comparable to or higher than wages from previous employment? 20 CFR680.210(a)(2) | 3. Enter the documented reason/barrier |
| 1. Does the documentation show the participant has the skills and qualifications to participate successfully in the training? 20 CFR 680.210(a)(3) | 4. Enter the basis for determination |
| 1. Are the training services directly linked to the employment opportunities in the local area or the planning region, or in another area to which the individual is willing to commute or relocate? 20 CFR 680.210(b) | 5. Enter the basis for determination |
| 1. For ITAs is there documentation the participant is unable to obtain grant assistance or requires WIOA assistance in addition to other sources of grant assistance to pay the costs of training?   Note: One-stop centers must consider the availability of other sources of grants to pay for training costs such as TANF, State-funded training, and Federal Pell Grants, so that WIOA fund supplement other sources of training grants.  When determining & coordinating the cost of training career centers may consider the full cost of participating in training services, including the cost of support services and other appropriate costs. 20 CFR 680.210, 680.230 and WIOA §134(c)(3)(B)) | 6. Note supporting documentation |

**A/DW ITA Worksheet**

County or Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSOS ID: NY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program(s) A  DW  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter any discrepancies and/or deficiencies disclosed during the review in the review guide summary.**

|  |  |
| --- | --- |
| **Individual Training Account**  20 CFR§680.100(b)(2), 300-.350, .750 | **Documentation/Comments** |
| 1. Did participant receive a comprehensive assessment that identified a skills gap prior to receiving an ITA? [TA 09-2.1](https://labor.ny.gov/workforcenypartners/ta/TA09-2-1-ITA-Approval-Policy.pdf) | 1. 🞏 Yes 🞏 No   If no, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Is there evidence of participant choice in the selection of the training program and training provider? (e.g., IEP signed by participant acknowledging selection, detailed comments.) 20 CFR 680.310(c) and 680.340(a) | 1. 🞏 Yes 🞏 No   Note source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What is the approved ITA total funding amount? | 1. $ |
| 1. Is the total ITA funding amount at / below the LWDB ITA policy limit? 20 CFR 680.310   If no, answer the following   1. Does the local policy allow for an exception?   If yes,   1. If LWDB policy requires ITA exceptions receive prior approval, is there documentation the exception was authorized by the person(s) designated in the policy? 2. Did the ITA exception comply with all other requirements of the policy? 3. How is the ITA exception documented? | 1. 🞏 Yes 🞏 No 2. 🞏 Yes 🞏 No 3. 🞏 Yes 🞏 No 4. 🞏 Yes 🞏 No   If no, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Describe \_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Does the ITA only cover allowable cost per LWDB policy (e.g., fees, physical, books, safety glasses)? WIOA §134(c)(3), 20 CFR 680.310 | 1. 🞏 Yes 🞏 No   If no, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Is the training program on the Eligible Training Provider List (ETPL)? (20 CFR 680.430 (b)) 2. If yes, how was the ETPL status documented? (e.g., statement in Comments, hard copy of training program from the ETPL, auto load training service in OSOS) 3. Was the correct provider and offering entered in OSOS? (e.g., training service was auto-loaded from the ETPL, has ‘auto load’ in OSOS service description, and the OSOS provider matched the provider listed on the ITA.) | 1. 🞏 Yes 🞏 No 2. Enter source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. 🞏 Yes 🞏 No   Explain any discrepancies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Are Labor Exchange job search and placement assistance services made available and being provided to participant once training has ended, as appropriate, based on need / according to the IEP/TP? 20 CFR 678.425 - .430 (a)(4), 20 CFR 678.500 - 510, TEGL 17-16, MOU for the One-Stop Delivery System | 1. 🞏 Yes 🞏 No   Explanation if no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**A/DW/TAA Non-ITA Contract Training Worksheet**

Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract Start/End Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSOS ID: NY\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Type: OJT 🞏 Customized 🞏 Incumbent Worker 🞏 Transitional Employment 🞏 Pay-for Performance 🞏

