**MassHire Department of Career Services**

**Career Center Annual Program Questionnaire**

***Fiscal Year 2025***

**Career Center Operator(s):**

**Prepared By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Print/Type Name***:

***Signature*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Date*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Written, Electronic or Digital***

*I certify under the penalties of perjury, that the information contained in this questionnaire is true and complete to the best of my knowledge. A signatory must be authorized to sign correspondence to MassHire Department of Career Services.*

|  |  |  |  |
| --- | --- | --- | --- |
| CC Name | **Site Type: Comprehensive, Affiliate, Special** | **CC Director/Manager**  Name/Title | **Service Delivery: Virtual, In-Person or Hybrid** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Contents**

[**Section 1: MassHire Department of Career Services Unified Complaint System and Service Accessibility**](#_Toc521323747) **3-4**

[**Section 2: Massachusetts Federal & State Law Posters 5**](#_Toc521323764)

[**Section 3: Performance Measures/Common Measures:**](#_Toc521323769) **6-7**

[**Section 4: WIOA Title I – Adult Dislocated Worker & Trade Eligibility Determination**](#_Toc521323779) **7-8**

[**Section 5: Individual Training Account (ITA) & Labor Market Information (LMI) 8-9**](#_Toc521323784)

[**Section 6: Career Planning 9-11**](#_Toc521323794)

[**Section 7: WIOA Title III – Wagner Peyser Services 11**](#_Toc521323799)

[**Section 8: Veteran Services 11-12**](#_Toc521323804)

[**Section 9: RESEA (Reemployment Services and Eligibility Assessment)**](#_Toc521323809)  **12-13**

[**Section 10: Migrant Seasonal Farmworkers (MSFW) 14-16**](#_Toc521323814)

[**Section 11: Foreign Labor Exchange (FLC) 16**](#_Toc521323819)

[**Section 12: Youth Programs 16-**](#_Toc521323824)**20**

[**Section 13: MassHire Branding Standard 20**](#_Toc521323834)

