



CENTRAL OKLAHOMA WORKFORCE INNOVATION BOARD

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Monitoring Policy

Pursuant to OWDI 11-2017 Governor's Oversight & Monitoring Plan

Approved and Published: April 17, 2019

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PURPOSE: establish monitoring procedures that will comply with the requirements of the Workforce Innovation and Opportunity Act of 2014 (WIOA) as well as OWDI 11-2017.

The Central Oklahoma Workforce Innovation Board (COWIB) is the policy and guidance board for the Workforce Oklahoma system in Central Oklahoma. We are business leaders with a goal to establish a highly skilled, productive workforce in our 9-county area.

The Central Oklahoma Workforce Innovation Board (COWIB) complies with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, the basis of citizenship status or participation in a WIOA Title-1 financially assisted program or activity.

COWIB is an Equal Opportunity Employer/ Program. Auxiliary aids and services are available upon request to individuals with disabilities. This was financed in whole or in part by fund from the US Dept. of Labor as administered by the Oklahoma Office of Workforce Development.

<http://www.cowib.org/>



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Monitoring Policy

Purpose

The purpose of this policy is to establish monitoring procedures that will comply with the requirements of the Workforce Innovation and Opportunity Act of 2014 (WIOA) as well as the state guidance offered in OWDI 11-2017.

Authority

The authority for this policy is derived from the following:

- WIOA 185(c)(3)
- 20 C.F.R. §683.410
- 2 C.F.R. 200
- OWDI 11-2017

Background

WIOA Section 683.410(a) states that “Each recipient of funds under Title I of WIOA must conduct regular oversight and monitoring of its WIOA program(s) and those of its sub-recipients and contractors as required under Title I of WIOA, as well as under 2 C.F.R. 200, including 2 C.F.R 200.327, 200.328, 200.331, and Department exceptions at 2 C.F.R. part 2900, in order to:

1. Determine that expenditures have been made against the proper cost categories and within the cost limitations specified in WIOA and the regulations in this part
2. Determine whether there is compliance with other provisions of WIOA and the WIOA regulations and other applicable laws and regulations;
3. Assure compliance with 2 C.F.R. part 200; and
4. Determine compliance with the nondiscrimination, disability, and equal opportunity requirements of Section 188 of WIOA, including the Assistive Technology Act of 1998 (29 U.S.C. 3003)

The Workforce Innovation and Opportunity Act also states, “each local board shall monitor the performance of providers in complying with the terms of grants, contracts, or other agreements made pursuant to this title.”

The Oklahoma Office of Workforce Development (OOWD) as the Governor’s chosen entity to administer the Workforce Innovation and Opportunity Act, has issued guidance in the form of OWDI 11-2017, Governor’s Oversight and Monitoring Plan, in which are included specific instructions to local boards and fiscal agents on oversight and monitoring activities.

“As a part of their oversight or monitoring role, each LWDB and fiscal agent shall develop written policies and procedures for the monitoring of DOL-funded programs and delivery of integrated

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services to ensure compliance with federal, state, and local administrative and financial requirements, policies, and procedures, and to ensure performance goals are being achieved.

These specific monitoring policies and procedures may be consolidated into one single comprehensive document or may be separated into two documents which distinctly and separately address board and financial compliance requirements. Written policies and procedures shall describe, but are not limited to:

- a. The roles and functions of LWDBs, board staff, and fiscal agents in their oversight or monitoring processes;*
- b. Who, by title, shall be responsible for the monitoring of each program activity;*
- c. The types of reports which shall be prepared as a result of such monitoring;*
- d. To whom reports will be distributed;*
- e. The scope and frequency of monitoring efforts for each program activity consisting of:
 - 1. Monitoring activities by utilizing a monitoring document, desk reviews, on-site visits, telephone contacts and on-site visits resulting in a summarized written report;*
 - 2. Conducting on-site reviews of policies, plans, and procedures governing all segments of their program activities and program operations at least once during the program year;*
 - 3. Conducting pre-award financial review or on-site post-award monitoring of recipients that have little or no workforce program experience no later than one hundred twenty (120) days after the award of a contract;*
 - 4. Monitoring each subrecipient providing services to participants for program accountability and to ensure contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders. Note: fiscal agents must monitor each subrecipient once annually, and no less than sixty (60) days prior to the expiration date of the contract;*
 - 5. Reviewing a sample of participants' files to determine compliance with required federal, state, and local laws, policies, plans, and procedures.**
- f. The methods which shall be utilized for the monitoring of program activities;*
- g. The methods which shall be utilized for procurement and financial monitoring;*
- h. Who, by title, shall be responsible for ensuring corrective actions are taken when problems are found;*
- i. The time-frame in terms of days or weeks for completion of corrective actions;*
- j. Guidelines for follow-through monitoring when necessary to determine if corrective action has been completed; and*
- k. An appeal process for disagreements."*

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Local Policy

Definitions

Area of Concern

Potentially problematic processes that without notation or action may result in a finding at a later point. Areas of concern are primarily for technical assistance purposes to prevent violations of Federal, state, or local policy.