**Enter any omissions and/or deficiencies disclosed during the contract review in the review guide summary.**

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| --- |
| **Non-ITA Contract Review** -20 CFR 680.320 |
| [**Pre-Award**](https://www.labor.ny.gov/workforcenypartners/ta/TA10-15-2_OJT-Att_A_Pre-awardRev.pdf)   1. Did the LWDA complete a pre-award review of the employer? Note: Documentation of compliance with the Pre-Award Review requirements may be incorporated into the final contract. 🞏 Yes 🞏 No   🞏 Prohibition on use of funds to encourage or induce relocation and Prohibition on use of funds after relocation – Has the employer relocated from another area in the U.S. within the last 120 days and there were employees laid off at that location?  🞏 Prohibition on displacement of current employees - Is any other individual on layoff from the same or substantially equivalent position? Will the training infringe upon the promotion of or displacement of any currently employed worker or a reduction in their hours?  🞏 Provide the names under which the establishment does business, including predecessors / successors in interest  🞏 Provide the name, title, and address of the company official certifying the information  🞏 WIOA assistance is not sought in connection with past or impending job losses, including a review of whether WARN notices relating to the employer have been filed  🞏 Consultation with labor organizations (if applicable)  🞏 APPLIES to OJT / CT ONLY - Employer has not exhibited a pattern of failing to provide on-the-job training participants with continued long-term employment as regular employees with wages and employment benefits and working conditions on the same level and to the same extent as other employees working a similar length of time and doing the same type of work.  Did the pre-award include all the required items? 🞏 Yes 🞏 No  If no, list omissions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WIOA §181, 20 CFR 683.260, TEGL 19-16, TA 10-15.2 |
| 1. Employer Contract Assurances - Compare the contract with requirements and note omissions or discrepancies.   🞏 APPLIES to OJT & CT - A commitment by the employer (OJT & CT) to employ an individual upon successful completion of the training  🞏 APPLIES to IW ONLY - training conducted with a commitment by the employer to retain or avert the layoffs of the incumbent workers trained. (20 CFR 680.790)  🞏 APPLIES to OJT - Training will take place during the employee’s work hours (i.e., during the shift/hours for which the employee was hired) and the employee will be compensated at the same rates, including periodic increases, as trainees or employees who are similarly situated in similar occupations by the same business and who have similar training, experience and skills.  All CONTRACTS  🞏 Funds must not be used to directly or indirectly assist, promote or deter union organizing.  🞏 The employer will comply with all applicable employment-related federal, state and local laws and regulations including but not limited to health and safety, and workers’ compensation.  🞏 The training activity will not impair an existing contract for services or collective bargaining agreement, and/or no activity that would be inconsistent with the terms of a collective bargaining agreement shall be undertaken without the written concurrence of the labor organization and the business.  🞏 Nepotism. No individual may be placed in an employment activity if a member of that person’s immediate family is directly supervised by or directly supervises that individual. For a work-based training contract, immediate family is defined as spouse, children, parents, grandparents, grandchildren, brothers, sisters or persons bearing the same relationship to the OJT employee’s spouse.  