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| **Indiana One-Stop Center Certification Review Form** |

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| **LWDA:** Choose an item. |  | **Date:** Click here to enter a date. | |
| **Review Team Lead:** Click here to enter text. **Job Title:** Click here to enter text. | | | |
| **Phone:** Click here to enter text. **Email:** Click here to enter text. | | | |
| **Location Reviewed (Office Name):** Click here to enter text.  **Address (At time of review)**  **Line 1:** Click here to enter text.  **Line 2:** Click here to enter text. | | | **City:** Click here to enter text.  **State: IN**  **Zip Code:** Click here to enter text. |
| **Location Type (Check One): Comprehensive Center** | **Affiliate** | | |
| **Hours of Operation: Sunday:**  Click here to enter text. **Monday** Click here to enter text.  **Tuesday**: Click here to enter text. **Wednesday:** Click here to enter text.  **Thursday**: Click here to enter text. **Friday**: Click here to enter text.  **Saturday:** Click here to enter text. | | | |
| **Review Team Members:**   |  |  |  |  | | --- | --- | --- | --- | | **First Name:**  Click here to enter text. | **Last Name:**  Click here to enter text. | **Role:**  Click here to enter text. | **Email:**  Click here to enter text. | | **First Name:**  Click here to enter text. | **Last Name:**  Click here to enter text. | **Role:**  Click here to enter text. | **Email:**  Click here to enter text. | | **First Name:**  Click here to enter text. | **Last Name:**  Click here to enter text. | **Role:**  Click here to enter text. | **Email:**  Click here to enter text. | | **First Name:**  Click here to enter text. | **Last Name:**  Click here to enter text. | **Role:**  Click here to enter text. | **Email:**  Click here to enter text. | | **First Name:**  Click here to enter text. | **Last Name:**  Click here to enter text. | **Role:**  Click here to enter text. | **Email:**  Click here to enter text. | | **First Name:**  Click here to enter text. | **Last Name:**  Click here to enter text. | **Role:**  Click here to enter text. | **Email:**  Click here to enter text. | | | | |

**PLEASE FILL OUT THIS FORM FOR**

**THE ONSITE OR VIRTUAL REVIEW OF EACH CENTER**

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| **Access to Required Programs/Partners Onsite or Virtually** |

Check the appropriate box for each required Program/Partner.[[1]](#footnote-1)

This section will require an interview with the Center Manager.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Required Program/Partner** | **Program Staff**  **Onsite** *(Average hours per**week)* | **Partner Program Staff Onsite**  *(Check box)* | **Direct Linkage** *(Check box)* | **Not Applicable** *(Partner not in region)* | **Non- Compliant with Access Requirements** |
| **WIOA Title I**  **Adult** | Click here to enter text. |  |  |  |  |
| **WIOA Title I**  **Dislocated Worker** | Click here to enter text. |  |  |  |  |
| **WIOA Title I Youth** | Click here to enter text. |  |  |  |  |
| **Job Corps** | Click here to enter text. |  |  |  |  |
| **YouthBuild** | Click here to enter text. |  |  |  |  |
| **WIOA Title II Adult Education and Literacy** | Click here to enter text. |  |  |  |  |
| **WIOA Title III**  **Wagner-Peyser** | Click here to enter text. |  |  |  |  |
| **Migrant and Seasonal Farmworker Programs (MSFW)** | Click here to enter text. |  |  |  |  |
| **WIOA Title IV**  **Vocational Rehabilitation** | Click here to enter text. |  |  |  |  |
| **Senior Community Service Employment Program (SCSEP)** | Click here to enter text. |  |  |  |  |

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| Access to Required Programs/Partners Onsite or Virtually (Continued) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Required Program/Partner** | **Program Staff**  **Onsite** *(Average hours per**week)* | **Partner Program Staff Onsite**  (Check box) | **Direct Linkage** *(Check box)* | **Not Applicable** *(Partner not in region)* | **Non- Compliant with Access Requirements** |
| **Temporary Assistance for Needy Families (TANF)** | Click here to enter text. |  |  |  |  |
| **Post-Secondary Career and Technical Education** | Click here to enter text. |  |  |  |  |
| **Veteran’s**  **Employment Services** | Click here to enter text. |  |  |  |  |
| **Trade Adjustment Assistance (TAA)** | Click here to enter text. |  |  |  |  |
| **Housing and Urban Development Employment and Training** | Click here to enter text. |  |  |  |  |
| **Unemployment Compensation** | Click here to enter text. |  |  |  |  |
| **Community Development Block Grant Employment and Training** | Click here to enter text. |  |  |  |  |
| **Second Chances Act** | Click here to enter text. |  |  |  |  |
| **WIOA Title I Native American Programs** | Click here to enter text. |  |  |  |  |

Check the appropriate box for each required Program/Partner.[[2]](#footnote-2)

This section will require an interview with the Center Manager.

