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| WDA:       | Date of Review:       |
| DET Reviewer(s):       |
| Staff Interviewed:       |

\*\*Target Duration: 90 minutes

\*\*Format: In-person

**PURPOSE:** Oversight and monitoring of the Workforce Development Board, including the One-Stop delivery system, is conducted annually to:

* Ensure compliance with the Workforce Innovation and Opportunity Act (WIOA), its regulations, other applicable federal and state laws, administrative provisions, local policies, and the WDB's By-Laws and other governance agreements
* Review continued changes made toward the goal of full WIOA implementation;
* Review successes and opportunities for improvement;
* Identify positive practices, and share positive practices from other areas; and
* Identify technical assistance needs.

The One-Stop Operator (OSO), with oversight from the local WDB, plays the key role in coordinating the various partners within the local one-stop delivery system. The OSO may also be responsible for synchronizing various service providers across the one-stop delivery system, being the primary provider of services within the center, or coordinating service delivery in a multi-center area. The OSO is an essential part of ensuring integrated service delivery to individuals and businesses in the One-Stop delivery system.

**OBJECTIVE 1-A: PLANNING & PROGRAM DESIGN**

1. Please describe the process for referral between One-Stop delivery system partners, including the method(s) for referral, and follow-up. Identify any challenges associated with referral.

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| **Indicator(s)** | **OSO Response** |
| * Methods of referral
* Examples of partnership
* Common intake forms
* Tracking system for referrals
* Establishment of functional teams
* Co-career planning coordination
 |  |
| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

**OBJECTIVE 1-B: IMPLEMENTATION**

1. Please describe the functions provided by the OSO within the WDA, including (but not limited to) meetings convened (including frequency, and participating partners), and facilitation of co-enrollment activities. If the OSO fulfills multiple roles within the WDA, such as OSO and service provider, please describe organizational firewalls that separate those roles.

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| **Indicator(s)** | **OSO Response** |
| * Regular partner meetings
* Examples of co-enrollment
* Existence of organizational firewalls, when applicable
* OSO is not performing prohibited functions
 |  |
| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

**OBJECTIVE 1-B: IMPLEMENTATION**

1. Please describe participant outreach and recruitment activities. Include any specialized activities for conducting outreach to barriered individuals. Identify the role(s) of One-Stop delivery system partners in outreach activities.

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| **Indicator(s)** | **OSO Response** |
| * Knowledge of local plan and MOU on outreach
* Intentional outreach to barriered individuals, including LEP and other protected classes
* Coordinated approach among partners
 |  |
| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

**OBJECTIVE 1-B: IMPLEMENTATION**

1. Please describe the provision of business services throughout the One-Stop system. Include any services provided on a fee-for-service basis. Identify the role(s) of One-Stop delivery system partners in providing business services.

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| **Indicator(s)** | **OSO Response** |
| * Knowledge of local plan and MOU on business services
* Coordinated approach among partners
* Career services available to employers
 |  |
| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

**OBJECTIVE 1-B: IMPLEMENTATION**

1. Please describe how the OSO has operationalized the partnership strategies described in the local plan and MOUs. Include the ways the OSO works with One-Stop delivery system partners to provide integrated service delivery. What steps have been taken to improve communication, collaboration, and engagement among One-Stop system partners?

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| **Indicator(s)** | **OSO Response** |
| * Knowledge of local plan and MOU partnership strategies
* Knowledge of partner programs
 |  |
| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

**OBJECTIVE 1-B: IMPLEMENTATION**

1. What are the challenges of being the OSO? What are your technical assistance needs or policy requests?

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| **OSO Response** |
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| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

**OBJECTIVE 1-C: PRODUCTS & DELIVERABLES**

1. In the past year, what personnel training has the OSO provided to institutionalize knowledge about the one-stop delivery system and its partners?

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| **Indicator(s)** | **OSO Response** |
| * Examples of training provided
 |  |
| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

**OBJECTIVE 1-F: CONTRACT ADMINISTRATION**

1. Please discuss the OSO budget, including the approval process for expenditure of funds, and on what the funds are being expended. Is the OSO budget adequate to fulfill the required and contracted OSO functions?

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| **Indicator(s)** | **OSO Response** |
| * Expenditure approval process in place
* Funds are spent in accordance with planned budget
* % of budget spent on staffing versus direct costs
 |  |
| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

**OBJECTIVE 1-H: SUBRECIPIENT MANAGEMENT & OVERSIGHT**

1. Describe the training, oversight, and technical assistance provide by the local WDB to the OSO within the past year. Is the oversight and guidance provided by the local WDB adequate? What additional support would you like to receive from your local WDB?

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| **Indicator(s)** | **OSO Response** |
| * WDB monitored the OSO
* Job center certifications
* Training and technical assistance provided by the local WDB
 |  |
| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |

1. Please identify any other successes, strengths, and/or positive practices you would like us to be aware of.

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| **OSO Response** |
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| **[ ]  Finding [ ]  Area of Concern [ ]  Acceptable [ ]  Positive Practice****Explanation/Comments:**  |