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| --- | --- | --- |
| Participant Name:  | WDA/Service Provider:  |  |
| Reviewer:  | Review Date:  |
| **PARTICIPANT DATA, GENERAL ELIGIBILITY & CASE DOCUMENTS:**[ ]  Yes [ ]  No Local application form signed & dated  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Eligible to work in the USA, properly documented Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Selective Service indicator in ASSET: [ ]  Yes [ ]  No [ ]  Not Required [ ]  Exempted Vet [ ]  Waived [ ]  Less Than 18[ ]  Yes [ ]  No Veteran or eligible individual [ ]  If yes, DD-214 or other allowable documentation in file [ ]  If yes, discharge is anything other than Dishonorable | COMMENTS:      [ ]  Yes [ ]  No Selective Service indicator is accurate[ ]  Yes [ ]  No Appropriate documentation is in file |  |
|  |
| **ELIGIBILITY CRITERIA – IN SCHOOL YOUTH (Enrolled after 7/1/15):**[ ]  Participant is enrolled as ISY**NEED ALL:**[ ]  Yes [ ]  No Attending secondary or post-secondary school Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Age 14-21 Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No **Low-income** (see next page); **AND one or more of the following:** [ ]  Basic skills deficient [ ]  Homeless or runaway [ ]  Pregnant or parenting [ ]  Offender/ex-offender [ ]  Needs additional assistance (as defined locally)**\*** (5% limit on ISY enrolled based on this category per program year) [ ]  Individual with a Disability [ ]  English language learner [ ]  Foster careCOMMENTS:       | **ELIGIBILITY CRITERIA – OUT OF SCHOOL YOUTH (Enrolled after 7/1/15):**[ ]  Participant is enrolled as OSY**NEED ALL:**[ ]  Not attending secondary or post-secondary school Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Age 16-24 Documentation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**AND one or more of the following:** [ ]  School dropout [ ]  Within compulsory age of secondary school attendance but not attending [ ]  Low-income with secondary school diploma/equivalent AND basic skills  deficient or English Language Learner [ ]  Homeless or runaway [ ]  Pregnant or parenting [ ]  Offender/ex-offender [ ]  Low-income and needs additional assistance (as defined locally)**\*** [ ]  Individual with a Disability [ ]  Foster careCOMMENTS:       |  |
| **LOW INCOME:****Family Income Previous 6 Months:**  **[ ]  At/Below 100% FPL [ ]  At/Below 70% of LLSIL [ ]  Neither of the Above****Individual Income Previous 6 Months:** **[ ]  At/Below 100% FPL [ ]  At/Below 70% of LLSIL [ ]  Neither of the Above****Family Income For Past Six Months Per File Documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Annualized Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  Yes [ ]  No Individual with a disability – family of 1[ ]  Yes [ ]  No Individual and family income meet the following:* Family size recorded is accurate (participant file and ASSET match)
* Family income is tallied for past six months and annualized properly
* Income is shown for each family member, is documented with allowable sources, & complies with inclusions & exclusions for the WIOA program
* Current FPL (100%) or LLSIL (70%) chart was used at the time the participant's eligibility was completed

**PUBLIC ASSISTANCE RECIPIENT:** TANF: [ ]  Currently Receiving [ ]  Rec'd past 6 months [ ]  Not ReceivingLiving in High Poverty Area: [ ]  Yes [ ]  No [ ]  No Response* If YES, was data from recent 5 year American Community Survey Data

 [ ]  Yes [ ]  No  FoodShare: [ ] Currently Receiving [ ]  Rec'd past 6 months [ ]  Not Receiving  Free/Reduced Lunch: [ ] Yes [ ]  No [ ]  No ResponseHomeless: [ ] Yes [ ] No [ ]  No ResponseFoster Care:[ ]  Yes [ ]  No [ ]  No ResponseSSI/SSDI: [ ] SSI Only [ ]  SSDI Only [ ]  SSI and SSDI [ ]  No Other Income Based Public Assistance: [ ] Yes [ ] No [ ]  No Response Type of Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | COMMENTS:      [ ]  Yes [ ]  No Were any of the boxes checked that benefits are/were received?[ ]  Yes [ ]  No If yes, allowable source documentation in file. Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Public Assistance ASSET entries matches file documentationCOMMENTS:       |  |
| **STEPS TO PARTICIPATION:**The following services were provided prior to participation:[ ]  Yes [ ]  No Eligibility determination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Provision of objective assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Development of ISS Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Participation in any one of 14 program elements equals participation dateDate of first element provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Were these steps completed in the appropriate order, resulting in an accurate participation date | COMMENTS:       |  |
| **OBJECTIVE ASSESSMENT:**[ ]  Yes [ ]  No Assessments are appropriately documented in ASSET and file[ ]  Yes [ ]  No ASSET services correspond with assessments provided; dates match[ ]  Yes [ ]  No Assessments addressed the following areas: (ALL MUST BE ASSESSED)* Academic levels
* Basic skills levels
* Occupational skills
* Prior work experience
* Employability
* Interests and aptitudes
* Areas of strength
* Developmental needs
* Service needs, including supportive services

