



COUNTY OF LOS ANGELES

WIOA ADULT AND DISLOCATED WORKER PROGRAMS INFORMATIONAL BULLETIN

NUMBER: WIOA B16-02

**SUBJECT: Technical Assistance Process:
Updated Schedule**

DATE: 03/07/2016

EFFECTIVE DATE: Immediately

**TO: LOS ANGELES COUNTY AJCC'S OPERATING WORKFORCE INNOVATION
AND OPPORTUNITY ACT (WIOA) ADULT AND DISLOCATED WORKER
PROGRAMS**

"This Bulletin supersedes Bulletin WIOA B16-01"

PURPOSE:

This bulletin provides the updated Technical Assistance (TA) process for WIOA Adult and Dislocated Worker programs.

SCOPE:

Los Angeles County America's Job Center of California (AJCC) system received the Program Year (PY) 2015-16 TA schedule during the LA County CSS WIOA Quarterly Contractors Meeting on October 29, 2015, and as part of WIOA Adult and Dislocated Worker Programs Informational Bulletin WIOA B16-01 released on January 11, 2016. Please note, the TA schedule has been revised and the updated document is attached to this bulletin (Attachment A). LA County may schedule additional visits based on need. For PY 2014-15, the TA process was updated to include an interview with AJCC management, a facilities walkthrough, and an in depth customer file review. This process will continue for PY 2015-2016 with updates to reflect changes brought on by WIOA.

The interview with AJCC management will include a review of staffing levels for various program services, performance, expenditures, and general agency operations. We will review signage, Americans with Disabilities Act (ADA) compliance, and general facility aptness during the walkthrough. Customer file review will include WIOA eligibility and review of WIOA services including, but not limited to, Supportive Services, Training, Individual Employment Plan (IEP) and other services provided. CSS WIOA AJCC

Operations Division will assess overall agency suitability within our system based on these reviews and make recommendations if needed.

This enhanced process will enable LA County to identify areas of concern in contract noncompliance, inadequate facilities, and disallowed costs. This is necessary and essential to assist all AJCCs in maximizing services in the most effective manner.

Below is a step by step overview of the TA process:

- First Visit
 - AJCCs will receive the requested list of files by close of business the day before the scheduled visit.
 - Upon arrival, LA County WIOA AJCC Operations Division staff TA Team will meet with AJCC staff to address any questions or concerns.
 - TA Team will review program files using the *Technical Assistance Checklist* (Attachment B).
 - TA Team Lead will review the *WIOA Administrative Review Checklist* (Attachment C) with AJCC Executive Director and/or Program Manager.
 - At the end of the review, TA Team will meet with AJCC staff to review the major issues identified.
 - A TA letter will be sent to the AJCC Executive Director within 5 business days highlighting the issues identified during our visit.
 - TA letter may include a request for a Performance Enhancement Plan (PEP) within 7 business days (if needed).
- Second Visit
 - Follow up visit with agency (based on PEP response, if applicable).
 - Referral of the matter to Contracts Compliance and Contracts Management Divisions if issues still persist at the AJCC (if applicable).

In addition to the visits scheduled by LA County, AJCCs may request additional assistance by sending a request to wioaops@css.lacounty.gov.

EFFECTIVE DATE:

Effective immediately upon release.

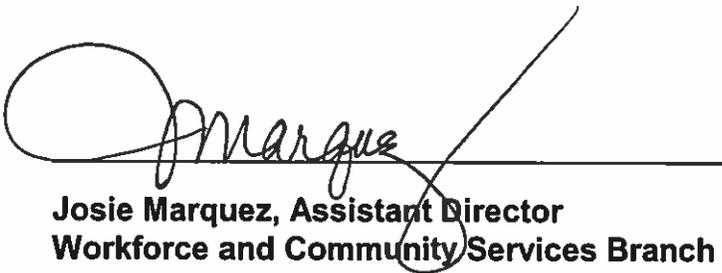
ACTIONS:

Los Angeles County AJCC's operating WIOA Adult and Dislocated Worker programs shall ensure that the information provided herein is communicated throughout the operations, management and governance structure of the AJCC and ensure the Bulletin is appropriately maintained until further notice. See the attachments for more details.

INQUIRIES:

If you have any questions or concerns, please email us at wioaops@css.lacounty.gov.

