

**Youth Workforce Investment Council  
Central MA Workforce Investment Board  
December 14, 2017**

**Members Present:** Jenna Adams, Kelly Conlin, Doug Daigle, Judy Freedman Fask, Carolyn Gordon, Robin Hooper, Howard Lucas, Roy Lucas (proxy for Janice Weekes), Kristin Mayotte, Isidore Nosike, Carrick O'Brien, Amber Polisher (proxy for Collen Lanza), Toni Poti.

**Guests:** John Piselli, Hilda Ramirez.

**Staff Present:** Ed Gagne

**Meeting Minutes**

1. **Welcome & Introductions:** The meeting was called to order at 2:37 p.m. All attendees were asked to introduce themselves.
2. **Note of Potential Conflicts of Interest & Confirmation of Quorum:** It was announced that a quorum was present.
3. **Vote:**  
**Approval of Minutes:** The October 12, 2017 meeting minutes were unanimously approved by a motion from Toni Poti and a second by Isidore Nosike.
4. **Presentation:** Hilda Ramirez, *Assistant Director*, Latino Education Center, Worcester State University.

Hilda discussed her position at the Latino Education Center (LEC) and highlighted the following facts: 80% of LEI students attend college, \$2,851 families served in 2017, 16 public schools served, 57% LEI youth are English learners, and 400 K-12 students are in signature programs. She discussed program objectives: to increase Latino enrollment in higher education, to engage Latino and other students in the college application process, and to increase high school and college retention rates with attention placed on "100 Males to Colleges" program. Additional resources shared: Mass Humanities Program; <http://masshumanities.org/about/>, The Clemente Humanities Course; <https://www.clementecourse.org/>, and EDX – Increasing Global Access to "Free" Quality Education; <https://www.edx.org/>. To learn more about LEC contact Hilda at 508-798-6507 ext. 102 or via email at [Hilda.Ramirez@worcester.edu](mailto:Hilda.Ramirez@worcester.edu)

**Presentation:** John Piselli, Director of Employment and Trng/Hydroponics, My Choice Programs Inc. and Howard Lucas, Director of Workforce Development, My Choice Programs

John and Howard highlighted their programs for independent living located at My Choice. Emphasis placed on My Choice Greens- a year round urban farming project that employs individual with varying abilities. They discussed individuals interested in finding work in farming are able to do so in places like warehouse farms, indoor

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agriculture, which utilizes techniques like vertical farming hydroponics and aquaponics. Local food demand drives production that is now bringing jobs back to the communities. “Working Together” monthly meet-up occurs to “engage, connect, relate, and grow. The focus is to develop connection and partnerships that allow us to engage fully in our community.

To learn more about My Choice go to <https://www.mychoiceprograms.com/residential-service> or contact John and/or Howard at 508-536-6887.

## 5. Discussion:

**WIOA Youth Policies:** E. Gagne highlighted sections of policies with changes. C. Gordon asked what standard was used to measure job search. E. Gagne mentioned the “Job Search” form request applicants to identify job search information such as company name, date of application, method of application and contact information. E. Gagne also mentioned the Census Tract is now used to determine economic eligibility for program participants. This site may be useful for programs that may need information regarding economic demographics. The following links are used to access information: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t> and [Poverty Threshold Census Tract Database](#)  For additional information on how to use the data base, contact Ed Gagne at [gagnee@worcesterma.gov](mailto:gagnee@worcesterma.gov)

**Vote:** Upon a motion by Howard Lucas and a second by Toni Poti, the group unanimously voted to approve the following policies: Income Calculation, 5% Window Non Low-Income Covered Individuals, Individual Service Strategy, Individual Training Account, Priority of Service, Locally Defined Requires Additional Assistance Barriers, Social Security, Youth Stipend Incentive, Support Services/Needs Related Payment, Workplace Violence Prevention, and Workforce Central Safety Manual.

## 6. Updates:

- a. **WIOA Youth Update:** E. Gagne mentioned a WIOA RFP will be released in February, 2018 for FY19 programming. YWIC members interested in participating on the review team can contact him before March 16<sup>th</sup>.
- b. **YouthWorks (YW):** E. Gagne mentioned the CMWIB received a \$75,000 grant to provide occupational skills training in CNA, EKG, and Phlebotomy. A minimum of ten WIOA students will receive training offering a stackable credential that includes EKG and Phlebotomy that compliments their recent CNA training. This stackable credential significantly increases their hourly wage toward a path of self-sufficiency.
- c. **Connecting Activities:** E. Gagne mentioned the Blackstone Valley Foundation offered a professional development day. Teachers, guidance counselors, and

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school administrators participated. Soft skills, technical skills and levels of education required for employment in multiple engineering occupations were discussed. The highlight of the program was a panel discussion with 8 engineers representing different backgrounds; certificates, Associate degrees, and Bachelor degrees.

**7. Announcements:**

Jenna Adams mentioned her agency received a grant to provide Healthy Adolescent Sexuality. This training is for adults that work or interact with youth. Programs can contact Jenna if interested in learning more at 508-756-6676 x 20 or via email at [jenabadams@cmahec.org](mailto:jenabadams@cmahec.org)

**Next Meeting:**

a. **February 8<sup>th</sup> – CMWIB, 340 Main Street, 4<sup>th</sup> Floor, Worcester, MA 01608.**

**8. Adjourn:** The meeting adjourned at 4:25 p.m.

*Respectfully submitted by,  
Ed Gagne*

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## Central MA Workforce Investment Board

**ISSUANCE No: P-1**  
**ISSUANCE DATE REVISION: 7/1/17**  
**SUBJECT: INCOME CALCULATION POLICY**

### **PURPOSE**

This policy is effective as of the date of issuance and shall remain in continuous effect until revised or rescinded.

### **POLICY**

There are multiple ways to determine eligibility for youth. This policy is to provide guidance on how to document youth eligibility using income as criteria. Income eligibility is verified using Workforce Central's Out-of-School Youth Program Eligibility Income Verification document. If traditional methods to determine eligibility are required, use of the Census Tract website or gathering the *total income for the past six months* to calculate family income must occur. If 6 month income documentation is utilized then it is compared to the Income Guideline Table containing poverty levels. Determination is based on the number of persons living in the family. As a last resort, an Applicant Statement may be used only after all practicable attempts to secure documentation have failed.

*When using income to determine eligibility for WIOA Youth services it is necessary to use Workforce Central's Out-of-School Youth Program Eligibility form page 2 titled "Income Verification Section 1 or 2."*

For the purpose of determining WIOA income eligibility, family is defined as: "Two or more persons related by blood, marriage, or decree of the court, who are living in a single residence, and are included in one or more of the following categories:

- A. A husband, wife, and dependent children;
- B. A parent or *guardian*\* and dependent children; or
- C. A husband and wife.

\*References to "*guardian*" refers to "*legal*" guardian.

Please Note:

- Consistent with the policy of the Department of Labor, ETA's policy is to recognize all marriages (including same-sex marriages) that are lawfully entered in the state of celebration. (ETA TEGL 26-13)
- Interpreting "husband" and "wife" should be applied in a gender neutral manner in the definition of "family". (ETA TEGL 26-13)
- Interpretation of "family" includes same sex spouses. (ETA TEGL 26-13)

An individual with a disability must, for the purposes of income eligibility determination, be considered an individual who is a family unit of “one” consistent with the definition of low-income individual.

## **Youth Applicant Statement Instructions**

### **INTRODUCTION AND PURPOSE**

Use of applicant statements occurs when there is undue hardship for individuals to obtain required documentation. An applicant statement is used only after all practicable attempts to secure documentation have failed. Applicant statements must be supported by a documented corroborative contact or reliable witness attesting to the accuracy of the statement.

### **REQUIREMENTS**

In order to utilize the applicant statement as documentation, the following requirements must be adhered to:

1. The applicant statement form, or facsimile, must be utilized.
2. A corroborative contact or witness must be indicated on the statement. The corroboration may be via witness signature or supporting telephone verification form. In those rare instances when an applicant cannot obtain a satisfactory witness or provide a telephone contact, the applicant needs to explain why such corroboration is not possible.
3. Use of the applicant statement is limited to the following instances as indicated in Attachment G, Alternative Forms of Documentation, from the MA WIOA Eligibility Desk Reference:
  - A. Income
  - B. Family Size
  - C. School Dropout
  - D. Homeless & Runaway Youth
  - E. Pregnant and Parenting Youth
  - F. Offender
  - G. Residence

### **EXAMPLES**

Use of the sample Applicant Statement form is as follows: If an applicant states that he/she cannot provide evidence that no income was received during the past six months, and that he/she was unemployed for that period, the blank spaces following the words "**I certify, under penalty of perjury, that I**" may be completed, for example, as follows: "**have received no income from any source during the past six months, that I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends.**" This should be corroborated by the person(s) providing the support.

Workforce Central's Applicant Statement will:

- clearly state what is being documented;
- clearly specify the dates used to determine status such as: family size and income. If an applicant statement is used to verify a lack of income, the applicant statement should indicate the applicable dates the customer did not work, and did not received any income from any source;
- clearly specify the date(s) signed;
- ensure corroborating witness signing the applicant statement have first-hand knowledge of what is being verified and not just sign the form because of hearsay information or just to make the youth eligible for the program;
- ensure if a handwritten signature on an applicant statement is not legible, the name of the person should be printed beneath the signature for future verification purposes; and
- ensure the statement is used as a last resort the reason.

(See the Applicant Statement on page 4)

## Workforce Central Career Center

|                                 |
|---------------------------------|
| <b>APPLICANT STATEMENT FORM</b> |
|---------------------------------|

I certify, under penalty of perjury that I \_\_\_\_\_

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(If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address, City, State, Zip \_\_\_\_\_

Corroborating Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Relationship to Applicant \_\_\_\_\_

|                        |
|------------------------|
| <b>Office Use Only</b> |
|------------------------|

The above applicant statement is being utilized for documentation of the following eligibility criteria:

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Signature of eligibility/intake worker \_\_\_\_\_

Date \_\_\_\_\_

## **Workforce Central Career Center Income Calculation Guidelines Steps**

*Note: Income eligibility is verified using Workforce Central's Out-of-School Youth Program Eligibility Income Verification document. If the traditional method to determine eligibility is required, the following steps are provided:*

1. Enter the customer's name at the top of the form.
2. Enter the family size.
3. If the customer receives a monthly payment that is the same e.g. welfare payments or social security, record the dollar amount under the appropriate income block.

If the customer receives any other source of income that varies, it is calculated according to the number of weeks or pay periods during the month it was earned.

4. Compare the annualized income with the maximum eligible family income on the spreadsheet. If the customer's annualized income falls below the maximum eligible family income based on family size the customer is income eligible. Note: Excludable income is not totaled, but must always be documented.
5. The Case Manager must sign and date the form and the customer/client must sign and date the Youth Membership form.

### **Important Reminders**

It is important to remember that every month must be accounted for if the annualization form. If there is a month with no income listed, you may use an applicant statement must by the customer to explain how they supported themselves during that month. On the annualization form, within the blank month, you must write, "applicant statement".

Income documentation must occur within 30 days from the date of the signed MOSES registration.

All family income must be collected and documented on the annualization form. Reference the "Includable and Excludable Income" document, if necessary.

Any changes on the annualization must be initialed. Note: White out is not allowed.



## Central MA Workforce Investment Board

**ISSUANCE No: P- 2**

**ISSUANCE DATE REVISION: 12/1/17**

**SUBJECT: YOUTH 5% WINDOW NON LOW-INCOME "COVERED INDIVIDUALS"**

### **PURPOSE**

To communicate policy on how WIOA youth participants, eligible under the 5% window, are counted.

### **BACKGROUND**

WIOA Federal Legislation and WIOA Federal WIOA sec. 129 (a) (3) (A) (ii)

### **POLICY**

WIOA allows a 5% income exception for "covered individuals" who are not low-income to participate in WIOA Title I Youth Services.

A "covered individual" is an individual that must be low-income to be eligible for participation in WIOA Title I Youth Services. In accordance with WIOA sec. 129 (a) (3) (A) (ii), in each local area not more than five percent (5%) of "covered individuals" who are not low-income are allowed be eligible for WIOA Title I Youth services.

WIOA sec. 129 (a) (3) (A) (i) defines an in-school youth and the following two categories of out-of-school youth as "covered individuals:"

- A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is basic skills deficient or an English language learner.
- A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment.

\*For in-school and out-of-school youth who require additional assistance, the CMWIB will use our Local Workforce Board approved definition of "requires additional assistance."

The 5% income exception for "covered individuals" is calculated based on 5 percent of youth enrolled in a given year that would ordinarily need to be low-income to be eligible for participation in WIOA Title I Youth Services.

The CMWIB will not enroll more than 5% of "covered individuals" who are not low-income into the WIOA Title I Youth program at any given time. The total number of youth included in the 5% income exception calculation includes new enrollments and

youth carried in from previous years that would need to be low-income at the point of eligibility.

Under Section 129, an “eligible youth” must meet the criteria set forth below:

An Out-Of-School Youth is defined as an individual who is:

- (a) Not attending any school (see definition in Attachment A);
- (b) Not younger than 16 or older than 24 at the time of enrollment (participants may continue to receive services beyond the age of 24 once they are enrolled in the program § 681.210); **and**
- (c) Meets one or more of the following conditions:
  - (1) School Dropout;
  - (2) Within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter. School year calendar is based on how a local school district defines its school year quarters;
  - (3) Recipient of a secondary school diploma or its recognized equivalent who is low-income and basic skills deficient or an English language learner;
  - (4) An offender (subject to the juvenile or adult justice system);
  - (5) A homeless individual, aged 16 to-24 who meets the criteria defined in sec. 41403(6) of the Violence Against Women Act of 1994, a homeless child or youth aged 16 to 24 who meets the criteria defined in sec. 725(2) of the McKinney Vento Homeless Assistance Act , or a runaway;
  - (6) An individual in foster care or who has aged out of the foster care system or who has attained 16 years of age and left foster care of kinship guardianship or adoption, a child eligible for assistance under sec. 477 of the Social Security Act (42 USC 677), or in an out-of-home placement.
  - (7) Pregnant or parenting;
  - (8) An individual with a disability;
  - (9) Low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment (WIOA sections 3(46) and 129(a)(1)(B)
  - (10) Requires additional assistance barriers:

“Requires additional assistance to enter or complete an educational program” shall be defined as an individual who:

- a) Did not pass MCAS. **Documentation required: school records.**
- b) Is one or more grade levels below their age-appropriate grade level, i.e. retained one or more grade levels. **Documentation required: school records.**
- c) Member of a single parent household. **Documentation required: birth certificate, decree of court, divorce decree, lease of landlord statement, medical card, most recent tax return supported by IRS documents, Public Assistance/Social Service/ Public Housing Agency Records.**
- d) Child of incarcerated parent(s). **Documentation required: letter from the court**

and/or a probation officer.

- e) Youth from a family with illiteracy. **Documentation required: Applicant Statement and letter from the guardian(s) indicating they dropped out of school.**

“Requires additional assistance to secure employment and hold employment” shall be defined as an individual who:

- a) Has failed to secure a job within the past three months after employment search. **Documentation required: Job Search log with company names, addresses, and contacts and an Applicant Statement indicating the client never received pre-employment skills training.**
- b) Is employed part-time i.e. less than 20 hours per week and unable to obtain full-time employment within the past three months after employment search. **Documentation required: two or more recent pay stubs within the last thirty days and a detailed job search log indicating company names, addresses and contacts.**
- c) Has been employed full-time in short term employment by a temporary agency i.e., four months or less within 12 months prior to application. **Documentation required: two recent pay stubs within the last thirty days or a detailed employer statement on signed and dated letterhead.**

See Attachment B for acceptable forms of documentation for categories C 1 – 9.