**Section 14: WIOA Partner Engagement ………………………………………………………………………..…………………...…….20-21**

**Section 15: Virtual Services..………………………..…….…………………………………………………………………………...…21-22**

**Section 16: Stevens Amendment…………………………………………………………………….…………………………………..….22**

**Section 17: Diversity, Equity, Inclusion and Accessibility Practices (DEIA)…………..……………………..……………………..22**

**Section 18: Personally Identifiable Information (PII)……………………………..…………………………… ………………………23**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1:**  ***MassHire Department of Career Services***  ***Unified Complaint System and Service Accessibility*** | | | **YES** | **NO** | **Comments/Feedback** |
|  | | Have all appropriate staff and management attended the required state-sponsored training at least once during FY25 on the Unified Complaint System?  *If no, please explain why.* |  |  |  |
|  | | In addition to state-sponsored training(s), please list any training(s) the CC(s) provided to staff during FY25 to ensure compliance with non-discrimination/equal opportunity requirements? |  |  |  |
|  | | Does every comprehensive, affiliate and youth CC have a trained, designated staff person *onsite* who can handle customer complaints in accordance with *100 DCS 03.101.3 and attachments?*  *If no, please explain why.* |  |  |  |
|  | | Please describe the CC(s) and local area policy to maintain Complaint records and files in accordance with 100 DCS 03.104 and attachments. |  |  |  |
|  | | Please describe how the CC(s) notifies customers about the Complaints/Appeals process required by state/federal law? |  |  |  |
|  | | Please describe how the CC(s) provides universal accessibility (physically and programmatically) to meet the needs of all customers, including customers with disabilities.  *Is this accessibility outlined in a current standard operating procedure (SOP) or policy?* |  |  |  |
|  | | Please list the services and resources available in FY25 to meet the needs of customers with disabilities. |  |  |  |
|  | | Are the CC’s accessible services and resources clearly posted at the CC(s) and/or on the CC website(s)? |  |  |  |
|  | | How does/do the CC(s) ensure that individuals with disabilities can participate fully in retraining programs? |  |  |  |
|  | | In addition to customers self-reporting, what tools does/do the CC(s) utilize to identify customers (including individuals with disabilities) who need assistance or accommodation(s) for services? |  |  |  |
|  | | What changes, if any, has your region made to ensure accessibility of virtual services offered to customers with disabilities during FY25? |  |  |  |
| **Section 2:**  ***Massachusetts Federal & State Law(s) Posters*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Does the CC(s) have the WIOA required Customer posters visible & accessible for customers and staff *onsite and on your website(s)?*  ***Reference:*** [[***https://www.mass.gov/info-details/ajc-posters***](https://www.mass.gov/info-details/ajc-posters)](https://www.mass.gov/info-details/ajc-posters) |  |  | ***Onsite****:* Yes    No  ***Website*:** Yes    No |
|  | | Does the CC(s) have the Optional Posters *onsite and/or on your website(s)?*  ***Reference:*** [[***https://www.mass.gov/info-details/ajc-posters***](https://www.mass.gov/info-details/ajc-posters)](https://www.mass.gov/info-details/ajc-posters) |  |  | ***Onsite****:* Yes    No  ***Website*:** Yes    No |
|  | | Does the CC(s) have the required MassHire Department of Career Services (MDCS) Posters visible *onsite and on your website(s)?*  ***Reference:*** [[***https://www.mass.gov/info-details/ajc-posters***](https://www.mass.gov/info-details/ajc-posters)](https://www.mass.gov/info-details/ajc-posters) |  |  | ***Onsite****:* Yes    No  ***Website*:** Yes    No |
|  | | Does/do the CC(s) also inform customers of the posters and related state/federal laws and resources at any time during the provision of services? |  |  |  |
| **Section 3:**  ***Performance Measures/Common Measures*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Is the CC(s) meeting the following performance measures *for the most recent quarter*? *Please answer Yes or No below for each and explain*.   1. WIOA Title I? 2. WIOA Title III? |  |  | A. WIOA Title I? YES NO  B. WIOA Title III? YES NO |
|  | | Is the CC(s) in jeopardy of not achieving its WIOA Title I and Title III performance goals *for this fiscal year*?  *If yes, please explain the steps being taken to meet these performance goals.* |  |  |  |
|  | | What report(s) does/do the CC(s) use to review progress on outcomes and goals for performance? |  |  |  |
|  | | What mechanism does the CC(s)/area utilize to collect customer feedback and at what frequency is it collected?  *Please explain and include a copy with your response.* |  |  |  |
|  | | Please provide details of any CC(s) success stories and/or achievements in FY25 to share as best practices in the provision of job seeker or business services? |  |  |  |
| **Section 4:**  ***WIOA Title I – Adult, Dislocated Worker, & Trade Eligibility Determination*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Please describe the CC(s) policy and/or Standard Operating procedure (SOP) regarding the collection, verification, and approval of eligibility documentation for the Adult, Dislocated Worker (DW), and Trade program? |  |  |  |
|  | | Please describe the CC(s) process to determine whether a customer meets the priority of service and/or the local residency restriction requirement(s) if applicable?  *Is this process written in an SOP or policy?* |  |  |  |
