

[WIOA Adult and Dislocated Worker Program]

QUALITY ASSURANCE REPORT

PROGRAM YEAR 2017 -2018

Review Date: September 2017

LWDB 01



CareerSource Escarosa

September 29, 2017

3670-2A North "L" Street Pensacola, Florida 32505

www.careersourceescarosa.com

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MONITORING EXIT SUMMARY

A total of forty nine (49) WIOA Adult and Dislocated Worker case files were monitored during this period. The outcome of this review revealed no (0) apparent concerns.

**2016-2017 WIOA
Programmatic Report Page
Formula Adult and Dislocated Worker**

PROGRAM ELIGIBILITY					
		Adult	DW	Total	
1	Indicate whether the participant is an Adult (A) or Dislocated Worker (DW).	46	3	49	
	Percent	93.9%	6.1%		
		Yes	No	N/A	Total
2	If an Adult, was the Adult determined low income as described in the local plan and was there documentation in the file to support the low income determination? (Y, N, X) (Note: X= Low income was not applicable to the participant, participant was a Dislocated Worker or an Employed/Incumbent Worker referred by the employer).	45	0	4	4
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total

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3	If a Dislocated Worker, did the case file contain documentation of lay-off, termination, plant closure, recently separated veteran or spouse of a recently separated veteran, spouse of a veteran on active duty or other eligible Dislocated Worker criteria? (Y, N, X) (Note: X=Participant was not a Dislocated Worker).	3	0	46	46
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
4	Was documentation in the case file that the participant was 18 years of age or older at registration? (Y, N). (Note: If DW, participant does not have to be 18; however, determination of age must be documented).	49	0	0	0
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
5	Was documentation in the case file of U.S. citizenship or authorization to work in the U.S.? (Y, N).	49	0	0	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
6	If required, was documentation in the case file of Selective Service Registration or an allowable exemption? (Y, N, X) (Note: X= exempt from selective service registration) (Note: Federal requirement for males born on or after January 1, 1960).	16	0	33	49

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	Percent	100.0%	0.0%		
EMPLOYED/INCUMBENT WORKER DETERMINATION					
		Yes	No	N/A	Total
7	Was the participant an employed worker/incumbent worker at the time of registration? (Y, N). (If No, questions 8 and 9 will be X).	0	49	0	49
	Percent	0.0%	100.0%		
		Yes	No	N/A	Total
8	If yes to #7, and the participant was not referred by an employer, is there documentation in the case file indicating that the participant was not earning a self-sufficient wage at the time of registration, was in need of training services to obtain or retain employment leading to "self-sufficiency", and was the participant in agreement with the training selection? (Y, N, X) (Note: X = Referred by an employer).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
9	If yes to #7, and the participant was referred by an employer, is there documentation in the case file from the employer indicating the participant was in need of WIOA training services in order to obtain or retain employment that leads to self-sufficiency or to avert layoffs as	0	0	0	0

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	described in local policy? (Y, N, X) (Note: X = Not referred by an employer).				
	Percent	0.0%	0.0%		
Veterans					
		Yes	No	N/A	Total
10	If the participant was a veteran, did the file contain documentation to verify veteran status? (Y, N, X) (Note: X= Participant was not a veteran.).	5	0	44	44
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
11	If the participant was an eligible spouse of a veteran, did the file contain documentation to verify eligible spouse of a veteran status? (Y, N, X) (Note: X= Participant was not an eligible spouse of a veteran).	1	0	48	48
	Percent	100.0%	0.0%		
GRIEVANCE FORM					
		Yes	No	Total	
12	Was a signed and dated Grievance/Complaint and EEO/Discrimination Form in the participant's case file? (Y, N).	49	0	49	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total

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13	If yes to #12, did the Grievance/Complaint and EEO/Discrimination Form include correct names and addresses for filing a grievance, appeal or EEO complaint? (Y, N, X).	49	0	0	0
	Percent	100.0%	0.0%		
BASIC CAREER SERVICES					
		Yes	No	Total	
14	Was a basic career service activity entered in the State's MIS? (Y, N) (Note: N = Participant did not receive a basic career service that required significant staff assistance. (If N, question 15 will be X).	49	0	49	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
15	If yes to #14, was documentation in the case file of the basic career service provided? (Y, N, X) (Note: X = Participant did not receive a basic career service that required significant staff assistance).	49	0	0	49
	Percent	100.0%	0.0%		
INDIVIDUALIZED CAREER SERVICES					
		Yes	No	Total	
16	Was an Individualized career service entered in the State's MIS? (Y, N) (Note: N= Participant did not receive an individualized career service). (If N, questions 17 and 18 will be X).	48	0	48	