## Attachment B

Part 1: Current youth barriers and acceptable forms of documentation (taken from MassWorkforce Issuance 100 DCS 19.101.1 Attachment B) on which to model description of locally defined barriers.

| <b>YOUTH BARRIERS FOR ELIGIBILITY</b>  |  |
|--|--|
| <b>ELIGIBILITY BARRIERS</b>  | <b>ACCEPTABLE DOCUMENTATION</b> (Only one of the following is required for each criterion)   |
| Basic Skills Deficient   | <ol style="list-style-type: none"> <li>1. Assessed by a Generally Accepted Standardized Test</li> <li>2. School Records</li> </ol>   |
| School Dropout   | <ol style="list-style-type: none"> <li>1. Attendance Letter from school</li> <li>2. Dropout Letter from school</li> <li>3. Eligibility Verification Letter from a recognized community or youth organization (if other documents are not available)</li> <li>4. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness</li> <li>5. Telephone verification if other forms of documentation are not readily available</li> <li>6. Document Inspection if provided document cannot be legally photocopied</li> </ol> |
| Within Compulsory School Age and has Not Attended School in the Most Recent Complete School Year Calendar Quarter                              | <p>*Compulsory school age in Massachusetts is 6-16 years of age.</p> <ol style="list-style-type: none"> <li>1. Attendance letter from school</li> <li>2. Letter from school official stating youth school status</li> <li>3. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness</li> <li>4. Telephone verification if other forms of documentation are not readily available</li> <li>5. Document Inspection if provided document cannot be legally photocopied</li> </ol>                                    |
| Recipient of Secondary School Diploma or its Recognized Equivalent who is Low-Income and Basic Skills Deficient or an English Language Learner | <ol style="list-style-type: none"> <li>1. Copy of Secondary School Diploma or equivalent and provide proof of either;               <ol style="list-style-type: none"> <li>a. Basic Skills Deficiency or;</li> <li>b. English Language Learner</li> </ol> </li> </ol>  |

|   |   |
|---|---|
| <p>Department of Youth Services/Subject to the Juvenile or Adult Justice System (In-School Youth's Own Income Must be Considered)</p> | <ol style="list-style-type: none"> <li>1. Documentation of Court Contact</li> <li>2. Court Documentation</li> <li>3. Verification of Payments made on Behalf of the Child</li> <li>4. Written Statement from State\Local Agency</li> <li>5. Agency Telephone verification if other forms of documentation are not readily available</li> <li>6. Document Inspection if provided document cannot be legally photocopied</li> </ol>   |
| <p>Homeless or Run-away</p>   | <ol style="list-style-type: none"> <li>1. Written Statement from an Individual Providing Temporary Residence</li> <li>2. Written Statement from Shelter/Social Service Agency</li> <li>3. Mckinney Vento Homeless Act Authorization Form</li> <li>4. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness</li> <li>5. Telephone verification if other forms of documentation are not readily available</li> <li>6. Document Inspection if provided document cannot be legally photocopied</li> </ol>   |
| <p>Foster Child</p>   | <ol style="list-style-type: none"> <li>1. Court Contact</li> <li>2. Court Documentation</li> <li>3. Medical Card</li> <li>4. Verification of Payments made on Behalf of the Child</li> <li>5. Written Statement from State\Local Agency</li> <li>6. Telephone verification if other forms of documentation are not readily available</li> <li>7. Document Inspection if provided document cannot be legally photocopied</li> </ol>  |
| <p>Pregnant or Parenting</p>  | <ol style="list-style-type: none"> <li>1. Birth Certificate</li> <li>2. Hospital Record of Birth</li> <li>3. Medical Card</li> <li>4. Physician's Note</li> <li>5. Referrals from Official Agencies</li> <li>6. School Program for Pregnant Teens</li> <li>7. School Records</li> <li>8. Statement from Social Services Agency</li> <li>9. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness</li> <li>10. Telephone verification if other forms of documentation are not readily available</li> <li>11. Document Inspection if provided document cannot be legally photocopied</li> </ol> |

|   |   |
|---|---|
| <p>Individual with Disabilities (In-School Youth's Own Income Must be Considered)</p> | <ol style="list-style-type: none"> <li>1. Letter from Drug or Alcohol Rehabilitation Agency</li> <li>2. Letter from Child Study Team Stating Specific Eligibility</li> <li>3. Medical Records</li> <li>4. Observable Condition</li> <li>5. Physician Statement</li> <li>6. Psychiatrist's/Psychologist's Diagnosis</li> <li>7. Rehabilitation Evaluation</li> <li>8. School Records</li> <li>9. Sheltered Workshop Certification</li> <li>10. Social Service Records\Referral</li> <li>11. Social Security Administration Disability or Veterans Admin. Records</li> <li>12. Vocational Rehabilitation Letter</li> <li>13. Workers Compensation Record</li> </ol> |
|   | <ol style="list-style-type: none"> <li>14. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness</li> <li>15. Telephone verification if other forms of documentation are not readily available</li> <li>16. Document Inspection if provided document cannot be legally photocopied</li> </ol>   |
| <p>Offender (In-School Youth's Own Income Must be Considered)</p>                     | <ol style="list-style-type: none"> <li>1. Court Documents</li> <li>2. Halfway House Resident</li> <li>3. Letter of Parole</li> <li>4. Letter from Probation Officer</li> <li>5. Police Records</li> <li>6. Applicant Statement if no other forms of documentation are available – must be supported with a corroborative contact or reliable witness</li> <li>7. Telephone verification if other forms of documentation are not readily available</li> <li>8. Document Inspection if provided document cannot be legally photocopied</li> </ol>   |
| <p>Low-Income Individual who Requires Additional Assistance</p>                       | <ol style="list-style-type: none"> <li>1. Proof of low-income status and meets the local definition of Requires Additional Assistance.</li> </ol>   |
| <p>English Language Learner</p>   | <ol style="list-style-type: none"> <li>1. Letter from school official</li> <li>2. Statement from recognized community youth organization.</li> <li>3. School Assessment</li> </ol>  |

## Central MA Workforce Investment Board

**ISSUANCE No: P-3**

**ISSUANCE DATE REVISION: 7/1/17**

**SUBJECT: INDIVIDUAL SERVICE STRATEGY**

### **PURPOSE**

Pursuant to the Workforce Innovation Opportunity Act, the Individual Service Strategy (ISS) shall identify employment goal(s) (including nontraditional employment), appropriate achievement objectives, and appropriate services for the participant. All WIOA Youth service providers must provide an objective assessment of the academic levels, skills levels, and service needs of each participant. Assessment shall include a review of basic skills, interests, and aptitudes (including interests and aptitudes for nontraditional jobs, supportive service needs, and developmental needs of such participant). At a minimum, the ISS must identify age-appropriate career goal(s) and take into consideration assessment results for each youth. The ISS must also include tangible benchmarks to evaluate progress regularly.

### **POLICY**

The ISS is a detailed road map, based upon the objective assessment process, with tangible progress markers, to help each WIOA Youth participant reach their goal.

The ISS form must be used by WIOA youth service providers for new participants enrolling in Workforce Central WIOA Youth Programs.

The ISS portfolio consists of six parts that, when used together, provide a snapshot of the participant's status, goals that will assist the participant to gain skills and experiences to successfully transition to his or her career goals, and documentation of service interventions across multiple program activities.

Parts 1 – 13: Personal Information, Career Pathways Assessment, Basic Education Skills, Educational and Career Goals, Barriers, Planned Outcomes, One Year Development Plan, Detailed Career Pathway Plan, Support Services, Education and Employment History, Short and Long Term Goals, Special Accommodations, Strengths and Special Skills, Elements, and History will be completed by the case manager or appropriate youth staff assigned to perform this function at each sub-contractor site.

Case Notes are completed by the Case Manager or appropriate youth staff assigned to perform this function at each sub-contractor site. Case notes document the progress of the individual participant both during the program and after program exit. This portion shall consist of two types of evaluation: (1) the Case Management/Program Progress Notes and (2) the Follow-Up/Post Program notes.

Some of the specific components to be included in the ISS, consisting of the following:

- age-appropriate career goal;

- appropriate achievement objectives to reach the career goal;
- an appropriate combination and sequence of services (the ten core elements), as needed, based upon the objective assessment;
- the delivery agent for each service, the time, frequency, and duration of each service;
- regular review and evaluation of a participant's progress;
- acknowledgment of participant involvement in ISS development.

### **REQUIREMENTS OF THE ISS**

1. The ISS is the document to record test scores, significant findings, and results relevant to the participant. The ISS is a document to be updated on a regular basis by the case manager and reviewed periodically with the WIOA Youth participant to update goals, objectives and strategies to achieve them.
2. Each participant's "service strategy" will focus on elements together in a way that best meets the participant's needs, interests and goals.
3. The ISS must be individualized for each participant. Each ISS will be different and specific to the participant's needs.
4. Progress notes, formally referred to as case notes, must be as extensive as practical, in order to fully represent each participant's circumstances and justify the service strategy utilized.
5. The ISS should be developed jointly by the Case Manager and the participant. The participant should be actively involved and need to understand the opportunities and limitations regarding what a service provider can do for him or her.
6. Coordination and sequencing of services so that the appropriate array of services from the ten core elements is/are provided and/or referral(s) occurs to the appropriate entity.
7. The physical space provided to any given item on the ISS form is not intended to be an indication of importance. Case Managers must try to be as comprehensive as possible in developing and completing all parts of a participant's ISS.

**Central MA**  
**Youth Individual Service Strategy**

**I. Personal Information**

|                                      |                     |                 |                            |
|--------------------------------------|---------------------|-----------------|----------------------------|
| Name _____                           |                     | Date _____      |                            |
| Home Phone _____                     |                     | E-Mail #1 _____ |                            |
| Cell _____                           |                     | E-Mail #2 _____ |                            |
| Social Media Website Addresses _____ |                     |                 |                            |
| Address _____                        |                     | City _____      | State _____ Zip Code _____ |
| Age _____                            | Date of Birth _____ |                 | MOSES ID#: _____           |
| Emergency Contact: _____             |                     | Phone _____     |                            |

**II. Career Pathway Assessments**

|  |  |             |  |
|--|--|-------------|--|
| <b>Career Interest Inventory Test:</b> _____   |  | Date: _____ |  |
| Identify Three Highest Areas: 1. _____ 2. _____ 3. _____   |  |             |  |
| Involved in a Career Pathways at your prior school? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |             |  |
| Name of Career Pathway/Cluster: _____  |  |             |  |
| <b>Interest and Aptitudes Developmental Profile:</b> <u>Search DAP</u> _____                                 |  | Date: _____ |  |
| Top Three Personal Assets: 1. _____ 2. _____ 3. _____  |  |             |  |
| <b>Occupational Skills Assessment Inventory:</b> _____   |  | Date: _____ |  |
| Top Three Occupational Skills: 1. _____ 2. _____ 3. _____  |  |             |  |
| <b>Work Readiness Assessment:</b> _____  |  | Date: _____ |  |
| Top Three Work Readiness Skills: 1. _____ 2. _____ 3. _____  |  |             |  |
| <b>Labor Market Inventory Tool:</b> _____  |  | Date: _____ |  |
| Results/Comments: _____  |  |             |  |

**III. Basic Education Skills**

*If a student tests below 8.9 on either math and/or reading, basic skills training is a required educational career goal.*

|                                |                    |                        |
|--------------------------------|--------------------|------------------------|
| Reading Level: Pre Test: _____ | Post Test: _____   | Test Name: <u>TABE</u> |
| Scale Score: _____             | Scale Score: _____ |                        |

|                             |                    |                        |
|-----------------------------|--------------------|------------------------|
| Math Level: Pre Test: _____ | Post Test: _____   | Test Name: <u>TABE</u> |
| Scale Score: _____          | Scale Score: _____ |                        |

**IV. Educational and Career Goals**

Check all that apply:

- Work Readiness Training
- Occupational Skills Training
- Basic Skills Training

**IV. Barriers**

- Basic Skills Deficient  School Drop Out  Homeless, Runaway, Foster Child
- Pregnant or Parenting  Offender  Requires Additional Assistance \_\_\_\_\_

**V. Planned Outcomes**

Check all that apply:

- Attainment of Degree or Certificate: Diploma, HiSET, Industry Recognized Certificate.
- Employed or in Post-Secondary Education/Advanced Training.
- If employed, retained in employment and/or education in Q2 and Q4.
- If employed, earnings Q2 after exit.

**Required:**

Customer Satisfaction Survey

Date: \_\_\_\_\_

**VI. One Year Development Plan**

*Documentation of actual work and a detailed description identifying training must be Placed in each participant's file upon completion of activity.*

*Circle each planned activity the participant will receive during the year:*

**Assessment/Career Planning**

|                         |              |                            |
|-------------------------|--------------|----------------------------|
| Interest Inventory Test | Career Fair  | Computerized Career Search |
| EDP/IEP Development     | Other: _____ |                            |

**Case Management/Counseling Services**

|                        |                    |                            |
|------------------------|--------------------|----------------------------|
| Educational Counseling | Job Dev./Placement | Voc./Occupational Guidance |
| Counseling             | Other: _____       | Other: _____               |

**Job Search**

|                         |                      |                        |
|-------------------------|----------------------|------------------------|
| Job Search Workshop     | Job Fair             | Job Search Planning    |
| Work Readiness Training | Life Skills Training | Enrichment Workshop(s) |



**VI. Education and Employment History**

|                       |  |                             |          |
|-----------------------|--|-----------------------------|----------|
| Education:            | Currently In-School                                  | Currently Out-of-School     |          |
| High School Graduate: | Yes  | Certificate: <u>Diploma</u> | No HiSET |
| H.S. Drop out         | School name and location: _____                      |                             |          |
|                       | Highest grade completed: _____ Date completed: _____ |                             |          |
| Post High School:     | Yes  | Yes, currently attending    | No       |
|                       | Name of Institution: _____                           |                             |          |
|                       | Degree/Certification Received: _____                 |                             |          |

|  |                                   |
|--|-----------------------------------|
| Employment (Include job shadowing and internships):  |                                   |
| 1. Employer: _____   | Date of Employment: _____         |
| Job Title: _____   | Hourly Wage: _____ Hrs./wk. _____ |
| 2. Employer: _____   | Date of Employment: _____         |
| Job Title: _____   | Hourly Wage: _____ Hrs./wk. _____ |
| Barriers to Employment: _____  |                                   |
| <input type="checkbox"/> Has not held a full-time job for more than three consecutive months and lacks work readiness skills necessary to obtain and retain employment |                                   |

**IX. Short Term Goals: Basic, Occupational, Work Readiness (optional if section VII is detailed)**

| Description of Goal | Plan of Action to Achieve Goal | Date Established | Date Attained |
|---------------------|--------------------------------|------------------|---------------|
| 1.                  |                                |                  |               |
| 2.                  |                                |                  |               |
| 3.                  |                                |                  |               |

**X. Long Term Goals: Basic, Occupational, Work Readiness (optional if section VII is detailed)**

| Description of Goal | Plan of Action to Achieve Goal | Date Established | Date Attained |
|---------------------|--------------------------------|------------------|---------------|
| 1.                  |                                |                  |               |
| 2.                  |                                |                  |               |
| 3.                  |                                |                  |               |

**XI. Special Accommodations**

|  |
|--|
|  |
|  |
|  |
|  |

**XII. Strengths, Special Skills, Extracurricular, Volunteer, Recreational Activities**

|  |
|--|
|  |
|  |
|  |
|  |

**XIII. Elements**

*Youth are required to have access to all ten WIOA elements of service either in-house, through collaboration with other organizations, or through referrals.*

Please describe and date the element(s) as they occur.

1. Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

2. Alternative secondary services:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

3. Paid and unpaid work experiences that have as a component academic and occupational education, which may include: summer employment and year round employment, pre-apprenticeship programs, internships, job shadowing, and OJT training opportunities:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

4. Occupational skill training:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

5. Leadership development opportunities, which include community service and peer-centered activities:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

6. Supportive services:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

7. Adult mentoring for the period of participation: Adult mentoring may be provided for the period of participation and a subsequent period, for a total of not less than twelve (12) months:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

8. Follow-up services for not less than 12 months after the completion of participation:  
(See enclosed sheets)

9. Comprehensive guidance and counseling, which may include drug and alcohol abuse, counseling and referrals.

10. Integrated education and training for a specific occupation or cluster

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

11. Financial literacy education:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

12. Entrepreneurial skills training:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

13. Services that provide labor market information about in-demand industries and occupations:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

14. Post-secondary preparation and transition activities:

| Start & End Dates | Description of Activity | Provider/Organization |
|-------------------|-------------------------|-----------------------|
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |
| ____ - ____       | _____                   | _____                 |

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager (CM)/Assessor Signature

\_\_\_\_\_  
Date

*Signature and date by Applicant and Assessor is necessary. Assessor's signature indicates all sections of the ISS are complete. If a section is not applicable, indicate N/A.*

*ISS updates occur any time information is added to the ISS:*

|  |
|--|
| ISS Update Date: _____                                   |
| Participant Signature: _____ CM/Assessor Signature _____ |

|  |
|--|
| ISS Update Date: _____                                   |
| Participant Signature: _____ CM/Assessor Signature _____ |

|  |
|--|
| ISS Update Date: _____                                   |
| Participant Signature: _____ CM/Assessor Signature _____ |

|  |
|--|
| ISS Update Date: _____                                   |
| Participant Signature: _____ CM/Assessor Signature _____ |

### **WIOA COMPLAINTS/GRIEVANCE**

This recipient is required to comply with provisions of the WIOA, its regulations, grants or other agreements. If you have a complaint or grievance about this recipient's program (s) or activities which does not involve questions of equal opportunity or criminal activity, you may file a complaint within one year from the date of the alleged violation with the recipient's Grievance Officer:

Deborah Baillargeon  
Workforce Central CC  
5 Optical Drive  
Suite 200  
Southbridge, MA 01550

Jennithan Cortes  
Workforce Central CC  
340 Main Street, 4<sup>th</sup> Floor  
Worcester, MA 01608

A hearing on the grievance shall be conducted within 30 days after the filing of the grievance and a decision shall be made not later than 60 days after the grievance is filed. If the recipient does not provide a decision within 60 days, you may request a review by the Division of Career Services Complaint Officer within 15 days of the date you were entitled to a decision. If you are dissatisfied with recipient's decision, within 10 days of receipt of the decision, you may request a review by DCS.

Jose Ocasio  
Complaint Officer  
19 Staniford Street, 1<sup>st</sup> floor  
Boston, MA 02114

If within 30 days you do not receive a decision by the Complaint Officer, within 15 days of the date you were entitled to a decision you may request a review by the U.S. Department of Labor:

Secretary, US Department of Labor  
Washington DC 20210  
Attention: ASET

### **CRIMINAL COMPLAINTS**

All information and complaints involving fraud, waste, abuse or criminal activity shall be reported directly and immediately to the United States Department of Labor Office of the Inspector General:

USDOL Office of the Inspector General  
Office of Investigation  
200 Constitution Avenue, Room S5514  
Washington, DC 20210  
Telephone: 1-800-347-3756

**New England Telephone Relay Service for TDD Users: 1-800-4039-2370 (V/TTY)**

## **EQUAL OPPORTUNITY IS THE LAW**

**This recipient is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, gender, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Innovation Opportunity Act, as Amended (WIOA), in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA-funded program or activity. If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer (or the person designated for this purpose), or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR):**

**Jennithan Cortes  
Workforce Central  
340 Main Street  
4th Floor  
Worcester, MA 01608**

**or**

**Director  
Directorate of Civil Rights  
U.S. Department of Labor  
200 Constitution Avenue N.W.  
Room N-4132  
Washington, D.C. 20210**

**If you elect to file your complaint with the recipient, you must wait until the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the recipient has not provided you with written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60-day period. If you are dissatisfied with the recipient's resolution of your complaint, you may file a complaint with DCR. Such complaint must be filed within 30 days of the date you received notice of the recipient's proposed resolution.**



Youth Activity Questionnaire

Check the activity attended:

- Financial Literacy
- Nutrition Education
- Time Management
- Financial Aide/Post Secondary Education
- Movie
- Guest Speaker
- Field Trip
- Other: \_\_\_\_\_

Name of workshop, presenter, movie, field trip, guest speaker: \_\_\_\_\_  
\_\_\_\_\_

1) What did you learn from this activity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Is there something you will apply in your daily life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Did the activity encourage you to learn more about the topic?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant \_\_\_\_\_

Date \_\_\_\_\_

## *Explanation of Work Maturity Competencies*

### Quality of Work

Employers will evaluate their employees' performance based on several criteria. Quality of work is one of those criteria. You should take pride in the work you do and make every effort to ensure that your work is of the highest quality possible. The way you complete assignments for this class sets the tone for the way you will complete tasks on the job.

### Quantity of Work

Employers expect to get a day's work for a day's pay from their employees. You should realize this and motivate yourself to maximize your productivity. A student who is able to complete all assignments accurately and well is establishing good work habits.

### Working Relationships

Job survival is dependent on one's ability to work well with others. Group projects will be assigned as part of your course requirements. You will be evaluated on your ability to get along with others and your ability to solve problems that may arise.

### Attendance

Good attendance is critical to keeping a job. It costs employers when their workers are absent from work. Your employer will count on you to be present to get the work done. If you are repeatedly absent from school you might not graduate. It is important to develop good work habits now by attending school regularly.

### Call in Procedures

If you are going to be absent from work it is important that you notify your employer. Try to give the employer as much advance notice as possible. This common courtesy will give the employer a chance to call another worker in to cover you.

### Positive Attitude

Employees who excel have a positive attitude and remain professional in challenging situations. Fellow colleagues will respect and appreciate you if you focus on your work and not engage in office gossip. Employers will notice your hard work, which could lead to simple things like attendance at a conference and/or further training within or outside the company and you may receive a promotion, raise, and positive employee review.

---

Participant

---

Date

### **Employee Benefits Test**

The following is a list of employment benefits and terms you will hear in the work place. Choose the correct benefit or term for each description and write the letter in the blank space provided.

- |                              |                                     |   |
|------------------------------|-------------------------------------|---|
| <b>A. Gross Pay</b>          | <b>F. Unemployment Compensation</b> | <b>K. Access for people with disabilities</b> |
| <b>B. EEO</b>                | <b>G. Vacation Time</b>             | <b>L. Net Pay</b>                             |
| <b>C. Health Insurance</b>   | <b>H. Life Insurance</b>            | <b>M. Payroll Deduction</b>                   |
| <b>D. Sick Time</b>          | <b>I. IRA</b>                       | <b>N. Overtime</b>                            |
| <b>E. Affirmative Action</b> | <b>J. Social Security</b>           | <b>O. Personal Time</b>                       |

- \_\_\_\_\_ 1. Insurance covering hospitalization, doctor's bills, surgery, etc. Not all bills are covered and employees usually contribute to this coverage through payroll deductions.
- \_\_\_\_\_ 2. Individual Retirement Account. An effective way to save for retirement through your own bank or savings institution.
- \_\_\_\_\_ 3. Equal Employment Opportunity. An employer advertising this policy does not discriminate by race, religion, disability, etc.
- \_\_\_\_\_ 4. Total pay before federal and state taxes, health insurance payments, and other deductions are subtracted from your salary.
- \_\_\_\_\_ 5. "Take Home" pay, the amount you have in your paycheck after taxes and other deductions have been made.
- \_\_\_\_\_ 6. Paid, non-working time taken by workers each year to travel, rest or pursue leisure interests.
- \_\_\_\_\_ 7. Paid time to compensate workers while they are ill.
- \_\_\_\_\_ 8. Any amounts of money taken from your gross pay, such as retirement payments, health insurance payments, etc.
- \_\_\_\_\_ 9. A policy for hiring or promotion to improve opportunities for minorities and women in the workplace.
- \_\_\_\_\_ 10. Payments made to workers who have been laid off from their jobs to help them pay their bills until they find other employment.
- \_\_\_\_\_ 11. The U.S. Government's retirement fund.
- \_\_\_\_\_ 12. Time worked beyond the normal number of hours for a work day. Workers are often paid a higher rate for work during this extra time.
- \_\_\_\_\_ 13. Insurance covering an employee in case of death to provide benefits for the surviving family.
- \_\_\_\_\_ 14. The entryway a person in a wheelchair or with a severe physical disability would use to enter a building.
- \_\_\_\_\_ 15. Paid time some employers provide to allow an employee to attend to family emergencies, funerals, appointments, etc.
- \_\_\_\_\_ Score

Participant \_\_\_\_\_

Date \_\_\_\_\_



**Weekly Classroom Progress Notes**

| SUBJECT  | MATERIAL COVERED |
|--|------------------|
| Math   |                  |
| Writing Skills                                 |                  |
| Social Studies                                 |                  |
| Science  |                  |
| Literature and<br>The Arts                     |                  |
| Occupational<br>Skills                         |                  |
| Hours of Attendance:    M    T    W    TH    F |                  |

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date \_\_\_\_\_

**Job Development Notes**

| <b><u>Date</u></b> | <b><u>Company Name</u></b> | <b><u>Address</u></b> | <b><u>Comments</u></b> |
|--------------------|----------------------------|-----------------------|------------------------|
|                    |                            |                       |                        |
|                    |                            |                       |                        |
|                    |                            |                       |                        |
|                    |                            |                       |                        |
|                    |                            |                       |                        |
|                    |                            |                       |                        |
|                    |                            |                       |                        |

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Program Name

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Participant

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Job Developer or Career Counselor

**Work and Career Certification Checklist**

|   | <b>Completion Date</b> |
|---|------------------------|
| <b><u>Choosing A Job Goal</u></b>   |                        |
| 1. Skills Identification: Completed Interest Inventory Test (page 63, 121)  | _____                  |
| 2. Short term goal setting (page 106, 110)  | _____                  |
| 3. Education and training: A plan to attain the desired job (page 125)  | _____                  |
| <b><u>Job Search Skills</u></b>   |                        |
| 4. Job Search (page 197)  | _____                  |
| 5. Obtaining and retaining work (page 202)  | _____                  |
| 6. MassCIS workshops <a href="http://masscis.intocareers.org">http://masscis.intocareers.org</a> e.g. Reality Check, * Interest Profiler, Workplace Indicator, *Local In-demand Labor Market Info., *Work Values and Interests to Explore Occupations | _____                  |
| <b><u>Interview Skills</u></b>  |                        |
| 7. Job interviews (page 223)  | _____                  |
| 8. List of interviewing strengths and weaknesses  | _____                  |
| <b><u>Application Form</u></b>  |                        |
| 9. Completed sample application form (page 202)   | _____                  |
| <b><u>Employee Benefits/Payroll Deductions</u></b>  |                        |
| 10. Completed benefits test w/85% or higher, W-2 and I-9 forms (page 170)   | _____                  |
| <b><u>Employer Expectations</u></b>   |                        |
| 11. Work ethic/work maturity competencies (page 102, 247, 266)  | _____                  |
| 12. Workplace communication workshop (page 179)   | _____                  |
| 13. Completed letter of resignation   | _____                  |
| <b><u>Resume Preparation</u></b>  |                        |
| 14. Accurate, completed resume, cover letters, thank you letters (page 211, 233)  | _____                  |
| 15. Elective activity (optional) _____  | _____                  |
| 16. Assets and Strengths Developmental Profile  | _____                  |
| <b><u>Enrichment Workshops</u></b>  |                        |
| 17. Participation in two or more of the following workshops:<br>(Completion of the Youth Workshop Questionnaire constitutes attendance)   |                        |
| Financial Literacy Education (page 278)   | _____                  |
| Resources: <a href="http://www.bankit.com">http://www.bankit.com</a>  |                        |
| WOW! Zone Financial Education Program   |                        |
| Time Management Education (page 173)  | _____                  |
| Resources: <a href="http://homeworktips.about.com/od/timemanagement/tp/time.htm">http://homeworktips.about.com/od/timemanagement/tp/time.htm</a>  |                        |
| (A minimum of three of the eight handouts and activities are required for completion)   |                        |
| Getting There – A Curriculum for People Moving into Employment  |                        |
| Nutrition Education   | _____                  |
| Resources: <a href="http://mypyramid.gov">http://mypyramid.gov</a> – Inside the Pyramid,  |                        |
| <a href="http://www.fns.usda.gov/eatsmartplayhardhealthy/lifestyle/">http://www.fns.usda.gov/eatsmartplayhardhealthy/lifestyle/</a>   |                        |
| Making Smart Choices  |                        |
| Post-Secondary Prep and Transition Information (Financial & College Test Prep)  | _____                  |
| Resources: <a href="http://www.osfa.mass.edu">http://www.osfa.mass.edu</a> - Financial Aide Programs  |                        |
| <a href="http://www.stateuniversity.com/financial-aid/">http://www.stateuniversity.com/financial-aid/</a>   |                        |
| Accuplacer and/or SAT Prep  |                        |
| Skills for Responsible Living: Module 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____   |                        |
| Entrepreneurial Skills Training: <a href="http://www.entre-ed.org/_teach/activits_2.html">http://www.entre-ed.org/_teach/activits_2.html</a>  |                        |
| <a href="http://www.mikemichalowicz.com/the-37-greatest-business-ideas-for-young-entrepreneurs/">http://www.mikemichalowicz.com/the-37-greatest-business-ideas-for-young-entrepreneurs/</a>   | _____                  |
| Participant Signature: _____  |                        |
| Counselor/Teacher Signature: _____  |                        |
| <i>Staff signature is required and verifies documentation in participant file.</i>  |                        |

Please note: Pages correspond to activities located in Commonwealth Corporation, "Empower Your Future: Career Readiness Curriculum Guide", located at <http://www.commcorp.org/resources/documents/Empower%20Your%20Future%20-%20Career%20Readiness%20Curriculum%20Guide%202010.pdf>. Other resources may be used.

### **Youth Exit Interview**

Workforce Central, the funding agency, would like to receive your feedback for your participation in the program.

#### **1. Quality of program services received?**

- Exceeds Expectations
- Meets Expectations
- Needs Improvement. Comment: \_\_\_\_\_

#### **2. Program staff?**

- Exceeds Expectations
- Meets Expectations
- Needs Improvement. Comment: \_\_\_\_\_

#### **4. Ease of registration?**

- Exceeds expectations
- Meets expectations
- Needs Improvement. Comment: \_\_\_\_\_

#### **5. Hours convenient?**

- Exceeds expectations
- Meets expectations
- Needs Improvement. Comment: \_\_\_\_\_

#### **6. Safe and clean Facility?**

- Exceeds expectations
- Meets expectations
- Needs Improvement. Comment: \_\_\_\_\_

#### **7. How did you hear about the program?**

- Newspaper
  - Radio
  - Word of Mouth
  - Other: \_\_\_\_\_
-

8. What did you like most about the program? \_\_\_\_\_

9. What did you like least about the program? \_\_\_\_\_

10. Any areas needing improvement? \_\_\_\_\_

11. Is there anything else you would like to add? \_\_\_\_\_

**12. Future Planning**

After training I plan to:

- Return to school
- Attend college
- Attend a job training program
- Have a full time job
- Have a part time job
- Other: \_\_\_\_\_

Participant \_\_\_\_\_

Date \_\_\_\_\_

Program \_\_\_\_\_

Location \_\_\_\_\_

*Thank you for taking the time to complete this customer survey. Workforce Central wishes you the very best in the future.*

**End of Program Youth Summary Questions**

**Occupational Skills Program**

- 1) Basic introduction of the student.
- 2) Why did you enroll?
- 3) Have your views about education changed since you enrolled in this program e.g. college, further training etc.? If so, explain.