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| **Services Checklist** |

Select the appropriate choice from the drop-down list in the “Access Available” box.[[3]](#footnote-3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Access Available** | **Service** | **Access Available** | **Service** | **Access Available** |
| Determinations of whether the individuals are eligible to receive assistance from adult, dislocated worker, or youth programs | Choose an item. | Referrals to and coordination of activities with other programs and services, including programs and services within the one-stop delivery system and, in appropriate cases, other workforce development programs | Choose an item. | Information, in formats that are usable by and understandable to one-stop center customers, relating to the availability of supportive services or assistance | Choose an item. |
| Outreach, intake (which may include worker profiling), and orientation to the information and other services available through the one-stop delivery system | Choose an item. | Workforce and labor market employment statistics information, including the provision of accurate information relating to local, regional, and national labor market areas | Choose an item. | Information and assistance regarding filing claims for unemployment compensation | Choose an item. |
| Initial assessment of skill levels (including literacy, numeracy, and English language proficiency), aptitudes, abilities (including skills gaps), and supportive service needs | Choose an item. | Performance information and program cost information on eligible providers of training services | Choose an item. | Establishing eligibility for programs of financial aid assistance for training and education programs that are not funded under WIOA | Choose an item. |
| Labor Exchange Services (job search/placement,  career counseling, business services on behalf of employers) | Choose an item. | Information in formats that are usable by and understandable to one-stop center customers, regarding how the local area is performing on the local performance accountability measures | Choose an item. | Services, if determined to be appropriate, in order for an individual to obtain or retain employment | Choose an item. |
| **Follow-up Services[[4]](#footnote-4)** | Choose an item. |  |  |  |  |

**Career Services**

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| **Services Checklist** |

Select the appropriate choice from the drop-down list in the “Access Available” box.[[5]](#footnote-5)

**Training Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Access Available** | **Service** | **Access Available** | **Service** | **Access Available** |
| Occupational skills training, including training for non-traditional employment | Choose an item. | On the job training (OJT) | Choose an item. | Incumbent worker training | Choose an item. |
| Programs that combine workplace training with related instruction, which may include cooperative education programs | Choose an item. | Training programs operated by the private sector | Choose an item. | Skills upgrading and retraining | Choose an item. |
| Entrepreneurial training | Choose an item. | Transitional jobs | Choose an item. | Job readiness training provided in combination with other identified training services | Choose an item. |
| Adult education and literacy activities, including activities of English language acquisition, integrated education and training programs, provided concurrently or in combination with the aforementioned training services (excluding transitional jobs) | Choose an item. | Customized training conducted with a commitment by an employer or group of employers to employ an individual upon successful completion of the training | Choose an item. |  |  |

**Business Services**

|  |  |
| --- | --- |
| **Service** | **Access Available** |
| Labor Exchange Activities | Choose an item. |
| Develop, Convene, or Implement Sector Partnerships[[6]](#footnote-6) | Choose an item. |

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| **Certification Criteria Checklist** |

The following are the criteria by which the local workforce development boards[[7]](#footnote-7) shall assess and certify the Indiana one-stop centers. The certification review team shall assess and determine if the one-stop center has met each criterion below by indicating “Meets,” “Does Not Meet,” or “In Progress.”[[8]](#footnote-8)

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| **Standards highlighted in green are NOT applicable to affiliate centers.** |

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| **Standard 1 - One-Stop Administration** |