Participants will not be:  🞏 employed to carry out the construction, operation or maintenance of any part of a facility that is used or to be used for sectarian instruction or as a place for religious worship, or  🞏 required to participate in political activities  🞏 If the employer does not have an established employee grievance procedure, the employer agrees to abide by the procedure provided by the LWDB.  🞏 Provision for the LWDA, state and federal monitoring of any records or activities pertaining to the work-based contract at any time during normal business hours, and as often as deemed necessary. Such inspection shall be made to determine compliance with the terms and provisions of this contract and the progress of the participant(s).  Does the contract include all the required assurances? 🞏 Yes 🞏 No  If no, list omissions or discrepancies:  20 CFR 680.700 - .770, 680.830, 683.270, 683.275, 683.280, 683.200(g), 683.600, 683.400 - .410, WIOA §188, TA 18-4 |
| 1. Certifications – Compare the contract with required certifications and note omissions or discrepancies.   🞏 Equal Employment Opportunity Non-Discrimination (WIOA §181, WIOA §188; 29 CFR Part 38)  🞏 Debarment and Suspension (20 CFR 683.200 (d))  🞏 Drug Free Workplace (20 CFR 683.200 (d))  🞏 Salary and Bonus Limitation (20 CFR 683.290)  🞏 Byrd Anti-Lobbying Amendment (20 CFR 683.200 (e))  🞏 Buy American requirement (20 CFR 683.200 (f))  🞏 Veterans Priority of Service (TA 12-12.4)  Does the contract contain all the required certifications? 🞏 Yes 🞏 No  If no, list omissions or discrepancies: |
| 1. Additional Certifications - Compare the contract with additional certifications and if required note any omissions or discrepancies.   🞏 Davis-Bacon Act (DBA) —- requires the payment of prevailing wages and fringe benefits, as determined by USDOL, to all laborers and mechanics working on the site of federal government construction projects in excess of $2,000. Construction includes alteration and/or repair, including painting and decorating, of public buildings or public works. 2 CFR 200 Appendix II  🞏 Termination for cause and for convenience — all contracts more than $10,000, 2 CFR 200 Appendix II  🞏 Rights to Inventions Made Under a Contract or Agreement — applies to any contract for the performance of experimental, developmental, or research work funded in whole or in part by the Federal government, 2 CFR 200 Appendix II, CFR Title 37. Patents, Trademarks, and Copyrights  🞏 Contract Work Hours and Safety Standards Act — all contracts awarded by the non-Federal entity more than $100,000 that involve the employment of mechanics or laborers, 2 CFR 200 Appendix II, Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708)  🞏 Violation or breach contract terms — Contracts for more than the simplified acquisition threshold currently set at $150,000, 2 CFR 200 Appendix II  🞏 Clean Air Act — Contracts of amounts more than $150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations, 2 CFR 200 Appendix II, Clean Air Act (42 U.S.C. 7401-7671q.) & the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended  🞏 Contract Work Hours and Safety Standards Act — all contracts awarded by the non-Federal entity more than $100,000 that involve the employment of mechanics or laborers, 2 CFR 200 Appendix II, Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708)  🞏 Energy Policy and Conservation Act — purchase price of item exceeds $10,000 or the value of the quantity acquired during the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines, 2 CFR 200 Appendix II, 200.322 Procurement of recovered materials  If applicable, does the contract contain additional certifications? 🞏 Yes 🞏 No 🞏 N/A  If no, list omissions or discrepancies: |
| 1. Is the contract signed by the employer and the local program designee? 🞏 Yes 🞏 No |