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	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
17	If yes to #16, was documentation in the case file of a determination of need for individualized services to obtain or retain employment leading to "self-sufficiency"? (Y,N,X) (Note: X= Participant did not received individualized services).	48	0	1	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
18	If yes to #16, was documentation in the case file of the individualized career service provided? (Y, N, X) (Note: X = Participant did not receive an individualized career service).	48	0	1	49
	Percent	100.0%	0.0%		
WORK EXPERIENCE/INTERNSHIP/TRANSITIONAL JOBS					
		Yes	No	Total	
19	Was the participant provided a work experience (WE) service? (Y, N) (Note: N = Participant did not receive a WE activity). (If N, questions 20 through 26 will be X).	0	49	49	
	Percent	0.0%	100.0%		
		Yes	No	N/A	Total
20	Was a WE activity entered in the State's MIS? (Y, N, X) (Note: N = Participant did not receive a WE activity or participant received a WE service but the activity was not entered in the MIS).	0	0	49	49

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	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
21	If yes to # 20, was a WE training agreement executed between the employer and the LWDB for the participant's training? (Y,N,X) (Note: X = Participant did not receive a WE activity).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
22	Was documentation in the case file that the WE start date was on or after the employer's WE training agreement effective date? (Y, N, X) (Note: X = Participant did not receive a WE activity).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
23	Was this a paid WE? (Y,N,X) (Note: X=Participant did not receive a WE activity). (Note: Transitional Jobs must be a paid activity).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
24	If yes to #23, was the participant paid the wage stated in the agreement and were FLSA requirements met? (Y, N, X) (Note: X = Participant did not receive a WE activity).	0	0	49	49

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	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
25	Was the WE training provided as described in the WE Training Plan? (Y, N, X) (Note: X = Participant did not receive a WE activity).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
26	If a transitional job, was the work experience combined with comprehensive career services and support services? (Y,N,X) (Note: X=Participant did not receive a WE activity). (Note: Question not applicable to other types of WE).	0	0	49	49
	Percent	0.0%	0.0%		

OCCUPATIONAL SKILLS/REGISTERED APPRENTICESHIP/PRE-APPRENTICESHIP/SKILLS UPGRADE AND RETRAINING/ADULT EDUCATION AND LITERACY

		Yes	No	Total	
27	Was an Occupational Skills (OS), Registered Apprenticeship (RA), Pre-Apprenticeship (PA), Skills Upgrade and Retraining (SUR), or Adult Education and Literacy (AEL) activity entered in the State's Management Information System (MIS)? (Y, N) (Note: N = Participant did not receive OS, RA, PA, SUR or an AEL training services funded with Title I funds). (If	48	1	49	

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	N, questions 28 through 33 will be X).				
	Percent	98.0%	2.0%		
		Yes	No	N/A	Total
28	If yes to # 27, was documentation in the case file of a determination of need for training services after an interview, evaluation, or assessment and career planning? (Y, N, X) (Note: X = Participant did not receive an OS, RA, PA, SUR or an AEL training activity funded with Title I funds).	48	0	1	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
29	If an OS, RA, PA, SUR or AEL activity was provided, was the training in a local/state demand occupation? (Y, N, X). (Note: X = Participant did not receive an OS, RA, PA, SUR or an AEL training activity funded with Title I funds).	48	0	1	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
30	Was the training provider on the local/state approved eligible training provider list (ETPL)? (Y, N, X). (Note: X = Participant did not receive an OS, RA, PA, SUR or an AEL training activity funded with Title I funds).	48	0	1	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total

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31	If an Individual Training Account (ITA) was utilized, were ITA costs recorded in the Training Enrollment Cost table in the State's MIS? (Y, N, X). (Note: X = Participant did not receive an OS, RA, PA, SUR or an AEL training activity funded with Title I funds or participant did not enroll in training with an ITA).	48	0	1	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
32	If a RA activity was provided, was an OJT activity entered in the State's MIS? (Y, X) (If Y, reviewer must complete the OJT section of the tool). (If X, the participant did not receive RA training or the OJT portion of the RA training was not funded using OJT funds).	48	0	1	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
33	If an AEL activity was provided and Title I Adult and Dislocated Worker funds were used, was the AEL activity done concurrently or in coordination with an allowable training activity? (Y,N, X) (Note: X= Participant did not receive an AEL activity or an AEL activity was given but was not funded with Title I Adult and DW funding).	48	0	1	49
	Percent	100.0%	0.0%		
ON-THE-JOB/CUSTOMIZED/INCUMBENT WORKER TRAINING					
		Yes	No	Total	
34	Was On-The-Job (OJT), Customized	0	49	49	

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	Training (CT) or Incumbent Worker Training (IWT) provided to the participant? (Y, N) (Note: N = Participant did not receive OJT, CT or IWT) (If N, questions 35 through 42 will be X).				
	Percent	0.0%	100.0%		
		OJT	CT	IWT	N/A
35	If yes to #34, indicate the type of training provided (OJT, CT or IWT).	0	0	0	49
	Percent	#DIV/0!	0.0%	0.0%	
		Yes	No	N/A	Total
36	If IWT, was there documentation of an established employment history with the employer of six months or more or was the participant part of a training group where the majority of the group meet the six months requirement? (Y, N, X) (Note: X = Participant did not receive an IWT activity).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
37	Was an OJT, CT or IWT agreement executed between the employer or a RA program sponsor and the Region for the participant's training position? (Y, N, X) (Note: X = Participant did not receive OJT, CT or IWT activity). (Note: An agreement between the registered apprenticeship program sponsor and the region can only be executed if the	0	0	49	49

