

[Trade Adjustment Assistance Program]

QUALITY ASSURANCE REPORT

PROGRAM YEAR 2017 -2018

Review Date: January 2018

LWDB 01



CareerSource Escarosa

January 24, 2018

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

www.careersourceescarosa.com

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MONITORING EXIT SUMMARY

A total of one (1) TAA case file was monitored during this period. The final outcome of this review revealed no (0) apparent concerns at this time.

TRADE ADJUSTMENT ASSISTANCE					
		Yes	No	Total	
1	Is the worker covered under a certified TAA petition and is there supporting documentation in the participant's case file? (Y, N)	1	0	1	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
2	Did the participant receive Rapid Response Assistance? (Y, N, X) [X= Not applicable to the participant if relocated from another state.] If 'N' or 'X', mark 'X' on #3.	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
3	If yes to #2, was the activity recorded accurately in Employ Florida to include information in the TAA program application? (Y, N, X) [X= The participant did not receive Rapid Response Assistance].	0	0	1	1
	Percent	0.0%	0.0%		
Waivers					
		Yes	No	Total	
4	Did the participant receive a waiver of training requirement? (Y, X) If not applicable (X), mark 'X' on #'s 5-8.	0	1	1	

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	Percent	0.0%	100.0%		
		Yes	No	N/A	Total
5	Was a copy of the waiver in the file and was it accurately recorded in the TAA program application in Employ Florida? (Y, N, X).	0	0	1	1
		0.0%	0.0%		
		Yes	No	N/A	Total
6	Was the waiver issued/reviewed beyond the initial 30-day period? (Y, N) If 'N', mark 'X' on #'s 7-8.	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
7	20 CFR 617.19, TAPR Was the waiver reviewed every 30 days and documented in the "create waiver link" in Employ Florida? (Y, N, X).	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
8	Is documentation in the file that the individual performed an adequate job search? (Y, N, X)	0	0	1	1
	Percent	0.0%	0.0%		
TAA Application/Partner Programs					
		Yes	No	Total	
9	Is the participant registered in Wagner-Peyser? (Y, N)	1	0	1	
	Percent	100.0%	0.0%		

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		Yes	No	Total	
10	Were basic and/or individualized career services accurately recorded in Employ Florida? (Y, N) Note: If enrolled in training, basic and individualized career services are required.	1	0	1	
	Percent	100.0%	0.0%		
Approved Training					
		Yes	No	N/A	Total
11	Was the participant enrolled in TAA-approved training? (Y, X) If not applicable (X) mark 'X' on #'s 12-26.	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
12	Did the participant meet ALL of the following six program criteria for training under the TAA program: (Y, N).	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
12a	i - Was suitable employment NOT available for the participant as documented in the file? (Y, N, X).	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
12b	ii - Would the participant benefit from appropriate training as documented in the file? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
12c	iii - Was there a reasonable expectation of employment following completion of such	1	0	0	1

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	training as documented in the file? (Y, N, X)				
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
12d	iv – Was the approved training reasonably accessible within the commuting area to the worker as documented in the file? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
12e	v - Was the participant assessed and qualified to undertake and complete such training as documented in the file? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
12f	vi - Did the referral to a training provider include the participant's capabilities, background, experiences, and cost of training as documented in the file? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
13	Was a training plan documented in the participant's file or in Employ Florida? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
14	Was training approved within 30 days of the training start date as indicated on the	1	0	0	1

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	TAA 2100A Form? (Y, N, X)				
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
15	If no to #14, was there justifiable cause? (Y, N, X) Example: Training institution required early registration.	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
16	Was the training approval activity (TA1) accurately recorded in Employ Florida? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
17	Did the participant receive approval for occupational skills or customized training to be completed not to exceed 104 weeks (2002 Act) or 130 - 156 weeks (2009 Amendment) or 130 weeks (2011 Extension Act and TAARA 2015), and was the training accurately recorded and documented in the file? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
18	If no to #17, was the participant removed from TAA funded training? (Y, N, X)	0	0	1	1
	Percent	0.0%	0.0%		

