

**[WIOA Youth Special Projects Military Youth]**

# **QUALITY ASSURANCE REPORT**

**PROGRAM YEAR 2017 -2018**

Review Date: February 6, 2018

LWDB 01



**CareerSource Escarosa**

*February 14, 2018*

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

[www.careersourceescarosa.com](http://www.careersourceescarosa.com)

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# MONITORING EXIT SUMMARY

A total of thirteen (13) WIOA Youth Special Projects (Military Youth) case files were monitored during this period. The final outcome of this review revealed no (0) apparent concerns at this time.

2017-2018 WIOA Programmatic Review Report Page Youth Special Project(s)					
		OSY	ISY	Total	
1	Indicate whether the youth is an Out-of-School Youth (OSY) or an In-School Youth (ISY).	6	7	13	
	Percent	46.2%	53.8%		
		Yes	No	Total	
2	Was documentation in the case file to verify school status? (Y, N, X)	13	0	13	
	Percent	100.0%	0.0%		
	stopped here #2				
		Yes	No	Total	
3	Was documentation in the case file to support the federal or local barrier(s) entered in the MIS? (Y, N) (Note: A barrier is required for all youth).	7	0	7	
	Percent	100.0%	0.0%		
		Yes	No	Total	

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<b>4</b>	Was documentation in the case file that the youth was determined eligible based on the total family income calculation, receipt of cash assistance, Supplemental Social Security Income, Social Security Disability Insurance, Food Stamps, or was disabled, living in a high poverty rate area, receives or is eligible for free or reduced lunch, a homeless/runaway or a foster child? (Y, N, X) ) Note: Low income determination is not required if the participant is an OSY and meets one or more of the barriers listed in WIOA Sec. 129 (a)(1)(B) .	7	0	7	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>5</b>	If "X" to #4, was the participant determined eligible under the 5% exception criteria and was documentation in the case file to support this program eligibility? (Y, N, X).	0	0	13	13
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>6</b>	Was documentation of age in the case file? (Y, N). (Note: In-School youth must be 14-21 and Out-Of-School youth must be 16-24 years of age).	13	0	0	13
	Percent	100.0%	0.0%		

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		Yes	No	N/A	Total
<b>7</b>	Was documentation in the case file of U.S. citizenship or authorization to work in the U.S.? (Y, N).	13	0	0	13
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>8</b>	Was selective service verification documentation in the case file at the time of registration or during participation? (Y, N, X) (Applicable to males over the age of 18 years at registration).	8	0	5	13
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>9</b>	If the applicant is a non-emancipated youth under 18 years of age, or 18 years of age and older with a legal guardian due to disability, did the application include the signature of a parent or legal guardian or was there a self-attestation from a parent or legal guardian in the case file? (Y, N, X) (Note: X = the youth is 18 years of age or greater or an emancipated minor).	9	0	4	4
	Percent	100.0%	0.0%		
<b>Veterans</b>					
		Yes	No	N/A	Total
<b>10</b>	If the participant was a veteran, did the file contain documentation to	0	0	13	13

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	verify veteran status? (Y, N, X) (Note: X= Participant was not a veteran).				
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>11</b>	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	12	12
	Percent	100.0%	0.0%		
<b>GRIEVANCE FORM</b>					
		Yes	No	Total	
<b>12</b>	Was a signed and dated Grievance/Complaint and EEO/Discrimination Form in the participant's hard copy case file? (Y, N).	13	0	13	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>13</b>	If yes to #12, did the Grievance/Complaint and EEO/Discrimination Form include the correct name and addresses for filing a grievance or EEO complaint? (Y, N).	13	0	0	0
	Percent	100.0%	0.0%		
<b>CAREER PATHWAY</b>					
<b>OBJECTIVE ASSESSMENT and INDIVIDUAL SERVICE STRATEGY (ISS)</b>					
		Yes	No	Total	

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<b>14</b>	Was documentation in the case file of an objective assessment? (Y, N).	13	0	13	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>15</b>	If yes to #14, does the Objective Assessment include an assessment of the academic level, occupational skill level, as well as the service needs and strengths of the participant? (Y, N, X).	13	0	0	0
	Percent	100.0%	0.0%		
<b>INDIVIDUALIZED CAREER SERVICES</b>					
		Yes	No	N/A	Total
<b>16</b>	Was documentation in the case file of an ISS that was created jointly by the participant and the career manager and had at least one of the 14 program elements listed? (Y, N). (If N, questions 17 and 18 will be X).	13	0	0	13
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>17</b>	If yes to #16, does the ISS directly link to one or more of the performance indicators and does the ISS list the activities and services the youth will be or has been engaged in during participation in the WIOA program? (Y, N, X).	13	0	0	13
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>18</b>	If yes to #16, was the ISS in the case file updated as activities were completed, benchmarks reached,	13	0	0	13