[ ]  Yes [ ]  No Documented assessment is within 6 months prior to eligibility determination |

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|  Date  | Assessment tool  | ASSET Service |
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COMMENTS:       |  |
| **INDIVIDUALIZED SERVICE STRATEGY (ISS):**[ ]  Yes [ ]  No Initial ISS complete, signed and properly documented in ASSET and file[ ]  Yes [ ]  No ISS reviewed, updated, signed, dated, and properly documented in the  participant file and ASSET as described in the Local Plan[ ]  Yes [ ]  No ISS is developed appropriately:* jointly with the participant
* based on assessments
* delineated into clearly defined, attainable and manageable steps

[ ]  Yes [ ]  No ISS contains appropriate information including:* participant's employment and/or education goals
* achievement objectives
* determination of need for training
* an appropriate combination of services to achieve goals
* Identification of career pathways
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| Doc Date | ASSET Open  | ASSET Close | Initial / Review  |
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COMMENTS:       |  |
| **YOUTH PROGRAM ELEMENTS / SERVICES PROVIDED:** |
| **Adult Basic Education (co-enrolled in Youth Program)**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Fund source accurate based on provider
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Adult Mentoring**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Mentoring delivered in person
* If mentor is Career Planner, appropriate justification given
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Alternative Secondary School or Dropout Recovery Services**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Fund source accurate based on provider
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Career Awareness, Exploration, and Counseling**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Comprehensive Guidance and Counseling**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Education Offered Concurrently with Workforce Preparation Activities for a Specific Occupation**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Entrepreneurial Skills Training**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Financial Literacy Education**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Job Corps (co-enrolled in Youth Program)**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Fund source accurate based on provider
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Leadership Development**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Non-WIOA Funded Post-Secondary Education**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Fund source accurate based on provider
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Non-WIOA Funded Secondary Education**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Fund source accurate based on provider
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Occupational Skills Training**[ ]  Yes [ ]  No Service was providedIf Occupational Skill Training was provided:[ ]  Yes [ ]  No Training plan is appropriate for participant:* based on assessment & matches with interests, skills and qualifications
* participant has resources to complete program
* participant applied for financial aid

[ ]  Yes [ ]  No Training plan is in line with and executed within the local policy:* The need for training is documented in the participant's file as described in the Local Plan response VI.G.8
* Training is within the dollar amount/duration of WDB's local policy

[ ]  Yes [ ]  No The Training is appropriately documented:* In ISS
* In ASSET Manage Services and in case file
* Supporting documentation for funding training are in file

[ ]  Yes [ ]  No The training program is appropriate for any WIOA participant:* directly linked to employment opportunities
* Approved per local policy

[ ]  Yes [ ]  No The participant's progress in training is monitored by the career planner | Training Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Training Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Semester/Dates | Direct Costs |
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COMMENTS:  |  |
| **Postsecondary Preparation and Transition Activities**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Fund source accurate based on provider
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Reentry Employment Opportunities (Youth)**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Fund source accurate based on provider
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Supportive Services**[ ]  Yes [ ]  No Service was providedIf Supportive Services were provided:[ ]  Yes [ ]  No Participant received supportive services appropriately:* documented need prior to delivery of service
* based on an assessment
* necessary for participation in WIOA services
* with coordination across dual-enrolled programs

[ ]  Yes [ ]  No The Supportive Service is appropriately documented:* In ISS
* In ASSET Manage Services and in case file

[ ]  Yes [ ]  No Supportive Services provided according to local policy* Allowable
* Within funding limits and duration
* Reimbursement amounts are documented via logs, receipts, or other documentation as required by local policy

[ ]  Yes [ ]  No Documentation of referrals to other resources |

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| Date  | Type of Support Provided  | Direct Costs |
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COMMENTS:  |  |
| **Tutoring, Study Skills Training, Dropout Prevention**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Dropout Prevention follows evidence-based model
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Work Experience**[ ]  Yes [ ]  No Service was provided* Employment Opportunity
* Internship
* Job Shadowing
* On-the-Job Training
* Pre-apprenticeship Programs

If Work Experience was provided:[ ]  Yes [ ]  No Service is properly planned:* Assessment used to determine plan
* Service need identified on the ISS
* Determined eligible prior to start date

[ ]  Yes [ ]  No Service is properly documented:* ASSET and file documents agree
* Timesheets, vouchers, or other reimbursement docs in participant file
* WEX agreement signed prior to start date
* WEX contains training plan/job description

[ ]  Yes [ ]  No Service is properly executed:* On-site monitoring performed by WDB or service provider staff
 | Work Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Start Date | End Date | Direct Costs |
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COMMENTS:  |  |
| **YouthBuild (co-enrolled in Youth Program)**[ ]  Yes [ ]  No Service was provided[ ]  Yes [ ]  No Service provision was appropriate* Identified as need based on assessment
* Documented appropriately
* Meets ASSET definition
* Fund source accurate based on provider
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| Date Open | Date Closed | Type of Activity  |
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COMMENTS:  |  |
| **Incentives**[ ]  None ProvidedIf Incentives provided:[ ]  Yes [ ]  No The incentives are provided in compliance with state & local policy[ ]  Yes [ ]  No Incentivized activity included on Youth's ISS[ ]  Yes [ ]  No Incentives are reported in ASSET[ ]  Yes [ ]  No Acceptable file documentation of incentives received |

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| Date  | Allowable Activity Incentivized  | Direct Costs |
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 COMMENTS:       |  |
| **TRAINING PERFORMANCE OUTCOMES**: (Review if training service provided)[ ]  Yes [ ]  No Training provided after July 1, 2016If **YES**: [ ]  Yes [ ]  No Measurable Skill Gains Achieved[ ]  Yes [ ]  No If achieved, are documented properly in ASSET and case file[ ]  Yes [ ]  No Training program is completed. If yes: [ ] Yes [ ] No "ITA Program Outcome" completed in ASSET service(s) [ ] Yes [ ] No "ITA Employment Outcome" completed in ASSET service(s)  [ ] Yes [ ] No Credential attained. If yes: [ ]  Yes [ ]  No Documented properly in ASSET and file |

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| --- | --- | --- | --- |
| Program Yr  | Type of Gain  | File  | ASSET |
| 7/1/16-6/30/17 |  |  |  |
| 7/1/17-6/30/18 |  |  |  |
| 7/1/18-6/30/19 |  |  |  |
| 7/1/19-6/30/20 |  |  |  |

COMMENTS:       |  |

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| **EXIT INFORMATION:** [ ]  Not Yet Exited[ ]  Active Participant  **OR**[ ]  No longer receiving Services[ ]  Services are closed – exit is pending [ ]  Participant should be exited[ ]  Exited[ ]  Yes [ ]  No Exit completed appropriately:* per federal and state policy
* per criteria described in local plan (V1.C.10)
* per actual service provision

Exit Reason: [ ]  Employment [ ]  Education [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Exclusion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Yes [ ]  No Exclusionary exit properly documented | Exit Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMMENTS:       |  |
| **FOLLOW-UP/PERFORMANCE TRACKING:** [ ]  Not Applicable[ ]  Yes [ ]  No Follow up services provided for one year[ ]  Yes [ ]  No Services provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Follow up conducted properly per state and local policy[ ]  Yes [ ]  No Quarterly Follow-up surveys completed properly and entered in ASSET[ ]  Yes [ ]  No Supplemental employment data requiredIf Yes – It is collected & properly documented [ ]  Yes [ ]  No  |

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|  | Date Contacted | Follow-up Survey Complete | Case Notes | File Doc |
| Q1  |  |  |  |  |
| Q2 |  |  |  |  |
| Q3  |  |  |  |  |
| Q4 |  |  |  |  |

 COMMENTS:       |  |
| **CASE NOTES:**[ ]  Yes [ ]  No Case notes demonstrate that the WDB's process for contacting active participants is being followed as described in the Local Plan VI.C.9[ ]  Yes [ ]  No Case notes are entered in an appropriate manner:* Content and dates agree with ASSET Manage Services
* Case notes are comprehensive
* Case notes contain appropriate information
* Case notes entered in a timely fashion
 | Date of last **direct** contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMMENTS:       |  |
| **EVALUATION OF SERVICE DELIVERY:**[ ]  Yes [ ]  No Assessments were provided and evaluated appropriate needs/barriers.[ ]  Yes [ ]  No Assessed needs were used to develop a comprehensive ISS.[ ]  Yes [ ]  No ISS clearly defines a career goal, supportive service needs, related planned  services, etc. in a way that can be understood by the participant. [ ]  Yes [ ]  No Goals include short-term and long-term, are attainable, are related to  Employment/training, advance the participant's economic self-sufficiency.[ ]  Yes [ ]  No If training was provided, the program made sense for the participant's  goals and personal circumstances.[ ]  Yes [ ]  No Supportive services were discussed / offered / provided in a way that  makes sense to the participant's needs.[ ]  Yes [ ]  No Participant seemed easily able to navigate programmatic requirements /  procedures; artificial barriers were not established to access services.[ ]  Yes [ ]  No File gives overall appearance that services were provided appropriately:* Complete, accurate documentation
* Regular, timely, effective communication
* Cohesive, comprehensive service delivery
* Assessment based and ISS driven case progression
* Appropriate collaboration within One-Stop Delivery system
* Participation resulted in overall positive outcome for participant
* Services provided serve to advance career goal
* Services provided address barriers to education/employment
 | Career Goal in ISS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes [ ]  No Any/all services provided served to help participant ultimately  achieve career goal.COMMENTS:       |  |

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| **FINDINGS** | **AREAS OF CONCERN** | **POSITIVE PRACTICES** |
|  |  |  |
| [ ]  **EO / CRC ISSUES IDENTIFIED:**  |