Thank you,



**Josie Marquez, Assistant Director
Workforce and Community Services Branch**

Attachments:

- A. WIOA ADW TA Schedule PY 2015-16*
- B. Technical Assistance Checklist*
- C. WIOA Administrative Review Checklist*



**Los Angeles County Community and Senior Services
WIOA Adult and Dislocated Worker
Technical Assistance Schedule
PY 2015-16**



Agency	Date of Visit
Managed Career Solutions (MCS) West Covina AJCC	1/28/2016
Southeast Area Social Services Funding Authority (SASSFA) AJCC (Including Paramount Satellite)	2/4/2016
Central San Gabriel Valley AJCC	2/11/2016
Community Career Development Compton AJCC	2/18/2016
Goodwill Pomona AJCC	2/25/2016
Jewish Vocational Services (JVS) West Los Angeles AJCC	3/3/2016
Hub Cities Consortium AJCC	3/17/2016
Antelope Valley AJCC (Including Santa Clarita Satellite)	3/24/2016
South Valley AJCC (Including Veterans Program)	4/7/2016
ResCare East LA AJCC (Including Florence Firestone Satellite)	4/14/2016
Northeast San Fernando Valley AJCC	4/21/2016
Jewish Vocational Services (JVS) West Hollywood AJCC	4/28/2016
Managed Career Solutions (MCS) Northeast San Gabriel Valley AJCC	5/5/2016
Community Career Development South Los Angeles AJCC	5/12/2016

*Visits will be scheduled from 9:00am - 5:00pm unless stated otherwise

**Schedule subject to change

Last Updated: 3/07/2016

Community and Senior Services (CSS) Technical Assistance Checklist PY 2015-16
WIOA Adult and Dislocated Worker Programs

AJCC: _____

Name: _____	App #: _____	Date: _____	Grant Code: _____
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WIOA Application

Review	Signature Date	Staff Name	
App Review			Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Staff / Case Manager Signature			

*Application must be reviewed and approved prior to providing services. Reviewer cannot be same as staff / case manager.

Right to Work (As listed on INS Form I-9)

<input type="checkbox"/> LIST A <input type="checkbox"/> US Passport <input type="checkbox"/> Per. Resident Card <input type="checkbox"/> Other: _____ <p align="center">OR</p> <input type="checkbox"/> LIST B <input type="checkbox"/> CA ID Card <input type="checkbox"/> CA Diver License <input type="checkbox"/> Other: _____ <input type="checkbox"/> LIST C <input type="checkbox"/> SSN Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____ Right to Work Documents <input type="checkbox"/> Current <input type="checkbox"/> Expiring soon <input type="checkbox"/> Have expired on: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Selective Service

Male 18 years of age or older born after 12/31/1959 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documentation provided: Ex: <input type="checkbox"/> Print out <input type="checkbox"/> Card <input type="checkbox"/> Other: _____ <input type="checkbox"/> Confirmation Date: _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Dislocated Worker Program Eligibility

Dislocated Worker Category: _____ Documents Used: 1 _____ 2 _____ 3 _____	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Income Determination

<input type="checkbox"/> Yes <input type="checkbox"/> No Was income calculation conducted &/or receipt of public assistance validated? <input type="checkbox"/> Yes <input type="checkbox"/> No Was participant determined to be low income? <input type="checkbox"/> Yes <input type="checkbox"/> No Is participant's income &/or receipt of public assistance documented in the case file?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Initial Assessment & Basic Skills Testing

<input type="checkbox"/> Yes <input type="checkbox"/> No Was an initial assessment conducted on enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an assessment from a partner agency used? If so, from what agency: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Are initial assessment testing tools stored in the participant case file? <input type="checkbox"/> Yes <input type="checkbox"/> No Are initial assessment testing tools legible, dated, and valid? <input type="checkbox"/> Yes <input type="checkbox"/> No Do case notes indicate an initial assessment was conducted? Are the results reported in the case notes? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the initial assessment activity code open in CalJOBS <p align="center">Basic Skills Testing</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Was a basic skills test administered as part of the initial assessment? If so, what assessment tool was used to measure basic skills: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Are the basic skills test results accurately reported in CalJOBS	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Individual Employment Plan (IEP)

<input type="checkbox"/> Yes <input type="checkbox"/> No If Code 205 was used, was an IEP Developed? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the IEP include the Objective Assessment Summary (OAS)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the IEP updated continuously as activities occur? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the IEP dated and signed by the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Do case notes include a plan of activity for the customer?	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Supportive Services Expenditures

<input type="checkbox"/> Yes <input type="checkbox"/> No Need is documented <input type="checkbox"/> Yes <input type="checkbox"/> No Benefit is documented <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive documentation is included (e.g. receipts) <input type="checkbox"/> Yes <input type="checkbox"/> No Appropriate Supportive Services activity code opened	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Documentation for Grievance/Complaint Procedures

<input type="checkbox"/> Yes <input type="checkbox"/> No WIA Complaint and Resolution Policies and Procedures Participant Acceptance Form (Dated 5/2011) properly filled out, signed and dated <input type="checkbox"/> Yes <input type="checkbox"/> No WIA Applicant Acknowledgement Statements (Dated 5/2011), signed and dated	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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Case Notes and Documentation	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Case notes are detailed, clear, and fully developed	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Applicant statements are complete, clear, detailed and fully developed	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Confidential health information kept on separate forms in separate locked files	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is participant PII and confidential or sensitive information secured	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Activity codes match information in the case notes	