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	goals achieved and/or the youth's needs changed? (Y, N, X).				
	Percent	100.0%	0.0%		
<b>MEASUREABLE SKILLS GAIN</b>					
		Yes	No	Total	
<b>19</b>	Was a Measureable Skills Gain recorded in the State MIS? (Y, N ) If "Y", select the type of measureable skills gain recorded. If "N" Questions 19a-21 will be "X".	0	0	0	
	Percent	0.0%	0.0%		
		Yes	No	Total	
<b>19a</b>	i - Achievement of at least one educational functioning level of a participant in an educational program that provides instruction below the post- secondary level (Y, X).	0	0	0	
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>19b</b>	ii - Attainment of a high school diploma or its equivalent (Y, X).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>19c</b>	iii – Transcript or report card for either secondary or post-secondary education that shows a participant is achieving the state unit's academic standards (Y, X).	0	0	0	0

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	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>19d</b>	iv – Satisfactory or better progress report, toward established milestones, from an employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of 1 year of an apprenticeship program, etc.) (Y, X).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>19e</b>	v – Successful passage of an exam that is required for a particular occupation, progress in attaining technical or occupational skills as evidenced by trade- related benchmarks such as knowledge based exams (Y, X).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>20</b>	If yes to #19, was documentation of the Measureable Skills Gain maintained in the participant's case file? (Y, N, X)	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>21</b>	If yes to #20, does the documentation in the case file match the Measurable Skills Gain entered in the MIS? (Y, N, X)	#REF!	#REF!	#REF!	#REF!

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	Percent	#REF!	#REF!		
<b>WORK EXPERIENCE</b>					
		Yes	No	Total	
<b>22</b>	Was a WE activity entered in the State's MIS? (Y, N) (Note: N = Participant did not receive a WE activity). (If N, questions 23 through 31 will be X).	0	0	0	
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>23</b>	If yes to #22, was a WE activity agreement executed between the employer and the LWDB for the participant's training? (Y,N,X) (X = Participant did not receive WE activity).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>24</b>	Was documentation in the case file that the WE start date was on or after the employer's WE activity agreement effective date? (Y, N, X) (X = Participant did not receive WE activity).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>25</b>	Did the work experience include academic and occupational education? (Y, N, X) (X = Participant did not receive WE activity). Note: The educational component may occur concurrently or sequentially	0	0	0	0

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	with the work experience. Further academic and occupational education may occur inside or outside the work site.				
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>26</b>	Was this a paid WE? (Y, N, X) (Note: X=Participant did not participate in a WE activity).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>27</b>	If yes to #26, was the participant paid the wage stated in the agreement and were FLSA requirements met? (Y, N, X) (X = Participant did not receive WE activity).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>28</b>	Did the case file contain timesheets to support the participant's engagement in the work experience activity? (Y, N, X) (Note: X = Participant did not receive a WE activity).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>29</b>	Was the WE training provided as described in the WE Training Plan? (Y, N, X) (X = Participant did not receive WE activity).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>30</b>	Did the participant complete the WE activity? (Y, N,X) (X = Participant did	0	0	0	0

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	not receive WE activity).				
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>31</b>	If yes to #30, did the employer provide a copy of the training completion information? (Y, N, X) (X = Participant did not receive WE activity, did not complete the activity, or did not receive a certificate of completion/credential).	0	0	0	0
	Percent	0.0%	0.0%		
<b>Occupational Skills Training/ITA</b>					
		Yes	No	N/A	Total
<b>32</b>	Was an Occupational/Skills Training activity entered in the State's MIS? (Y, N) (Note: N = Participant did not receive Occupational/Skills Training services) (If N, questions 33 through 36 will also be X).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>33</b>	If yes to #32, was documentation in the case file of a determination of need for training services as identified in the ISS? (Y, N, X) (Note: X = Participant did not receive Occupational Skills Training services).	0	13	0	13
	Percent	0.0%	100.0%		