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		Yes	No	N/A	Total
19	Did the participant receive approval for prerequisite/remedial training identified on the 2100A Form (prerequisite - 2009 Amendment, 2011 Extension and Reversion 2014/Reauthorization 2015)? (Y,X) If not applicable (X), mark 'X' on #20.	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	N/A	N/A	Total
20	Was prerequisite/remedial training + skills training identified in the individual's training plan, and was it accurately recorded and scheduled to be completed not to exceed 130 weeks (2002 Act or 2011 Extension) or 156 weeks (2009 Amendment and Reversion 2014/Reauthorization 2015) as documented on the initial approval in the file? (Y, N, X	0	0	1	1
	Percent	0.0%			
		Yes	No	Total	
21	Did the participant receive approval for training outside of the commuting area? (Y, X) If not applicable (X), mark 'X' on #22.	0	0	0	
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
22	Was transportation or subsistence included in the total costs for approved training and recorded in Employ Florida? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		

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		Yes	No	N/A	Total
23	Did the participant file contain course/program of study outline and registration for each semester enrolled? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
24	Did the participant file contain time/attendance records for each period enrolled and participating in training? (Y, N, X)	1	0	0	0
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
25	Did the participant receive Training Benchmarks? (Y, N, X) If not applicable because the participant was not enrolled in training or received short-term training (X), mark 'X' on #26.	1	0	0	1
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
26	Was the Training Benchmarks documented in the participant's file? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
On-the Job/Customized Training					
		Yes	No	Total	
27	Was On-the-Job (OJT) or Customized Training (CT) provided to the participant? (Y, X) If not applicable (X), mark 'X' on #'s	0	1	1	

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	27-34				
	Percent	0.0%	100.0%		
		OJT	CT	N/A	Total
28	If yes to #27, indicate the type of training provided (OJT or CT).	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
29	Was an OJT/CT agreement executed between the employer and the LWDB for the participant's training position? (Y, N, X)	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
30	If OJT, is documentation in the case file of the referral to the OJT employer? (Y, N, X). If not OJT, mark 'X' on #31.	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
31	If yes to #30, does the job title on the referral match the occupation listed on the participant's IEP? (Y, N, X)	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	N/A	N/A	Total

32	Is documentation in the case file that the participant's OJT/CT start date was on or after the employer's OJT/CT contract effective date? (Y, N, X)	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
33	Did the file contain details of the skills to be attained, the duration of the training and the wage rate? (Y, N, X) [Note: wage rate not applicable to CT].	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
34	Was the training provided as described in the OJT/CT agreement? (Y,N,X) [Note: The use of waivers is covered in the OJT and Customized Training Agreement Checklist].	0	0	1	1
	Percent	0.0%	0.0%		
Deobligation Form					
		Yes	No	N/A	Total
35	Is there a TAA Deobligation Form documented in the participant's file and proof of submission to the TRA unit indicating that the participant successfully completed or quit training? (Y, N, X) [X= The participant was not enrolled in training or is still participating in training].	0	0	1	1
	Percent	0.0%	0.0%		
Liabe / Agent State Responsibilities					

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		Yes	No	Total	
36	Did the worker relocate to Florida or were reemployment assistance benefits paid from another state for the participant to qualify for training? (Y, X) If not applicable (X), mark 'X' on # 36.	1	0	1	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
37	If yes to #36, was documentation in the file to support coordination and initial approval of training by the liable state? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
Trade Readjustment Allowance (TRA)					
		Yes	No	Total	
38	Does the reemployment assistance claims history in CONNECT reflect that a TRA application was received? (Y, X) X=Florida is not the liable state.	1	0	1	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
39	If yes to #38, was a determination made of the individual's eligibility for TRA benefits prior to being enrolled in the TAA program? (Y, N, X)	1	0	0	1
	Percent	100.0%	0.0%		
Other Benefits					
		Yes	No	Total	

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40	Did the individual receive ATAA/RTAA benefits? (Y, X) If not applicable (X), mark 'X' on #41.	0	0	0	
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
41	If yes to #40, was the activity recorded accurately in the TAA program application? (Y, N, X) [X= Not applicable to the participant or the case closed prior to the recipient's eligibility for RTAA approved by the Trade Program Unit].	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
42	Did the individual receive TAA Job Search Allowances? (Y, N) If not applicable (X), mark 'X' on #43.	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
43	If yes to #42, was the job search allowance provided in accordance with federal and state guidelines? (Y, N, X)	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
44	Did the individual receive TAA Relocation Allowances? (Y, X) If not applicable (X), mark 'X' on #45.	0	0	1	1
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
45	If yes to #44, were the relocation allowances provided in accordance with	0	0	1	1

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	federal guidelines? (Y, N, X)				
	Percent	0.0%	0.0%		

The next local monitoring of the TAA Program is currently scheduled for March 2018.

End of Report.