Training Services	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Training need and benefit is documented	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Local LMI used to link to in demand occupations	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Identification and selection of ITA through assessment	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Enrolled in appropriate training activity code in CalJOBS	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ITA matches I-Train and CalJOBS ETPL approved course printout	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Training provider performance data	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Attendance records	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Certificates of Completion	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Customer choice met	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Link to employment	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Waiver	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Case notes acceptable	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Complete, signed, and dated ITA	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Documentation of payments made	

On The Job Training (OJT)		
Employer Name/Address		Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Employer Info	Total full time employees _____; Employees at the unit _____; Supervisor/Employee ratio _____ / _____; Total OJT participants previously placed with this employer _____; Total former OJT's currently employed full time unsubsidized _____.	
OJT Info	OJT duration _____ (M/W); Total hours _____; Wage \$ _____ (H/W/M); Benefits included (Y / N); Employer reimbursement rate _____%.	
Job Description	Job title _____; OES code _____ Industry sector _____; High growth sector (Y / N)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT agreement with employer and participant signed/dated prior to OJT start?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	OJT need and benefit established and documented thru assessment?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Participant has the skills and qualifications to successfully complete the OJT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP supports the OJT and is developed and signed prior to OJT start?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer is committed to hiring participant upon successful completion?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	AJCC monitoring OJT progress monthly to ensure goals are met?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreement includes an outline with detailed topics and skills with time at each?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly performance reviews on file?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Final evaluation on file? MUST include whether participant satisfactorily met the training objectives. Should be consistent with monthly performance reviews.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon completion, was the participant hired?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Case notes acceptable?	

Co-Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Requirement Met: <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Program Enrolled: _____ Agency: _____ Co-Enrolled Into: _____ Agency: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Need Documented (customer choice, customer benefit, funding)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Separate files for each funding stream	
<input type="checkbox"/> Yes <input type="checkbox"/> No Services are provided without duplication between programs	

Certification of Review	
CSS REPRESENTATIVE NOTES:	
All Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTES:	
_____	_____
CSS REPRESENTATIVE PRINT NAME	SIGNATURE
	DATE



**Los Angeles County Community and Senior Services
Workforce Innovation and Opportunity Act
Americas Job Center of California (AJCC)
Administrative Review Checklist
PY 2015-16**



AJCC Name:		Hours of Operation:	
Executive Director:		Adult & Dislocated Worker Program Manager:	

Interview with Agency Management

Business Services Representative Name(s):

Limited English Proficiency (LEP) Coordinator Name(s):

AJCC Primary Language Needs:

How do you handle language needs, including sign language, not within your AJCC's primary languages?

Americans with Disabilities Act (ADA) Coordinator Name(s):

What is the referral process for customers with disabilities (through partnership or provision of information)?

Rapid Response Liaison Name(s):

Management Information Systems (MIS) Administrator Name(s):

Are Memorandums of Understanding (MOU's) Current? Yes No

If no, why not? What is the expected date of completion?

Is performance on track? Yes No

If no, what measures are being taken to ensure performance is on track?

Are expenditures on track? Yes No

If no, what measures are being taken to ensure expenditures are on track?

How does the AJCC market its services to businesses?

How are employers and customers "brought together"?

Does the AJCC offer training and/or educational programs for employees?

Does the AJCC provide opportunity for promotions within the organization?

Is there a Title V representative on site and does the representative serve as an advocate for older Americans?

Are partners truly included in Continuous Quality Improvement (CQI) processes?

How?

What is the composition of the CQI Team?

Is information shared with all staff from management to line staff (CQI, operational processes, program updates, etc.)?

How?

Is staff empowered to make decisions as part of the CQI process?

How?

Facility Walkthrough

WIA Equal Opportunity is the Law Posting (Dated 5/2011) WIA Grievance and Complaint Procedures Posting (Dated 5/2011)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior signage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled parking spaces in close proximity to Center and appropriately labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to facility (ADA Compliance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ramps at emergency exits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate signage in resource room (including Braille and primary service languages)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephones, Fax, and UI line in resource room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TTY line(s) and number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of computers in resource room: Number of printers in resource room:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistive technology (software/hardware) including JAWS, Dragon, etc. Systems must function through voice activation and operate without a mouse.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resource literature (housing, clothing, childcare, agencies serving persons with mental and physical disabilities, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resource literature in languages other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mission / Values Statement posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothes Closet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restrooms are clean and ADA Compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Services Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Computer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Printer(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Copier(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Telephone(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Fax machine	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Resource materials (including literature on services to business, tax credits, information on local Chambers of Commerce, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification of Review CSS REPRESENTATIVE NOTES:		
All Requirements Met:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTES:		
_____ CSS REPRESENTATIVE PRINT NAME	_____ SIGNATURE	_____ DATE

Last Updated: 1.08.16