Desk Reviews

Reviews made during the monitoring process for the purpose of collecting and analyzing information and to support on-site reviews/monitoring. Desk reviews analyze existing data such as required monthly financial reports, vouchers, contracts, budgets, OSL data, and prior audits and monitoring reports.

File Reviews

Reviews of a sample of participant's files to determine compliance with required federal, state, and local laws, policies, and procedures.

Finding

Noncompliance with policy, guidance or requested procedural steps.

Observation

Item not addressed within written policy, guidance, or requested procedural steps, but that will need to be reviewed for procedural improvement.

On-Site Reviews

The fundamental component of monitoring reviews, consisting of data collection techniques using formal monitoring guides. On-site reviews allows for the verification of items contained in the contract, grant agreement, or other items identified in the desk review

Assurances to the Oklahoma Office of Workforce Development

The COWIB ensures:

- monitoring of service provider, including monitoring reports and resolutions, shall be submitted to OOWD on an annual basis and at least sixty (60) days prior to expiration of the service provider contract.
- OOWD is provided with all requested documents within the 60 day timeframe and prior to the OOWD scheduled monitoring date.
- appropriate staff is available at the on-site location on the monitoring date(s) to assist OOWD monitoring.

The local board, through its members and staff, will be responsible for ensuring local oversight of WIOA Title I Adult, DLW, Youth Programs and the One-Stop System, as prescribed by the Workforce Innovation and Opportunity Act and Governor's Council for Workforce Development. Attachments within this

Monitoring Policy

document may be updated by board staff to reflect changes in federal, state and local policies and procedures.

To ensure compliance with federal, state and local administrative and financial requirements, the board will provide oversight regarding policies and procedures used in the local area and ensure that state and local performance goals are being achieved. The board will receive reports from the COWIB staff on the results of all monitoring activities, and any oral or written reports generated by the COWIB CEO regarding significant monitoring or compliance issues that have come to his/her attention.

Board Staff Administrative Responsibilities

The board staff, consisting of the Chief Executive Officer (CEO) and Chief Operations Officer (COO) will be responsible for the notification of all involved parties and ensuring that corrective actions are taken when monitoring findings or area of concerns are identified. The CEO will also be responsible for notifying the chairman of the board immediately through written or oral notification of any situations deemed potentially serious and pressing. A timeframe will be established later in this document for the completion of corrective actions and procedures established for follow-up monitoring to ensure corrective action has been taken.

Monitoring Responsibilities

Activity	Responsible Staff	Type of Report	Distributed To
Program Monitoring	<ul style="list-style-type: none"> • COWIB COO • COWIB Youth Program Manager • COWIB Policy & Compliance Analyst 	<ul style="list-style-type: none"> • Monitoring / Oversight • Written • Quarterly 	<ul style="list-style-type: none"> • Service Provider • COWIB CEO
System Monitoring	<ul style="list-style-type: none"> • COWIB COO • COWIB Policy & Compliance Analyst • COWIB One Stop Operator 	<ul style="list-style-type: none"> • Monitoring • Written Summary • Oral 	<ul style="list-style-type: none"> • Service Provider • Center Managers • COWIB CEO • COWIB Chairman of the Board • COWIB Board, as appropriate • Chief Local Elected Official as appropriate

Scope and Frequency of Monitoring

Dates listed below are subject to staff availability. At a minimum, monitoring will be completed once throughout the Program Year.

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Monitoring Calendar			
Type of Monitoring	Period	Dates of Monitoring	Report Due
System Delivery	Annually	Jan 3 – Feb 25	April 30
Contract Performance	1 st Quarter	Nov 1 – Nov 30	Nov 30
	2 nd Quarter	Feb 1 – Feb 28	Feb 28
	3 rd Quarter	May 1 – May 31	May 31
	4 th Quarter	Aug 1 – Aug 31	Aug 31
Comprehensive	Quarterly Monitor	Of the following month...	
Adult / DLW	5% of new enrollments	Correlates with Contract Performance	Correlates with Contract Performance
Youth	5% of new enrollments	Correlates with Contract Performance	Correlates with Contract Performance
On-The-Job & Work Experience (WEX) Contract, except SYEP WEX	Continuous	As Needed	May 31

System Delivery

Equal Opportunity (EO)	Ensure regulations are being followed in all workforce centers. This monitoring will coincide with the state annual equal opportunity monitoring.	Annually
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- All Service Provider policy, procedures, plans and changes to any to the previously listed, must be submitted to the COWIB CEO and COO for approval.
- All One-Stop Operator or Center policy, procedures, plans, and changes to any of the listed above, must be submitted to the COWIB CEO and COO for approval.