**A/DW/TAA On-the-Job** **Training Worksheet**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OJT Start/End Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSOS ID: NY\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter any omissions and/or deficiencies disclosed during the contract review in the review guide summary.**

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| **On-the-Job Training** -Training that is provided by an employer to a paid participant while engaged in productive work in a job that provides knowledge or skills essential to the full and adequate performance of the job which provides employers to be reimbursed up to 50% of the wage rate of an OJT participant for the extraordinary costs of providing the training and additional supervision related to the OJT. The LWDB may increase the reimbursement rate for OJT contracts up to 75% when considering the factors contained in 20 CFR 680.730 |
| 1. LWDAs must confirm that the applicant business is a responsible training provider (bidder) for an OJT candidate by checking:   Responsibility Questionnaire –   * 1. Did the employer complete the questionnaire? 🞏 Yes 🞏 No * Is the questionnaire signed & dated by employer? 🞏 Yes 🞏 No * Did the employer answer any part of questions 1-5 with a "yes" response? 🞏 Yes 🞏 No * If the employer responded “yes” to any part of questions 1-5, did the employer provide a written explanation with signature? 🞏 Yes 🞏 No   1. Did local staff confirm the employer’s registration with the New York Department of State’s Division of Corporations? 🞏 Yes 🞏 No   2. Did LWDA staff check Federal OSHA records on-line at: <http://www.osha.gov/pls/imis/establishment.html>. (The check requires a search under NYS only) 🞏 Yes 🞏 No   3. Does the LWDA have documentation that NYSDOL completed due diligence and confirmed the employer is “Found to be Responsible”. (The determination is valid for a three-month period beginning on the date the review is completed. After this three-month period, the organization must undergo a new due diligence review if it wishes to enter into a new contract) 🞏 Yes 🞏 No   4. LWDA staff completed an on-site visit with the employer and confirmed the employer has the capacity to provide a viable on-the-job training opportunity? 🞏 Yes 🞏 No   Explain any omissions or discrepancies  20 CFR 680.700 - .750, TA 10-15.2 |
| 1. Does the OJT contract include all the following?    * + - * Employer Name, Address, Telephone number and FEIN 🞏 Yes 🞏 No          * Trainee Name(s) and Job Title 🞏 Yes 🞏 No          * Job description 🞏 Yes 🞏 No   Training plan that specifies:   * + - * + Skills and competencies to be learned; 🞏 Yes 🞏 No         + Successful completion of training, such as minimum number of hours to be completed, business evaluation, and/or minimum mastery of skill 🞏 Yes 🞏 No         + Supervisor name and title 🞏 Yes 🞏 No         + Participant wages 🞏 Yes 🞏 No         + Maximum allowable costs of training, reimbursement percentage / schedule 🞏 Yes 🞏 No   If no, include any items omitted:  TA 10-15.2 |
| 1. Does the length of training comply with the LWDB policy? 🞏 Yes 🞏 No  * Note: All OJT contracts must be limited to the period necessary for the participant to become proficient in the occupation in which the training is being provided. 20 CFR 680.700 * Additionally, the duration of a TRADE ACT funded OJT may not exceed 104 weeks of reimbursable training. |
| 1. Is the reimbursement rate in the contract compliant with the rate stated in the LWDA policy? Note: the maximum allowable rate is 75%. 🞏 Yes 🞏 No  * NOTE for the TRADE ACT program reimbursement shall not average more than 50 percent of the wages paid by the employer to such trainees during the training period.   If no, include the discrepancy in review guide summary  20 CFR 680.700 - .730, TA 10-15.2 |
| 1. Is the OJT reimbursement rate more than 50%? 🞏 Yes 🞏 No   If yes, is one of the factors below documented to justify wage reimbursement levels above 50%? Check all factors documented.  🞏 Characteristics of the participant taking into consideration barriers to employment  🞏 Size of the Employer (number of employees) with an emphasis on Small business.  🞏 Other employer-provided training and advancement opportunities:  🞏 Other per LWDB policy (for example, the number of employees participating in the training, wage and benefit levels of the employees (both pre-and post-participation earnings), and the relation of the training to the competitiveness of the participant).  If yes, note documentation source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If no, is there evidence this is a procedural issue, systematic problem, isolated occurrence, staff error? Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WIOA §134(c)(3)(H)(ii); 20 CFR 680.730 |
| 1. In addition, to the above is the OJT compliant with all other requirements of the local policy? 🞏 Yes 🞏 No   If no, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Compare the OJT contract start / end dates with the OJT service start / end dates in the participant(s) OSOS record and the supporting documentation of training (e.g., comments, payroll, time records, vouchers).   Does the training service start and end dates in OSOS and supporting documentation fall within the contract period? 🞏 Yes 🞏 No  If no, describe the discrepancy (e.g., data entry error, overpayment) \_\_\_\_\_\_\_\_\_  Advise FOTA if OJT payments are made outside of the dates on the contract. |
| 1. Is there documentation OJT monitoring is occurring at least once to ensure compliance with contract terms and to help resolve any issues (ideally around the midpoint of the training period)? 🞏 Yes 🞏 No   If no, explain (e.g., recent start date, early termination, no monitoring)  TA 10-15.2 |
| 1. Is the OJT for a current employed worker? 🞏 Yes 🞏 No  * Check the employment status in the contract document with the participant OSOS data and comments, is the status consistent? 🞏 Yes 🞏 No   If no, describe |
| 1. If the OJT contract is for an employed worker, is there documentation the training relates to at least one of the following? 🞏 Yes 🞏 No 🞏 N/A   🞏 Introduction of new technologies  🞏 Introduction to new production or services procedures  🞏 Upgrading to new jobs that require additional skills  🞏 Workplace literacy  🞏 Other appropriate purposes identified by the LWDB  If no, describe |

**A/DW Customized Training Worksheet**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Start/End Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSOS ID: NY\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter any omissions and/or deficiencies disclosed during the contract review in the review guide summary.**