**HiSET Program**

- 1) Basic introduction of the student.
- 2) Why did you enroll?
- 3) How does this program differ from high school?
- 4) Have your views about education changed since you enrolled in this program e.g. college, further training etc.? If so, explain.

**FOLLOW- UP NOTES**

Participant: \_\_\_\_\_ Agency: \_\_\_\_\_ SS#: xxx-xx-\_\_\_\_\_

| Month/Yr. | Example  | Description of Follow Up | Signature |
|-----------|--|--------------------------|-----------|
|           | E-Mail<br>Telephone<br>Workshop<br>Home Visit<br>Other |                          |           |



## Central MA Workforce Investment Board

**ISSUANCE No: P- 4**  
**ISSUANCE DATE REVISION: 7/1/17**  
**SUBJECT: INDIVIDUAL TRAINING ACCOUNT**

### **PURPOSE**

To communicate policy for the Individual Training Account (ITA) for youth served at the Career Center.

### **POLICY**

This policy allows out of school youth (18+), if deemed appropriate, to select approved ITA programs from the Eligible Provider Program List (EPL) providing the following criteria are met:

1. Youth must meet the policy criteria specified by the ITA Policy and Procedures for in demand occupations, acceptance into a specific program, and funding limitations and restrictions.
2. Youth must be enrolled in a WIOA Youth Program and currently not participating in a state credential occupational certificate program.
3. The Case Manager determines through employment and training counseling and the Interest Career Assessment that he or she makes an informed decision that the training is appropriate and necessary to find full-time employment that leads to self-sufficiency.
4. The youth must successfully complete all of their assigned WIOA youth services prior to ITA enrollment.
5. The youth must be informed of:
  - approved providers that offer training in his or her chosen career;
  - program performance of the providers that offer such training; and
  - financial resources required and available to assist in training payment
6. The youth must develop a financial plan to determine that he or she has the resources available to complete the training program and seek employment.
7. All WIOA elements, as applicable, must be available to the client throughout his or her program of study.

8. Career Advisors must be available to assist the client in making the transition to post-secondary training and/or employment options.
9. The youth must receive a minimum of twelve-months of follow-up service.

# Central MA Workforce Investment Board

**ISSUANCE No: P- 5**

**ISSUANCE DATE REVISION: 12/1/17**

**SUBJECT: LOCALLY DEFINED REQUIRES ADDITIONAL ASSISTANCE  
BARRIER POLICY**

## **PURPOSE**

To communicate policy on how WIOA youth participants are eligible under the locally defined “requires additional assistance barrier” for out-of-school youth.

## **BACKGROUND**

WIOA Federal Legislation, Section 129 (a) (1) (B).

WIOA mandates that youth must meet the eligibility criteria and meet one (1) or more of the barriers to employment. According to WIOA section 129 (a)(1)(B)(VIII) Out-of-school states “an individual who requires additional assistance to enter or complete an educational program or to secure or hold employment.”

## **POLICY**

To be eligible to use the sixth barrier identified as “low-income individual who requires additional assistance to enter or complete an educational program, or to secure and hold employment,” the CMWIB establishes the following criteria:

“Requires additional assistance to enter or complete an educational program” shall be defined as an individual who:

- a) Did not pass MCAS. **Documentation required: school records.**
- b) Is one or more grade levels below their age-appropriate grade level, i.e. retained one or more grade levels. **Documentation required: school records.**
- c) Member of a single parent household. **Documentation required: birth certificate, decree of court, divorce decree, lease of landlord statement, medical card, most recent tax return supported by IRS documents, Public Assistance/Social Service/Public Housing Agency Records.**
- d) Child of incarcerated parent(s). **Documentation required: letter from the court and/or a probation officer.**

- e) Youth from a family with illiteracy. **Documentation required: Applicant Statement and letter from the guardian(s) indicating they dropped out of school).**

“Requires additional assistance to secure employment and hold employment” shall be defined as an individual who:

- a) Has failed to secure a job within the past three months after employment search. **Documentation required: Job Search log with company names, addresses, and contacts and an Applicant Statement indicating the client never received pre-employment skills training.**
- b) Is employed part-time i.e. less than 20 hours per week and unable to obtain full-time employment within the past three months after employment search. **Documentation required: two or more recent pay stubs within the last thirty days and a detailed job search log indicating company names, addresses and contacts.**
- c) Has been employed full-time in short term employment by a temporary agency i.e., four months or less within 12 months prior to application. **Documentation required: two recent pay stubs within the last thirty days or a detailed employer statement on signed and dated letterhead.**

## Requires Additional Assistance Barrier Job Search Log

|                                   |   |   |   |
|-----------------------------------|---|---|---|
| Date: _____<br>Hours Spent: _____ | Business Name, Address & City: _____<br>Name and Phone Number of Contact: _____ | Position Applied For: _____<br><u>Type of Contact:</u><br><input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/faxed application or resume<br><input type="checkbox"/> On-Line (List location applied from): _____            | <input type="checkbox"/> Hired <input type="checkbox"/> No Openings<br><input type="checkbox"/> Interview & Date _____<br><input type="checkbox"/> Other (Explain): _____ |
| Date: _____<br>Hours Spent: _____ | Business Name, Address & City: _____<br>Name and Phone Number of Contact: _____ | Position Applied For: _____<br><u>Type of Contact:</u><br><input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/faxed application or resume<br><input checked="" type="checkbox"/> On-Line (List location applied from): _____ | <input type="checkbox"/> Hired <input type="checkbox"/> No Openings<br><input type="checkbox"/> Interview & Date _____<br><input type="checkbox"/> Other (Explain): _____ |
| Date: _____<br>Hours Spent: _____ | Business Name, Address & City: _____<br>Name and Phone Number of Contact: _____ | Position Applied For: _____<br><u>Type of Contact:</u><br><input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/faxed application or resume<br><input type="checkbox"/> On-Line (List location applied from): _____            | <input type="checkbox"/> Hired <input type="checkbox"/> No Openings<br><input type="checkbox"/> Interview & Date _____<br><input type="checkbox"/> Other (Explain): _____ |
| Date: _____<br>Hours Spent: _____ | Business Name, Address & City: _____<br>Name and Phone Number of Contact: _____ | Position Applied For: _____<br><u>Type of Contact:</u><br><input type="checkbox"/> In-Person <input type="checkbox"/> Mailed/faxed application or resume<br><input type="checkbox"/> On-Line (List location applied from): _____            | <input type="checkbox"/> Hired <input type="checkbox"/> No Openings<br><input type="checkbox"/> Interview & Date _____<br><input type="checkbox"/> Other (Explain): _____ |



## Gagne, Edward L.

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**From:** Stadhard, Sacha (DWD) <sacha.stadhard@state.ma.us>  
**Sent:** Thursday, December 07, 2017 9:33 AM  
**To:** Gagne, Edward L.  
**Subject:** RE: Locally Defined Barrier

Hi Ed,

These are fine. Please follow the process outlined in policy 100 DCS 19.104: Youth Requires Additional Assistance – Annual Plan Addendum for the adoption of newly identified local barriers. Please make sure to also update your local area policy with the new local barriers.

Please let me know if you have questions.

Thanks,  
Sacha

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**From:** Gagne, Edward L. [<mailto:GagneE@worcesterma.gov>]  
**Sent:** Wednesday, December 06, 2017 9:06 AM  
**To:** Stadhard, Sacha (EOL) <[Sacha.Stadhard@MassMail.State.MA.US](mailto:Sacha.Stadhard@MassMail.State.MA.US)>  
**Subject:** Locally Defined Barrier

Hi Sacha,

We would like to add a few options for our locally defined out-of-school “Requires Additional Assistance Barrier.” Is it possible to obtain a quick response regarding the following:

“Requires additional assistance to enter or complete an educational program” shall be defined as an individual who:

- 1) Child of incarcerated parent(s). Documentation shall consist of letter from the court and/or a probation officer.
- 2) Youth from a family with illiteracy problems. Documentation shall consist of an Applicant Statement and letter from the guardian(s) indicating they dropped out of school.

“Requires additional assistance to secure employment and hold employment” shall be defined as an individual who:

- 1) Has failed to secure a job within the past three months after employment search (i.e., Job Search log with company names, addresses, and contacts and an applicant statement indicating the client never received pre-employment skills training). Documentation shall consist of job search log and signed applicant statement.
- 2) Is employed part-time (less than 20 hours per week) and has been unable to obtain full-time employment within the past three months after employment search. Documentation shall consist of at least two or more recent pay stubs within the last thirty days and a detailed job search log indicating company names, addresses and contacts.
- 3) Has been employed full-time in short term employment by a temporary agency (i.e., four months or less) within 12 months prior to application. Documentation shall consist of at least two (2) recent pay stubs within the last thirty days or a detailed employer statement on signed and dated letterhead.

Thanks,  
Ed

*Ed Gagne*

*Director of Youth Services and  
Adult Literacy Programs  
"Integrity Matters"*

*Central MA Workforce Investment Board  
340 Main Street, 4<sup>th</sup> Floor  
Worcester, MA 01608  
Phone: 508-373-7657  
Fax: 508-799-1595  
Email: [GagneE@worcesterma.gov](mailto:GagneE@worcesterma.gov)  
[www.CMWIB.org](http://www.CMWIB.org)*

**CMWIB Requires Additional Assistance  
Plan Addendum**

The Board approved barrier(s): ***See attachment.***

Summary of Board authorized proceedings and date of approval: ***On December 21, 2017, the CMWIB Executive Committee reviewed and unanimously approved by a motion from J. Froimson and seconded by P. Gilbody to accept the proposed policy revisions. See attached minutes.***

The operational parameters for the barrier(s) including a definition: ***See below.***

The documentation requirements for each barrier: ***See below.***

Standard procedures for staff implementation: ***At intake staff will utilize the new "Requires Additional Assistance" categories effective January 1, 2018. At point of registration, information is collected as required by federal regulations to determine eligibility prior to receiving any WIOA service.***

***An informal interview with the participant is conducted by the intake worker to collect all the necessary information. The intake worker will review with the participant each category and will gather support documentation to ensure the barrier is documented based on the requirements outlined in the CMWIB's policy.***

Part 2: Template for Recording "Requires Additional Assistance" Barriers in WIOA

**CMWIB LOCALLY DEFINED YOUTH ELIGIBILITY BARRIERS**

"Requires additional assistance to enter or complete an educational program" shall be defined as an individual who:

Barriers/Source Documentation Required:

- a) Did not pass MCAS. ***Source documentation required: school records.***
  
- b) Is one or more grade levels below their age-appropriate grade level, i.e. retained one or more grade levels. ***Source documentation required: school records.***
  
- c) Member of a single parent household. ***Source documentation required: birth certificate, decree of court, divorce decree, lease of landlord statement, medical***

**card, most recent tax return supported by IRS documents, Public Assistance/Social Service/Public Housing Agency Records.**

- d) Child of incarcerated parent(s). **Source documentation required: letter from the court and/or a probation officer. NEW**
- e) Youth from a family with illiteracy. **Source documentation required: Applicant Statement and letter from the guardian(s) indicating they dropped out of school. NEW**

“Requires additional assistance to secure employment and hold employment” shall be defined as an individual who:

Barriers/Source Documentation Required:

- a) Has failed to secure a job within the past three months after employment search. **Source documentation required: Job Search log with company names, addresses, and contacts and an Applicant Statement indicating the client never received pre-employment skills training. NEW**
- b) Is employed part-time i.e. less than 20 hours per week and unable to obtain full-time employment within the past three months after employment search. **Source documentation required: two or more recent pay stubs within the last thirty days and a detailed job search log indicating company names, addresses and contacts. NEW**
- c) Has been employed full-time in short term employment by a temporary agency i.e., four months or less within 12 months prior to application. **Source documentation required: two recent pay stubs within the last thirty days or a detailed employer statement on signed and dated letterhead. NEW**

Questions to Consider for STANDARD OPERATING PROCEDURES:

1. How does this additional barrier (or barriers) help to serve additional youth not otherwise eligible in the local workforce investment area? What is the objective rationale? **The newly identified barriers are a result of the number of students with family literacy issues and/or who are unable to obtain employment either sustained, f/t or other.**

2. If applicants who have this barrier (or barriers) are to be actively identified and recruited to the program, how will that be accomplished? ***The newly identified categories are not unusual for the youth interested in participating. See question #3 for additional information related to this question.***

3. If there is a priority on this population, what is the enrollment target and how is it to be measured? ***The population is not a priority or an enrollment target, but to be utilized for students who meet the barrier definition. Measurement will include literacy attainment and f/t employment depending on the barrier identified.***

4. What specific information is necessary to document eligibility based on this barrier(s)? ***Documentation, noted above, to support each barrier.***

5. How will individual service strategies be implemented to address the identified barrier(s)? ***At point of intake reviewed and addressed with staff.***

6. Where does the barrier information get recorded? ***Recorded on the ISS and in MOSES***

7. How often should staff receive training to assure both their knowledge base and consistent adherence to all associated documentation requirements and procedures? ***Yearly. As well, monthly monitoring will occur to ensure proper documentation occurs.***

8. Which staff will be responsible for the various procedural elements necessary to implement and carry out this new "additional barrier(s)" as part of the eligibility determination process? ***As mentioned above, an informal interview with the participant is conducted by the intake worker to collect all the necessary information. The intake worker will review with the participant each category and will gather support documentation to ensure the barrier is documented based on the requirements outlined in the CMWIB's policy.***



## Central MA Workforce Investment Board

**ISSUANCE No: P- 6**  
**ISSUANCE DATE REVISION: 7/1/17**  
**SUBJECT: SOCIAL SECURITY POLICY**

### **PURPOSE**

To communicate policy on the procedures regarding the collection of social security numbers by potential WIOA youth participants.

### **BACKGROUND**

In accordance with Section 7 of the Privacy Act of 1974 (5 U.S.C. Section 552a - Disclosure of Social Security Number), unless the disclosure is required by Federal statute, applicants may not be denied any right, benefit or privilege provided by law because of the individual's refusal to disclose his/her Social Security Number (SSN).

### **POLICY**

A customer's SSN number is requested at intake and verified. Copies of SSN's are not retained in any files and are immediately returned and/or shredded. However, services will not be denied for failure to disclose. If a customer does not wish to share his/her SSN number, a pseudo-SSN will be generated.

MOSES Reports generated by the CMWIB reflect this policy and only show the applicants ID number assigned at point of enrollment.

When requesting a customer's SSN, it should be explained how the SSN will be used and how privacy will be ensured.

#### Use of Social Security Numbers:

The SSN will ONLY be used for the following reasons:

1. Payment of wages and allowances, even though at intake it may not be possible to determine the form of payment, if any, the applicant will receive; and
2. Tracking employment for the calculation of program performance measure outcomes.