Program Performance

Contract Performance Measures	Ensure Service Provider is meeting the measures outlined in Service Provider contract	Quarterly
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Quarterly reports should:

- Provide sufficient detail to demonstrate actual performance in relation to performance goals. An example format has been included as **Attachment B**.
 - Include results from the Customer Satisfaction Survey

Performance Indicators	Ensure the service provider is meeting all state performance expectations	Quarterly
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- The Service Provider will provide a monthly update on the State Performance Indicators.

Any Other Grants	Ensure the service provider is meeting all performance expectations	Quarterly
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- The Service Provider will provide a monthly update on the specific Grant Performance Indicators.

Monitoring Policy

Comprehensive

Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment and individual employment plan and/or individual service strategy and other items.

Adult / Dislocated Worker	A minimum 5% of new enrollments shall be monitored	Quarterly
Youth	A minimum 5% of new enrollments shall be monitored	Quarterly

On-The-Job Training (OJT)	Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment of individual service strategy and/or individual employment plan, OJT contracts, worksite monitoring and other items	As Needed
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Work Experience (WEX)	Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment of individual service strategy and/or individual employment plan, WEX contracts, worksite monitoring and other items.	As Needed
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Reporting

Following the completion of the monitoring review, an exit conference will be conducted to discuss any issues which may result in findings. Participants in the exit conference may include the COWIB's Compliance Monitor(s), the Service Provider, and other interested parties. A brief written synopsis of issues discussed will be prepared by the COWIB's Compliance Monitor(s) and delivered to the Service Provider for further reference.

As soon as possible after the completion of the on-site review – normally within 30 days – the COWIB Compliance Monitor(s) will produce a written report summarizing the results of the on-site review. The contents of the report will include:

- A statement of the scope and purpose of the review;
- A description of the monitoring methods that were employed;
- A summary identifying Service Provider strengths (for possible promotion as State-wide best practices);
- A summary of any findings of non-compliance;
- Monitoring observations;
- Suggestions for program improvements; and
- Required corrective actions (if any).

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Each finding of non-compliance will include a description of:

- The compliance requirement in which a deficiency was observed -- including a citation referencing the policy, procedure, rule, regulation, or provision of law, etc.
- The method employed by the Compliance Monitor to determine that there was a failure to comply.
 - For example: Observation of program activities; Review of OKJobMatch records; Inspection of program documents; Interviews with customers or Service Provider staff; etc.
- The extent of non-compliance with the requirement.
 - In every possible instance, the extent of non-compliance will be quantified. For example, "Six out of 15 files sampled did not contain the required documentation."
- The cause or causes of the non-compliance (when it is possible to determine a cause).

Corrective Actions

An Official Report shall be provided to the appropriate party upon completion. Those receiving the report from Board Staff shall have 14 calendar days to respond. Observations will not require a response; however areas of concern and findings would necessitate a response from the appropriate party. The appropriate party shall have 2 attempts to address all issues found with the report or have a plan in place for a resolution that has been approved by the COWIB CEO. Further responses may be allowed at the discretion of the COWIB CEO. If parties reach an impasse and are not able to resolve an issue, the COWIB determination shall stand and the service provider has the option to submit a grievance through the COWIB Grievance Policy.

Appropriate COWIB Monitoring Staff shall conduct follow-up monitoring on those deficiencies which have been addressed in the monitoring report within a reasonable amount of time, to ensure that proper corrective actions have been taken.

Support Documentation

Support documentation may be requested from the Service Provider from time to time to validate responses to correct actions. In providing the support documentation each supporting document shall have the issue number identified on the report and the appropriate participant identification number of the participant for which the documentation is referencing.

Technical Assistance

The COWIB Service Provider or One-Stop Partner may request technical assistance from the COWIB by making a request in writing to the COWIB CEO or COO. The request should describe the type of assistance requested. The COWIB CEO or COO will reply to any such request after considering the COWIB's priorities and available resources.

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Equal Opportunity and Nondiscrimination Statement

All Recipients, and Sub-recipients / Sub-grantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

Addenda / Revisions

The COWIB Chief Executive Officer is authorized to issue additional instructions, guidance, forms, etc., to further implement these procedures.

Questions about these procedures may be directed to the COWIB's Policy Analyst at (405) 622-2026.



WIOA Monthly Monitoring Form

Service Provider: Click here to enter text.

Monitor Name: Click here to enter text.

Monitoring Date: Click here to enter a date.

Month Reviewed: Click here to enter text.

COWIB Program: Choose an item.

Program Year: Choose an item.