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| **Customized Training** is designed to meet the specific requirements of an employer (including a group of employers); that is conducted with a commitment by the employer to employ and individual upon successful completion of the training; and for which the employer pays for a significant cost of the training, as determined by the LWDB in accordance with the factors identified in WIOA §3(14). |
| 1. Does the contract training plan identify the individuals to be trained and their job titles? 🞏 Yes 🞏 No |
| 1. Is there documentation of each trainee’s participation in the training (e.g., attendance, progress reports, completion certificates)? (Documentation may be with the contract or individual record) 🞏 Yes 🞏 No |
| 1. Is the customized training for a current employed worker? 🞏 Yes 🞏 No   Check the employment status in the contract document with the participant OSOS data and comments, is the status consistent? 🞏 Yes 🞏 No  If no, describe the discrepancy |
| 1. If the customized training is for employed worker is there documentation of the requirement the training relates to at least one of the following? 🞏 Yes 🞏 No 🞏 N/A   🞏 Introduction of new technologies  🞏 Introduction to new production or services procedures  🞏 Upgrading to new jobs that require additional skills  🞏 Workplace literacy  🞏 Other appropriate purposes identified by the LWDB, list other: |
| 1. Does the contract identify the portion of the training cost paid by the employer? 🞏 Yes 🞏 No 🞏 N/A   If yes, does the training cost paid by the employer conform with the LWDB policy for determining what constitutes employer’s payment of “a significant portion of the cost of training”? 🞏 Yes 🞏 No  (The wages of the employees being trained, while they are participating in customized training, may be used towards meeting the match requirement for the training but may not be paid for with WIOA funds**.**) |
| 1. In addition, to the above is the customized training compliant with all other requirements of the local policy?   🞏 Yes 🞏 No If no, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Incumbent Worker Training Worksheet**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Start/End Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSOS ID: NY\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter any omissions and/or deficiencies disclosed during the contract review in the review guide summary.**

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| **Incumbent Worker Training (IWT)** isdesigned to meet the special requirements of an employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment. Conducted with a commitment by the employer to retain or avert the layoffs of the incumbent worker(s) trained. An incumbent worker does not have to meet the eligibility requirements for career and training services for A/DW under WIOA, unless they are also enrolled as a participant in the WIOA A or DW program. At a minimum staff need to verify DOB, Selective Service, and work history. 20 CFR 680.780 - .790 |
| 1. Does the contract process include verification the individual(s) receiving training meet the following requirements (must meet a, b, and c or d)? 2. 🞏 Yes 🞏 No Individual(s) receiving training are employees; 3. 🞏 Yes 🞏 No Meet the Fair Labor Standards Act requirements for an employer-employee relationship; and 4. 🞏 Yes 🞏 No The employees being trained have an established employment history with the employer for 6 months or more (which may include time spent as a temporary or contract worker performing work for the employer receiving IWT funds)   OR   1. 🞏 Yes 🞏 No If training is for a group of employees does the majority being trained meet the 6 months or more employment history requirement? (The exception is if IWT is being provided to a cohort of employees, not every employee in the cohort must have an established employment history with the employer for 6 months or more as long as a majority of those employees being trained meet the employment history requirement.) |
| 1. Does the contract process include verification of the above requirements for the employer to receive IWT funds?   🞏 Yes 🞏 No If no, list omissions or discrepancies: |
| 1. What is the employer’s share of the IWT cost, based on the size of the employer?   🞏 At least 10% of the cost, for employers with 50 or fewer employees;  🞏 At least 25% of the cost, for employers with 51 to 100 employees; or  🞏 At least 50% of the cost, for employers with more than 100 employees.  LWDB policy must require at least the minimum employer cost but may have more stringent requirements. Does the employer’s share of the IWT cost conform to LWDB policy? 🞏 Yes 🞏 No  Is the employer share of the IWT cost documented? 🞏 Yes 🞏 No  (Employer share of cost must be documented in the incumbent worker contract.) |
| 1. Was the participant’s service properly recorded as IWT “Yes” in OSOS? (verify data entry from participant worksheets)? 🞏 Yes 🞏 No |