## Central MA Workforce Investment Board

**ISSUANCE No: P- 7**

**ISSUANCE DATE REVISION: 7/1/17**

**SUBJECT: YOUTH STIPEND INCENTIVE POLICY**

### **PURPOSE**

To provide policy for granting stipends and incentive awards to youth enrolled into the Title I WIOA Youth program.

### **BACKGROUND**

The Workforce Investment Opportunity Act states that WIOA Youth funds can be used to provide incentives for recognition and achievement to eligible youth.

### **POLICY**

Incentives and stipends are allowable to youth enrolled into the WIOA Title I Youth program. They are intended to be used to encourage and motivate WIOA youth to reach specific goals and obtain positive outcomes. Incentive and stipend awards are not an entitlement. All incentive awards will be subject to the availability of WIOA Youth funds. Programs have the option of including in their program design which incentives and/or stipends they feel are most appropriate for their population.

#### A. Stipend:

Definition Stipend: A Stipend is a fixed regular small payment made to a WIOA Youth participant during his/her enrollment to encourage the WIOA youth to participate in certain activities (seat time payments). Stipends may be awarded if they are enrolled in a Summer Stimulus program participating in Pre-employment Training/Work Readiness Training. Payment occurs only if youth successfully complete a minimum of 90% of the Pre-employment Skills/Work Readiness Curriculum. Stipends are based on actual hours of attendance not to exceed eight (8) hours for the training, which occurs in conjunction with the work experience opportunity. Stipends may not exceed the Federal or Massachusetts minimum wage, whichever is greater. Attendance in the activity must be documented as the basis of stipend payments.

Payment must be based on actual (seat) time of participation in the activity as documented on the attendance sheet. The attendance sheet must be signed by the participant and appropriate staff before reimbursement can be made and the attendance sheet must be maintained in the customers file.

#### B. Incentive

Definition of an Incentive: An incentive is a payment to a WIOA Youth registrant for the successful participation and achievement of expected outcomes. The incentive must be linked to an achievement and must be tied to training and education. Such achievements must be documented in the participants file as the basis for an incentive payment.

Incentives are considered awards to WIOA youth for their achievement and participation in WIOA activities. This list of cash incentives may be awarded to WIOA enrolled Youth for full completion and achievement in a WIOA activity. Incentive payments may be awarded as cash incentives only. Program operators have the option of including incentives in their contract that are advantageous to the population served.

Incentive payments may be awarded for the following goal accomplishments or Activities for WIOA Year Round Participants:

**Out-of-School**

- **Sign-On Incentive** \$25.00  
Documentation required: Youth will receive the incentive upon completion of all intake, enrollment and assessment paperwork and testing. Final approval is necessary by Workforce Central Quality Control staff to verify documentation occurred. Payment will be issued after one month of participation in the program.

A copy of the Youth Membership form signed and dated must be maintained in the participant file.

- **Attendance Incentive** \$25.00  
Documentation required: This monthly incentive is available to any youth maintaining 80% or better in his/her attendance the previous month. Participants are required to sign in and out daily.

A copy of the attendance record for that month must be signed by staff and included in the participant's file.

- **Basic Skills Increase Incentive** \$50.00  
Documentation required: Participants identified as basic skills deficient in either reading and/or math must be post-tested at least once by the end of the first year after enrollment. Participants who successfully complete all TABE retesting requirements within 12 months from the date of the first youth service and who increases his/her TABE score in Math and/or English by 2 Grade Level Equivalencies or 1 Education Functioning Level (EFL) can receive, while enrolled in the program, a one time incentive not to exceed \$50.00 (Reading \$25.00 incentive and/or Math \$25.00 incentive). A maximum payment of \$50.00 will be made for retesting annually as long as the individual is included in the measure. Post testing should occur only in those areas where the participant tested deficient e.g. reading or math.

A copy of the TABE level increase must be included in the participants file.

- Attainment of HISET or a Recognized Occupational Skills Certificate \$75.00  
Documentation required: Participants are eligible for this one time incentive following the submission of the HISET certificate and/or an official document from the test site verifying the participant passed. An Occupational Skills Certificate/State Credential recognized by the Department of Elementary and Secondary Education requires a copy of the state license attained.

Documentation must be maintained in the participant file.

To qualify for this incentive, students must not possess their HISET or its equivalent and/or the Occupational Skills Certificate at the time of WIOA registration.

Please note: The National Retail Federation Training (NRF) does not apply.

### **In and Out-of-school**

- Un-Paid Work Experience \$100.00  
Participants are eligible for a onetime incentive if they participate in a un-paid internship of 40 hours or more, no less.

Documentation required: Attendance records verified and signed by the worksite supervisor reflecting 40 hours of un-paid work experience occurred, the completion of a work readiness/pre-employment skills set or an occupational skills set, and a pre & post evaluation using the Work Based Learning Plan.

Documentation must be maintained in the participant file.

- Post-Secondary School Incentive \$50.00  
Documentation required: Participants attending Post Secondary education are eligible for this incentive if they provide a copy of their letter of acceptance and their course schedule for their first semester.

Documentation must be maintained in the participant file.

- Work Readiness Incentive \$25.00  
Documentation required: Participants are eligible for this one time incentive if they complete Workforce Central's Work Readiness Competency Attainment Checklist.

Documentation must be maintained in the participant file.



## Central MA Workforce Investment Board

**ISSUANCE No: P- 8**

**ISSUANCE DATE REVISION: 7/1/17**

**SUBJECT: SUPPORT SERVICES/NEEDS RELATED PAYMENT POLICY**

### **PURPOSE**

To establish an official policy for providing client support services under the Workforce Innovation Opportunity Act (WIOA) 20 CFR §681.570.

### **BACKGROUND**

The Workforce Innovation and Opportunity Act (WIOA) is intended to be customer-focused, to help clients, and offer youth a broad range of coordinated services.

Support Service means a one-time payment to a vendor on the behalf of a client to eliminate a client need that prevents or makes it difficult for a client to complete their educational plan and to secure employment. Support services are based on individual need. These services include, but are not limited to, the following:

- (a) Linkages to community services;
- (b) Assistance with transportation;
- (c) Assistance with child care and dependent care;
- (d) Assistance with housing;
- (e) Needs-related payments;
- (f) Assistance with educational testing;
- (g) Reasonable accommodations for youth with disabilities;
- (h) Legal aid services;
- (i) Referrals to health care;
- (j) Assistance with uniforms or other appropriate work attire and work related tools, including such items as eye glasses and protective eye wear;
- (k) Assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes; and
- (l) Payments and fees for employment and training-related applications, tests, and certifications.

### **POLICY**

Supportive services are customer services that are necessary to enable WIOA eligible individuals, who cannot afford to pay for such services, to participate in authorized WIOA activities. Examples of such services include items a-l, noted above, and breakfast snack (see item number 7).

### **SUPPORTIVE SERVICES POLICY**

1. Supportive services may be provided only when necessary for enabling an individual to participate in WIOA activities.

2. Supportive services can be provided to customers who cannot obtain supportive services through other programs or partner agencies providing such services.
3. Supportive services can be provided for up to 12 months.
4. Supportive service costs must be reasonable, necessary, and allowable under federal guidelines.
5. Supportive services may be received throughout the period that the customer is enrolled in WIOA.
6. Supportive services must be documented in a customer's file and include justification for supportive services, amount of planned funding, and verification that services were received.
7. Supportive services for programs who elect to provide a healthy breakfast snack must provide a Nutrition Education Workshop (item number 14) in the Pre-employment Skills Training Checklist. *The purpose of the healthy snack is to provide nutrition to students coming to class hungry due to limited economic conditions at home. The goal is to help improve concentration, cognitive and memory functioning while attending training. Maximum amount per week/per program is \$20.00.*

## **Needs-Related Payments**

Needs-related payments provide financial assistance to youth for the purpose of enabling them to directly pay for training related expenses and are one of the supportive services authorized by WIOA. In order to qualify for needs-related payments, individuals must be enrolled in training. The requirements for implementing needs-related payments for youth are specifically described in Section 134(d)(3); summarized as:

Youth must:

- (a) Have been determined to be eligible for WIOA Title I services.
- (b) Have received an Objective Assessment pursuant to WIOA Section 129(c)(3)(C).
- (c) Be enrolled in a program of services as determined by and documented in the Individual Service Strategy.

Currently, we do not provide Needs-Related Payments to youth.

## Central MA Workforce Investment Board

**ISSUANCE No: P- 9**  
**ISSUANCE DATE REVISION: 7/1/17**  
**SUBJECT: Priority of Service Policy**

### **PURPOSE**

To communicate policy on the procedures regarding the priority of services to WIOA Participants.

### **BACKGROUND**

The Workforce Innovation and Opportunity Act of 2014 (WIOA) provides information on career and training services using WIOA Title I youth funds.

### **POLICY**

WIOA is the first update to the nation's landmark workforce development legislation since WIA in 1998. This new act, signed into law by President Obama on July 22, 2014, is intended to improve and strengthen the public workforce system and help Americans—especially youth with significant barriers to employment—obtain skills, postsecondary credentials, and employment.

### **OUT-OF-SCHOOL YOUTH**

A priority of services for Out-of-School Youth (OSY) with a 100% expenditure requirement of youth funds on OSY. All youth who meet the OSY eligibility and complete the enrollment process must become youth participants. The intent of WIOA is to serve more OSY who are disconnected from school and work.

### **VETERANS**

Recipients (and sub-recipients) of Department of Labor and Regulation (DLR) funds for qualified job training programs are subject to the priority of service regulations, and are required by law to provide priority of service to veterans and eligible spouses.  
<http://www.sdjobs.org/vet/priority.aspx>

### **WORK EXPERIENCE EXPENDITURE PRIORITY**

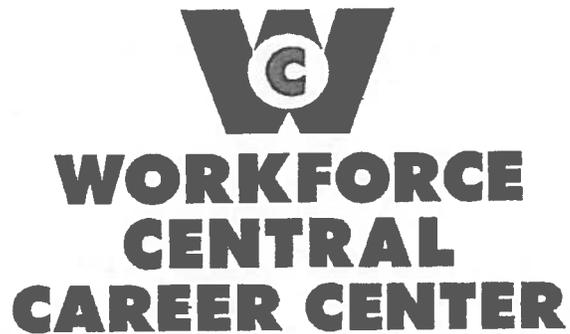
Youth programs must expend not less than 20 percent of the funds allocated to them to provide in-school youth and out-of-school youth with paid and unpaid work experiences that have academic and occupational education as a component of the work experience. Such experiences may include:

- Summer employment opportunities;
- Employment opportunities available throughout the school year;
- Pre-apprenticeship programs;
- Internships and Job Shadowing; and
- On-the-Job Training opportunities.

Allowable staff time charges to the 311.020 In-School Youth and 312.020 Out-of-School Youth time codes for youth work experience can include:

- wages paid to the youth in work experience;
- staff time spent identifying potential work experience opportunities;
- staff time working with employers to develop the work experience;

- staff time spent working with employers to ensure a successful work experience;
- participant work experience orientation sessions,
- classroom training or the required academic education component directly related to the work experience;
- administrative functions to maintain the work experience (e.g. processing timecards)
- work experience orientation for employers.



## Workplace Violence Prevention Policy

### **PURPOSE:**

Workforce Central Career Center maintains a zero tolerance standard of violence in the workplace. The purpose of this policy is to provide Workforce Central Career Center employees guidance that will maintain an environment at and within Workforce Central Career Center property and events that is free of violence and the threat of violence.

### **POLICY:**

Violent behavior of any kind or threats of violence, either implied or direct, are prohibited at Workforce Central Career Center, in properties and at Workforce Central Career Center sponsored events. Such conduct by a Workforce Central Career Center employee will not be tolerated. An employee who exhibits violent behavior may be subject to criminal prosecution and shall be subject to disciplinary action up to and including dismissal. Violent threats or actions by a non-employee may result in criminal prosecution. Workforce Central Career Center will investigate all complaints filed and will also investigate any possible violation of this policy of which we are made aware. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence made to him/her is also prohibited.

### **DEFINITIONS:**

**Workplace Violence:** Behavior in which an employee, former employee or visitor to a workplace inflicts or threatens to inflict damage to property, serious harm, injury or death to others at the workplace.

**Threat:** The implication or expression of intent to inflict physical harm or actions that a reasonable person would interpret as a threat to physical safety or property.

**Intimidation:** Making others afraid or fearful through threatening behavior.

**Zero-tolerance:** A standard that establishes that any behavior, implied or actual, that violates the policy will not be tolerated.

**Court Order:** An order by a Court that specifies and/or restricts the behavior of an individual. Court Orders may be issued in matters involving domestic violence, stalking or harassment, among other types of protective orders, including Temporary Restraining Orders.

## **PROHIBITED BEHAVIOR:**

Violence in the workplace may include, but is not limited to the following list of prohibited behaviors directed at or by a co-worker, supervisor or member of the public:

1. Direct threats or physical intimidation.
2. Implications or suggestions of violence.
3. Stalking.
4. Possession of weapons of any kind on Workforce Central Career Center property, including parking lots, other exterior premises or while engaged in activities for Workforce Central Career Center in other locations, or at Workforce Central Career Center-sponsored events, unless such possession or use is a requirement of the job.
5. Assault of any form.
6. Physical restraint, confinement.
7. Dangerous or threatening horseplay.
8. Loud, disruptive or angry behavior or language that is clearly not part of the typical work environment.
9. Blatant or intentional disregard for the safety or well-being of others.
10. Commission of a violent felony or misdemeanor on Workforce Central Career Center property.
11. Any other act that a reasonable person would perceive as constituting a threat of violence.

Domestic Violence, while often originating in the home, can significantly impact workplace safety and the productivity of victims as well as co-workers. For the purposes of this document, "domestic violence" is defined as abuse committed against an adult or fully emancipated minor. Abuse is the intentional reckless attempt to cause bodily injury, sexual assault, threatening behavior, harassment, or stalking, or making annoying phone calls to a person who is in any of the following relationships:

- Spouse or former spouse;
- Domestic partner or former domestic partner;
- Cohabitant or former cohabitant and or other household members;
- A person with whom the victim is having, or has had, a dating or engagement relationship;
- A person with whom the victim has a child.

Workforce Central Career Center recognizes that domestic violence may occur in relationships regardless of the marital status, age, race, or sexual orientation of the parties.

## **REPORTING ACTS OR THREATS OF VIOLENCE:**

An employee who:

1. is the victim of violence, or
2. believes they have been threatened with violence, or
3. witnesses an act or threat of violence towards anyone else shall take the following steps:
  - If an emergency exists and the situation is one of immediate danger, the employee shall contact the local police officials by dialing 9-1-1, and may take whatever emergency steps are available and appropriate to protect himself/herself from immediate harm, such as leaving the area.
  - If the situation is not one of immediate danger, the employee shall report the incident to the appropriate supervisor or manager as soon as possible and complete the Workforce Central Career Center Workplace Violence Incident Report Form.

### **PROCEDURES- FUTURE VIOLENCE:**

Employees who have reason to believe they, or others, may be victimized by a violent act sometime in the future, at the workplace or as a direct result of their employment with Workforce Central Career Center, shall inform their supervisor by immediately completing a Workplace Violence Incident Report Form so appropriate action may be taken. The supervisor shall inform his/her Department Director or designee, the Director of Human Resources and the local law enforcement officials.

Employees who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them at work, shall immediately supply a copy of the signed order to their supervisor. The supervisor shall provide copies to the Department Director, the Director of Human Resources and local police.