|  | | What is the CC(s) policy regarding services to Adult customers who are low-income? |  |  |  |
|  | | How does/do the CC(s) serve WIOA registered customers who have one or more barriers to employment? |  |  |  |
| **Section 5:**  ***Individual Training Account (ITA) & Labor Market Information (LMI)*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | What is the CC(s) policy and/or procedure to track ITA related performance and customer satisfaction? |  |  |  |
|  | | Has the area established restrictions on the duration of, funding amount or geographic location(s) requirements for customers seeking ITAs in your area?  *Please explain.* |  |  |  |
|  | | Please describe the CC(s’) process to determine whether a customer is approved or denied ITA funding. |  |  |  |
|  | | Are local CC staff/management utilizing the *WIOA Program Training Determination Notice* for every customer who requests ITA funding as required in*100 DCS 18.101.6 attachment O*?  *If no, please explain*. |  |  |  |
|  | | What local entity(is) responsible for approving and managing the (local) Eligible Provider Training List (ETPL) and training courses or the CC(s)? |  |  |  |
| **5a.** | | Does that entity have a related SOP outlining the process to approve training vendors and courses for the local area?  *If yes,* please list the local area procedures if/when a training vendor/course performance data is not immediately available or when an approved vendor/course does not meet the state/federal percentage requirements guidance? |  |  |  |
|  | | What is the CC(s) SOP to ensure the contract cost of the ITA is consistent with the ITA cost listed in MOSES? |  |  |  |
|  | | What are the three (3) most utilized training occupations for the previous four (4) quarters?  *Please also list how many customers are enrolled in each.* |  |  | ***Occupation # of Enrollees***  **1.**  **2.**  **3.** |
| **Section 6:**  ***Career Planning*** | | | **Yes** | **No** | **Comments** |
|  | | Have all CC(s) local area SOPs and policies been updated to reflect *100 DCS 08.112.3* and *100 DCS 08.102.1*, including updates to MOSES data entry time-limit and follow-up guidance?  *If no, please explain.* |  |  |  |
|  | | What is the CC’s procedure for ensuring quality assurance in Career Planning (file documentation, customer engagement and MOSES documentation, etc.)?  *Is this process written in a SOP?* |  |  |  |
|  | | How does/do the CC(s) ensure quality control over customer contact every 30-60 days (*depending on individual program requirements*)? |  |  |  |
|  | | Which of the following three services does the CC(s) offer?  *Pease list all services available under the appropriate title.* |  |  | ***Supportive Services***:  ***Needs Related Payments***:  ***Customized Training***: |
|  | | Does the CC utilize On-The-Job Training (OJT) and/or Apprenticeships?  If *yes*, please provide current number of participants and industry/occupation.  If *not*, please explain any efforts to increase these opportunities. |  |  | ***Industry/Occupation Number of Participants*** |
|  | | Does/do the CC(s) provide work experiences other than OJTS (such as internships or transitional jobs)?  *Please explain.* |  |  |  |
| **Section 7:**  ***WIOA Title III – Wagner Peyser*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Please provide a description of the ***most utilized*** Basic and Individualized career services by Jobseeker and Business customers in your area. |  |  |  |
|  | | Please list any best practices in FY25 related to Wagner Peyser services offered at your CC(s). |  |  |  |
| **Section 8:**  ***Veteran Services*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | At what point in your area’s customer flow are jobseeker customers asked if they are a Veteran of the United States Armed Forces? |  |  |  |
|  | | Please describe the customer flow and priority of services for your Veteran customers.  *Reference*: W*IOA MA Combined State Plan and/or local Standard Operation Procedure, MassWorkforce Issuances 100 DCS 15.100.1, 15.102, 15.103, 15.104 and 15.105 and attachments.* |  |  |  |
|  | | Does your CC(s) have a Disabled Veterans Outreach Program (DVOP) Specialist onsite to provide services to Veteran eligible customers?  *If no, please describe who provides these services at your CC to Veteran customers with Significant Barriers to Employment (SBEs).* |  |  |  |
|  | | How does/do the CC(s) determine if a Veteran has a Significant Barrier to Employment (SBE) and is entitled to DVOP services? |  |  |  |
|  | | Who at the CC verifies a Veteran customer’s DD214 to provide proof of military service? |  |  |  |
|  | | Who provides individualized services to non-SBE Veteran customers at your CC? |  |  |  |
|  | | How often are Career Planning/Case Management services provided to all SBE Veterans? |  |  |  |
|  | | Is the Operations Manager/DVOP Specialist utilizing the “*Veterans Compliance Data Analysis Sheet” (VCDAS MOSES form)* for quality control to verify that all required data has been entered in the MOSES database? |  |  |  |
| **Section 9:**  ***RESEA (Reemployment Services and Eligibility Assessment)*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Have all CC staff attended state-sponsoredRESEA training and/or cross-trained to assist a RESEA customer in FY25?  *If no, please explain why.* |  |  |  |
|  | | Which CAP version does your area’s CC(s) utilize-the *MOSES CAP* form, the *MDCS-issued CAP* or a *locally created CAP* form? |  |  |  |