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	participant was placed in a RA program).				
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
38	Is documentation in the case file of the referral to the OJT employer? (Y, N, X) (Note: X = Participant did not receive OJT) (Note: Question not applicable to CT or IWT).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
39	If yes to #38, does the job title on the referral match the occupation listed on the participant's IEP or case notes? (Y, N, X) (Note: X = Participant did not receive OJT) (Note: Question not applicable to CT or IWT).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
40	Is documentation in the case file that the participant's OJT/CT/IWT start date was on or after the employer's OJT/CT/IWT contract effective date? (Y, N, X) (Note: X = Participant did not receive OJT, or CT or IWT).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
41	Did the file contain details of the skills to be attained, the duration of the training and the wage rate or the	0	0	49	49

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	established non-federal reimbursement share? (Y, N, X) (Note: X = Participant did not receive OJT). (Note: Wage rate not applicable to CT and IWT).				
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
42	Was the training provided as described in the OJT/CT/IWT agreement? (Y,N,X) (Note: X = Participant did not receive OJT, or CT or IWT).	0	0	49	49
	Percent	0.0%	0.0%		
CREDENTIAL ATTAINMENT					
		Yes	No	Total	
43	Was a credential attainment entered in the MIS? (Y, N). (Note: N = Participant did not receive a credential). (If N, questions 44 and 45 will be X).	13	36	49	
	Percent	26.5%	73.5%		
		Yes	No	N/A	Total
44	If yes to #43, was documentation in the participant's case file to support the credential? (Y, N, X) (Note: X = no credential entered in MIS).	13	0	36	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
45	If yes to #44, did the credential attainment date and type match the credential attainment information entered in the MIS? (Y, N, X). (Note: X = no credential entered in MIS).	13	0	36	49

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	Percent	100.0%	0.0%		
SUPPORTIVE SERVICES					
		Yes	No	Total	
46	Was a supportive service activity entered in MIS? (Y, N) (Note: N = Participant did not receive a supportive service). (If N, questions 47 through 49 will be X).	38	11	49	
	Percent	77.6%	22.4%		
		Yes	No	N/A	Total
47	If yes to #46, was there documentation in the participant case file to verify the supportive service provided? (Y, N, X) (Note: X = no supportive service was provided).	38	0	11	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
48	Did the supportive service activity documented in the case file match the supportive service activity entered in the MIS? (Y, N, X) (Note: X = no supportive service was provided).	38	0	11	49
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
49	Was documentation in the case file to show that the supportive services were issued in accordance with local policy? (Y, N, X) (Note: X = No supportive service was provided).	38	0	11	49
	Percent	100.0%	0.0%		

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PROGRAM EXIT and FOLLOW-UP					
		Yes	No	Total	
50	Was the participant exited in the MIS? (Y, N) (N = Case is open or there is a WIA case closure but no exit) (If No, questions 51 through 58 will be X).	0	49	49	
	Percent	0.0%	100.0%		
		Yes	No	N/A	Total
51	If yes to #50, and the participant exited with unsubsidized employment, was documentation in the case file to verify the employment start date and wage information? (Y, N, X). (X = Participant did not exit with employment).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
52	If yes to #51, was the employment information accurately entered in the MIS? (Y, N, X). (X = Participant did not exit with employment).	0	0	49	49
	Percent	0.0%	0.0%		
FOLLOW-UP SERVICES					
		Yes	No	N/A	Total
53	Was a follow-up service entered in the State's MIS? (Y, N,) (Note: N = Participant's case is currently open, there is a case closure but participant has not exited the program, the participant declines to receive follow-up services or the participant cannot be located).	0	0	49	49
	Percent	0.0%	0.0%		

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		Yes	No	N/A	Total
54	#REF!	#REF!	#REF!	#REF!	#REF!
	Percent	#REF!	#REF!		
55	If yes to #53, was documentation in the case file of the follow-up service provided to the participant? (Y, N, X) (Note: X = Participant did not receive follow-up services).	0	0	49	49
	Percent	0.0%	0.0%		
QUARTERLY FOLLOW-UPS					
		Yes	No	N/A	Total
56	Were required follow-ups conducted for each of the 1st, 2nd, 3rd, and 4th quarters after exit intervals, as applicable? (Y, N, X) (Note: If No, questions 57 and 58 will be X). (Note: X = Participant's case is currently open, there is a case closure but participant has not exited the program, follow-up is not due or the participant cannot be located).	0	0	49	49
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
57	If yes to #56, were the follow-ups conducted by the due date indicated in the follow-up table in the MIS? (Y, N, X) (Note: X=Participant cannot be located).	0	0	49	49

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	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
59	Was employment information correctly entered in the follow-up fields in EFM for each applicable quarter and properly verified? (Y, N, X) (Note: X =Participant was not employed during the time of the follow up or the participant cannot be located).	0	0	49	49
	Percent	0.0%	0.0%		

A 2016-2017 program year tool was used for this event, DEO should have a 2017-2018 tool published sometime in October 2017. The next scheduled monitoring of the WIOA Adult and Dislocated Worker Program will be held in November 2017.

End of Report.