### **INCIDENT INVESTIGATION:**

Acts of violence or threats will be investigated immediately in order to protect employees from danger, unnecessary anxiety concerning their welfare, and the loss of productivity. The employee's Department Director will cause to be initiated an investigation into potential violation of work rules/policies. Simultaneously, the Department Director will refer the matter to local police for their review of potential violation of civil and/or criminal law.

Procedures for investigating incidents of workplace violence include:

- Visiting the scene of an incident as soon as possible.
- Interviewing injured and threatened employees and witnesses.
- Examining the workplace for security risk factors associated with the incident, including any reports of inappropriate behavior by the perpetrator.
- Determining the cause of the incident.
- Taking mitigating action to prevent the incident from recurring. – Recording the findings and mitigating actions taken.

In appropriate circumstances, Workforce Central Career Center will inform the reporting individual of the results of the investigation. To the extent possible, Workforce Central Career Center will maintain the confidentiality of the reporting employee and the investigation but may need to disclose results in appropriate circumstances; for example, in order to protect individual safety. Company will not tolerate retaliation against any employee who reports workplace violence.

### **MITIGATING MEASURES:**

Incidents which threaten the security of employees shall be mitigated as soon as possible following their discovery. Mitigating actions include:

- Notification of law enforcement authorities when a potential criminal act has occurred.
- Provision of emergency medical care in the event of any violent act upon an employee.
- Post-event trauma counseling for those employees desiring such assistance.
- Assurance that incidents are handled in accordance with the Workplace Violence Prevention policy.
- Requesting Workforce Central Career Center's attorney file a restraining order as appropriate.

## **TRAINING AND INSTRUCTION:**

Workforce Central Career Center Human Resources Department shall be responsible for ensuring that all employees, including managers and supervisors, are provided training and instruction on general workplace security practices. Department Directors shall be responsible for ensuring that all employees, including managers and supervisors, are provided training and instructions on job specific workplace security practices.

Training and instruction shall be provided as follows:

- To all current employees when the policy is first implemented.
- To all newly hired employees, supervisors and managers, or employees given new job assignments for which specific workplace security training for that job assignment has not previously been provided.
- To affected employees whenever management is made aware of a new or previously unrecognized hazard.

Workplace security training and instruction includes, but is not limited to, the following:

- Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards.
- Methods to diffuse hostile or threatening situations.
- Escape routes.
- Explanation of this Workplace Violence Prevention Policy.

In addition, specific instructions shall be provided to all employees regarding workplace security hazards unique to their job assignment.



# *SAFETY MANUAL*

## **WORCESTER**

## POLICY STATEMENT ON OFFICE SAFETY

As employees of the Workforce Central Career Center, we all share equal responsibility in maintaining a safe environment for co-workers, our customers, and ourselves. It is very important for all staff to remain constantly aware of potential safety problem situations, and take appropriate steps to maximize safety in the workplace.

It is the policy of the Workforce Central Career Center to require its employees to exhibit a courteous, professional manner when assisting the public, and otherwise representing the Career Center. High quality customer relations are the first step in making a safe workplace.

The policies and procedures outlined in this manual provide Workforce Central staff with guidelines in the event of violence, abuse, fire or medical emergencies, as well as guidance in the prevention of such situations.

All employees must be familiar with this material. Thorough knowledge and proper execution of this plan are crucial to a safe work environment. Adherence to the guidelines provided in the manual is required for employees and customers alike.

We cannot foresee, nor prepare, for every contingency that may arise. However, your awareness of what is going on around you, and your action to report any situation that you sense might threaten you, a co-worker or a customer can ensure a safe and secure workplace.

This manual is a living document that will change and improve as we move forward. No one should discard common sense because we have policies in place for office safety. Each of you should contact any member of the Safety Committee with suggestions that will strengthen this procedures manual, and contribute to a safe work environment.

Issued September 29, 2004

Revised January 15, 2016

Revised October 5, 2017

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Donald H. Anderson  
Director

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Janice Weekes  
Director

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Janice Weekes  
Director

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## MANAGEMENT PERSONNEL

- **Janice Weekes, Career Center Director** **Ext. 628**
- **Carlene Campanale, Deputy Director** **Ext. 667**
- **Kathleen Jackson, Operations Manager, Complaint Officer** **Ext. 664**
- **Jennithan Cortes, Operations Manager, Complaint Officer Back Up** **Ext. 655**
- **Sonia Hernandez, Job Specialist IV** **Ext. 640**
- **Barbara Pantazis, Job Specialist IV** **Ext. 624**

## SAFETY COMMITTEE

- **Jennithan Cortes** **Ext. 655**
- **Kathleen Jackson, Operations Manager** **Ext. 664**
- **Lauren Ross, Program Manager** **Ext. 607**

**EMERGENCY NUMBERS**

**Dial “7” first for all of the following:**

- **Worcester Police/Fire/EMS Emergency** 911
- **Worcester Fire Dept. Non Emergency** 508-799-1822
- **Worcester Police Dept. Non Emergency** 508-799-8600
- **Commerce Associates, Kathryn E. Parvin** 508-791-9258
- **Emergency Mental Health, UMASS Medical Ctr.** 508-856-3562
- **Suicide Prevention Hotline** 508-875-4500
- **Rape** 800-870-5905  
800-223-5001
- **Domestic Violence: Daybreak** 508-755-9030
- **Drug & Alcohol Hotline** 800-327-5050
- **Parental Stress Hotline** 800-632-8188
- **United Way – Connect to Information & Resources** 211

**Spanish**

## **SAFETY PLAN OF ACTION TEMPLATE**

- Staff is trained to observe and understand the signs of customer agitation at the Front Desk and in the Resource Room.

### **Low Risk Situations**

- Direct customer to the de-escalation cube to the right of the Employment Services Reception area

If there is cause for concerns, but no immediate danger, relay a message to available staff, “I need the **YELLOW** folder.” This message can be direct, by phone or by computer.

If you receive a request for a **YELLOW** folder, try to ascertain by phone the level of risk from the staff member involved by asking YES or NO questions, such as “Are you ok?” “Is there a weapon?” “Should I call the police?”

- Notify a manager immediately
- Alerted staff will monitor the situation

If the situation requires intervention, a team composed of a male and female staff member will speak with the customer to determine an appropriate resolution to the problem.

### **High Risk Situations**

- If you feel that you or others are in immediate danger, call the front desk or try to relay to available staff this message, “I need the **RED** folder.” This will alert staff that an emergency situation exists and that the police should be contacted.

**NOTE:** Any other situations such as violent members in offices, cubicles or other sites in the Center would follow similar procedures, employing the code words **YELLOW** and **RED** folders.

### **Documenting Incidents**

- All incidents must report to management for appropriate documentation.
- Notations of critical incidents to Career Center members must also be made in MOSES.
- If the Director, in consultation with managers, determines that a customer should be banned from the center. The customer will be notified in writing. The information will be disseminated to staff and documented in MOSES.

## OBSCENE, ABUSIVE OR THREATENING TELEPHONE CALLS

When conducting business over the telephone, there is the possibility that you may encounter an angry customer. Any employee who finds themselves on the receiving end of an obscene, abusive or threatening telephone call should remain calm.

1. Question the caller as directly as possible to determine the caller's identity and the nature of the problem.
2. Clearly state that you recognize the person is upset and that you will do your best to help them or find someone who can.
3. Set limits quickly, firmly and fairly while still demonstrating a genuine desire to help.

*"I want to help you with your concern, but unless you calm down and stop the use of profanity, I will end this phone call."*

4. Notify your manager immediately, and provide as many details as possible about the encounter, including the identity of the caller if known, and the nature of the call.
5. The manager will make the determination of whether to contact the Police.
6. If the caller persists with obscenities or threats, the employee should put the caller on hold and ask the manager to take the call.
7. All incidents must be reported to management for appropriate action. As needed, management will record in MOSES notes.
8. All incidents should be subsequently, reported to complaint officer for inclusion in quarterly reports.
9. If you receive a voice mail of a threatening nature, save the message and contact your supervisor immediately. Do not alarm your co-workers at this time. Discuss the situation with your supervisor/manager and determine the next steps to be taken.

**WORKFORCE CENTRAL IS A DRUG/ALCOHOL FREE CAREER CENTER**

Workforce Central will not provide services to customers under the influence of alcohol or illicit drugs under **any circumstances.....**

If a staff member suspects a customer is under the influence, he/she should follow the steps listed below:

1. Address the situation. Give your customer the opportunity to tell you what the problem is. You may want to say something like, "You seem to be having difficulty communicating today, is there something I can do to assist you?"
2. If you smell alcohol on your customer's breath, it is the same as above.
3. If the customer reveals that they have been drinking, and it is impeding their visit, please contact your manager for further assistance and guidance.
4. As needed either emergency, medical or police personnel will be contacted.
5. If you suspect that a colleague is under the influence, please contact a manager immediately.

## **SUGGESTIONS FOR DEALING WITH THREATENING CUSTOMERS/SITUATIONS**

Workforce Central has recognized our vulnerability to the stress of continual contact with customers dealing with life challenges. It is important not to take these incidents personally and become defensive. Maintain objectivity and seek assistance as needed.

If the person is becoming loud or disruptive, it may be wise to move your conversation to an area away from other customers who represent an “audience.” If necessary, relocate near staff or management. Never isolate yourself with a customer that could be called upon to assist you.

Sitting down tends to have a calming effect, as does keeping one’s own voice low to encourage like behavior. Allow the person to vent. Listen actively for words and feelings. While you may not agree with what is said, refrain from passing judgment. Do not attempt to placate with immediate solutions. Logic is no use until the emotion is vented. Just acknowledging a person’s frustrations will often satisfy them. Then, summarize and clarify what has been said to you.

Move positively by asking the person what they would like done. Communicate that you are here to assist in working things out. When you believe a course of action has been agreed upon, repeat it to be sure.

If you do not appear to be making progress, it may be necessary to go back and establish ground rules such as allowing one person to speak at a time or insisting that the person regain control before you proceed.

If a physical threat has been made, with danger appearing imminent, or if the person is armed, then self-protection and the safety of others become the primary considerations.

Several responses could be useful. Note possible exits and mentally locate objects that could be used defensively. Keep a reasonable distance (a minimum of four feet) between yourself and the angry person. Keep talking even if the person does not respond; your voice and body language can have an effect on your attacker. Summon help from colleagues in close proximity. Call for management or press alarm system as needed.

### **Inappropriate Behavior**

Not all disruptions are aggressive in nature, but may be inappropriate and disruptive to the workplace, such as:

1. Playing loud music
2. Bringing pets
3. Out of control children

Share the inappropriateness of actions and call management for further assistance, as needed.

## WAYS TO DIFFUSE ANGER

### ➤ **Listen actively to the customer**

Customers need to know you are willing to help them. They need to feel you are focused on assisting them. Maintain a healthy emotional distance so that you can truly listen and fulfill your role with the customer.

### ➤ **Validate their concerns**

“I realize you have been waiting a long time.” Be sincere. Remember, you don’t have to agree with the reason the person is angry to empathize with their feelings. Use a calming tone of voice, facial expression and body language.

### ➤ **Avoid defensiveness**

A customer may complain about the quality of service he/she received. To avoid escalating a confrontation, **do not defend the actions of Workforce Central**. There may be reasons why Workforce Central took specific actions but this is not the time to provide a defense. The goal is to “hear” the complaint without placing responsibility back on the customer. Simply try to obtain the facts.

### ➤ **Avoid an audience**

If there are many customers in the area, take the inappropriate or questioning customer to a private but safe setting, (a safe setting would be an area that is relatively private but you could be seen if you needed assistance and not trapped if you needed to escape).

### ➤ **Ask Questions**

Asking questions can accomplish three important things when it comes to defusing anger. First, it can aid in your ability to gain control of the interaction. Second, it shows that you are interested in the other person and communicates personal concern. Third, you are gathering information that will aid in the resolution of the content of the problem.

### ➤ **Share Information**

Communicate that the Career Center has procedures and protocols that are followed. Until we understand the reason, many rules seem arbitrary to us, which increases the feeling that we’re being treated like a child, therefore increases resentment. Share any relevant information that is appropriate to the situation.

### ➤ **Establish Boundaries**

The customer may make comments to you that have nothing to do with the problem. Calling you inappropriate names is a form of violence. Set limits firmly and fairly while still demonstrating your desire to help. *“I will help you work this out, but unless you calm down and stop swearing I will end this conversation.”* Reduce the person’s anxiety by keeping to the subject. Explain to the person what you need to assist the individual with their problem. At no time is it appropriate to lash back.

- **Speak slowly, softly, and clearly**  
Slow down your speech to reduce the customer's anxiety. Usually, the angry customer has accelerated speech and his/her body is in the fight/flight mode. When you begin to slow down your speech, you will discover that the customer's speech may slow down as well. This effect will reduce the elevated anxiety.
- **Explore Alternatives**  
Mention the choices you have available to help with the customer's problem. Ask the customer for his/her suggestions to achieve resolution.
- **Refer to your supervisor**  
By getting your supervisor, you are demonstrating that you take their problem seriously.
- **State consequences**  
If the individual remains belligerent or persists with threats, inform the individual that the interview is over and ask them to leave the office. Allow time, if appropriate, and space for the individual to comply with your request. Call your manager or ask a colleague to get assistance. As needed, the police should be contacted.

## *PURPOSE OF THE WORKFORCE CENTRAL EMERGENCY PLAN*

State government has an inherent responsibility for minimizing danger to life and property arising from the effects of fire, attack, explosion, earthquake, serious weather disturbances, and other disasters affecting a building occupied by state employees. This Emergency Plan has been developed to manage these events effectively locally.

This Emergency Plan is intended to serve the following purposes:

1. To familiarize all occupants with how they should respond to specific emergency situations.
2. To provide a clear course of action to be followed during any emergency (or drill) requiring the evacuation of the building. This plan should ensure the safe, orderly and immediate relocation, without confusion or panic, of all building occupants.

**Thorough knowledge and proper execution of this plan is vital. Once the emergency personnel arrive on scene and have been apprised of the situation, they may issue further instructions for our safety. Everyone's cooperation with the instructions from emergency personnel is expected.**

## *EVACUATION PROCEDURES*

1. **Everyone** is required to evacuate the building if an evacuation order is given or the alarm sounds. Activating the building fire alarm will cause the sounding of a loud, piercing bell throughout the building.
2. All employees should know the location of stairway exits in the building.  
If you have questions, check with the supervisor in your respective department,
3. Walk to your nearest stairwell. **DO NOT USE THE ELEVATOR** while an alarm is sounding. When descending the stairs, use the handrail and stay on the right-hand side in order to allow passage on the left for fire department and other emergency personnel.
4. Listen to instructions given by your coordinators.
5. Individuals unable to negotiate stairways without assistance *should be directed to the nearest stairway and staff personnel* will assist in escorting them from the building to their designated evacuation area.
6. If you are in your designated workspace, when exiting take your personal items—wallets, handbags, glasses, and coats. If you are not in your work area, do not attempt to go back to your office space to get personal items. Do not go back into the building if personal items are forgotten.
7. Everyone must immediately proceed directly to the designated evacuation area.

***This area is on Maple Street, just behind the TD Bank, near cement stairs***

Please proceed to the furthest point of each evacuation area to allow room for those who follow and to prevent bottlenecks at the front of each area.  
Remain at your designated evacuation area. Wait for the coordinators to give you further instructions.

8. If the alarm sounds after regular office hours, everyone must immediately evacuate the building. Emergency personnel will take charge of the building and inform you when you may re-enter the building.