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| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-1** | **The Local MOU between the local workforce board and all required one-stop partners is signed and in place.**  *NOTE: Request a copy of the local MOU to ensure the requirement has been met.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-2** | **Cost sharing agreements are in place with all Job Center Partners ensuring the center is maximizing resources, both financially and in-kind, to provide the best possible services to customers.[[9]](#footnote-9)**  *NOTE: Verify cost sharing processes and procedures are in place and that there is a current cost sharing agreement amongst all partners attached to the local MOU/IFA.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-3** | **There are no center-specific, unresolved programmatic, administrative, or Equal Opportunity compliance findings.**  *NOTE:* *Request a copy of all monitoring reports since the prior center certification, showing final resolution of all findings.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-4** | **The center has a “center manager” (may be referred to by other titles) who has oversight of center operations.**  *NOTE:* *Identify the center manager. This will likely be the same manager as the comprehensive center(s).* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-5** | **There is regular and meaningful communication between the center manager and front line one-stop center staff regarding center operations. This includes regularly scheduled meetings attended by all staff.**  *NOTE:* *Does the center hold staff meetings? How regularly? Conduct staff interviews to determine if clear meaningful communication is occurring on a regular basis.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-6** | **Does the one-stop center adhere to branding and utilize the official American Job Center (AJC) logo?**  *NOTE:* *Review all signage, websites, and request copies of all printed materials. Does the center appear to be in compliance?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-7** | **The one-stop center adheres to all applicable issuances, guidance, and procedure manuals issued by DWD and/or the local WDB.**  *NOTE:* *Conduct staff interviews to determine if they are aware of relevant issuances and procedure manuals. Do they know where to access them? Does the center appear to be in compliance?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-8** | **Do one-stop center staff utilize the State case management system (ICC), or other applicable systems, to document all customer activities for job seekers and employers?**  *NOTE:* *Verify through observation, client file review and staff interviews.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-9** | **Staff are provided on-going training and cross training to ensure they have the knowledge necessary to appropriately serve customers. The center manager ensures staff attend mandatory training sessions.**  *NOTE:* *Review staff training calendar/schedule. What training has staff received in the past year? Do staff appear knowledgeable as they work with customers? Verify through observation, client file review and staff interviews.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-10** | **The one-stop center abides by Veterans Preference and Priority of Service Requirements.**  *NOTE:* *Observe welcome/intake process. Are customers always asked if they are a veteran? How does the center know which customers are veterans? What policies and procedures are followed? Do staff appear to be aware of Veteran priority of service? Interview the center’s Disabled Veteran Outreach Program specialist (if applicable).* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-11** | **The one-stop center ensures Priority of Service for Adult program participants.**  *NOTE:* *How is the center ensuring priority for eligible adult program participants? Are staff aware of these requirements? What procedures are in place to ensure priority of service for adult participants?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **1-12** | **All staff have an awareness of the region’s sector strategies and career pathways. Staff understand what that means in terms of providing services to customers.**  *NOTE:* *Verify through staff interviews. Do staff know what the targeted sectors are for the region? Have staff received information and/or training on sector strategies and career pathways? Do staff appear to understand career pathways and how to use pathway information when assisting customers?* |  |  |  |

**Comments:** Click here to enter text.

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| **Standard 2 - Responsiveness to the Needs of Job Seekers** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **2-1** | **The one-stop center has effectively integrated WIOA core partners and coordinated services among other required partner programs available to job seekers.**  *NOTE:* *Are core partners co-located, at least on a part-time basis? If not co-located, what procedures are in place to ensure all partner programs are accessible and available through the one-stop center? How are partners collaborating to ensure customers receive the most appropriate services?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **2-2** | **Staff clearly understand how to assess customer needs and provide the appropriate services to address those needs.**  *NOTE:* *Verify through client file review, staff interviews and observation of customer/staff interaction.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **2-3** | **The one-stop center has demonstrated high customer satisfaction from jobseekers.**  *NOTE:* *Certification Review Teams must review the Customer Satisfaction Quarterly Reports for the previous four (4) quarters for each office. High customer satisfaction means a job seeker satisfaction rate of 90% or higher.* |  |  |  |

**Comments:** Click here to enter text.

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| **Standard 3 - Responsiveness to the Needs of Businesses** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **3-1** | **The one-stop center has effectively integrated WIOA core partners and coordinated services among other required partner programs available to businesses.**  *NOTE:* *Review business plan (or local plan). Interview business services staff. Are all core partners represented on the region’s business services team? Are business outreach efforts coordinated amongst partners to avoid duplication? Are partners documenting employer contacts in the case management system or elsewhere, to the extent possible?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **3-2** | **Staff clearly understand how to assess individual local employer needs and provide the appropriate services to address those needs.**  *NOTE:* *Review business plan (or local plan). Is there a process in place for assessing the workforce needs of local employers and addressing the needs identified?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **3-3** | **The one-stop center has demonstrated high customer satisfaction from businesses.**  *NOTE:* *Certification Review Teams must review the Customer Satisfaction Quarterly Reports for the previous four (4) quarters for each office. High customer satisfaction means an employer customer satisfaction rate of 90% or higher.* |  |  |  |

**Comments:** Click here to enter text.

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| **Standard 4 - Performance** |

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| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **4-1** | **The one-stop center staff positively contribute to the achievement of local levels of performance.**  *NOTE:* *Do center management and staff know and understand the WIOA performance measures? Has training been provided? Does the center management and staff understand their role in achieving performance?* |  |  |  |

**Comments:** Click here to enter text.

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| **Standard 5 - Program Coordination** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **5-1** | **An inventory containing partner agency contact information and services offered is available to all center staff.**  *NOTE:* *Verify written or electronic inventory listing is in place and readily available to all staff.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **5-2** | **The one-stop center integrates available services across partners, to the extent possible.**  *NOTE:* *How does the one-stop center management staff identify ways to integrate services to prevent duplication? Are there regular meetings amongst center staff and partners to address integration of services?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **5-3** | **Employment plans are specifically designed to meet the unique needs of each individual customer and are jointly developed with partners, when appropriate.**  *NOTE:* *Verify with staff interviews. Review a sampling of employment plans and case notes from client files.* |  |  |  |

**Comments:** Click here to enter text.

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| **Standard 6 - Programmatic Accessibility** |

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| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **6-1** | **The one-stop center provides access to all partner programs consistent with the WIOA definition on page 2 of DWD Policy *2020-09, Change 1: WIOA One-Stop AJC Certification*. Customer referrals to partner services are coordinated.**  *NOTE:* *Verify through observation and staff interviews. Are there policies and procedures in place for making referrals to ALL partner programs? This should also be identified in the local MOU(s).* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **6-2** | **All 13 required career services are available in person or on demand via technology at or through the center.**  *NOTE:* *These 13 elements listed in 20 CFR § 678.430.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **6-3** | **Customers have in-person or virtual access to training services, education services, employment services, supportive services, and business services.**  *NOTE:* *These services are listed in 20 CFR § 680.200.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **6-4** | **There is always at least one Title I staff member present at the one-stop center during business hours.**  *NOTE:* *Verify through observation or timesheets.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **6-5** | **The center provides maximum access to partner agency programs, which may include providing services outside normal business hours if the local WDB determines there is a need for an extension of service hours.**  *NOTE:* *Does the center provide services outside of regular business hours when the need is identified?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **6-6** | **Regular business hours are clearly visible outside of the one-stop center building.**  *NOTE:* *Verify through observation.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **6-7** | **The one-stop center is programmatically accessible per 29 CFR 38, which includes providing reasonable accommodations for individuals with disabilities, making reasonable modifications to policies, practices, and procedures, administering programs in the most integrated setting appropriate, communicating with persons with disabilities as effectively as with others, and providing appropriate auxiliary aids or services, including assistive technology devices and services, where necessary.**  *NOTE:* *Verify through reviewing a copy of the procedures, staff interviews and observation.* |  |  |  |

**Comments:** Click here to enter text.

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| **Standard 7 – Equal Opportunity Awareness** |

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| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **7-1** | **The local Equal Opportunity Officer periodically reviews policies and procedures regarding accessibility and equal opportunity and provides staff training and updates.**  *NOTE:* *Verify the last time the EO officer reviewed/ updated policies and procedures. Have staff received training? How often is training provided? Are new employees trained?* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **7-2** | **The required Equal Opportunity tagline is included on all documents and web pages.**  *NOTE:* *Review flyers, forms, brochures, handouts, and websites provided to all customers.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **7-3** | **All Equal Opportunity signage is posted prominently, in reasonable numbers and places, in available and conspicuous physical locations in the one-stop center.**  *NOTE:* *Verify through observation.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **7-4** | **There is a process in place for customers to file Equal Opportunity complaints/ grievances and a process for addressing these complaints/grievances when they are filed.**  *NOTE:* *Review procedural documents pertaining to EO complaints/grievances.* |  |  |  |