|  | | Does every local area Initial RESEA include a one-on-one component? |  |  |  |
|  | | What goals do RESEA Staff review with RESEA customers during the individual RESEA Review appointments? |  |  |  |
|  | | When do RESEA Staff provide customers with the UI Eligibility Questionnaire(s) to complete and review together? |  |  |  |
| **6.** | | How long does your area maintain the UI Eligibility Questionnaire(s)? |  |  |  |
| **7.** | | Please list the title of the designated staff member who manages *RESEA Errors and RESEA Sanctions*? |  |  |  |
| **8.** | | How many RESEA Error forms has the CC submitted to MDCS for review and resolution in FY25? |  |  |  |
| **9.** | | What steps is the CC management taking to minimize RESEA related CC errors to decrease the number of RESEA Error forms submitted? |  |  |  |
| **Section 10:**  ***Migrant Seasonal Farmworkers (MSFW)***  **Please answer each question *even if you haven’t worked with any MSFW customers this fiscal year*.** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Have all CC(s) staff attended state-sponsored MSFW training within FY25? |  |  |  |
|  | | At what point in the customer flow are jobseeker customers asked whether they are a Migrant/Seasonal Farmworker (MSFW)? |  |  |  |
|  | | Please explain how staff utilize the “*Desk Aid*” to properly code MSFW customers for data entry? |  |  |  |
|  | | Have CC staff registered any MSFW customers this year?  *If no, please explain why.* |  |  |  |
|  | | Please explain *how and when* CC staff inform MSFW customers of available services, right to file formal complaints, related Unified Complaints process, and the CC’s availability to provide assistance? |  |  |  |
|  | | Did the CC(s) have any MSFW grievances this year?  *If yes, did the CC(s) notify the MDCS State Monitor Advocate? Please explain.* |  |  |  |
|  | | Has the CC(s), affiliate and partner staff been trained on the federal requirements for services to MSFWs in FY25?  *If yes, when & by whom?*  *If no, please explain.* |  |  |  |
|  | | How does/do the CC(s) conduct MSFW referral/follow up services? |  |  |  |
|  | | Describe the management review process established to ensure the accuracy and quality of MSFW applications. |  |  |  |
|  | | What actions are taken if it is suspected an agricultural employer has violated WIOA regulations or employment related law? |  |  |  |
|  | | Please list what outreach/actions the CC(s) has taken to develop and improve OSCC relationship(s) with the following entities in FY25  :   * Public and private community agencies * Employers and/or employer organizations |  |  |  |
|  | | How does CC management ensure MSFW customers receive the full range of career, supportive, job and training referral services, and WIOA benefits and protections? |  |  |  |
|  | | Does the Career Center partner with any local or statewide agricultural organizations to connect with potential MSFW customers?  *If yes, please list those entities.*  *If no, please explain why.* |  |  |  |
|  | | Please share any CC or local area best practices or success stories related to the MSFW program. |  |  |  |
| **Section 11:**  ***Foreign Labor Exchange/Certification (FLC)*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Please describe local area recruitment practices to help connect US jobseekers with job opportunities from employers seeking to employ foreign workers on supplemental H-2B visas (Agricultural or non-agricultural). |  |  |  |
|  | | Does the CC have a specific process for providing services to agricultural employers?  *If yes, please describe.*  *If no, please explain.* |  |  |  |
|  | | How does/do CC staff find job orders in MOSES when the job order number is not immediately known? |  |  |  |
|  | | Have CC staff reported issues with the FLC Program (Agricultural and/or Non-agricultural) during this year? |  |  |  |
| Section 12: *Youth Programs*  ***To be completed by whomever provides services to Youth*** | | | Yes | No | Comments |
|  | | Does the area have a separate Standard Operating Procedure (SOP) for the WIOA Title I Youth Program?  *If no, please explain why.* |  |  |  |
|  | | How do staff refer the following Youth Customers to appropriate CC and Partner programs?   1. WIOA enrolled Youth 2. Youth who do not meet WIOA enrollment requirements |  |  | A. WIOA enrolled Youth  B. Youth who do not meet enrollment requirements |
|  | | Describe the frequency & process for updating the Individual Service Strategy (ISS) document. |  |  |  |
|  | | Does the area offer Youth customers all 14 required WIOA youth program elements  (listed in § 681.460 and in the rows below)?  *Please provide the name of the entity(ies) that provide each element and if the element is provided via a contract, referral or other.* |  |  |  |
|  | | * Tutoring, study skills training, instruction and dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent or for a recognized postsecondary credential. |  |  |  |
|  | | * Alternative secondary school services, or dropout recovery services |  |  |  |
|  | | * Paid/unpaid work experiences that have academic and occupational education as a component of the work experience |  |  |  |
|  | | * Occupational skill training |  |  |  |
|  | | * Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster |  |  |  |
|  | | * Leadership development opportunities |  |  |  |
|  | | * Supportive services |  |  |  |
|  | | * Adult Mentoring for a duration of at least 21 months |  |  |  |