## EMERGENCY REPORTING PROCEDURES

### Medical

- In the event of illness or serious injury, contact your Manager immediately. If possible ask the person if they require medical assistance. If they do, or fail to respond to you call **7-1-911**. Give the Dispatcher **your name, location and nature of the injury**. **DO NOT** Hang up the phone. Emergency personnel will have instructions for further care or may require additional information.
- **DO NOT** attempt to move the injured person unless it is a life threatening situation or required to prevent further injury. Attempt to keep the injured person calm and as comfortable as possible.
- While waiting for assistance, be sure a pathway to the injured person is clear.
- Attention to the medical emergency should be your first concern. Documentation and completion of a Critical Incident Report should be completed as soon as possible after the incident. Incident report forms may be obtained from your Manager or Career Center Administration.
- If transported to a hospital it is **IMPERATIVE** to document the following:
  - ✓ **Name of hospital**
  - ✓ **Name of ambulance**
  - ✓ **Name of paramedics**
  - ✓ **Name of police department and fire department personnel**
  - ✓ **What happened (where, when, how)**
  - ✓ **Name and address of injured person (if possible try to get emergency contact information)**
  - ✓ **Visible signs of injury as well as physical discomfort**
  - ✓ **Name, address and phone number of any witnesses to the incident**
  - ✓ **What emergency treatment was administered**

### Fire

Fire procedures provide for the protection and welfare of customers and staff. The main objective is to have staff and customers knowledgeable of the proper response to a fire. Everyone is encouraged to take a proactive approach to prevent situations, which may lead to a fire, including taking responsibility for safely operating office and kitchen equipment and making certain such equipment is turned off at the end of the day. Coffee pots, space heaters, etc., pose a serious threat if left on inadvertently over long periods of time or if they are placed too close to flammable materials. Do not overload electrical circuits-the use of too many extension cords in a single circuit can cause a fire.

In the event of a fire, smoke or heat:

- Locate the nearest fire pull station and pull lever down completely and/or call **7-1-911**  
(Pull stations are located in the hallways next to stairwells.)
- Call Management team to report location and nature of fire.
- Career Center staff are responsible for the area they are in at the time of an emergency. Staff will alert everyone in that area and assist individuals who may need help to evacuate.
- Staff and customers must leave immediately
- Managers will check to make sure all areas have been evacuated

## **BOMB THREATS, SUSPICIOUS LETTERS, PACKAGES, AND BUNDLES**

The purpose of this plan is to:

1. Provide for the safety of the employees
2. Minimize disruption of normal activities
3. Help to prevent anxiety and panic.

### **Organization and Control**

Previously designated managers/safety team will serve in the same capacity with respect to evacuation procedures.

### **Threat or Warning**

In the event a telephone bomb threat is received by an employee:

1. Remain calm
2. If you receive the call, **ASK WHERE THE DEVICE IS LOCATED. ASK THE TIME IT IS EXPECTED TO DETONATE**
3. Alert the Director or a manager or safety team member who will alert the Director.
4. **The Director or his designee (manager/safety team member) will evacuate the Career Center. The Director or his designee will page the Building Superintendent to evacuate the building.**
5. From outside the building, the Director (designee) will call the police department and notify them of a bomb threat.
6. Director and designee shall notify appropriate City/State agencies of the situation as soon as the evacuation is complete.

### **Suspicious Letters, Packages, Bundles**

In the event a suspicious letter, package or bundle is detected by a staff person:

1. Follow above procedure if delivery coincides with a warning.
2. If detection or delivery is spontaneous:
  - a. Notify Director or a Manager/Safety Team member immediately
  - b. Evacuate the immediate area – isolate staff and customers from the area.
  - c. Do NOT open, smell, touch or move the package
  - d. Inquire of staff if they have knowledge of the package
  - e. Director or designee will contact **postal inspectors** if appropriate
  - f. Director/designee will call **police** immediately when appropriate.

When evacuation is ordered, staff will be calmly notified and all staff will proceed to exit routes. Safety team will be responsible for ensuring that evacuation is completed.

## **How to identify suspicious packages and letters**

Some characteristics of suspicious packages and letters include the following:

- Excessive postage
- Handwritten or poorly typed addresses
- Incorrect titles
- Title, but no name
- Misspellings of common words
- Oily stains, discolorations or odor
- No return address
- Excessive weight
- Lopsided or uneven envelope
- Protruding wires or aluminum foil
- Excessive security material such as masking tape, string, etc.
- Visual distractions
- Ticking sound
- Markings of restrictive endorsements, such as '*Personal*' or '*Confidential*'
- Shows a city or state in the postmark that does not match the return address

## OFFICIAL CDC HEALTH ADVISORY

### ***HOW TO HANDLE ANTHRAX AND OTHER BIOLOGICAL AGENT THREATS***

1. Anthrax organisms can cause infection in the skin, gastrointestinal system, or the lungs. To do so, the organism must be rubbed into abraded skin, swallowed or inhaled as a fine, aerosolized mist. Disease can be prevented after exposure to anthrax spores by early treatment with the appropriate antibiotics. Anthrax is not spread from one person to another.
2. For anthrax to be effective as a covert agent, it must be aerosolized into very tiny particles. This is difficult to accomplish and requires a great deal of technical skill and special equipment. If these tiny particles are inhaled, life-threatening lung infection can occur, but prompt recognition and treatment are effective.

#### ***Suspicious unopened letter or package marked with threatening message such as 'anthrax'***

- Do not shake or empty the contents of any suspicious envelope or package.
- Place the envelope or package in a plastic bag or some other type of container that is leak resistant.
- If you do not have access to a container, then **cover** the envelope or package with paper, clothing, trash can, etc. and do not remove this cover.
- **Leave** the room and **close** the door. Seal the area to prevent others from entering.
- Thoroughly wash your hands with soap and water to prevent spreading any powder to your face.

What to do next.....

- ✓ If you are at home, then report the incident to local police
- ✓ If you are at work, then report the incident to your supervisor, who will then notify the police and building landlord.
- ✓ **List all people who were in the room or area when this suspicious letter or package was identified.** Give this list to the appropriate authorities for follow-up.

#### ***Suspicion of Contamination by Aerosolization***

- Turn off local fans or ventilation system in the area.
- Immediately leave the area.
- Close the door or seal off the area to prevent others from entering.
- Alert your supervisor, local police department and building security.
- Shut down building ventilation system, if possible.
- If possible, **list all people who were in the immediate area when event occurred** and give list to the local public health authorities so that proper instructions can be given for medical follow-up and local law enforcement officials for further investigation.

## EMERGENCY EXITS, ALARM BOXES AND FIRE EXTINGUISHERS

### ***Emergency stairwells:***

4<sup>th</sup> Floor Main      To the left and right of elevators  
WIB                      Between the glass doors

### ***Alarm Boxes***

4<sup>th</sup> Floor Main      Beside the stairwell Exits  
                            Across from Resource Room  
                            Near employee entrance/Exit  
                            Fiscal area near Exit  
                            Near glass doors/elevators in lobby

WIB                      Between the glass doors

### ***Extinguishers***

4<sup>th</sup> Floor              Near Unisex restroom  
                            Across from Professor Teacher room  
                            Hallway in lobby near men's room  
                            Near interior elevators  
                            Near state staff area  
                            In kitchen and outside of kitchen  
                            Near CCS Room  
                            Near fiscal Exit

WIB                      Interior near glass door Exit

In case of a fire **DO NOT** use the elevators. Use the closest, safe exit from your area.

***Panic Buttons are located at the Unemployment Insurance reception desk, at the Employment Services reception desk, as well as in the Resource Room.***

## **THEFT**

In the event of theft of Workforce Central property or personal property within the office, employees should take the following steps:

- I. Give Management a complete description of the stolen items and an assessment of where and when the theft occurred.
- II. Management should determine if it is appropriate to contact the police.
- III. A Critical Incident Report (page 28) should be filed.
- IV. **PREVENTION!** Always lock valuables away whenever possible.

## **WORKFORCE CENTRAL SAFETY POLICY**

In an effort to maintain a safe and professional environment, the following center policy has been established:

- **The unlawful manufacture, distribution/sales dispensation, possession, use of a controlled substance, alcohol or abuse of legal prescription drugs during working hours of the center and/or on property leased/affiliated with Workforce Central is prohibited.**
- **Abusive behavior towards staff and/or members will not be tolerated.**
- **Possession of weapons is prohibited on premises.**

**Violation of this prohibition may result in loss of center privileges.**

**Policy**  
**On**  
**Limitation of Services to Customers**

**This policy is to clarify the circumstances in which services to customers may be limited or, in some cases, refused to customers.**

In times of high customer demand and limited staff resources, the Center may limit certain customer services in order to provide basic services to the greatest number of customers possible.

Workforce Central reserves the right to determine the levels of service provided to customers on an individual basis, including when the individual is consistently resistant to professional guidance and direction of Workforce Central staff.

Workforce Central also reserves the right to make final determination as to the appropriateness of a referral to an employer's job opening when all employer-specified criteria are not met by the applicant.

Customers who exhibit disruptive behavior will be asked to leave the Center. Disruptive incidents may result in limitations on access to services, or refusal of service.

Disruptive or unacceptable behavior includes, but is not limited to:

- Verbal harassment of staff or Center customers, including making persistent and unreasonable demands for service;
- Misuse of Center equipment, including telephones, personal computers, copy machines, faxes, internet service or any other resource for any purpose other than employment related;
- Destruction or theft of property, etc.

Any verbal or physical threats, or other violations of the law, will result in Center staff immediately contacting the Worcester Police Department.

Issued January 3, 2001

By Donald H. Anderson, Director

Revised January 15<sup>th</sup>, 2016

By Janice Ryan Weekes, Director

## **RESOURCE LIBRARY POLICY**

New visitors to the Resource Room must be registered with the center, have attended a Career Center Seminar, and sign the Resource Room Policy form.

Please do not use the computers unless you are familiar with their operation.

Resource Library customers are strongly encouraged to attend the following workshops:

### **Introduction to the Personal Computer and/or Job Search on the Internet**

Use of the Resource Room is for **JOB SEARCH PURPOSE ONLY**. This includes resume writing, printing, faxing, Internet job search, and educational & career planning research. Computers are not for personal internet browsing or personal e-mails.

Please do not change any settings on the computer that will affect the computer display, printing or overall functioning. You may NOT download any software, plug-ins, or instant messaging programs.

Computer use is limited to **ONE VISIT** per day – up to **TWO HOURS** per visit.

Resources (books, newspapers, videos, phone books, training materials, etc.) must not be removed from the Resource Library. A photocopy machine is available for your use.

To avoid distractions for yourself and others, please make childcare arrangements before visiting the center.

Please use cell phones in the lobby area for personal calls.

Food and beverages are not allowed in the Resource Library.

### **Resource Library hours are**

**9:00 AM to 4:30 PM – Monday thru Thursday**

**9:30 AM to 4:30 PM - Friday**

# **POLICY OF ZERO TOLERANCE FOR WORKPLACE VIOLENCE**

## **COMMONWEALTH OF MASSACHUSETTS HUMAN RESOURCES DIVISION**

### **Policy Statement**

Workplace violence undermines the integrity of the workplace and the personal safety of the individual employee. Therefore, the Commonwealth maintains a zero tolerance policy for workplace violence. Effective immediately, it is the policy of the Commonwealth that all of its employees work in an environment free from workplace violence.

### **Authority**

Executive Order #442 establishes a zero tolerance policy for workplace violence and requires state agencies to promptly disseminate written copies of the policy to all employees. The Executive Order applies to individuals employed on a full time or part time basis by the Office of the Governor or any state agency under the Executive department.

The Human Resources Division (HRD) requests agencies adopt this policy, as written, in compliance with Executive Order #442. This policy does not prohibit agencies from continuing more stringent policies that may currently be in effect, such as those implemented by public safety agencies. This policy is not intended to replace or supersede agency or department policies relative to the unlawful use of force.

### **Definition of Workplace Violence**

For the purposes of this policy, “workplace” is defined as:

- Any Commonwealth owned or leased property
- Any location where Commonwealth business is conducted
- Commonwealth vehicles or private vehicles being used for Commonwealth Business
- In addition, workplace violence can occur at any location if the violence has resulted from an act or decision made during the course of conducting Commonwealth business

### **Workplace violence includes but is not limited to the following:**

- Physical assault and/or battery
- Threats and/or acts of intimidation communicated by any means that cause an employee to be in fear of their own physical safety or that of a colleague
- Disruptive or aggressive behavior that places a reasonable person in fear of physical harm and/or that causes a disruption of workplace productivity, and/or property damage.

Violent behavior can include actions or communication in person, by letter or note, telephone, fax, or electronic mail. Incidents of workplace violence may be acted out individually or take place between employees, employees and clients/customers, employees and acquaintances/partners, and employees and the general public.

## **Roles and Responsibilities:**

### **HRD shall:**

- Issue, update, and advise agency personnel how to implement the statewide Workplace Violence Policy
- Coordinate and deliver training to agency senior executive staff, managers, supervisor, and employees on the Commonwealth's policy and workplace violence awareness, using curriculum developed by HRD's Training and Development Group in coordination with the Executive Office of Public Safety
- Disseminate informational materials for all employees, managers, and supervisors
- Convene and conduct regular meetings of the HRD Critical Incident Workplace Safety Team comprised of senior managers representing HRD's Office of Employee Relations, Legal, Executive, Civil Service, and Training and Development Group to respond to individual agency requests for assistance in specific workplace violence cases and
- Designate a workplace violence coordinator to support the implementation of Executive Order #442

### **Agency Heads shall:**

- Ensure that the Workplace Violence policy is adopted and implemented
- Ensure that each employee receives a copy of the Workplace Violence Policy
- Foster a climate in which victims feel comfortable reporting incidents of workplace violence
- Contact HRD's Training and Development Group to arrange workplace violence awareness training targeting senior executive staff, managers, and supervisors and subsequently to all employees within the agency
- Strongly encourage employees to report workplace violence behavior to the appropriate supervisors/managers
- Ensure that managers appropriately document and swiftly investigate reports of workplace violence
- When necessary, notify state/and or local police in response to serious incidents of workplace violence
- Establish a Safety Incidence Team comprised of senior executive staff representing agency human resources, labor relations, security, training, and legal to devise and review policies, procedures and safety protocols, and to ensure consistent coordinated responses to acts of workplace violence
- Ensure written workplace protection plans are devised for employees who are victims of workplace violence and implement any necessary workplace safety protocols designed to further protect employees from harm
- Provide the names of designated workplace violence coordinator and the names of members of the safety incidence team to the Personnel Administrator

### **Employees shall:**

- Ensure that they do not participate in any form of workplace violence
- Cooperate in the investigation of alleged workplace violence
- Report behavior in the workplace they believe to be workplace violence to their supervisor or the police when appropriate

## **Procedures for investigation and disciplining perpetrator**

As stated above, the Commonwealth maintains a zero tolerance policy for workplace violence. All agencies are mandated to take all instance of workplace violence seriously. The following are guidelines for disciplining perpetrators:

- All agencies shall immediately report incidents of workplace violence that include physical assault and/or battery, and/or threats to do physical harm to the appropriate law enforcement authorities
- All investigations of workplace violence will be conducted in a manner that is sensitive to the safety concerns and privacy of the victim(s), the perpetrator, and all witnesses
- Agencies must follow existing provisions in the collective bargaining agreements when disciplining perpetrators
- Acts of workplace violence are among the most serious forms of misconduct and may result in discipline commensurated with the severity of the misconduct, including but not limited to:
  - An oral reprimand
  - A written reprimand to be placed in the perpetrator's personnel file
  - Loss of accrued vacation time (where not prohibited by statute, Regulation, or collective bargaining agreement)
  - Suspension, demotion, or termination
  - Any combination of the above
- In the interim between a charge and the final disposition of a workplace violence case, agency heads may take action to address employees' safety concerns. Depending on the severity of the charge, such action may include placing the alleged perpetrator on leave with or without pay
- In addition to the measures mentioned above, disciplinary measures may include the successful completion of counseling, anger management education or other equivalent programs

## **DOMESTIC VIOLENCE**

Domestic violence affects people of all ages in every racial, socioeconomic, educational, and religious segment of society. It is a societal problem with consequences extending beyond the family and into all areas of society, including the workplace. Domestic violence affects employee productivity and causes absenteeism and employee turnover in the workplace, and has the potential to put other employees at risk. Victims of domestic violence are especially vulnerable in the workplace when attempting to end abusive relationships because the workplace is often where the abuser can find the victim.