**Comments:** Click here to enter text.

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| --- |
| **Standard 8 - Physical Accessibility** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **8-1** | **Center physical accessibility is in compliance with all accessibility requirements under Federal Law. The one-stop center meets the physical accessibility requirements under WIOA Sec. 188, set forth in 29 CFR 38.**  *NOTE:* *Verify with Local EO Officer and State EO Officer.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **8-2** | **Staff and program partners demonstrate they know how to use adaptive and assistive technologies and are aware of the available resources.**  *NOTE:* *Verify through staff interviews and observation.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **8-3** | **A written policy explains how required partners in the one-stop center make reasonable accommodations and includes procedures for handling requests for accommodations.**  *NOTE:* *Review reasonable accommodations policy and/or procedures.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **8-4** | **Workshops are accessible to all customers whether provided in person or virtually. The one-stop center provides reasonable accommodations to ensure equal access.**  *NOTE:* *Verify through observation and staff interviews to ensure workshops are accessible and reasonable accommodations are provided as needed.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **8-5** | **The one-stop center utilizes available resources, such as Vocational Rehabilitation Services, to ensure accessibility.**  *NOTE:* *Verify through staff interviews and observation. Do staff know when to make appropriate referrals to agencies such as VR, when needed? Are staff aware of available interpreter services/technology for limited English proficient (LEP) individuals?* |  |  |  |

**Comments:** Click here to enter text.

|  |
| --- |
| **Standard 9 - Continuous Improvement** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **9-1** | **The one-stop center has a process in place for customers to provide feedback or complaints outside of the customer feedback survey. The process should address complaint tracking and corrective action plans.**  *NOTE:* *Review process for filing complaints to ensure it contains these requirements.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **9-2** | **The one-stop center has internal systems in place to identify, track and improve operational efficiency and effectiveness. Specifically, the effectiveness of partner integration.**  *NOTE:* *Verify through staff interviews or documentation.* |  |  |  |

**Comments:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Description** | **Meets** | **Does Not Meet** | **In Progress** |
| **9-3** | **The one-stop center has a system and procedures in place to assess staff members’ skills and core competencies, as well as gaps.**  *NOTE:* *Verify through staff interviews and review of procedural documentation.* |  |  |  |

**Comments:** Click here to enter text.

|  |
| --- |
| **Local Workforce Development Board Determination** |

**Determination:** Choose an item. **Determination Date:** Click or tap to enter a date.

In the event of non-certification, an action plan and timetable will be prepared by DWD in consultation with the one-stop operator to bring the one-stop center into compliance. A date for a follow-up review within ninety (90) days from the non-certification determination date will be set.

**Please provide a detailed description of each criterion denoted as “Does Not Meet” and “In-Progress.”**

|  |  |
| --- | --- |
| **Number** | **Description** |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |

**Overall Comments:**

*I certify that the information contained herein is true and accurate to the best of my knowledge and that this completed Indiana One-Stop Center Certification Review Form has been approved for the Workforce Development Board (WDB) by the Board Chair.*

|  |  |
| --- | --- |
| LWDB  Chair Name |  |
| LWDB Chair Signature |  |

**Signature Date**: Click or tap to enter a date.

|  |
| --- |
| **Department of Workforce Development Determination** |

**Determination:** Choose an item. **Determination Date:** Click or tap to enter a date.

In the event of non-certification, an action plan and timetable will be prepared by DWD in consultation with the one-stop operator to bring the one-stop center into compliance. A date for a follow-up review within ninety (90) days from the determination date will be set.

**Please provide a detailed description of each criterion denoted as “Does Not Meet” and “In-Progress.”**

|  |  |
| --- | --- |
| **Number** | **Description** |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |

**Overall Comments:**

1. **Note:** Access to **ALL** partner programs is required for Comprehensive One-Stop Centers. [↑](#footnote-ref-1)
2. **Note:** Access to **ALL** partner programs is required for Comprehensive One-Stop Centers. [↑](#footnote-ref-2)
3. **Note:** Access to **ALL** partner programs is required for Comprehensive One-Stop Centers. [↑](#footnote-ref-3)
4. Review Team should request and review local supportive service policies. [↑](#footnote-ref-4)
5. **Note:** Access to **ALL** partner programs is required for Comprehensive One-Stop Centers. [↑](#footnote-ref-5)
6. The one-stop center’s role in providing this service is ensuring the business services team is sharing information acquired through employer engagement with one-stop partners and the local WDB. This can be verified through monthly board/partner meeting minutes and/or ICC documentation. [↑](#footnote-ref-6)
7. Or the Indiana Department of Workforce Development, as appropriate. [↑](#footnote-ref-7)
8. **NOTE:** A detailed description must be provided on the Determination page for any criterion denoted as “Does Not Meet” and “In-Progress.” [↑](#footnote-ref-8)
9. Some local WDBs may have been granted an extension for these agreements. If this is the case, the cost-sharing agreements will need to be in place by the date identified in the request for extension. [↑](#footnote-ref-9)