Eligibility					
PID#					
Enrollment Date	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Enrollment Age					
Program	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Office	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
EEO Notice/ Grievance Procedure	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Universal Documents Uploaded	<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Soc. Sec. Card <input type="checkbox"/> Other:	<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Soc. Sec. Card <input type="checkbox"/> Other:	<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Soc. Sec. Card <input type="checkbox"/> Other:	<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Soc. Sec. Card <input type="checkbox"/> Other:	<input type="checkbox"/> Birth Cert. <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> State ID <input type="checkbox"/> Soc. Sec. Card <input type="checkbox"/> Other:
Enrollment Documents Uploaded	<input type="checkbox"/> Priority of Svc. <input type="checkbox"/> Media Release <input type="checkbox"/> Confidential Info. Release <input type="checkbox"/> Other:	<input type="checkbox"/> Priority of Svc. <input type="checkbox"/> Media Release <input type="checkbox"/> Confidential Info. Release <input type="checkbox"/> Other:	<input type="checkbox"/> Priority of Svc. <input type="checkbox"/> Media Release <input type="checkbox"/> Confidential Info. Release <input type="checkbox"/> Other:	<input type="checkbox"/> Priority of Svc. <input type="checkbox"/> Media Release <input type="checkbox"/> Confidential Info. Release <input type="checkbox"/> Other:	<input type="checkbox"/> Priority of Svc. <input type="checkbox"/> Media Release <input type="checkbox"/> Confidential Info. Release <input type="checkbox"/> Other:
Selective Service Status	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Basis of Eligibility and Supporting Documents	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comprehensive Assessment Documentation	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.



CENTRAL OKLAHOMA WORKFORCE INNOVATION BOARD

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Payables - Training OJT (OJT Contract/Documentation)					
PID #					
ITA Training Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OJT Monthly Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Sheet Uploaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Stub Uploaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer					
# Hours Worked					
Reimbursement Amt. (50% gross)					
Reimbursement Authorized by/Date					
Pay Date					
Contract #					
Program	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
OJT Training Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OJT Monthly Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Payables - Training OST (ITA Agreement/Documentation)					
PID #					
Demand Occupation Verification	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Coordination of Training Funds (COTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment Verification/Course Description?	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Individual Training Account (ITA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training Voucher (TV)/PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount Requested/Paid					
Date Reviewed					
Date Approved					
Eligible Training Provider (ETP)					
Date Paid					
Comments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
WEX Payroll					
PID #					
Pay Date					
# Hours Worked					
Check Number					
Gross Pay					
Time Sheet uploaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Trainee Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainee Work Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Site Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEX Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEX Site & Supervisor Name					
Comments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Payables Sup. Services (SS)					
PID #					
Type of Incentive/Stipend /Supportive Service Requested	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Date of Request					
Funding Source	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Amount Requested					
Payment Authorized By					
Type of Documentation Uploaded (receipt, invoice, sign-in sheet, transcript, certificate, etc.)					
Check #					
Check Date					
Description	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Invoice #					
Invoice Date					
Outstanding Amount					
Net Paid Amount					
Net Check Amount					
Date Mailed					
Comments	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

I have reviewed the files listed above and agree that invoices are eligible for payment.

Monitor Signature

Date

COWIB Performance

Source	Measure	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	1 st Qtr		2 nd Qtr (Cumulative)		3 rd Qtr (Cumulative)		4 th Qtr (Cumulative)		
AD/DW		PY18 Q1			PY18 Q2			PY18 Q3			PY18 Q4			Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	
	Skill Development (IEPs)																					
	Occupational Training (ITAs)																					
	Training & Credential Attainment																					
	Entered OJT																					
	Entered Registered Apprenticeship																					
	Enrolled in Stem Training																					
	% of WIOA Clients Employed after Services																					
	Customer Satisfaction Rate																					
Source	Measure	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	1 st Qtr		2 nd Qtr (Cumulative)		3 rd Qtr (Cumulative)		4 th Qtr (Cumulative)		
Youth		PY18 Q1			PY18 Q2			PY18 Q3			PY18 Q4			Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	
	New Enrollments																					
	Enrolled in Occupational Training																					
	Obtain Educational Credential																					
	Entering Employment																					
	Entering Work Experience																					
	Enrolled in STEM Training																					
	Entering OJT																					
	Customer Satisfaction Rate																					
Source	Measure	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	1 st Qtr		2 nd Qtr (Cumulative)		3 rd Qtr (Cumulative)		4 th Qtr (Cumulative)		
1-Stop		PY18 Q1			PY18 Q2			PY18 Q3			PY18 Q4			Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	
	Partner's Meeting																					
	Customer Satisfaction Surveys																					
	Presentations to CBOs																					
	Develop New Partnerships																					
	New Efficiencies in Workforce Centers																					
	Maintain Effective Working Relationships																					
	Ensure COWIB P&P Followed																					