**Transitional Jobs (Work Experience) Worksheet**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Start/End Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSOS ID: NY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter any omissions and/or deficiencies disclosed during the contract review in the review guide summary.**

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| **Transitional Jobs (Work Experience)** A transitional job provides a limited work experience, that is subsidized in the public, private, or non-profit sectors for those individuals with barriers to employment because of chronic unemployment or inconsistent work history; these jobs are designed to enable an individual to establish a work history, demonstrate work success, and develop the skills that lead to unsubsidized employment. WIOA §134(d)(5), 20 CFR 680.180 - .195 |
| 1. Is the transitional job agreement for a limited duration as defined by the LWDB policy? 🞏 Yes 🞏 No |
| 1. Is the reimbursement rate in the agreement allowable under the LWDB policy? 🞏 Yes 🞏 No   (WIOA allows for up to 100% reimbursement) |
| 1. Does the agreement specify who is responsible for payment of wages? 🞏 Yes 🞏 No |
| 1. Does the transitional job agreement include all the following?  * Employer Name & contact information 🞏 Yes 🞏 No * Trainee Name(s) and Job Title 🞏 Yes 🞏 No * Workplace skills/competencies to be developed 🞏 Yes 🞏 No * Supervisor name and title 🞏 Yes 🞏 No * Participant wages 🞏 Yes 🞏 No * Duration (start/end dates) 🞏 Yes 🞏 No   If no, list omissions or discrepancies: |
| 1. Is there evidence the transitional job (only) provides opportunity for individuals to demonstrate success in the workplace (e.g. punctuality, appropriate dress, work ethic, communication, etc.)? 🞏 Yes 🞏 No |
| 1. Did the transitional job (only) participant have barriers to employment, specifically, chronically unemployed or have an inconsistent work history, as determined by LWDB policy? 🞏 Yes 🞏 No |
| 1. Was the participant’s transitional job (only) combined with career and supportive services (verify receipt from participant worksheets)? 🞏 Yes 🞏 No |

**A/DW Pay for Performance Contract Strategy Worksheet**

Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract Start/End Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OSOS ID: NY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter any omissions and/or deficiencies disclosed during the contract review in the review guide summary.**

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| **Pay for Performance (PFP) Contract Strategy** WIOA PFP contract strategy is a specific type of performance-based contract strategy that places a higher emphasis on performance outcomes and drives better results. In a PFP contract strategy, service providers are paid based on the achievement of specified levels of performance related to WIOA outcomes, rather than being paid for processes or outputs. Local workforce boards may use up to 10% of their funds for adult training services and/or youth activities for PFP contract strategies. Where local workforce boards use PFP contract strategies, funds may be available until expended, if authorized by Congress in annual appropriations. This extended availability means that, if outcomes are not achieved as hoped, the funds may be used for another PFP purpose. WIOA §3(47), 20 CFR 683.500 - .540. |
| 1. Does the contract include the target populations specified by the LWDB? 🞏 Yes 🞏 No |
| 1. What populations or baselines are used for comparison purposes to determine performance? |
| 1. Does the contract include the following?  * Does the contract include performance targets? 🞏 Yes 🞏 No * Time frames for measuring results against targets? 🞏 Yes 🞏 No * Payment schedule? 🞏 Yes 🞏 No   If no, explain: |
| 1. How are performance outcomes achieved under the contract, measured against the levels of performance specified in the contract, and tracked by the local area?   Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. How does the LWDA validate the contractor’s achievement of the performance benchmarks specified in the contract?   Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Bonus payments for achieving outcomes above and beyond those specified in the contract? 🞏 Yes 🞏 No   (Bonus payments must be used by the service provider to expand capacity to provide effective training.) |

**APPENDIX**

**Tool A: A/DW/TAA Monitoring Document Request Tool**

The list below outlines LWDA documentation to be requested by NYSDOL field staff for analysis prior to and while on site for a monitoring review.

Prior to requesting documents from the LWDA review and update the document list.

* If there are any new policy requirements add them to the list before sending.
* Are any policies no longer required? Remove them from the list before sending.
* Check to see if they are posted on the LWDA's website. Indicate that on the list so the LWDA knows they don't have to provide it.