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		Yes	No	N/A	Total
<b>34</b>	If yes to #33, was the training in a local/state demand occupation? (1) outcome-oriented and focused on an occupational goal specified in the individual service strategy; (2) Be of sufficient duration to impart the skills needed to meet the occupational goal; and 3) Lead to the attainment of a recognized postsecondary credential (Y, N, X). (Note: X = Participant did not receive Occupational Skills Training services or participant did not enroll in Occupational skills training with an ITA).	0	0	13	13
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>35</b>	Was the training provider on the local/state approved eligible training provider list (ETPL)? (Y, N, X). (Note: X = Participant did not receive Occupational Skills Training services or participant did not enroll in Occupational skills training with an ITA).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>36</b>	If an Individual Training Account (ITA) was utilized, were the ITA costs recorded in the Training Enrollment	0	0	13	13

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	Cost table in the State's MIS? (Y, N, X). (Note: X = Participant did not receive Occupational Skills Training services or participant did not enroll in Occupational Skills Training with an ITA). Note: ITA's not applicable for ISY.				
	Percent	0.0%	0.0%		
<b>SUPPORTIVE SERVICES</b>					
		Yes	No	Total	
<b>37</b>	Was a supportive service entered in the State MIS? (Y, N) (Note: N = Participant did not receive a supportive service). (If N, questions 38 through 40 will be an X).	0	0	0	
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>38</b>	If yes to #37, was documentation in the participant case file to verify the supportive service provided? (Y, N, X) (Note: X = No supportive service was provided).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>39</b>	Did the supportive services documented in the case file match the supportive services entered in the State MIS? (Y, N, X) (Note: X = No supportive service was provided).	0	13	0	13
	Percent	0.0%	100.0%		

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		Yes	No	N/A	Total
<b>40</b>	If yes to #39, was documentation in the case file to show that the supportive services were issued in accordance with local, state and federal policy? (Y, N, X) (Note: X = No supportive service was provided).	0	0	13	13
	Percent	0.0%	0.0%		
<b>CREDENTIAL ATTAINMENT</b>					
		Yes	No	Total	
<b>41</b>	Was a credential attainment entered in the State MIS? (Y, N). (Note: N = Participant did not receive a credential). (If X, questions 42 and 43 will be X).	0	0	0	
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>42</b>	If yes to #41, was documentation in the participant's case file to support the credential? (Y, N, X) (Note: X = no credential entered in MIS).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>43</b>	If yes to #42, did the credential attainment date and type match the credential attainment information entered in the MIS? (Y, N, X).	13	0	0	13
	Percent	100.0%	0.0%		

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**EXIT and FOLLOW-UP**

		Yes	No	Total	
<b>44</b>	Was the participant exited in the State MIS? (Y, N) (N = Case is open or there is a WIOA case closure but no exit) (If N, question 45 through 53 will be X).	13	0	13	
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>45</b>	If yes to #44, 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	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>46</b>	If yes to #45, was the employment information accurately entered in the MIS? (Y, N, X). (X = Participant did not exit with employment).	13	0	0	13
	Percent	100.0%	0.0%		
<b>FOLLOW-UP SERVICES</b>					
		Yes	No	Total	
<b>47</b>	Were follow-up services provided to the participant? (Y, N,) (Note: N = Participant's case is currently open, there is a case closure but participant	13	0	13	

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	has not exited the program, the participant declines to receive follow-up services or the participant cannot be located).				
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>48</b>	If no to #47, was documentation in the case file to verify that follow-up services were offered? (Y,N,X) (Note: X = The participant declines to receive follow-up services or the participant cannot be located).	0	0	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>49</b>	If yes to #47, is there documentation to show that follow-up services were provided for a minimum of 12 months for youth who accepted them? (Y,N,X) (Note: X = Participant denied follow-up services or it has not been 12 months since follow-up services were first provided).	13	0	0	13
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>50</b>	If yes to #47, was documentation in the case file of the follow-up services provided to the participant? (Y, N, X) (Note: X = Participant did not receive follow-up services).	13	0	0	13
	Percent	100.0%	0.0%		
<b>QUARTERLY FOLLOW-UPS</b>					

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		Yes	No	N/A	Total
<b>51</b>	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 52 and 53 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).	13	0	0	13
	Percent	100.0%	0.0%		
		Yes	No	N/A	Total
<b>52</b>	If yes to #51, 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	0	0
	Percent	0.0%	0.0%		
		Yes	No	N/A	Total
<b>53</b>	Was employment information correctly entered in the follow-up fields in the State MIS 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).	13	0	0	13
	Percent	100.0%	0.0%		

End of Report.

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