It is the policy of the of the Department of Unemployment Assistance, Department of Career Services, and Workforce Central to have zero tolerance for domestic violence in any form in the workplace.

### ***Employees***

Any employee who so chooses may notify his or her manager of the existence of a restraining order protecting the employee. Upon receipt of such notice, the manager shall make all reasonable efforts to monitor and enforce the restraining order in the workplace. Such efforts shall include notifying security personnel and/or the appropriate law enforcement authorities of the identity of the person against whom the restraining order is issued.

### ***Clients***

Clients may choose to inform their case manager, job specialist, or any staff member of the existence of a restraining order. Upon receipt of such notice, the staff member will notify his/her manager of any situation and of the identity of the person against whom the restraining order is issued. Information will be provided to the front desk staff, resource room staff, and switchboard in case any situations may occur. It is the policy of Workforce Central not to provide any information on whether a client is currently in the workplace no matter how the person is related to the client. If an emergency arises in which a client must be notified, a staff member will relay a message to the client informing them of the emergency and the identity of the person seeking them out.

**LAWS GOVERNING BEHAVIOR ON PUBLIC PROPERTY**

**LARCENY – M.G.L. c. 266, §30**

- A. unlawful taking
- B. carrying away
- C. personal property of another
- D. Intent to deprive the person of the property permanently
- E. Computer data is subject to larceny

**DEFACEMENT of STATE BUILDING – M.G.L. c.266, §96**

- A. Willfully, intentionally and without right defaces public building
- B. Defacement may be cutting, writing or otherwise.

**TRESPASS UPON STATE LAND OR PREMISES – M.G.L. c. 266, §123**

- A. Enters without right; or
- B. Refuses to leave

**THEFT OF PUBLIC RECORD – M.G.L. c. 266 §145**

- A. Intentionally concealing upon person any public record
- B. Intent to permanently deprive Commonwealth of the public record

**DISORDERLY CONDUCT OR DISTURBING THE PEACE – M.G.L. c. 266, §120**

- A. Activities which intentionally tend to disturb the public tranquility, or alarm or provoke others

# Incident Report

Use this form to report an incident

Please complete the form and send to [icid@detma.org](mailto:icid@detma.org)

Your Name:

Today's Date:

Address/Local Office:

Your E-mail Address:

Your Telephone:

Your Work Title:

Type of Incident:

Disturbance  Fire  Theft  Medical Emergency  Threat  Vandalism  Others

Describe briefly the type of incident you're reporting:

Date and Time of Incident:

Location of where the incident happened:

Provide name(s) of person(s) involved in incident:

For EOLWD person(s), enter department and floor. For non-EOLWD person(s), enter residential address:

Provide telephone number(s) of persons involved:

Social Security or MOSES ID Number(s) of person(s) involved, if available.

**MEDICAL EMERGENCY FORM**

If transported to a hospital it is IMPERATIVE, to document the following:

Name of hospital: \_\_\_\_\_

Name of ambulance: \_\_\_\_\_

Name of paramedics: \_\_\_\_\_

\_\_\_\_\_  
Name of police department and fire department personnel:

\_\_\_\_\_

\_\_\_\_\_

What happened (where, when how)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of injured person (if possible try to get emergency contact information)

\_\_\_\_\_

\_\_\_\_\_

Visible signs of injury, as well as physical discomfort

\_\_\_\_\_

\_\_\_\_\_

Name, address and phone number of any witnesses to the incident

\_\_\_\_\_

What emergency treatment was administered?

\_\_\_\_\_

# **BOMB THREAT**

Bomb Threat Procedures  
Provided by the FBI Bomb Data Center

## Questions to ask:

When is the bomb going to explode?

Where is it right now?

What does it look like?

What kind of bomb is it?

What will cause it to explode?

## **EXACT WORDING OF THE THREAT:**

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**Sex of caller:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Length of call:** \_\_\_\_\_

**Number at which call was received:**

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**Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of staff person that took call:**

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Did you place the bomb?

Why?

What is your address?

What is your name?

## **CALLER'S VOICE:**

|                 |                      |
|-----------------|----------------------|
| _____ Calm      | _____ Nasal          |
| _____ Angry     | _____ Stutter        |
| _____ Excited   | _____ Lisp           |
| _____ Slow      | _____ Raspy          |
| _____ Loud      | _____ Deep           |
| _____ Laughter  | _____ Ragged         |
| _____ Crying    | _____ Cracking voice |
| _____ Normal    | _____ Disguised      |
| _____ Distinct  | _____ Accent         |
| _____ Slurred   | _____ Familiar       |
| _____ Whispered |                      |

If the voice is familiar, whom did it sound like?

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## **BACKGROUND SOUNDS:**

|                 |                     |
|-----------------|---------------------|
| _____ Street    | _____ Factory       |
| _____ Crockery  | _____ Animal noises |
| _____ Voices    | _____ Voices        |
| _____ PA System | _____ Clear         |
| _____ Music     | _____ Local         |
| _____ House     | _____ Long Distance |
| _____ Motor     | _____ Phone Booth   |
| _____ Office    | _____ Other         |

## **THREAT LANGUAGE:**

|                   |                  |
|-------------------|------------------|
| _____ Well spoken | _____ Incoherent |
| _____ Foul        | _____ Taped      |
| _____ Irrational  | _____ Other      |





WORKFORCE CENTRAL SAFETY CHECKLIST

**I.  
GENERAL**

\_\_\_\_\_ Are emergency instructions and telephone numbers available in the event of an emergency?

**II.  
HOUSEKEEPING**

\_\_\_\_\_ Are all hallways and/or passageways free from any type of protruding objects such as nails, splinters, and holes?

\_\_\_\_\_ Does carpeting show worn spots, tears, or have holes?

\_\_\_\_\_ Are waste containers provided in the kitchen and/or eating areas?

\_\_\_\_\_ Are all areas adequately illuminated?

\_\_\_\_\_ Are stairways in good condition with standard railings provided for every flight having four or more risers?

\_\_\_\_\_ Is smoking permitted in designated smoking areas only?

**III.  
EXITS**

\_\_\_\_\_ Are exits visible and unobstructed?

\_\_\_\_\_ Are exits marked with a readily visible sign that is illuminated?

\_\_\_\_\_ Are doors that might be mistaken for exits marked "Not an Exit?"

\_\_\_\_\_ Are exits and exit signs free of decorations, draperies, and/or furnishings?

\_\_\_\_\_ Are exits wide enough for easy access?

**IV.  
WALKING AND WORKING SURFACES**

\_\_\_\_\_ Are floors kept as clean and dry as possible in restrooms and break rooms?

\_\_\_\_\_ Are means of egress obstructed by boxes, chairs, file cabinets, etc.?

\_\_\_\_\_ Are floor opening adequately protected?

**V.  
FIRE PREVENTION AND PROTECTION**

\_\_\_\_\_ Are portable fire extinguishers maintained in a fully operable condition and kept in designated places?

\_\_\_\_\_ Are fire extinguishers of the proper type for the expected hazards?

\_\_\_\_\_ Is the fire alarm system tested on a quarterly basis?

\_\_\_\_\_ Is the sprinkler system serviced by a qualified person?

\_\_\_\_\_ Is there at least 18 inches of clearance below the sprinkler heads?

- VI. ELECTRICAL WIRING, FIXTURES, AND CONTROLS**
- Are electrical cords protected so they do not create a trip hazard?
  - Are electrical cords periodically checked for fraying?
  - Are flexible cords and cables used as a substitute for fixed wiring?
  - Are extension cords properly grounded and approved?
  - Are electrical tools, whether department owned or personnel property, properly inspected for damaged power cords, plugs, worn switches, defective ground circuits, or other faults that could render them unsafe for use?
  - Portable heaters shall not be used.
  - Are Ground Fault Circuit Interrupters (GFCI) in wet or damp locations?

- VII. OFFICE SAFETY**
- Are desk or file cabinet drawers left open?
  - Are storage shelves properly secured?
  - Are file cabinets top heavy, with empty drawers at the bottom and full drawers at the top?
  - Are boxes, papers, and books stored on top of file or storage cabinets?
  - Is the paper cutter located in an area where it is safe to work?
  - Is the paper cutter handle locked in the closed position when not in use?

COMMENTS:

## SAMPLE NOTIFICATION

### LETTER TO DISRUPTIVE CUSTOMERS

(Letter may be sent by DCS internal control in lieu of letter below)

Date

Customer Name  
Customer Address

Dear (Customer Name),

It has been noted that on (date), you (note behavior observed that was in violation of Workforce Central "Limitation of Services to Customers" policy). These actions are in violation of our Center's policy regarding Limitations of Services to Customers.

You are hereby notified that as a result of your actions, you are no longer welcome at Workforce Central Career Center.

Any further disruptive activity on your part will compel the Center to pursue all remedies available to it under the law.

You must contact Kathleen Jackson, Operations Manager, or Kevin Crowley, Operations Manager to make arrangements for any future services, if needed. Many job search resources are available on the internet at [www.detma.org](http://www.detma.org).

Sincerely,

Janice Weekes, Director  
Workforce Central Career Center

**Central MA Workforce Investment Board  
Executive Committee  
Dec. 21, 2017 8:30 AM  
Meeting Minutes**

Attendance: Rosalie Lawless, Joshua Froimson, Paul Gilbody, Robin Hooper, Janice Weekes  
Staff: Jeff Turgeon

The meeting was called to order by R. Lawless who welcomed all attendees and asked if any members had a potential conflict of interest. Weekes noted a potential conflict concerning the procurement policy discussion if it should pertain to the career center procurement, and youth policies otherwise, none were noted.

R. Lawless asked committee members to review the meeting minutes from the Nov. 16, 2017 Executive Committee meeting. The minutes were reviewed and unanimously approved.

J. Turgeon then introduced the request for approval of updated WIOA Youth policies reflecting the change from WIA to WIOA legislation. R, Hooper discussed some of the specifics, including changes to the policy regarding eligibility as it relates to youth that require additional assistance. After the discussion, a motion was made by J. Froimson and seconded by P. Gilbody to accept the proposed policy revisions. The motion passed unanimously. J. Weekes abstained.

J. Turgeon reviewed the budget summary chart for FY 2018 with the members, noting the continual decline of State and Federal resources and the efforts of CMWIB and Career Center Operator staff to bring in new revenue where it aligns with the core missions of our organizations. J. Weekes described a new linkage with health officials on a project to help prepare people with opioid addiction for recovery and employment – this project comes with financial support for the career center’s services. She also noted the utilization of K. Lamoureux in the CMWIB for processing SNAP benefit applications when doing intake with Worcester Jobs Fund clients which also comes with funding to reimburse her efforts. J. Turgeon then noted a new partnership with State Registered Apprenticeship project officials for providing training and recruitment into pharmacy technician apprenticeships that will yield additional dollars. R. Lawless thanked the staff for their work on seeking new funding when appropriate.

J. Turgeon then informed the committee that a new draft of the procurement created with the assistance of the City law office. The draft has been posted on the City website for comment and will be presented to the Board at the January meeting. After discussing it, the committee decided a vote on the policy could be held off until a future meeting. J. Turgeon also wished to clarify with the law office if the policy was for both the CMWIB and the Workforce Central divisions, or just the CMWIB.

**ACTION:** J. Turgeon to contact the law office for further policy language guidance and put this topic on the January CMWIB meeting agenda as an information item.

J. Turgeon also updated the Committee regarding the work of the WIOA Partners on aligning their services. He stated the partners have continued to meet monthly to coordinate our efforts and joint staff training has also been carried out. The CMWIB has received guidance from State officials on how to strengthen the WIO Partner Memorandum of Understanding (MOU) and J. Turgeon is working on following up on these items, some of which appear to be made by officials in error.

ACTION: J. Turgeon to follow up with State officials and partners as necessary to respond to the State guidance.

J. Turgeon also updated the committee on the efforts to draft a regional workforce “blueprint” plan as part of the State’s Workforce Skills Cabinet initiative sponsored by the MA Secretaries of Economic Development/Housing, Labor, and Education. He noted a presentation was made to state officials, including the three Secretaries themselves, and that a draft of the regional plan would be ready to share with the Board in January, however, the full plan would be completed after this meeting. It was determined that the summary of the plan could be shared with the Board at the January meeting but a full presentation should be done at the April meeting.

ACTION: J. Turgeon to put in a summary for the January meeting and a full presentation for the April meeting agenda.

J. Turgeon then updated the committee then reviewed the career center certification process and timeline. J. Froimson noted site visits will be conducted by a review team and a recommendation made through the Career Center/Adult Career Service subcommittee that will then be sent to the full board at the January meeting.

J. Turgeon gave the committee an update on programs;

- The board was successful in getting funding for this year’s Year-Round YouthWorks program funded by the State. The application process this year was much more competitive, as the State is only funding four or five projects statewide instead of the usual one per region (16 statewide). The amount of funding per project is limited to \$40,000 and we will serve approximately 20 youth, with a concentration on health care careers.
- We also have a request in to the Commonwealth for a grant to train pharmacy technicians in partnership with CVS that would allow graduates to go into the CVS Apprenticeship employment track after graduation should they choose.
- The Worcester Jobs Fund has been awarded funding from the MA Dept. of Transportation to run another cycle of training for transportation related construction. The program is called Building Pathways and this will be the third class offered in Worcester.
- The Board has received a small grant to work with our colleagues in the North Central region to promote STEM high school internships. We will be working with the Chamber and employers to help develop more paid internships for our students.

J. Turgeon reminded the committee that the Commonwealth is rebranding the career centers and WIBs. This appears to be moving along quickly and could happen by the summer. It is anticipated that funding for changing signage and marketing materials will be made

available. The name "MassHire" has been chosen with a local geographic identifier. For instance, MassHire Career Center, Worcester. Some WIBs are fighting against changing their names as part of this effort and it is unknown if the State will compel them to do so or not.

R. Lawless noted that she heard via the news that the CMWIB had received a grant and expressed her desire for staff to keep her and the Executive Committee better informed about board activities, especially information that will be released to the public so that she and others will not be caught off-guard should they be approach about our work.

ACTION: J. Turgeon to keep the Executive Committee (and full membership) better informed of Board news through timely notifications.

J. Weekes announced that a job and resource fair will be held Dec. 27<sup>th</sup> to connect local hurricane evacuees with support at Centro, in Worcester.

R. Lawless confirmed the next full Board meeting will be Thursday, Jan. 18, 2018 at 8:30am at the CMWIB, and asked J. Turgeon to confirm agenda items as previously discussed, including election of the Chair.

ACTION: J. Turgeon to draft the Jan. 18<sup>th</sup> Board meeting agenda and materials.

R. Lawless reminded members the next Executive Committee meeting will be Feb. 15, 2018 at 8:30am at Fairlawn Rehab. Hospital.

A motion was made, seconded and approved unanimously to adjourn the meeting.

*Respectfully submitted by: J. Turgeon*