Transmit the document list to the LWDA requesting the LWDA submit the documents to the Field office in advance of the review. In the request transmittal include the period of the review and a due date for submission of the documents. Advise the LWDA to contact program review staff to make other arrangements if the LWDA is unable to provide the documents by the due date. The LWDA may email documents, make access available via a website by providing a link to the location, or submit hard copies of the documents. Any documentation not provided in advance of the review is to be collected on-site. Additional requests may be made while on site, if necessary.

Cross check documents submitted with documents posted on the LWDA website make sure documents posted are up-to-date, and the LWDA has submitted the appropriate documents for the review.

\_\_\_\_\_\_\_*LWDA*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **A/DW/TAA Review,** *period covered by review\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |
| --- | --- | --- |
| **Required Policies** | **Effective Date** | **Comments** |
| Individual Training Account (ITA) |  |  |
| On-the-Job Training (OJT) |  |  |
| Customized Training (CT) |  |  |
| Incumbent Worker (IW) |  |  |
| Transitional Jobs / Work Experience |  |  |
| Pay for Performance |  |  |
| Supportive Services |  |  |
| Priority of Service |  |  |
| Self-sufficiency |  |  |
| LWDA Monitoring (Policy/Plan) |  |  |
| Eligible Training Provider |  |  |
| Disruptive Customer |  |  |
| Functional Alignment |  |  |
| Personally Identifiable Information (PII) |  |  |
| Follow-up |  |  |
| Initial Assessment |  |  |
| *Any other policies provided by LWDDA pertaining to A/DW/TAA services* |  |  |
| *Any other policies provided by LWDDA pertaining to A/DW/TAA services* |  |  |
| **Requested Documents** | **Effective Date** | **Comments** |
| Intake forms |  |  |
| Program monitoring reports and corrective action plans (if applicable) WIOA §107(d)(8) |  |  |
| Worksite Agreement Template |  |  |
| ITA template |  |  |
| OJT Contract template |  |  |
| Customized Training Contract template |  |  |
| Incumbent Worker Contract template |  |  |
| Pay for Performance Contract template |  |  |
| RFP |  |  |
| Sub-recipient Contracts: |  |  |
| *(enter contractor)* |  |  |
| *(enter contractor)* |  |  |
| *(enter contractor)* |  |  |

**Opioid NDWG Disaster-Relief Employment Worksite Review**

LWDB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Worksite: Yes No

Private Worksite: Yes No

If Private, answer the following questions:

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Supervisors at this worksite: \_\_\_\_\_\_\_\_\_\_

Number of Participants placed at this worksite: \_\_\_\_\_\_\_\_

Participant(s) Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are their job duties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are the timesheets on site? Yes No If no, where are they being kept? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were the timesheets completed correctly? Yes No

Have participants been paid in a timely manner? Yes No

Are participants being paid the salary advertised by the Grantee, per work plan? Yes No

Does it appear there is adequate supervision? Yes No Why or why not? \_\_\_\_\_\_\_\_\_\_\_

Have participants been trained on the hazards they may be exposed to while working? Yes No N/A

Do participants have appropriate personal protective equipment for job site hazards? Yes No N/A

Have participants received training on the personal protective equipment (PPE)? Yes No N/A

Does the location meet NDWG conditions? Yes No N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As of the development of this guide, a listing of required policies is being developed by NYSDOL. This list will be used once finalized and released to the LWDBs. [↑](#footnote-ref-1)
2. WorkforceGPS [WIOA Performance Accountability Guidance Overview](https://apprenticeship.workforcegps.org/events/2016/12/14/12/38/WIOA-Wednesday-WIOA-Performance-Accountability-Hot-Topics) webinar presented on January 11, 2017. [↑](#footnote-ref-2)
3. Customer can self-disclose on the registration form, intake form, during the initial assessment, or to the program staff. No Federal or State validation standards have been established for this data element. Reviewer will need to review available documentation and OSOS data entry to determine if Disability fields in OSOS have been properly updated. [↑](#footnote-ref-3)
4. No Federal or State validation standards have been established for this data element. Reviewer will need to review available documentation and OSOS data entry to determine if data has been properly entered in OSOS and documented. [↑](#footnote-ref-4)