|  | | * Follow-up services for not less than 12 months after the completion of participation |  |  |  |
|  | | * Comprehensive guidance and counseling |  |  |  |
|  | | * Financial literacy education |  |  |  |
|  | | * Entrepreneurial skills training |  |  |  |
|  | | * Services that provide labor market and employment information about in-demand industry sector or occupations available in the local. |  |  |  |
|  | | * Activities that help youth prepare for and transition of postsecondary education and   training. |  |  |  |
|  | | How does the area ensure that Youth Vendor’s services and data meet the requirements of the WIOA Program throughout the fiscal/program year? |  |  |  |
|  | | How are funding streams tracked to ensure appropriate cost distribution and avoid duplication of services for Title I Youth co-enrolled in other programs (Adult, DW, etc.)? |  |  |  |
|  | | Are supportive services or incentive payments provided to youth participants?   * *If yes, does that include monies for food or groceries?* |  |  |  |
|  | | Does your organization pay or issue the following:   * Classroom-based wages * Stipends |  |  |  |
|  | | When utilizing Applicant statements for WIOA Youth Eligibility, how does the area document customer efforts to obtain required documentation and reasons those efforts were unsuccessful? |  |  |  |
|  | | Does your organization ensure the following: |  |  |  |
|  | | * Youth Work Experience Training does not unfavorably affect current employees or impair existing contracts for services or collective bargaining agreements? |  |  |  |
|  | | * Participants don’t displace current employees or replace employees that were previously laid off from the worksite? |  |  |  |
|  | | How does your organization ensure that worksites comply with WIOA requirements? |  |  |  |
|  | | Does your organization conduct an orientation and provide information packets or a handbook(s) to the participant, supervisor(s), and alternate supervisor(s) prior to the participant’s first day of work? |  |  |  |
|  | | Does your organization have written policies and procedures that are used to implement the time, attendance, check payment system? |  |  |  |
|  | | * Are copies of all obtained diploma’s, ETS Comprehensive Score Report, licenses, and/or credentials placed in the customer hard copy file and documented in MOSES with correct date. |  |  |  |
| Section 13:*MassHire Branding Standard* | | | Yes | No | Comments/Feedback |
|  | | Does the formal MassHire logo appear on all internal and external CC(s) communications and documents, including brochures, stationery, business cards and websites in accordance with state/federal policy? |  |  |  |
|  | | What other ways does your area utilize MassHire branding? |  |  |  |
|  | | Does your CC or local have a MassHire Brand Ambassador? |  |  |  |
| **Section 14:**  ***WIOA Partner Engagement*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Please identify the WIOA Partners that are co-located at the CC and on-site frequency. |  |  |  |
|  | | Are any CC staff co-located at Partner offices?  *If yes, please list entities and on-site frequency.* |  |  |  |
|  | | How are the WIOA Partners engaged in the CC(s) customer flow and integrated service delivery?   * *Please specify each Partners role.* |  |  |  |
|  | | Do WIOA Partners and other local area Partners participate in staff meetings on a regular basis?  *If yes, how often?* |  |  |  |
|  | | Please list any additional CC partners and describe their work with the CC management, staff and customers. |  |  |  |
| **Section 15:**  ***Virtual Services*** | | | **Yes** | **No** | **Comments/Feedback** |
|  | | Are core services available virtually to individuals during your CC(s) Initial Intake process?  *If no, please explain why.* |  |  |  |
|  | | *Does the CC offer virtual CC Seminars (CCS) to customers?*  *If no, please explain why.* |  |  |  |
|  | | Please explain any challenges/barriers the area has encountered providing virtual services to  customers?  *How has the CC addressed that/those issue(s)?* |  |  |  |
|  | | Please list one or more local area best practices related to the provision of virtual services to customers. |  |  |  |
| **Section 16: *Stevens Amendment*** | | | **YES** | **NO** | **Comments/Feedback** |
|  | | Does/do the CC(s) website include the required Stevens Amendment language? |  |  |  |
|  | | Where else does/do the CC(s) include the required Stevens Amendment language? |  |  |  |
| ***Section 17: Diversity, Equity, Inclusion and Accessibility (DEIA) Practices*** | | | **YES** | **NO** | ***Comments/Feedback*** |
|  | Does the CC currently have a documented DEIA plan that includes outcomes and implementation strategies? | |  |  |  |
|  | Please list any DEIA related efforts the CC has made in FY25 and any related best practices. | |  |  |  |
| ***Section 18:***  ***Personally Identifiable Information (PII)*** | | | **YES** | **NO** | ***Comments/Feedback*** |
|  | With the exception of MOSES/JobQuest, does the CC(s) utilize any other systems to determine, maintain participant personal data?  *If yes, please indicate the system used and who has access to this data.* | |  |  |  |
|  | What security measures are maintained to protect a participant's personal data? | |  |  |  |

MassHire Programs & Services are funded in full by US Department of Labor (USDOL) Employment and Training Administration grants. Additional details furnished upon request.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

11/2024•