

**Region 12 Local Workforce Development Board (LWDB) and
Chief Elected Official (CEO) *AMENDED Agenda*
Teleconference Joint Meeting
Wednesday, August 14, 2019 – 3:00 P.M.**

STEP 1: At the specified time of your conference call, **Dial 1-866-685-1580**

STEP 2: When prompted, enter your Conference Code: **3430499107**, followed by the # sign

STEP 3: A leader has not been designated for this Conference Code, **please stay on the line.**

You will automatically join the conference call in progress.

- I. LWDB Call to Order & Roll Call – Dan Moore, Chair
CEO Call to Order & Roll Call – Pete Groetken, Vice Chair

- II. Approval of *AMENDED Agenda* to include training program consideration of *Early Childhood Education Program – Associate of Applied Science Degree* – Western Iowa Tech Community College – LWDB – Dan Moore

Approval of *AMENDED Agenda* to include training program consideration of *Early Childhood Education Program – Associate of Applied Science Degree* – Western Iowa Tech Community College – CEO – Pete Groetken

- III. New Business
 - Eligible Training Provider List – Training Programs Consideration – LWDB – Dan Moore
Western Iowa Tech Community College
 - AEL Program – Attachment “A”
 - *Early Childhood Education (Associate of Applied Science Degree)*

- IV. Old Business
 - Local Customer Service Plan Modification (Alana Tweet) – LWDB – Dan Moore & CEO – Pete Groetken – Attachment “B”

- V. Adjournment – LWDB – Dan Moore & CEO – Pete Groetken

“The Mission of our group is to fully engage the Region 12 community in strengthening the economy through workforce development making it a better place to live, work, and grow.”



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State’s ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

INSTRUCTIONS: After completing and signing the application form below, training providers should submit it to their closest IowaWORKS Center with attention to the Local Workforce Development Board. Addresses for IowaWORKS Centers can be found at <http://www.iowaworkforcedevelopment.gov/locations>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

Federal Employer ID	
Federal Employer ID No:	42-0926922
Institution Identification	
Institution Name:	Western Iowa Tech Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	4647 Stone Avenue
Address 2:	
City:	Sioux City
State:	IA
Zip:	51106
Contact Information	
Title:	
First Name:	
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	
Contact Phone Number:	
Cell Phone:	
Contact Fax Phone Number:	
Email Address:	
Institution URL:	www.witcc.edu
Provider Information	
Local Workforce Development Area:	
Type of Business:	<input type="checkbox"/> College/University <input checked="" type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	PO Box 5199
Billing Address 2:	
Billing City:	Sioux City
Billing State:	IA
Billing Zip:	51102
Attention:	
Mailing Address Information	
Mailing Address 1:	PO Box 5199
Mailing Address 2:	
Mailing City:	Sioux City
Mailing State:	IA
Mailing Zip:	51102
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	53 years
Disabled Access:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	Iowa Public Community College
Main Telephone Number:	712-274-6400
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	712-274-6402
Main Email Address:	
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Financial Aid Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input checked="" type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input checked="" type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input checked="" type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	19.07090200
*Education Program Name:	Early Childhood Education Program
Education Program Description:	Prepares graduates to develop, manage and evaluate early childhood programs as well as implement developmentally appropriate curriculum for children birth through age 8. Develop skills to support diverse children and their families.
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input checked="" type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



<p>This program leads to a credential or degree</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	<p>Early Childhood Education AAS</p>
<p>*Completion level:</p>	<p><input type="checkbox"/> Apprenticeship completers <input checked="" type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation</p>
<p>*Attain Credential:</p>	<p><input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input checked="" type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree</p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p><input type="checkbox"/> National Certification or License <input type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply</p>
<p>Green Job Training:</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input checked="" type="checkbox"/> Pell Grant <input type="checkbox"/> Federal Loan <input type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
*URL of Training Program:	https://www.witcc.edu/programs/27

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input type="checkbox"/> None
<p>*Date Edu. Program First Offered:</p>	<p>Early Childhood Programs originally approved by RWIB in Sept. 2012</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>During transition from Iowa Works Training Provider List to GEO-Solutions Eligible Training Provider List, the Early Childhood Programs weren't transitioned in error.</p>
<p>Minimum Class Size</p>	
<p>Maximum Class Size</p>	
<p>Number of Instructors</p>	
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	<p>See above</p>
<p>Drug/Alcohol Screening Required:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Accessibility:</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> On-Site Parking <input checked="" type="checkbox"/> Public Transportation <input checked="" type="checkbox"/> Disabled Student Access <input checked="" type="checkbox"/> Sign Language <input checked="" type="checkbox"/> Other Languages <input type="checkbox"/> Other
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	<p>Kurzweil Allows Learners to Read, Comprehend & Demonstrate Knowledge Independently</p>
<p>*Grievance Procedure:</p>	<p>https://www.witcc.edu/pdf/student_handbook.pdf</p>



*Grievance Procedure URL:	https://www.witcc.edu/pdf.student_handbook.pdf
*Refund Policy:	https://www.witcc.edu/pdf/student_handbook.pdf
*Refund Policy URL:	https://www.witcc.edu/pdf/student_handbook.pdf
Internship Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	
Occupation Title 1	
CIP Code 2	
Occupation Title 2	
CIP Code 3	
Occupation Title 3	
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	65
Credit Earned Duration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input checked="" type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	\$24,803 annually \$12-14 per hr.
Scheduling	
Class Time (hours):	
Lab Time (hours):	
Other Time (hours):	
Class Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	1,298

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	4 Semesters
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	
Duration Type:	<input type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Details	
*Tuition/Fee:	\$11,830.00
*Books:	\$1,148.50
*Tools:	
*Other Costs (describe in Comments below):	
*Total Training Costs:	\$12,978.50
Comments:	
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

- Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): DARIA MOELLER Title: Exec. Dean of Instruction

Applicant Signature: [Signature] Date: 8/13/19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov