

# WORKFORCE INVESTMENT BOARD OF TULARE COUNTY



Workforce Investment Board  
OF TULARE COUNTY  
*Driving Economic Success*

## MONITORING PROCEDURES MANUAL

Workforce Investment Board of Tulare County  
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## **WORKFORCE INVESTMENT BOARD OF TULARE COUNTY MONITORING PROCEDURES**

### **PURPOSE:**

This manual contains Workforce Investment Board of Tulare County (WIB) policy and standards for monitoring and oversight of contracted operations and other programs operated by the WIB. The current WIB Oversight and Subrecipient Monitoring Directive are incorporated by reference. These procedures are developed in response to State and Federal guidelines concerning WIB oversight, evaluation and monitoring requirements.

### **REFERENCES:**

- Title 20 Code of Federal Regulations (CFR), Sections 680.100 to 680.970, 681.100 to 681.710 and 20 CFR Part 200, Uniformed Administrative Requirements
- 2 CFR, part 220, Cost Principles for Educational Institutions
- 2 CFR, part 225, Cost Principles for State, Local, and Indian Tribal Governments
- 2 CFR, part 230, Cost Principles for Nonprofit Organizations
- Office of Management and Budget (OMB) Circular A-133 Audits of States, Local Governments, and Nonprofit Organizations
- WIB Procurement Policy Manual
- WIB Directive - Subject: Nondiscrimination and Equal Opportunity Procedures
- WIB Directive - Subject: Standards for Oversight and Instructions for Substate Monitoring
- Nondiscrimination, equal opportunity, and religious activities requirements that, as define in WIOA sec. 188 and at 20 CFR part 38, must adhere to when using WIOA Title I funds. Current WIB Directive Subject: Nondiscrimination and Equal Opportunity procedures.
- WIOA Section 683.410(a) requires that each recipient and subrecipient of Title I WIOA funds conduct regular oversight and monitoring WIOA programs to ensure compliance with the stated requirements of WIOA, the Uniform Guidance at 2 CFR part 200, including 2 CFR 200.327, 200.328, 200.330, 200.331, and the Department exceptions to the Uniformed Administrative Requirements at 2 CFR part 2900.
- Workforce Investment Board of Tulare County - Contracts with Subrecipients (Subrecipients)
- California Unemployment Insurance code (CUIC), Division 1, Unemployment and Disability Compensation, Part 1, Unemployment Compensation code (100-2129)

It shall be the responsibility of the WIB to provide policy guidance for, and exercise oversight with respect to, activities under the local workforce development area in partnership with the unit or units of general local government within its local workforce development area (LWDA).

The WIB is authorized to provide oversight of the programs conducted under WIOA in accordance with procedures established by the WIB.

In order to carry out oversight, the WIB shall have access to such information concerning the operations of such programs as is necessary.

Each administrative entity shall be responsible for the allocation of funds and the eligibility of those enrolled in its programs and shall have responsibility to take action against its subcontractors, subgrantees, and other recipients to eliminate abuses in the programs they are carrying out, and to prevent any misuse of funds by such subcontractor, subgrantees, and other recipients. Administrative entities may delegate the responsibility for determination of eligibility under reasonable safeguards, including provisions for

reimbursement of cost incurred because of erroneous determinations made with insufficient care, if such an arrangement is included in an approved local plan.

The WIB pursuant to standards established by the Governor shall establish specific policies for monitoring and oversight of LWDA performance that shall be described in the local plan.

The WIB may exercise independent oversight over activities under the local plan, which shall not be circumscribed by agreements with the appropriate chief elected officials(s) of the LWDA.

The WIB and chief elected official(s) may conduct such oversight as they, individually or jointly, deem necessary or delegate oversight responsibilities to an appropriate entity pursuant to their mutual agreement.

**POLICY:**

It is the policy of the WIB, as the Administrative entity, to provide monitoring and oversight of its contracted Services Providers and other programs operated by or on behalf of the WIB. Monitoring and oversight will be designed to comply with Workforce Innovation and Opportunity Act (WIOA) of 2014, Pub. L. No. 113 and 128, Sections 129, 134, 181, 194, and the current WIB Directive.

1. Conduct annual on-site visits of all subrecipients or training sites. The on-site monitoring visits will include at least one year review of the agencies financial and program operations as it relates to the contract with the WIB and a review of the Equal Employment and Training Opportunity (EEO) program. NOTE: The self-evaluation checklist in the WIB EEO Policy will be utilized to review compliance with the Americans with Disability Act (ADA).
2. Monitoring will identify whether outcomes are within the confines of the Subrecipient's contract. Monitoring will ensure that programs are operated in compliance with applicable Federal and State regulations, and the contract between the Provider and WIB.
3. Monitoring will ensure fiscal accountability. Such monitoring shall verify that WIOA funds are being utilized for allowable and budgeted activities, and that applicable fiscal records are maintained and that such provides an adequate audit trail.
4. Monitoring shall also ensure that Subrecipients and the WIB remain in compliance with program limitations provided by the WIOA Laws and Regulations. Review of the following regulations, and/or other areas of concern as identified by the WIB shall be included in the scope of the monitoring process.
  - a. Purpose and Structure of Title I of WIOA – Section 675.100 and Section 675.200
  - b. Definitions applicable across the WIOA regulations – Section 675.300
  - c. Procurement and Selection of One-Stop Operator and Subrecipients – Section 107(10) (E), 20 CFR 679.570(m) and 20 CFR 200.318-326
  - d. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards – 20 CFR part 200.
  - e. WIOA Training Services – Adult, Dislocated Worker, and Youth Activities – § 680-681 and WIOA sec. 134(c) (3) (A) refers to “eligibility” for training services.
    - WIOA Eligibility Determination – §677.150(a) and WIB TAG
    - Basic and Individualized Career Services – WIOA secs. 134 and §678.430(a)

- Eligibility for Training Services WIOA 134 sec.(c)(3)(A), WIOA sec. 3(24)(I), and §680.200-230
- The training to be provided will be in accordance with WIOA 181(a) (1) (A) and §683.275 for wage and labor standards. Worker protection requirements are set forth in WIOA sections 181(a)(1)(A) and (B),(b)(2),(3).(4)and (5) and 188
- Individual PELL Grant Reimbursement – WIOA sec. 134Cc(s)(B)(ii) and §680.230(c)
- On-the-Job Training (OJT) – WIOA Section (3) (44), WIOA 194(4), Section 134 (c) (H) and § 680.700 -740
- Individual Training Accounts (ITA)
- Consumer Choice Requirements – WIOA sec. 122 (d) § 680.340

d. Local Conditions, Prohibition of Displacement

WIOA Sec. 3 (24) CFR 680.320 (b) - Most in need and barriers to employment

WIOA Section 134. (c) (3) - Training only for occupations in demand

20 CFR 683.270- No displacement of current workers or infringement of promotions

WIOA Section 181 (a) (2) (B) and 20 CFR 680.850- No impairment of union contract

WIOA Sec. 188 and 29 CFR Part 38, which prohibits discrimination on the following basis against any individual in the United States, on the basis of race, color, religion, sex (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assiste4d under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I financially assisted program or activity.

e. Prohibitions of Activities

WIOA Sec. 195 and 20 CFR 683.200 - Prohibits political activity

20 CFR 680.850 - Prohibits union organizing

WIOA Section 188 (a) (3) - Prohibits sectarian activities

20 CFR 683.260 - Prohibits relocation of establishments that cause layoffs

If during the monitoring process the monitor suspects that he/she has discovered possible fraud/abuse, monitoring of the Subrecipient will be terminated and findings reported immediately to his/her immediate supervisor and the WIB Executive Director. The WIB Executive Director will then make the necessary contact with the Chair of the WIB. The WIB Executive Director shall make a determination regarding submission of an Incident Report to EDD.



Adam Peck  
Executive Director

Updated September 2019

APPROVED BY  
WORKFORCE INVESTMENT BOARD  
MINUTES OF 09-11-2019

# **WIB MONITORING UNIT PROCEDURES & METHODOLOGIES WIOA**

The procedures contained in this document are intended as a general guide to the operation of the Workforce Investment Board of Tulare County Monitoring Unit. Special circumstances may require a variance from these procedures and will be guided with direction from the management of the WIB. Subsequent releases shall be dated.

*Release dated: September 2019*

## GENERAL INFORMATION

All monitoring shall be conducted under the guidance of the Workforce Investment Board Executive Director and/or Deputy Director. Unless otherwise directed, all correspondence generated prior to, during and resulting from monitoring reviews will be sent under the signature of the Executive Director or his/her designee.

WIB Organizational Chart provides guidance regarding the lines of responsibility to be followed in the ordinary execution of the duties of the WIB Monitoring Unit. This does not limit or restrict direct communication between staff in the normal work process.

Introduction: This document contains operating procedures for the WIB Monitoring Unit and a thorough description of the elements of monitoring and its role in the regular conduct of business in the administration of Workforce Innovation and Opportunity Act WIOA funds in the County of Tulare.

- I. The WIB has set requirements for the frequency and conditions for monitoring as follows:
  - A. Monitoring of all subrecipients will occur at least once each program year.
  - B. The onsite review of each subrecipient is fiscal and programmatic; consistent with the requirements stated in WIOA Section 184, Title 20 CFR sections 683.410 and 2 CFR part 200 including 2 CFR 200.327, 200.328, 200.330, 200.331 and department exceptions at 2 CFR part 2900.
  - C. The monitoring of subrecipients will follow a standardized review methodology that will result in written reports which record findings, any needed corrective actions, and due dates for the accomplishment of corrective actions. This methodology shall include requirements that on-site monitoring of all contractors providing WIOA funded training services shall occur each program year. All monitoring reviews will be for at least one year review to ensure the entire grant period is subject to onsite monitoring (2 CFR Part 200.303 and 20 CFR Part 683.410). If a program extends over multiple contract years and includes less than six months in any single program year, that program is not required to be monitored during that year. A Monitoring Schedule shall be made available yearly and shall outline the review to be conducted (compliance, fiscal and/or program).
  - D. Systematic follow-up will be conducted to ensure that necessary corrective action has been taken.
  - E. All written reports and other documentation pertaining to monitoring and other oversight activities will be made available for review by federal and State officials. Title 2 CFR Section 683.400 (d).
  - F. Reports and other records of monitoring activities will be retained for three years from the date of submission of the final expenditure reports regarding the funding sources monitored. If any litigation, claim, audit, or other action involving the records has been started before the expiration of the three-year period, the records must be retained until completion and resolution of all such actions or until the end of the three-year period, whichever is later. 2 CFR Section 200.333.

- G. Workforce Investment Board of Tulare County Monitoring Procedures Guide contains the procedures, tools and methodologies by which monitoring will be conducted.

## II. Types of Monitoring

### A. Compliance Monitoring

The purpose of compliance monitoring is to ensure that the requirement of a specified agreement, contract, or document is met. The WIB staff is responsible for monitoring all program activities, services, program administration and management practices, supported with funds under the WIOA, to ensure legal, fiscal, administrative, and programmatic compliance. Other items shall include a review of program administration and management practices, adherence to WIOA Section 188 and 29 CFR Part 38 Nondiscrimination and Equal Employment Opportunities Procedures.

### B. Plan vs. Actual Monitoring (Performance)

The purpose of plan-versus-actual monitoring is to provide the Subrecipient, the WIB, and WIOA staff with current information on the extent to which programs and program components are achieving established goals. The results of plan-versus-actual monitoring analyses shall be to assess progress toward goals and objectives, and to identify existing or emerging problems. This method of monitoring may be conducted as scheduled or as often as deemed necessary utilizing the Employment Connection Virtual One-Stop System (VOS) to ensure Subrecipient compliance with agreements.

### C. Program Quality Review

The purpose of program quality review shall be to review the excellence and effectiveness of services to participants. Such monitoring shall consist of “flagging” problems identified through desk review or compliance review, and survey reviews; determination of corrective action, and facilitation of technical assistance through WIB program analysts will ensure that corrective action occurs. Primary concerns are “what is happening” and “why it is happening.”

## III. Monitoring – Areas for Emphasis

### A. Participant Eligibility Process

Ensure that the Subrecipient’s eligibility systems are in compliance as required by WIOA Eligibility Determination and Verification regulations and local WIB Directives currently in effect.

### B. Participant Assessment and Individual Employment Plan (IEP) for participants enrolled into training

#### 1. Assessment of all participants

- a. Development of an electronic objective assessment summary
- b. Development of electronic IEP
  - Long Term, Short Term Goals
  - Results of Assessment
  - Assessment Recommendations
- c. Periodic review and update of IEP

#### 2. Review of participant progress



3. Review of quality and success of training and customer satisfaction

C. Equal Opportunity and Nondiscrimination Procedures

1. Monitoring will verify that subrecipients are in compliance with nondiscrimination and equal opportunity requirements under WIOA Section 188 ( 29 CFR Part 38) WIOA prohibits discrimination on the following basis against any individual in the United States, on the basis of race, color, religion, sex (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I financially assisted program or activity.

D. Procurement Practices - Current WIB Procurement Policy Manual and Title 2 CFR Part 200 and DOL exceptions under Title 2 CFR Part 2900.

- a. Adherence to contract requirements and instruction for purchases
- b. Procedures for prevention of conflict of interest
- c. Political activities prohibited
- d. Sectarian activities prohibited
- e. Property management

E. Financial Management – Fiscal Monitoring

1. Probable Major Findings & Conditions

- a. Internal Control finding/conditions such as but not limited to:
  - i. No Separation of Duties
  - ii. Lack of approval/authorization
  - iii. Lack of written policies procedures or not following internal policies or procedures
  - iv. No reconciliation of cash balances
  - v. Cash payments
  - vi. Inconsistencies between job descriptions and actual duties
  - vii. No audit trail between accounting records and financial reports
  - viii. Insufficient documentation/records
  - ix. No signatures on time sheets
  - x. No inventory of equipment
- b. Financial Management Systems
  - i. No supporting documentation
  - ii. Lack of written procedures
  - iii. Idle property – not in use
  - iv. Inequitable allocation of costs to WIOA
  - v. Improper allocation of expenditures
  - vi. Overstated expenditures
  - vii. Expenditures not properly classified

viii. Non-competitive bids

ix. No written cost allocation plan or approved indirect cost rate

x. Bank cash balance not in agreement with books

**MONITORING  
PROCEDURES & METHODOLOGIES  
WIOA**

- I. A desk review will be conducted prior to any on-site visit to a provider. Desk reviews may also be scheduled periodically to review providers determined to be “high-risk” or on probationary status. The review shall consist of, but shall not be limited, to:
- A. Review contracts, files, documents, and related correspondence;
  - B. Review applicable Federal and State Regulations;
  - C. Review electronic and other WIB data, including current enrollment and placement results;
  - D. Review WIB budget and expenditure reports;
  - E. Review prior audits, if available;
  - F. Review prior monitoring reports.
- II. Initiating the on-site monitoring visit.
- A. Prior to the monitoring visit a letter, signed by the WIB Monitoring Unit Program Coordinator shall be sent to the agency to be reviewed. This letter will be sent to the Director, Executive Director, or Administrator of the agency.
  - B. The letter will be sent no later than two weeks prior to the review.
  - C. The letter will contain:
    - 1. A list of items the subrecipient will want to have available to the monitor for review.
    - 2. Copies of any surveys and/or instruments to be completed by the subrecipient prior to the date of monitoring.
    - 3. Shall identify the contact person for the monitoring unit.
    - 4. A list of enrolled participants as reflected by the Employment Connection Virtual One Stop System (VOS) will be e-mailed to management overseeing grant that is being monitored two weeks prior to the review.
- III. Field or on-site review shall consist of, but shall not be limited, to:
- A. Entrance Conference - A description of the scope and purpose of the monitoring shall be provided. This description shall include programs to be reviewed and a determination that information required to complete monitoring visit is available at the site.
    - 1. At this time, the monitor may request information regarding the appropriate parties with whom interviews will be conducted:
      - Staff involved with WIOA contract activities
      - Program participants at training sites
    - 2. Will schedule exit interview at the end of monitoring review to discussed findings and observations.
  - B. The on-site review will generally consist of:
    - 1. Review fiscal and program records for compliance with WIOA contract and generally accepted accounting principles.

2. Review systems for controlling program administration, including those for determination of participant eligibility where applicable. (Youth programs of Subrecipients and WIB Adult and Dislocated Worker eligibility services.)
  3. Review pay records (time cards/sheets) and attendance reports to ensure controls are established for preventing unauthorized payments to participants in training.
  4. Interview participants to determine training meets guidelines approved by the WIB and are consistent with the career goals of the individual.
  5. Review (OJT, internship, work experience, transitional job, etc.) contracts/agreements between training site (employer) and the Subrecipient to ensure that training is being provided and payments are appropriate. Contracts shall be reviewed for dates, authorized signatures, amounts paid, and supporting documents to justify payment.
  6. Review staffing levels, operating procedures, and contracts to determine Subrecipient capability to fulfill contract obligations.
  7. Review Subrecipient records on expenditures of WIOA contract funds and supporting documents.
  8. Review Nondiscrimination and Equal Employment Opportunity policies.
- C. A sample of the following records will be reviewed either in a desk review or on-site at the provider's place of business. Copies will be maintained in the monitoring file where appropriate to document the sampling process utilized and/or any concern surfaced during the review.
1. Administrative and EEO records
    - (a) Personnel policies
    - (b) Affirmative Action Plan, (most current)
    - (c) Job Descriptions for Staff
    - (d) EEO compliance and visible location of EEO posters
    - (e) Use and Confidentiality of Participants Personally Identifiable Information (PII) and record retention requirements (WIB policy)
    - (f) Nondiscrimination and Equal Opportunity Compliance policy
    - (g) Health and Safety
    - (h) Incident Reporting
  2. Contract files
    - (a) Contract(s)
    - (b) Modification(s)
    - (c) Contract Exhibit(s)
  3. Participant Records
    - (a) WIOA application and eligibility support documentation
    - (b) Participant activities
    - (c) Nondiscrimination and Grievance and Complaint Form, signed by participant and dated
    - (d) Individual Employment Plan (IEP)
    - (e) Objective Assessment (OA)
    - (f) Documentation of competencies, certifications (youth and adults)
    - (g) Case Notes

- (h) Assessment results
  - (i) Documentation of WIOA eligibility
  - (j) Training documentation
  - (k) Training justification
4. Fiscal Records
- (a) For cash basis accounting system
    - Cash Receipts Journal
    - Cash Disbursement Journal
    - Payroll Journal
    - Cost Allocation Plan
    - General Ledger
    - Bank Reconciliations
  - (b) For accrual basis accounting
    - Accounts Payable Journal
    - Purchase Journal
    - Cash Receipts Journal
    - Cash Disbursement Journal
    - Payroll Journal
    - Cost Allocation Plan
    - General Ledger
    - Bank Reconciliations
  - (c) Property Control Records
  - (d) Insurance Policies
    - Workers Compensation, General Liability, Fidelity Bond
  - (e) Source Documents, such as:
    - Time Sheets - staff and participants
    - Vendor invoices
    - Travel reimbursements
    - Petty cash
    - Canceled checks
    - Advances (Review of cash-on-hand)
5. Property Records Review
- (a) WIB property is tagged and utilized for contract purposes.
  - (b) Buildings and facilities paid for by contract funds are being used for project proposes and are adequate/inadequate.
  - (c) Major property improvements or alterations in process or plan have been approved by WIB Administration.
  - (d) Verification of prior approval of (a) and (c).

- (e) Conduct a random check to determine if proper care and attention is being given to the maintenance, repair, and protection of WIB property.
- D. The exit interview, if requested or appropriate, will be held with appropriate administrative staff of the Subrecipient when the monitoring visit is completed. Problem areas will be discussed in general terms.
- E. Monitoring Report - A monitoring report shall be written as a result of the desk review, field review, participant interviews, and/or other related activities. The report will state the objectives, scope and methodology of the monitoring; and will clearly state observations, requirements, findings, concerns, and whether corrective action is required. Findings will contain a statement of criteria (Regulation, Directive, or Contract Clause), the condition found, the cause of the problem, and the effect or consequence that will result if corrective action is not taken. The report will be circulated to appropriate program analysts and WIB management for review, comment, and recommendations. This may be an informal e-mail process which will be documented and maintained on file with the report. The report, which is circulated, shall be in the format used as the letter of transmittal.

A letter transmitting the results of the monitoring report shall be developed for review and action by WIB Administration and shall incorporate the report content. It will initially be transmitted in draft form to the respective Subrecipient and if corrective action is required, a response from the Subrecipient will be secured. A final report, titled "Final Monitoring Report" will be issued and shall include the response of the respective Subrecipient and the conclusions of the WIB Administration.

Technical Assistance will be provided by the appropriate WIB Program Coordinator or Program Manager and shall be conducted at the direction of WIB Administration.

Resolution and documentation of corrective action(s) shall be sought until all issues are concluded. Where appropriate, findings shall remain open pending follow-up on successive monitoring visits, (See Procedure for Closing a Monitoring Report.), the report will so state.

- F. If during the monitoring process the monitor suspects that he/she has discovered possible fraud/abuse, monitoring of the Subrecipient will be terminated and findings reported immediately to his/her immediate supervisor and the WIB Executive Director. The WIB Executive Director will then make the necessary contact with the grant recipient and the Chair of the Workforce Investment Board. The WIB Executive Director shall make a determination regarding submission of an Incident Report to the State EDD.

### **PROCEDURE FOR CLOSING A MONITORING REPORT**

1. Upon completion of monitoring fieldwork, a monitoring report will be written and submitted to WIB Administration for circulation and comment by the WIB Deputy Director and Program Manager/Coordinator(s). The report/draft transmittal letter containing findings, or the lack thereof, will be issued to the Subrecipient within 30 days of the exit conference or the date monitoring concluded, whichever is later. A copy of the report, routing documentation and comments, and correspondence generated from the report/letter will be filed in the master contract file at the WIB Office.

2. When corrective action is recommended to resolve a finding or address a concern, the Draft Report letter will be issued to the Subrecipient and provide twenty working days from issuance for a written response. A copy of the letter will be distributed to the appropriate program analysts for their records.
3. If the subrecipient response is deemed sufficient after review by Administration or corrective action has been demonstrated, a closure letter (Final Monitoring Report) will be initiated by WIB Administration. A response from the WIB is due thirty days from the date of receipt of the subrecipient response or corrective action plan. Where appropriate, findings or concerns shall remain open pending follow-up by the Monitoring Unit with a follow-up visit, or in subsequent monitoring visits whichever is most appropriate.
4. Should the subrecipient response regarding the Final Monitoring Report be inadequate, the WIB Administration will direct the corrective action in writing. The subrecipient will have five (5) working days to file a written appeal, provide further information, or request an extension.
5. If corrective action was implemented within 30 days of the closure letter, validation of corrective action taken will be made and documented by the Monitoring Unit.
6. All observations, findings, concerns, and resolutions will be recorded in the Monitoring Log maintained by the Monitoring Unit. The log will record the name of the provider, contract number, date of the report, note whether the issue is program or fiscal, whether the matter is a finding or a concern, if the matter is closed, open or pending future review, and a brief narrative of the item. A copy of the log will be placed on file with the WIB general files.
7. Monitoring files and filing responsibilities
  - A. Monitoring files will be maintained with working papers developed as a result of monitoring. The file shall contain a copy of documents pertinent to the review and copies of any reports or correspondence generated during or as a result of the monitoring review.
  - B. The WIB, General files maintained by the monitoring unit.
    1. The following files will be maintained in the General Files of the agency. The Monitoring Unit is responsible to provide clerical staff with appropriate documents to keep these files current.
      - a. A Monitoring Schedule, which shall be developed at the beginning of each program year. This schedule shall be updated on a quarterly basis to show the actual date of the monitoring visit, date the draft report was issued, date the final report was issued, and an indication of whether or not there was a finding and its status.
      - b. The Monitoring Log File. This file contains a listing of findings and concerns and a statement of resolution.
      - c. The Audit Log File. This log is required by State directive (Audit Resolution) and must contain a copy of subrecipient audits, listings of audit findings, auditor opinion, and status of the resolution of any audit findings by the subrecipient.
    2. The Monitoring Unit will ensure that a copy of any draft reports, subrecipient responses, final reports, and documents related to the circulation of such report shall be provided to WIB clerical staff for inclusion in the Master Contract file for that Subrecipient.
  - C. The Monitoring Unit will ensure that a copy of any reports resulting from monitoring reviews of WIB activities will be provided to WIB clerical staff for inclusion in a WIB In-House Monitoring file in the General Files of WIB.

## **OTHER RESPONSIBILITIES**

### **Monitoring Unit**

- I. Role in preparation for visits from the State EDD Compliance Review Division.
  - A. WIB directives will be filed on the WIB website by the assigned Program Coordinator.
  - B. The person assigned by the WIB Deputy Director will respond to sections of the guides distributed by the EDD Compliance Review Unit relating to monitoring.
  - C. Copies of all EDD Compliance Review Monitoring Guides completed/compiled by the WIB staff will be kept on file with the WIB General Files with support documentation.
- II. Role in risk assessment process.
  - A. Upon request, the Monitoring Unit shall provide up to date copies of the Monitoring and Audit Logs to the Program Coordinator/Manager responsible for negotiation of awards of funds after the procurement process.
  - B. Risk assessment will guide the extent and frequency of the monitoring review of a subrecipient. (See the most recent risk assessment WIB Directive.)
- III. Perform other duties as deemed appropriate by management and administration of the WIB.

### **PROCEDURE FOR CONTACTING WIB ANALYSTS FOR MONITORING PURPOSES**

- I. Prior to site visits and desk reviews Monitors will contact the responsible Program Coordinator/Manager and Program Analyst to schedule an informal meeting. The monitor will inquire if they have any concerns, or any request to focus on a particular subject area during monitoring.
- II. An appointment will be scheduled with the appropriate Program Coordinator/Manager after a site visit and prior to composition of the report to review findings, concerns, and/or observations during the monitoring.
- III. All meetings will be set by e-mail appointment and a copy of the e-mail placed in the appropriate monitoring file.

### **TIME SHEETS & TIME RECORDS**

The Monitoring Unit will record their time as follows:

- A. Time monitoring programmatic matters shall be recorded in the appropriate funding source, e.g., Adult, Dislocated Worker, Youth, etc.
- B. Time monitoring or reviewing WIB activity shall be recorded as Administrative.
- C. Questions regarding the correct recording of time should be addressed to the Monitoring Unit Supervisor or the Deputy Director at the WIB.



**CONTRACT COMPLIANCE  
QUESTIONNAIRE**

To be used by Subrecipients, One-Stop Operators or other contractors funded by the Workforce Investment Board of Tulare County.

Subrecipient:

Date:

Contact Person:

Title:

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**INTERNAL CONTROL/SELF EVALUATION:**

- A. Do you have an Agency policy or a procedure manual by which you conduct self-evaluations or monitoring to validate your administrative, management and operational controls?  
Yes  No  Attach copy
- B. Do you have sufficient staff to carry out the program activities as described in your WIB contract?  
Yes  NO
- C. Have your distributed to staff, or have accessible copies of:  
 WIB Directives  
 Agency personnel policies  
 Grievance Procedures  
 WIB Website Link
- D. Are all of your staff that are paid from, or work within WIB programs familiar with the requirements of the current contract and its exhibits? Yes  No
- E. How do you insure that sectarian activities are avoided?      Submit policy
- F. How is staff informed to refrain from involvement in political activities?
- G. How do you insure that relatives by blood, adoption, or marriage of any executive or employee of your agency do not receive favorable treatment for enrollment in services?      Submit policy
- H. When it is in the public interest for you as an agency to conduct businesses with a friend or associate of an executive or employee of your organization, or area elected officials, or Board members or staff of the Workforce Investment Board, do you retain a record of the transaction  
Yes  No  Submit policy
- I. Do salaries and bonuses of executives for WIOA programs exceed the latest limit under the regulations? Citation: Current WIB Directive - Salary and Bonus Limitation  
Yes  NO

- J. What procedure(s) do you follow to provide identification and reporting of Fraud and Abuse:  
Submit policy
- K. Do you have available a copy of the WIB Incident Reporting Policy? Citation: Current WIB Directive Yes  No
- L. When and how is information regarding Fraud and Abuse provided to your staff, and do you have written verification? Yes  No
- M. Does your Agency have adequate safeguards to prevent employees from engaging in private business while working under WIB contracts or using the Provider's materials or equipment for private purpose? Yes  No  Submit policy
- N. How do you ensure the current WIB Directive - Nondiscrimination and Equal Opportunity procedures are met? One-Stop partners, as defined in Section 121 (b) of the WIOA, are treated as "recipients" and are subject to the nondiscrimination and equal opportunity requirements of Title 29 CFR Part 38, to the extent that they participant in the One-Stop delivery system.
- O. How do you safeguard personal identification information and confidentiality?  
Submit policy
- P. Performance Outcomes – describe how your agency will achieve performance standards?
- Q. Explain your organization's approach to meeting performance standards and how you intend to document, track, validate, and report performance outcomes.
- R. How does your organization ensure that health and safety standards, including Child Labor Laws, established under state and federal law are applied to the working and training conditions of WIOA participants?
- S. Does your organization have a training program that ensures staff have the expertise to meet the goals?

## NONDISCRIMINATION AND EQUAL OPPORTUNITY SURVEY

The Workforce Innovation and Opportunity Act (WIOA) prohibits discrimination on the basis of race, color, national origin, sex, age, disability, religion, political affiliations or belief, and, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in any WIOA Title I financially assisted program or activity.

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

### Equal Opportunity Officers

1. Name, title, and contact information of the EO Officer or designated person responsible for EO and Nondiscrimination duties.
2. To whom does the designated person report? Please provide the most recent job description (duty statement) for the designated person and an organizational chart.
3. Describe any non-EO related job functions that may create a conflict of interest or the appearance of conflict of interest.
4. How is the identity of the person responsible for EO and Nondiscrimination processes made known to students, instructors, and staff?
5. In what internal or external communication concerning nondiscrimination and equal opportunity programs does the designated person's identity and contact information appear?
6. Has the designated person been given enough resources to do his/her job and training to maintain competency?  
 YES  
 NO
7. Has the designated person provided nondiscrimination and equal opportunity training to instructors and staff?  
 YES  
 NO

If you answered NO, please explain.

8. Does the designated person process discrimination complaints?  
 YES  
 NO

If you answered NO, please explain.

9. Does the designated person review written policies to ensure they are not discriminatory?
- YES
- NO

If you answered NO, please explain.

10. Does the designated person develop and publish discrimination complaint procedures?
- YES
- NO

If you answered NO, please explain.

### **Notice and Communication**

1. List the various program components your agency provides and indicate whether each has been made available to qualified individuals with disabilities: such as:

- Intake
- Assessment
- Job Placement
- On-the-Job Training
- Workshops
- Work Experience
- Occupational Skills Training
- Transitional Jobs

2. Where are the required nondiscrimination and equal opportunity posters displayed? In which languages? English, Spanish or both?

Are the posters displayed prominently, centrally located and in plain sight at all your locations?

- YES
- NO

Are the posters posted in reasonable numbers and places?

- YES
- NO

3. How do you ensure that participants are notified of their right to file a complaint? Does the form include the required WIOA Section 188 language? Please provide a copy of the applicable documents.

4. What steps do you take to make sure that continuing notice is provided in the appropriate language when a significant number or proportion of the population eligible to be served, or likely to be directly affected, need services or information in a language other than English?

5. Do you during each presentation to orient new participants, new employees, and/or the general public to its WIOA Title I-financially assisted programs or activity, in person or over the internet or using other technology, include a discussion of rights and responsibilities under the nondiscrimination

and equal opportunity provisions of WIOA, including the right to file a discrimination complaint with the agency, Local Area, or the Department of Labor's Civil Rights Center?

YES

NO

6. What equal opportunity tagline is included in brochures, pamphlets and flyers?

Within which of the above is it included?

Within what other forms of communications is the tagline included? (I.e. materials distributed or communicated in written, oral, or electronic form to applicants, staff, and the general public)

Is the tagline included in public announcements and broadcasts?

YES

NO

7. How do you ensure that the continuing notice is provided to the following applicable groups and that it does not discriminate on any prohibited basis?

- Applicants, registrants, and students
- Employees and applicants for employment
- Members of the public
- Members of the public with disabilities, including impaired vision and hearing
- Unions or professional organizations that hold collective bargaining or professional agreements with your organization

8. How do you communicate the requirement not to discriminate on the basis of disability and the obligation to provide reasonable accommodations?

9. What efforts do you make to ensure that communication with individuals with disabilities are just as effective as communication with others?

10. In all communication indicating that the training/subrecipient may be contacted by telephone, is the telephone number for the TDD/TTY or relay services provided?

YES

NO

11. How is the "equal opportunity employer/program," and that "auxiliary aids and services are available upon request to individuals with disabilities" notice provided in alternate formats for individuals with visual impairments?

12. Please describe the reasonable steps that you take to ensure meaningful access for Limited English Proficient (LEP) individuals.

13. Do you provide language assistance services (oral interpretation or written translation)?

YES

NO

14. Have you developed a written LEP plan?

YES

NO

If YES, please provide a copy of the LEP plan.

### **Data and Information Collection and Maintenance**

1. As a recipient of WIOA funds, you are required to record the race/ethnicity, sex, age, and where known, disability status, of every student, applicant for employment and employees. Do you record this data?

YES

NO

If YES, please explain how.

If NO, please explain.

2. How is this data maintained under safeguards that will restrict access to authorized personnel only? Please explain.

3. WIOA Section 188 requires that recipients of WIOA funds record language preference and LEP for each applicant, registrant, and student. Please explain what steps, if any, have you taken update its data collection and maintenance systems to ensure compliance with this requirement?

4. Any medical or disability-related information obtained about a particular individual, including information that could lead to the disclosure of a disability, must be collected on separate forms. All such information, whether in hard copy, electronic, or both, must be maintained in one or more separate files, apart from any other information about the individual, and treated as confidential. Whether these files are electronic or hard copy, they must be locked or otherwise secured (for example, through password protection). Please explain how the agency complies with this requirement.

5. Recipients of WIOA funds must maintain records of students, applicants for employment and employees and records related to discrimination complaints, whether they exist in electronic form (including email) or hard copy, for a period of not less than three years from the close of the applicable program year. Does the agency maintain records to comply with this requirement?

YES

NO

## Affirmative Outreach

1. What steps have you taken to ensure that it is providing equal access to their WIOA Title I- financially assisted programs and activities?
2. What outreach plans, strategies, and activities have been identified for various groups (members of different sexes, various racial and ethnic groups, individuals with limited English proficiency, individuals with disabilities, individuals in different agegroups) served?

Do these measures include:

- Advertising?
- Notices to schools and community service groups?
- Consultation with community service groups?

## Complaint Processing Procedures

1. Has the EO Officer (or person designated for these duties) developed and published discrimination complaint policies and procedures?

YES

NO

Please provide copies.

2. Has the designated person developed and published procedures for resolving allegations of noncompliance with applicable nondiscrimination and equal opportunity provisions?

YES

NO

Please provide copies.

3. Explain how your customers and employees obtain a copy of the discrimination complaint policy and procedures and/or discrimination complaint form.

4. How is the identity of a complainant, or any individual, who furnishes information relating to, or assisting in, an investigation kept confidential to the extent possible?

5. How is an individual who filed a complaint, assisted, or participated in any manner in an investigation protected from discharge, intimidation, retaliation, threat, or coercion?

6. Describe the process established to keep the discrimination complaint records for a period of no less than three years.

7. Does the discrimination complaint log include the following:

- Name and address of complainant?  YES  NO

- Name and address of respondent?  YES  NO
- If available, email address or another means of contacting the complainant?  
 YES  NO
- Basis of complaint?  YES  NO
- Brief description of complaint?  YES  NO
- Date filed?  YES  NO
- Disposition?  YES  NO

Please provide a copy of the discrimination complaint log.

8. Please list any formal discrimination complaints that have been filed within the past twelve month period.

***WIB will inspect the discrimination complaint log and test for the following:***

- Was the complaint filed within 180 days?  YES  NO
- Was the complainant provided a written notification of receipt of the complaint within 10 days?  YES  NO
- Was the complainant provided a written statement of each of the issues raised in the complaint whether you would accept or reject each issues?  YES  NO
- Was the complainant sent a written notice of lack of jurisdiction when the training/subrecipient determined that it did not have jurisdiction over the complaint?  
 YES  
 NO
- Was the complainant notified that they have the right to representation in the complaint process?  YES  NO
- Was the complaint offered Alternative Dispute Resolution as an effort to resolve the complaint?  YES  NO
- Was the complainant provided a written Notice of Final Action within 90 days of the date the complaint was filed?  YES  NO
- Did the Notice of Final Action contain your decision on each issue and an explanation of the reason underlying the decision?  YES  NO
- Has the Local Area EO Officer been advised of the complaint?  YES  NO

**Corrective Actions/Sanctions**

WIOA Title I recipients of federal financial assistance must establish procedures for carrying out corrective actions and applying sanctions, if needed, when noncompliance is found.

1. Describe your procedures for obtaining voluntary compliance when equal opportunity violations are found.
2. What is the follow up policy for violations?
3. Describe any corrective action/sanctions taken in the past twelve months.



## Procedures and compliance with ADA requirements

All WIOA recipients are obligated to provide reasonable accommodation in regard to the WIOA program, as required by section 504 of the Rehabilitation Act of 1973, as amended, and the American with Disabilities Act of 1990, as amended, and Section 188 of WIOA..

### Physical Accessibility

1. Are your sites accessible to individuals with disabilities?

YES

NO

If NO, which ones are not accessible?

2. Do you have at least one entrance door to the building that has an automatic or power assisted door opener? Does it have the international symbol for accessibility for individuals with disabilities posted?

YES

NO

If NO, where are clients directed to go?

3. Are there designated restrooms with appropriate signage available for individuals with disabilities? Please explain.

4. Does the building have Braille signage with raised characters posted at permanent rooms and spaces and installed either on the wall adjacent to the latch side of the door or on the nearest adjacent wall?

YES

NO

5. Are there ramps, wheelchair lifts or elevators to all public areas?

YES

NO

6. Does an individual using a wheelchair have 44 inches of clear width for forward movement and a 5 foot diameter or T-shape clear space to make turns in public areas?

YES

NO

7. Do you permit the use of other power-driven mobility devices by individuals with mobility disabilities?

YES

NO

8. Do accessible doors have handles, pulls, latches, locks, and other operating devices that can be easily grasped with one hand and do not require tight grasping pinching, or twisting of the wrist to operate (i.e. can be operated with one closed fist)?

YES

NO

9. Is there at least one drinking fountain with clear floor space at least 30 inches x 48 inches in front?

YES

NO

10. Are the tops of accessible counters and tables in the range of 28-34 inches above the floor?

YES

NO

11. Are an adequate number of accessible parking spaces available, 8 foot wide by 18 foot long for car, plus a 5 foot wide access aisle?

YES  NO

### **Program Accessibility**

1. When communicating with people with disabilities, are you providing appropriate auxiliary aids or services, including assistive technology devices and services, where necessary to afford individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of, the program or activity?

YES

NO

2. How do you meet the obligation not to discriminate on the basis of a disability?

3. How do you ensure that qualified individuals with disabilities are provided an equal opportunity to participate in and benefit from programs and services provided?

4. Is your website ADA accessible?

YES

NO

5. Do you have policies and practices to provide services and benefits to individuals with disabilities in an integrated matter?

YES

NO

6. Do you use text telephone (TTY/TDD), relay services or equally effective telecommunications systems to communicate with individuals who are deaf or hard of hearing or have speech impairments?

YES

NO

7. How do you ensure that an individual with a disability is not required to accept an accommodation, aid, benefit, service, training, or opportunity that the individual does not want?

8. How do you ensure that it does not impose or apply eligibility criteria that screen out (or tend to screen out) individuals with disabilities or and class of individuals with disabilities unless such criteria can be shown to be necessary for the provision of the aid, benefit, service, training, program, or activity being offered?

9. Does your policy and practices prohibit imposing extra charges upon individuals with disabilities to cover the costs of effective communication, reasonable accommodations or access features?

YES

NO

10. Do you have a written reasonable accommodation policy?

YES

NO

Please provide a copy.

11. Are all staff aware that it may be necessary to provide a reasonable accommodation to enable individuals with disabilities to participate in and benefit from the program?

YES

NO

12. Do you have a process to offer reasonable accommodations in order to provide accessibility to programs and services?

YES

NO

13. Do you have policies, practices, or procedures in place to permit the use of a service animal by an individual with a disability?

YES

NO

If NO, please explain.

## FINANCIAL ACCOUNTING AND INTERNAL CONTROL OUTLINE

### PURPOSE:

This agency Fiscal Questionnaire with the attached worksheets is being used to collect information for determining whether a subrecipient with a cost reimbursement contract follow sound accounting principles, regulatory requirements and its own established procedures in recording and documenting financial transactions.

### PRIMARY CONCERNS:

- Adequacy of internal controls
- Accuracy of allocation of costs
- Cash vs. Accrual basis for reports
- Effectiveness of cash management
- Control over allowable costs
- Prompt and accurate posting and reconciliation of bank statements
- Accuracy of classification of costs
- Security of petty cash
- Adequacy of insurance coverage
- Existence & adequacy of procedural guidance
- Reasonableness of space cost, utilities, etc.
- Adequacy of documentation supporting expenditures and allocations

Contractor Identifying Data: [Click here to enter text.](#)

Agency Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Subrecipients Fiscal Representative: Name: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Type of Subrecipient:  Private for profit  Private nonprofit  Public

Is your agency multi-funded?  Yes  No Date of most external recent audit: [Click here to enter text.](#)

Indirect cost rate used \_\_\_\_\_ percentage Approved by Cognizant Agency?  Yes  
 No

List WIOA Contract Numbers (s) in operation currently: [Click here to enter text.](#)

## AGENCY QUESTIONNAIRE

### INSTRUCTIONS

The Principal Accountant should answer the following questions. In larger agencies, it may be necessary to address some questions to accounting staff directly responsible only for the WIOA program. Answer “N/A” to any questions that do not apply. Answer “Unknown” to any questions of which you have no knowledge.

### **PROGRAM OVERVIEW:**

1. Approximately what percentage (percentage) of agency income comes from WIOA funds?

List all other funding sources and percentage:

Source

percentage

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

2. Which of the following records does your agency maintain?

General ledger

Payroll register

Accounts receivable

General Journal

Obligation control register

ledger

Purchase journal

Cash disbursements

Accounts payable ledger

Cash receipts journal

journal

3. Does your agency’s financial manual(s) adequately describe procedures in the following areas:

Indicate yes or no and indicate the date the procedure was added to your manual. (Do not write in the “Verified” column. The monitor at the on-site review will do this.)

Date: Verified:

- Yes  No Bonding/Insurance
- Yes  No Payroll (participants)
- Yes  No Non-Allowable Cost
- Yes  No Cost Classifications
- Yes  No Chart of Accounts
- Yes  No Bank Reconciliation
- Yes  No Purchasing Procedures
- Yes  No Posting of Accounts
- Yes  No Responsibility for recording
- Yes  No Responsibility for approving transactions
- Yes  No Internal Control Procedures
- Yes  No Requirements for cash controls
- Yes  No Reconciliation between subsidiary and official records
- Yes  No Advances and Reimbursements

4.  Yes  No Have you received adequate guidance from WIB about their requirements for financial records and reporting? If no, explain [Click here to enter text.](#)

5. Accounting is done  manually  automated, if automated; explain type of software used for recording information. [Click here to enter text.](#) Is accounting done on a  cash  accrual  modified accrual basis?

6. How are WIOA funds and expenditures recorded to separate them from those of other activities/programs?

Code	Description	<a href="#">Click here to enter text.</a>
Code	Description	<a href="#">Click here to enter text.</a>
Code	Description	<a href="#">Click here to enter text.</a>
Code	Description	<a href="#">Click here to enter text.</a>
Code	Description	<a href="#">Click here to enter text.</a>
Code	Description	<a href="#">Click here to enter text.</a>

7. Does your organization receive any income (interest, profit, etc.) from WIOA programs?

Yes  No

How are these funds handled and what controls ensure the proper use of income?

Interest from bank accounts: [Click here to enter text.](#)

Sales of products: [Click here to enter text.](#)

“Profit”: [Click here to enter text.](#)

Other: [Click here to enter text.](#)

8. How many bank accounts are there with deposits of WIOA funds?

How many are zero balance payroll accounts clearing house other

9.  Yes  No Are all accounts containing WIOA bank deposits covered by the Federal Deposits Insurance Corp. (FDIC).

10.  Yes  No Do you have a source of funds to make reimbursement for costs that might be disallowed?

What is the source of reimbursement? [Click here to enter text.](#)

11. What were the findings of the last external audit? What corrective action was taken? [Click here to enter text.](#)
12. How long are financial records retained \_\_\_\_\_ years?
13. Complete the attached Worksheet describing **Separation of Duties**.
14. How is access to accounting records controlled? Who has access and what is necessary to gain access?  
Manual Records [Click here to enter text.](#) Automated records [Click here to enter text.](#)
15. Explain the steps from the authorization of expenditures to the posting to the general ledger? [Click here to enter text.](#)
16. Are procedures different for payroll than for other disbursements?  Yes,  No If yes, describe the procedures [Click here to enter text.](#)
17. Is a separate bank account used for payroll?  Yes  No if yes, describe payroll reconciliation procedures [Click here to enter text.](#)
18. Are procedures for payment of indirect costs different from other disbursements?  Yes  No if yes, describe [Click here to enter text.](#)
19. What is the policy on mandatory vacations or rotation of duties among accounting personnel? [Click here to enter text.](#)
20. Do individuals with check signing authority have access to accounting records?  Yes  No if yes, describe [Click here to enter text.](#)
21. Where are blank checks and signature machines kept? Who has access to them? [Click here to enter text.](#)
22. Are there any automatic teller cards issued?  Yes  No if yes, where are they kept and how are they controlled? [Click here to enter text.](#)
23. Can authorized signers sign their own expenses or payroll check?  Yes  No, if yes, describe [Click here to enter text.](#)
24. How many signatures are requested on a check? \_\_\_\_\_ Provide a copy of signature card.
25. When a person is no longer authorized to sign checks, what action is taken? [Click here to enter text.](#)
26. How are long-term outstanding vendor checks handled? [Click here to enter text.](#)
27. How are long-term outstanding payroll checks handled? [Click here to enter text.](#)
28. How are undelivered checks (checks to be picked up) handled? [Click here to enter text.](#)
29. How are voided checks handled? [Click here to enter text.](#)



30. How do you handle situations when there is an immediate need to disburse a check but the authorized signers are not available? [Click here to enter text.](#)
31. Under what circumstances are checks signed in advance? [Click here to enter text.](#)
32. When can checks be made out to “cash” or “bearer”? Never  only petty cash  other,  describe [Click here to enter text.](#)
33. When can disbursements be made other than by check? Never  only petty cash  other,  describe [Click here to enter text.](#)
34. Are funds sometimes transferred (other than by writing checks) from one bank account to another?  Yes  No If yes, when, and what documentation is required to support the transfer? Why are checks not used? [Click here to enter text.](#)
35. When you run short of funds for a project, does anyone or any fund make internal short-term loans to it?  Yes  No, if yes, what documentation is required to support the loan? [Click here to enter text.](#) Under what circumstance does this occur and how are funds so transferred repaid? [Click here to enter text.](#) Are these transfers considered accounts payable and documented as loans in the general ledger?  Yes  No, are there written procedures guiding these transactions? [Click here to enter text.](#)
36. Do you have policies with respect to salary advances or loans to staff?  Yes  No, if yes, how are advanced or loaned funds protected? [Click here to enter text.](#) Can salary advances exceed earnings-to-date? [Click here to enter text.](#)
37. How do you ensure that an advance is not paid twice? [Click here to enter text.](#)
38. How do you ensure that payments are made within a discount period? [Click here to enter text.](#)
39. How often is the bank statement reconciled? Who is responsible for the reconciliation?
40. Where are the following items kept, who has access, and how are they organized?  
 Bank statement: [Click here to enter text.](#) Canceled checks: [Click here to enter text.](#) Documents supporting purchase of services or merchandise (P.O.’s, receiving receipts, etc.): [Click here to enter text.](#) Invoices that have not yet been paid: [Click here to enter text.](#) Documents supporting disbursement (paid vendor files containing original paid invoices and supporting documentation: [Click here to enter text.](#) Payroll records including disbursement journal and reconciliation’s of payroll deductions for pay period: [Click here to enter text.](#) Time and attendance records: [Click here to enter text.](#) Federal and State quarterly and annual payroll tax reports and proof of payment: [Click here to enter text.](#) Various subsidiary ledgers (accounts payable, receivables, fixed assets, etc. Various journals (cash receipts, cash disbursements, general journal, etc.: [Click here to enter text.](#) Original travel records (mileage logs for each staff member, including travel dates; destination, start/end mileage, and purpose for travel: [Click here to enter text.](#) Petty cash (access by staff, reconciliation methods, and period of reconciliation: [Click here to enter text.](#) Telephone records (phone logs for each staff member, including all long distance and cellular use, dates, person called, purpose, and reconciliation to actual telephone billings) [Click here to enter text.](#)

## CASH CONTROL

1. How and when do you receive funds from WIB? [Click here to enter text.](#) How is the timing and amount of the request for funds determined? [Click here to enter text.](#)

Advance: [Click here to enter text.](#)

Reimbursement: [Click here to enter text.](#)

Draw down [Click here to enter text.](#)

Working capital advance: [Click here to enter text.](#)

Time laps from date of expenditure to date of request for reimbursement                      days.

Time laps from date of request to receipt for reimbursement                      days.

Number of cash request each month:

**If advances are based on immediate need, answer the following questions:**

When an agency's vendor invoice is processed? [Click here to enter text.](#)

When agency's check has cleared the bank? [Click here to enter text.](#)

When agency's check has written? [Click here to enter text.](#)

No policy? [Click here to enter text.](#)

If just before distribution, why? [Click here to enter text.](#)

What is the usual interval between the request for an advance and the actual distribution of the agency's check?              Days

2. Does this procedure frequently result in a shortage of available funds, in substantial funds in the WIOA account that are not immediately needed? [Click here to enter text.](#)

3. How is the amount of cash determined? [Click here to enter text.](#)

4. If payment is made by advances, how much is usually kept in your bank account between payrolls?  
What balance is required to avoid bank service charges?

5. If advances are made for immediate need, is the gross or net payroll used to determine the need for funds or to determine the amount of the request for reimbursement?  Gross  Net

Specifically, are request for funds for the following made only when payment is due?

FICA & Federal Income Tax               Health Insurance               State Payroll Tax

Life Insurance                               Union Dues                               Indirect Payroll Costs

6.  Yes,  No, Is this cash control kept separately from different WIOA contracts? If no, explain:  
[Click here to enter text.](#)

## COST ALLOCATIONS

This section is to be completed whether or not your agency receives only WIOA funds or funds from any other sources in addition to the WIOA funds being reviewed. Attach a copy of:

a. The descriptive cost allocation plan (the written methodology used to establish expenditure allocation percentages), [Click here to enter text.](#)

b. the agency's projected                      % allocation for all sources including the current year WIOA contract(s)

The information may be presented in your agency's current format. Information from documents submitted will be crosschecked for accuracy during the on-site review by examining your current year journal entries.

1.  Yes  No Written cost allocation plan available? If no, explain: [Click here to enter text.](#)
2.  Yes  No Current year project allocation Worksheet available? If no, explain: [Click here to enter text.](#)
3. In the past year, were there any major (\$1,000 or more) purchases of equipment including technology systems that may be used in ongoing WIOA activities?  Yes  No, if yes, describe [Click here to enter text.](#)
4. In the past year, were there any major (\$1,000 or more) purchases of supplies that may be used in ongoing WIOA activities?  Yes  No, if yes, describe [Click here to enter text.](#)
5. How often does your agency review and update its cost allocation plan? [Click here to enter text.](#)
6. How do you ensure that expenditures, especially non-routine, are charged to the correct project/contract? [Click here to enter text.](#) Who actually makes this decision and/or how the information is communicated to the bookkeeper. [Click here to enter text.](#)
7. How are shared administrative costs handled? [Click here to enter text.](#)
8. Is there an indirect cost rate approved by a cognizant Federal agency?  None  Provisional  Fixed. Does your agency bill WIB for the exact amount of the indirect rate  Yes  No, if no, explain: [Click here to enter text.](#) Which staff members, other than those charges exclusively to indirect cost, work for more than one project? List by names and job titles: [Click here to enter text.](#)
9. What is the basis of allocating the above salaries and benefits? [Click here to enter text.](#)
10. What is the basis for allocating use of space and utilities? Space: [Click here to enter text.](#) Utilities: [Click here to enter text.](#)
11. What is the basis for allocating telephone and cellular baseline (flat monthly) charges? [Click here to enter text.](#)
12. What is the basis for allocating travel, supplies, and other routine expenses? [Click here to enter text.](#)

## **COST CLASSIFICATION**

Instructions:

To be completed by all agencies if their contract/agreement requires reporting by WIOA cost categories:

1.  Yes  No, Has WIB provided adequate guidance on how costs are to be classified.

2.  Yes  No, Is your chart of accounts compatible with the cost categories by which you report to the WIB? If no, explain [Click here to enter text.](#)
3. How do you handle costs, which should be charged to more than one category, such as utility costs, which are associated with both classroom and administrative costs? [Click here to enter text.](#)
4. How do you ensure that a one-time expenditure is charged to the right cost category? [Click here to enter text.](#)
5.  Yes  No Are there any direct costs charged to training that might be more appropriately charged to administration. If yes, which ones? [Click here to enter text.](#)
6. What is the typical total of petty cash disbursements for the month?
7. What is the maximum withdrawal permitted?
8. Describe how the system works.
  - Prior approval: [Click here to enter text.](#)
  - Documentation required [Click here to enter text.](#)
  - Restrictions when it can be used: [Click here to enter text.](#)
  - Periodic surprise counts: [Click here to enter text.](#)
  - Rules and procedures in writing: [Click here to enter text.](#)
  - Who reconciles and when? How replenished? [Click here to enter text.](#)
9.  Yes  No, can the approving official authorize disbursements to him/herself as payee? If yes, explain: [Click here to enter text.](#)
10. Provide names of all authorized signers (signature card or sample signatures) [Click here to enter text.](#)

## **TRAVEL**

1. What are the procedures for the request and approval for overnight WIOA travel? [Click here to enter text.](#)
2. What are the policies regarding travel advances and their reconciliation? [Click here to enter text.](#)
3. How soon after completion of travel must an employee submit vouchers and reimbursement?  
Days
4. What procedures are required for local traveling personal vehicles? [Click here to enter text.](#)
5.  Yes  No, does staff travel directly to training sites rather than traveling to the agency office first? [Click here to enter text.](#)
6.  Yes  No, when staff travel directly to training sites, is a round-trip adjustment (home to agency office mileage) deducted from the daily mileage incurred by staff. If No, please explain: [Click here to enter text.](#)

7. Where are copies of staff personal vehicle insurance coverage kept?
- In employee's personnel file
  - In a central file with agency insurance verification
  - Other, explain: [Click here to enter text.](#)
8. Who monitors the insurance records to verify that they are currently up to date?
9.  Yes  No, is staff allowed to transport adult or out-of-school youth clients in personal vehicles? If yes, explain circumstances: [Click here to enter text.](#)
10.  Yes  No, is staff allowed to transport in-school- youth in personal vehicles? If yes, explain: [Click here to enter text.](#)
11. What procedures are required for local travel in other organizations' vehicles on non-WIOA projects? [Click here to enter text.](#)
12. Does your agency  rent or  own the building(s) used to house WIOA activities? List all addresses for both administrative and training operations connected with all WIOA programs. [Click here to enter text.](#)
13. If space is rented, who owns the building(s)? Attached copy of lease(s) to this questionnaire? Why the space was selected and how was the amount of rent determined? [Click here to enter text.](#)
- Is there any type of relationship between the property owner and anyone on the agency's management/board, WIB program staff, or WIB management/board?  Yes  No
14.  Yes  No, if rented, was a security deposit required. If yes, how was it accounted for in your general ledger? [Click here to enter text.](#)
15. If the building is owned by the Agency, how is the organization compensated for use of its building(s) and how was this amount determined? [Click here to enter text.](#)

## INSURANCE

1. Please complete the attached **Insurance Verification Worksheet**

## MONITORING FUNDING LIMITATIONS

1. How do you ensure that you do not exceed the contract maximum limitations for expenses in any cost classification and the overall contract? [Click here to enter text.](#)
2. Who tracks expenditures relative to those planned? How often? [Click here to enter text.](#)
3.  Yes  No, in past years, have you had to slow or discontinue operations because funds were used earlier than planned? If yes, explain: [Click here to enter text.](#)
4.  Yes  No, in past years, have expenditures within cost categories exceeded budgeted by more than the allowed amount? If yes, explain: [Click here to enter text.](#)

5.  Yes  No, Are in-kind contributions required by your current contract(s) with the WIB? If yes, explain: [Click here to enter text.](#)

6.  Yes  No, are any non-required in-kind contributions donated towards the cost of running your current contract(s)? If yes, explain: [Click here to enter text.](#)

Certification by Agency:

Answers prepared by:

Date:

I hereby certify under penalty of perjury, that the above information is true and can be corroborated by agency staff and agency records.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

WIB verification:

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Review by \_\_\_\_\_ Title \_\_\_\_\_

### SEPARATION OF DUTIES Worksheet

Enter names and title of staff that have responsibilities at top. Place a checkmark below in appropriate cell if person has responsibility for that function.

Name/Title																				
Approves purchase orders																				
Verifies receipt of order																				
Prepares request for funds																				
Authorizes disbursements																				
Prepares checks																				
Sign checks - manual																				
-machine																				
Custodian of check signing device																				
Custodian of blank checks																				
Compare checks with vouchers																				
Distributes checks																				
Post disbursements																				
Computes cost allocations																				
Receives "cash"																				
Post receipts																				
Deposits receipts																				
Custodian of petty cash																				
Petty cash replenishment																				
Audits petty cash																				
Bank reconciliation																				
Maintains general ledger																				
Prepares financial report																				
Approves financial report																				

**INSURANCE INFORMATION WORKSHEET**

	Carrier	Amount of Coverage	Cost	Date		Paid	Check #
				Start	End		
Fidelity Bond							
General Liability							
Auto Liability							
Workers Compensation							
Property/Causality							
Unemployment Insurance							



### WORKSHEET # 3 DISBURSEMENTS TO SUBRECIPIENT

Subrecipient: \_\_\_\_\_

Invoice Payments			Recorded by Subrecipient	
Check No.	Date	Amount	Date	Correct?

\*To be completed if contractor receives advances

**EXPENSE PAYMENTS FISCAL TOOL**

AGENCY:

DATE:

Select and obtain source documents for 10 or more expense payments charges to WIOA adult and dislocated work program, and youth program. Include at least one or more rent/lease payments, one or more maintenance payments (security, janitor, gardener, etc.) one or more consultant payment, two or more ITA payments and two or more contract payments. Each expense payment tool should include, at a minimum, the invoice reviewed. Select expenses from the current program year.

**Complete the following for each expense payment:**

- Name of vendor:
- Describe item of Cost: Invoice/billing number and invoice date:
- Payment date and amount:      Date:      Amount \$
- Charged to program or administration cost category:  Program  Administration
- Direct charge or allocated:  Direct  Allocated. If allocated, identify the allocation method and basis and documentation reviewed. To ensure amount was allocated based on relative benefit received:
- WIOA Program charged (identify programs and amount/percentage charged to each program.
- Was the payment properly documented?  Yes  No
- Was the payment properly authorized?  Yes  No
- Was the payment WIOA allowable?  Yes  No
- Was the payment necessary and reasonable?  Yes  No
- Was the payment made based on the benefit received?  Yes  No

Notes:

**ELIGIBILITY STAFF INTERVIEW GUIDE**

Interviewee's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

A. Describe the WIOA eligibility process?

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*(The purpose of this question is to determine what the eligibility process is. Do participants need to make appointments, are they seen the same day, what documents are required, etc.)*

B. In what instance do you use applicant statements? What efforts are made to establish eligibility before using applicant statements?

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*(The purpose of this question is to determine how often applicant statements are used and what they are commonly used for. Is there room to improve using less applicant statements?)*

C. What measures are in place to ensure males are registered in selective service? When and how do you ask for selective service documentation?

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*(The purpose of this question is to determine how they ensure male participants are registered for selective service and what type of documentation they use.)*

D. What is the process if the male is not registered with selective service?

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E. What is your process for identifying male participants who turn 18 while enrolled in WIOA programs? (*Youth program only*)

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F. How is eligibility information documented? What type of documents do you scan into the VOS system?

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*(The purpose of this question is to determine how they document eligibility and determine what documents are scanned into the system. Are there any documents scanned that should be not available for other staff to see (doctor's notes, disability forms, etc.)*

G. How do you ensure program specific eligibility is documented and the participant is eligible for the program?

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*(The purpose of this question is to determine if staff are knowledgeable in different eligibility requirements for different types of programs.)*

H. Who receives priority of services? How do you ensure priority of services is provided?

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*(The purpose of this question is to determine if staff are familiar with priority of service.)*

I. What is your process for serving non-English speaking participants? What happens when no one is available to assist the customers in their language?

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*(The purpose of this question is to determine how non-English participants are served through the AJCC.)*

J. How do you inform participants of their Civil Rights, Grievance & Compliant procedures?

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*(The purpose of this question is to determine if staff are making customers aware of their rights.)*

K. Is initial assessment and referral services provided to all participants?

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*(The purpose of this question is to determine what services are offered to all participants.)*

L. Describe the training you have received related to WIB WIOA eligibility?

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*(The purpose of this question is to determine that staff was trained to conduct eligibility.)*

M. How do you safeguard participant files and confidential information? Do you ever have hard copies of personal information?

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*(The purpose of this question is to determine if staff are familiar with the Personally Identifiable Information Directive. If they have hard copies how do they keep safeguarded)*

## ASSESSMENT STAFF INTERVIEW GUIDE

**Instructions:**

Explain the purpose of the interviews and quickly review the subjects to be covered.

**Interviewee's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BASIC & INDIVIDUALIZED SERVICES**

A. What services are offered in the Resource Room for the participants?

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B. What basic career services are offered to the participants?

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C. What individual career services are offered to the participants?

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D. What kind of workshops are provided to the participants?

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*(The purpose of these questions above is to determine if staff are aware of all the services that are offered at the AJCC's.)*

**ASSESSMENT**

- A. Describe briefly how your assessment is completed. How does a participant get into assessment? Is there any screening, (besides eligibility) done before the participant's needs are assessed? How are participants referred to other services?

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*(The purpose of this question is to obtain a general orientation to the assessment and referral component. What is the sequence of events or activities? Is there any screening, other than that for eligibility that occurs before participants reach assessment?)*

- B. Where does the assessment and referral to other services take place? Do the participants have to make appointments to receive an assessment?

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- C. What are the most common types of referral training or services offered or requested? What other agencies have you referred participants to?

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*(This question established how large or active the assessment component is and whether it is achieving planned objectives. Is there a wide variance in where the participants are being referred or does it appear that most participants are being directed to the same types of activity? How do they select which participants are referred to training?)*



- D. What factors determine the approach used to evaluate each participant and to make referrals to training or other services?

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*(The purpose of this question is to determine how rational the reasoning is behind the choice of assessment tools and procedures. Are these decisions driven by the selection criteria of the referral options? What are the factors used to determine the needs of the participants? What were the assumptions made about participants' general capabilities and interests.)*

- E. What information collected during the assessment process determines the referral services offered to the participant?

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*(The purpose of this question is to establish that there is a direct link between the assessment activities described thus far and information needed to make referral decisions. Is the information generated by the assessment relevant to the kinds of decisions that must be made? Make sure that each assessment product can be justified by a need for the information.)*

- F. How do you determine and document if supportive services are reasonable and necessary?

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**OCCUPATIONAL SKILLS TRAINING/ITA PARTICIPANT INTERVIEW GUIDE**

**Name of School:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS:**

*Begin the interview with introductions and explain you are there to determine how their training is going and if they have any concerns. Respondents should be representative of the class, not the "best" or "poorest" students.*

A. How did you get into the course?

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*(This question verifies the institution's statements regarding how appropriateness of the training was determined. Look for confirmation that participants were interested and were involved in the decision to enroll in the training.)*

B. How long have you been in training? Did you have this training or some similar course before?

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*(This question establishes the respondent's experience with the course and any prior training and confirms the extent to which the class is operational.)*

C. How do you know how well you are doing?

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*(Do participants seem to know where they stand as far as class standards for acceptable progress? How is this feedback provided?)*

D. What happens if you fail a test or have trouble with the class work?

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*(The purpose of this question is to confirm how slower students are accommodated in the training and whether the first signs of difficulty are responded to in some constructive way. How do the participants feel about the response given to slower students?)*

E. Is attendance recorded every day? Yes No

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*(This question confirms whether necessary records of attendance are made.)*

F. What happens if you are late?

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*(The purpose of this question is to determine if being on time, an important work related behavior, is being reinforced by the occupational skills training. Probe to learn if the instructor's response to lateness reinforces good work habits.)*

G. What happens if you miss class time?

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*(As in question F, are good work related behaviors being reinforced? How is lost time made up so that progress in the class is maintained? Are attendance requirements understood by the participants and enforced by the instructor?)*

H. Are there enough books, materials, time in the lab for practice and attention from the instructor?

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*(The purpose of this question is to learn if the class is adequately supplied and equipped and that the instructor/trainee ratio is adequate. Ask about each item separately so that the responses are focused clearly and can be recorded as follows:)*

Books: \_\_\_\_\_

Materials: \_\_\_\_\_

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

I. Who do you go to when you have a problem? What generally happens?

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*(To what extent participants have access to assistance when they have problems. This question should confirm that counseling or case management services are being provided by the Occupational Skills Training Unit. Do they know the name of their occupational skills training counselor?)*

Are there any reported incidents of grievance, complaints, and problematic issues?

By: \_\_\_\_\_

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

Issue: \_\_\_\_\_

## ITA Case Manager Interview Guide

Interviewee's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

- A. Describe how it is determined that participants have an interest or compatibility for the occupation and/or training reflected in their Individual Employment Plan (IEP).

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*(The purpose of this question is to establish that the assessment data supports the participant referral to a particular training or employment plan. Answering this question may require some reference to several participant files. Look for indication in the documents of interviewee's response that participants' interests and capabilities were considered to developing the IEP)*

- B. What roles does the participant play in developing the IEP? What feedback do participants receive from assessment results?

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*(What procedures and methods are used to help participants select training? Is participant active in the planning process? Are they given sufficient information to make informed decisions about their training?)*

- C. How do you ensure and document training is directly linked to existing employment opportunities?

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*(The purpose of this question is to establish that the participant is attending training in an in demand field and that it is being documented.)*

- D. How do you consider customer choice when approving a training program?

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*(The purpose of this question is to determine if the participant has a choice of what training they are requesting.)*

- E. How is it determined who is offered training? Are there specific training assessments or criteria used to determine training programs? If yes, please specify.

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*(The purpose of this question is to establish that all participant who are requesting training are completing the same process.)*

- F. How is it determined that participant is unable to obtain employment that leads to economic self-sufficiency without attending training? How is it determine the participant has the skills and qualifications to successfully participant in the training program?

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*(The purpose of this question is to determine that participant's training will lead to self-sufficiency. Also how do they determine that the training is appropriate for the participant and do they have the skills to succeed?)*

- G. What happens when a participant does not successfully complete a training program? Is the participant eligible for another program?

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*(The purpose of this question is to determine what type of follow-up is conducted on a participant and what other services are they offered.)*

- H. How do you verify that a participant is attending training? What documentation or records are used to verify attendance, progress and completion of training?

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*(The purpose of this question is to determine how they verify that participant did start training. Also that staff continue to case manage and document while participant is in training.)*

I. What procedure is in place to notify you if a participant is no longer attending training?

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*(The purpose of this question is to determine that staff have a procedure set up with the training provider to inform them if a participant drops out of training. This is very important especially if participant will not return calls.)*

J. What steps do you take to ensure the course is meeting the training goals?

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*(The purpose of this question is to determine if staff obtain any documentation on participant from the training provider.)*

K. What happens when a specific requested training course is not available to a participant?

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*(The purpose of this question is to determine that other services were offered to the participant.)*

L. What process is used for effective practices and management of case notes and monthly contact for participants receiving training?

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*(The purpose of this question is to determine that staff are keeping monthly contacts with participant during training and offering any additional services needed during training.)*

M. What process is in place for effective practices in obtaining and documenting Measurable Skills Gain (MSG) and Credentials?

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*(The purpose of this question is to determine that staff have a process in place and are documenting in CalJOBS the MSG's and Credentials required for our local performance.)*

**ITA PARTICIPANT  
RECORDS REVIEW**

**3. PARTICIPANT RECORDS**

**INSTRUCTIONS:**

Complete records review sheets for a sample of participants. If a review of this sample reveals inadequate record keeping, double the sample. Summarize below the percentage that:

- \_\_\_\_\_ Documents period of participation
- \_\_\_\_\_ documents attendance
- \_\_\_\_\_ documents all contacts and communications with participants
- \_\_\_\_\_ documents progress in completing training
- \_\_\_\_\_ Records all services received, date service received
- \_\_\_\_\_ contains information substantiating appropriateness of training
- \_\_\_\_\_ contains information regarding reason for termination of training

**CONCLUSIONS:**

Note any observations that confirm or refute information obtained from other sources. Try to reconcile any disparities with information contained in the participant records and information obtained from interviews. Note any discrepancies below.

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**WIOA  
OJT/TRANSITIONAL JOB STAFF INTERVIEW GUIDE**

**INSTRUCTIONS:**

Upon introducing yourself to the representative, explain the purpose of the interview and quickly review the subjects to be covered. Also, note that some of the information called for in this interview may be available in the contract or other records available to you. If so, complete these sections prior to the interview and use the interview to confirm and clarify those points.

Interviewee's Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**1. PROGRAM OVERVIEW**

- A. Describe your approach to developing OJT/Transitional Job positions and matching them to participants. How do you view your progress in achieving contract performance goals?

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*(The purpose of this question is to obtain a general orientation to the contract's operations and to assure that the understanding obtained from the desk review is accurate.)*

- B. How many participants have been served through an OJT and Transitional Job this program year and previous program year? What were the placement results for OJT? How many of the transitional jobs received a job offer?

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*(This question seeks information about the subrecipient's past track record. Look for differences between the current and the past contracts' trainees, employers or approach that might account for differences in outcomes. Has the Subrecipient demonstrated a capability in either serving a similar target group or in developing effective OJT/Transitional Job contracts with similar employers?)*

- C. Where are the original participant and contract (employer) records kept?

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*(This question assumes that the subrecipient is responsible for developing and supervising employer OJT/Transitional Job contracts.)*

- D. What are you responsible for in developing an OJT/Transitional Job sites. Are you responsible to refer participants, develop and oversee the OJT contract? Is there anyone else responsible or assist in the process?

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*(This question identifies the key factors so that when they are referenced in subsequent discussions, you are clear about their roles relative to the services provided and the administration of the contract.)*

**CONCLUSIONS:**

Review the information in this section. You should have a clear picture of the organization and activities of the contractor in terms of its size, general approach, key staff involved, and past record of accomplishment. Reconcile any discrepancies in the information given in the interview and the information gathered during the desk review.

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**2. APPROPRIATENESS OF TRAINING FOR PARTICIPANTS**

- A. Describe how participants are recruited for OJT/Transitional Job.

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*(If the subrecipient is responsible for recruiting OJT/Transitional Job participants, how is it determined that they are WIOA eligible? Are there any criteria for entering OJT/transitional Job activity other than the eligibility criteria? What is the primary source of referrals to OJT/Transitional Job?)*

- B. Please describe how you determine if participants are need of an OJT or Transitional Job?

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*(If the subrecipient is responsible for recruiting OJT/Transitional Job, how do they determine if participant is needing an OJT or transitional job? What factor plays into this decision?)*

- C. Please describe to me how it is determined that the OJT/Transitional slots are suitable for participants? Describe how participants are matched to particular OJT/Transitional Job positions. What role does an employer have in selecting OJT/Transitional participants? How do you document referrals to an employer?

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*(Whether the Subrecipient is responsible for recruitment or not, there should be some evidence in their records that supports the trainees' referral to a particular OJT/Transitional Job slot. Look for indication in document or interviewee's response that participants either asked for vocational training or reflected in their past work history or vocational assessment an interest in work related to the OJT/Transitional Job occupation. What role do employers play in selecting participants?)*

- D. What are the employment or skills deficiencies of the participants referred to OJT/Transitional Job? (Low skills, self-sufficiency, language, disability, etc.)

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*(The primary purpose of this question is to ensure that the participants are not already trained in this occupation and, in fact, need the training provided in this contract. Look for any evidence that the training duplicates previous training or pre-existing knowledge and skills.)*

**CONCLUSIONS:**

Is there sufficient reason to believe that the OJT/Transitional Job training is appropriate for the participants from the information above?

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**3. ADEQUACY OF FOLLOW-UP AND CONTRACT SUPERVISION**

- A. How often are OJT/Transitional Job site visits conducted and what services are offered to participants during these occasions?

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*(This question is aimed at the quality and frequency of contracts between Subrecipient staff, the employer and the participant. How often is the employer site visited? Is the participant contacted by telephone or in person? Are other services available to the participant in the form of counseling for work adjustment, remedial education etc.? How would you characterize the nature of the interactions between the provider staff and the participant once the OJT/Transitional Job begins?)*

- B. If a participant quits or has difficulties, how do you know about it and how do you become involved?

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*(This question gets at the methods by which the subrecipient mediates problems arising between the participant and the employer. What options are available to the contractor when a participant quits or is having difficulties?)*

- C. How do you assure that the terms of the contract are met?

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*(Recognize that employers may object to disruption of work for monitoring the training and may be unwilling to expend much energy completing written evaluations; the subrecipient must demonstrate, nevertheless, methods for assuring that the terms of the OJT/Transitional Job contract are being met. Probe especially for how the quality of training is assured.)*

D. How do you determine that working conditions meet the standards and requirements for WIOA OJT/Transitional Job requirements?

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*(This question is directed to the issue of employer compliance with the various WIOA requirements for OJT/Transitional Job contracts. How does the subrecipient orient the employer to these requirements?)*

**CONCLUSIONS:**

Does the subrecipient demonstrate procedures and activities sufficient to assure that the terms of the OJT/Transitional Job contract are being met? How would you assess the quality and nature of the contacts between the broker and the employer? The participant?

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**OJT EMPLOYER INTERVIEW GUIDE**

**INSTRUCTIONS:**

The following questions may be directed to either the personnel officer, supervisor, or CEO, if a small company. Upon introducing yourself to the employer's representative, explain that the purpose of the interview is to conduct a review of the OJT activities to assess their effectiveness and general compliance to contract requirements.

Individual(s) Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name \_\_\_\_\_

**1. COMPLIANCE WITH CONTRACT GENERAL PROVISIONS:**

- A. How did you become involved with the On-the-Job Program? Are you familiar with the general requirements established by state or federal law contained in your OJT contract between your company and the subrecipient/WIB? Were you given an orientation to them by the case manager?

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*(The purpose of this question is to obtain general orientation to the contracts operations and to assure that the understanding obtained from the desk review is accurate. The point of this question is to determine if the employer has a good working knowledge of these requirements. Comments on general compliance provisions.)*

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**CONCLUSIONS:**

Are you satisfied that the employer is aware of and is in compliance with contract provisions?

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**2. PROGRAM OVERVIEW:**

- A. How were you informed about the program requirements? If you have questions, from whom do you get assistance?

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*(These questions reflect on the orientation given the employer and to what extent this has been passed down to the person responsible for the training. It is possible that the employee responsible for the participant's training has never seen the OJT contract. If the respondent learned from other employees rather than directly from the OJT contract, how did the employer's other staff learn about program rules. Does it appear that they are informed about OJT contract requirements? You may wish to briefly review the main points of the contract at this point to confirm that the employer has an adequate knowledge of the contract's requirements.)*

- B. How was the length of the training period and wages determined?

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*(This question is intended to assess the rationale for the primary contract provisions. How does the duration of training compare with the DOT or WIB's policies for determining length of training? Look for explanations for any variance. Are participant wages comparable for other trainees in similar occupations? How was the rate of reimbursement determined? Was it negotiated with the employer or was it simply set at 50%?)*

- C. Does the training outline in the contract accurately state the skills necessary for the job?

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*(Review the training outline or the notes taken during the desk review with the respondent. Does the employer have a copy of the training plan? Does it appear that the information contained therein is accurate and being used to guide the training?)*

**CONCLUSIONS:**

Compare the responses from the interview thus far with the information from the desk review. Does the contract as written and/or implemented constitute a good OJT opportunity for WIOA participants?

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**3. APPROPRIATENESS OF TRAINING FOR PARTICIPANTS:**

A. How do you go about getting WIOA trainees?

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*(Are trainees recruited by the employer? "Reverse referrals" are not prohibited, but are cause for questioning whether the OJT contract is serving the interests of the employer rather than the participant.)*

B. Is there evidence that the participant is making satisfactory progress in learning the new occupation?

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*(This would indicate that there is a good match between participant interests and capabilities and the training. How is progress measured? How is the participant rated in terms of the employer's standards for learning new skills, work habits, and general productivity? Are records of progress being documented? Review the training plan.)*

**CONCLUSIONS:**

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Is there sufficient reason to believe that the training is appropriate for the participants from the information above? Does it appear that the participant is suitable for the occupation and working conditions represented by the training? Does the IEP support this type of training?

C. How is the instruction provided and who is the person most responsible for training the participant?

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*(Is the training interactive? Is the person responsible for the training knowledgeable in the occupation? What position does he or she hold in the organization? Does the trainee receive sufficient attention from the trainer? Use this question to get the respondent to describe the training, including the instructional methods, in his or her own words. Does this description match the description in the contract?)*



D. How do trainees learn how well they are learning?

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*(Feedback is critical to learning and may take the form of work evaluations, comments by the supervisor, peer evaluations, or practice where they must perform a task to a set standard. Identify the form of feedback used and determine if it is sufficiently structured and regular in occurrence to promote learning.)*

**CONCLUSIONS:**

Determine if this training serves the general aims of preparing participants for employment as described in the contract. Is it reasonable to expect that the training will be effective in achieving the skill levels required for this job? Make note of points that you feel need further confirmation from other data sources. Clarify any confusing responses before continuing with the next section.

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**4. TRAINING OUTCOMES AND OTHER PARTICIPANT BENEFITS:**

A. To what extent are you committed to retaining this trainee as a permanent employee after the OJT program is completed? What conditions must be met?

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*(An outcome in the form of employment is the chief benefit expected from the training. Evidence that this is probable may be past experience with other OJT placements).*

B. Do participants receive the same pay and benefits as regular employees?

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*(At a minimum, normal fringe benefits include FICA, workman's compensation, health insurance, vacation and sick leave. In addition, participants may also be eligible for bonuses, pay increases, certificates, or other benefits. You may include improved self-esteem or some other behavioral change if you are sufficiently convinced that it is an intangible but important benefit.)*

**CONCLUSIONS:**

Is there sufficient information from the responses above to expect that participants with this training will be retained in full time permanent employment as described in the contract? If not, why? Does this constitute a violation of the contract or a breach of faith? Are participant benefits equal to or better than the contract requires? Is any problem correctable?

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## TRANSITIONAL JOB EMPLOYER INTERVIEW GUIDE

### INSTRUCTIONS:

Worksites must comply with various administrative requirements in addition to providing an appropriate experience for participants. Interviews accomplished while the participant is on-site provide opportunity to observe the training experience and the working conditions while obtaining the work site supervisor's perceptions of the purpose of work experience/internship. The work site supervisor should be the person who directly supervises the participants and is most responsible for their learning experience.

Interviewee's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Business/Company Name: \_\_\_\_\_

### Work Site:

- A. How long have you functioned as a worksite supervisor for trainees? How long have you supervised this participant?

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*(This question establishes the supervisor's experience and familiarity with the participant now under his or her supervision.)*

- B. How does (do) the participant(s) fit in with the work done here?

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*(The purpose of this question is to determine if the participant is compatible with the work environment in terms of both basic skill requirements and personal attributes. Probe for how the participant's appearance, social skills, attention to detail, basic education level, and personality match the work site.)*

- C. What are the participant's duties?

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*(Probe for specific responsibilities, kinds of equipment used, products expected and level of difficulty represented by each. If you are unfamiliar with the nature of the job done by the participant, ask these questions of the supervisor. How much responsibility does the participant have?)*

D. How is the participant's attendance tracked? What records of the participant's attendance are maintained?

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*(This question checks on the accuracy of the attendance records that support wages paid the participant. Are they complete and verified by the supervisor and the participant? How does the supervisor check attendance? Does the work site supervisor's response corroborate information given by the contractor?)*

E. How do you determine that participant is achieving the skills listed on the Task Oriented Training Plan?

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*(This question determines that supervisor is aware of what skills are listed on the TOTP. You may want to bring a copy of a TOTP to show employer))*

F. Do you evaluate participant's performance? If so, how?

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**CONCLUSIONS:**

How would you judge the value of this work site in achieving the stated employability objectives for the participants? What are its strengths and weaknesses in terms of number of participants it can serve, type of learning objectives it can achieve types of participants it can serve, accessibility to participants, attractiveness of the work environment, and quality of the supervision?

## OJT TRAINEE INTERVIEW TOPIC GUIDE

### INSTRUCTIONS

The primary objective is to obtain the trainee's perception of his/her training and to verify key points of information obtained during the employer interview. Confidentiality should be assured to trainee and adverse comments should not be shared with the employer if it might appear that a trainee was the source.

Business/Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Trainees Interviewed: \_\_\_\_\_ Date: \_\_\_\_\_

- A. How did you find out about the job here? What process did you go through before you could begin On-The-Job training?

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*(This question establishes how the trainee came into contact with the employer and the procedures involved in the assessment and referral process. Look for confirmation that the screening and/or assessment process was followed and that the trainee was not current employee simply sent to the Subrecipient for referral.)*

- B. Does the job fit your interest? Does it take into account your education and past experience and training?

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*(Does it appear that the trainee is an appropriate match to the job?)*

- C. Describe the training you are getting? Does the training match the training outline approved by you at the beginning of your training?

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*(Look for confirmation that the participant was aware of the type of training to be provided and that the training is effective in teaching the desired work.)*

D. Who is the person most responsible for your training? What methods does he or she use to teach the necessary skills?

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*(The purpose of this question is to confirm that the approach described in the contract is in effect. What is his or her opinion of the employer's implementation of the training outline?)*

E. What is your hourly wage when you started \$\_\_\_\_\_? What fringe benefits do you receive?

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*(This question confirms wages being paid and benefits received. Is this what the trainee expected? In what way is it different?)*

F. Do you have any comments about the working conditions?

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*(Look for indications that the employer is not in compliance with requirements governing work place conditions.)*

G. Who is your counselor or contact person at the Employment Connection? How often do you see him/her?

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*(Determine whether the participant is receiving on-going contact from the responsible party.)*

H. Have you ever worked less than 40 hours a week? How is your time on the job recorded? Have you ever had a complaint about your time? Have you ever signed a blank time sheet?

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*(This question confirms that time sheets are maintained and are the basis for paychecks. Time on the job should comply with the OJT contract.)*

**CONCLUSION:**

Does the participant agree with the choice of occupation, the choice of training site and the training plan? Based on the participant's comments, and perspective, how should the training be changed to make it more effective? Do any of the participant's remarks suggest a violation of the OJT contract? Is there any indication of a need for counseling? Does the participant believe that training will lead to a job that he or she wants?

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## TRANSITIONOL JOB PARTICIPANT INTERVIEW GUIDE

The primary objective is to obtain the trainee's perception of his/her training and to verify key points of information obtained during the employer interview. Confidentiality should be assured to trainee and adverse comments should not be shared with the employer if it might appear that a trainee was the source.

Business/Company Name: [Click here to enter text.](#) Supervisor Name: [Click here to enter text.](#)

Trainee Interviewed: [Click here to enter text.](#) Date: [Click here to enter text.](#)

A. Were you involved in Job Search activities? How did you find out about the job here?

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*(Determines if participant attended Job Squad, Workshops and received assistance from Case Manager.)*

B. Does the work experience you are receiving fit your interest?

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*(Look for confirmation that the staff followed the screening and/or assessment process and that the trainee was not a current employee simply sent to the LWIOA/Subrecipient for referral.)*

C. What is your job title? Describe the type of training you are receiving?

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D. Who is the person responsible for your training? Does the same person complete and sign the time sheet and complete the evaluation, is the evaluation discussed with you regularly?

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E. What methods does he or she use to teach the necessary skills?

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*(The purpose of this question is to confirm that the approach described in the contract is in effect. Does the employer follow the Task Oriented Training Plan? What is trainee's opinion of the employer's implementation of the training outline?)*

F. Do you have any comments about the working conditions?

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*(Look for indications that the employer does not comply with requirements governing work place conditions).*

G. Who is your counselor or contact person?

How often do you see him/her?

*(Determine whether the participant is receiving on-going contact from the responsible party.)*

H. On an average how many hours do you work at week?

How is your time on the job recorded?

Have you ever had a complaint about your time?

Have you ever signed a blank time sheet?

*(This question confirms that time sheets are maintained and are the basis for paychecks. Time on the job should comply with the TRANSITION TRAINING contract.)*

**CONCLUSIONS:**

Does the participant agree with the choice of occupation, the choice of training site and the training plan? Based on the participant's comments, and perspective, should the training be changed to make it more effective? Do any of the participant's remarks suggest a violation of the TRANSITION TRAINING contract? Is there any indication of a need for counseling? Does the participant believe that training will lead to a job that he or she wants?

Comments:

## **OJT CONTRACTS REVIEW**

### **INSTRUCTIONS:**

If the subrecipient is responsible for developing or supervising the OJT contracts, it is necessary to review the contracts for their compliance to WIB policies, WIOA requirements and cost limitations. Summarize the results below by indicating the percent of contracts reviewed that met the following requirements:

- \_\_\_ Identifies occupation and ONET code for which training is being provided
- \_\_\_ Training outline is incorporated in the contract and contains a schedule with appropriate times for learning each skill
- \_\_\_ Specifies wages to be paid and total hours to be completed
- \_\_\_ Identifies reporting and payment procedures in contract
- \_\_\_ Sets out beginning and ending dates of the contract
- \_\_\_ Provides for signatures of participant, employer and WIB prior to beginning date of contract
- \_\_\_ Reimbursement rates to the employer is no more than 50 percent as documented by employer payment records
- \_\_\_ Contains standard general provisions required by WIB and State for adherence to all WIOA provisions as they relate to OJT contracts

### **CONCLUSIONS:**

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## **CHECKLIST FOR STANDARD PROVISIONS**

Note if any of the following standard provisions are absent or there is some question about the adequacy of the provision. Add any other provisions required by the WIB or State for OJT contracts. Advise the administrative entity if provisions are missing or inadequate.

- Trainees will be covered by Workers' Compensation, or, if not applicable, alternative equivalent. {20 CFR. Sect. 683.280}
- Displacement of currently employed workers or infringement of promotional opportunities is prohibited. {20 CFR Sect. 683.270}
- Contains provisions that cover liability, sanctions & debt repayments {Sect. 184(a)}
- Records must be retained by the contractor, including time and attendance and payroll records.
- Contains provision regarding contract modification, handling of disputes and termination, including termination for the convenience of the government.
- Provides for maintenance, retention and access to pertinent records by staff from the LWIDA, State and U.S. Department of Labor. {Sect. 183 and 185}
- Training will be in accordance with laws and regulations governing safety and health standards applicable to the worksite. {Sect. 181 (b) (4)}
- Describe employer's commitment to retain participant(s) at the end of training.
- Requires contractor comply with all applicable business licensing, taxation, and insurance requirements.
- Employer will comply with Workforce Investment Act and regulations.
- Contains provision for nondiscrimination and prohibition against sectarian activities. {Sect. 188 and 20 CFR part 38}
- Contains provision for union concurrence/comment {Sect. 181 (b) (2) and 181 (c)}
- Provides compensation of the participant at the highest of the Federal, State and local minimum wage or the prevailing wage rate of similarly situated employees. {Sect. 194(4) and 680.700(b)}

**FILE REVIEW WORKSHEET**

**Monitor:**

**Date:**

**Tulare County One-Stop Office:**

Visalia  Porterville  Tulare  Dinuba

**PARTICIPANT DATA & GENERAL ELIGIBILITY**

**WIOA Application #/Source ID#:**

**Participant Name:**

**Last 4 digits of SSN:**

**Adult Eligible:**

Yes  No  N/A

**Basic Skills Deficient**

Reading  Math   
No H.S Diploma  N/A

**Veteran**  Yes  NO

**Eligible Spouse**  YES  NO

**Date of Birth**

**Male**  **Female**

**Dislocated Worker:**

Yes  No  N/A

**Age**

**Right-to-Work**

**Homeless**  N/A

**Selective Service**

Yes  No  N/A

**Documentation Reviewed:** Driver's License or ID Card  Social Security Card  U S Passport  Birth Certificate

Other (specify):

**Address Verification:**

**Participant Acknowledgment:**

Equal Opportunity Information

ROI / Program Complaint & Grievance Procedure

**Adult, Dislocated Worker, or DW Additional Assistance 25% Requirements Met:**

Yes  No

**Documented:**  Yes  No

**Employed at Application:**

Yes  No

**Self Sufficiency Eligible:**  Yes  No  N/A

**WIOA Application Date (Eligibility):**

2<sup>nd</sup> Review/Certified: Yes  No  Date:

(WIB Requirement: Conducted review within 15 days after application date?) Yes  No

**WIOA Registration/Enrollment/Participation Date:**

(WIB Requirement: Enrolled within 90 days after application date?)

Yes  No

**BASIC CAREER SERVICES**

102 Initial Assessment

105 Staff Assisted Workshops

Staff Assisted Job Development

Outreach/ intake/ orientation

Career Counseling/Career Coaching

107 Labor Market Research(LMI)

Staff Assisted Job Search, Placement

Staff Assisted Job Leads

Other(s):

**YES**  **NO INDIVIDUAL CAREER SERVICES**  **Inability to obtain/retain employment leading to self-sufficiency?**

203 Objective Assessment

205 IEP (Individual Employment Plan)

115 Resume Building

200 Individual Counseling

204 Interest and Aptitude Testing-Work Keys

188 Supportive Services

Group Counseling

Relocation Assistance

Career Planning

Financial Literacy Services

**YES**  **NO TRAINING SERVICES**

328 OST (non-ETPL provider, non-formula) No-ITA/OSHA Training

301 OJT On-the-job Training

300 ITA (Individual Training Account)

219 Work Experience

321 Transitional Jobs

Other Training Services

Dates of Training( N/A):

Comments:

Credential Documented:  Yes  No  N/A

MSG Documented:  Yes  No  N/A

<b>OJT Employer Name</b> ( <input type="checkbox"/> N/A): OJT Employer:            Address/City/Zip:		<b>Institution-ITA</b> ( <input type="checkbox"/> N/A):  <b>On ETPL (ITA)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Transitional Job/WEX Employer Name</b> ( <input type="checkbox"/> N/A): Transitional Job/WEX Employer: Address/City/Zip:		If No, explain below (ITA)	
Yes	No	Question (PROGRAM REQUIREMENTS) <input type="checkbox"/> N/A	Explanation (If needed)
		Objective Assessment, (Including WorkKeys Scores if completed and if Homeless).	
		IEP Plan available (mentioned supportive services if applicable) (ALL)	
		Participant was unable to obtain grant assistance from other sources available to pay for training. (ITA)	
		Participant is unable to obtain or retain employment, or wages comparable to or higher than wages from previous employment. (OJT or Transitional Job)	
		Participant is in need of training services.	
		Participant has the skills and qualifications to participate successfully in training.	
		Staff verified first day of training. (ALL)	
		Training concurs with Assessment or IEP? If No Explain (ALL)	
		Training linked to demand occupations in local area or area of relocation? If No, Explain. (ITA)	
		Training contract and supporting documents available in VOS.	
		Training start/end dates match contract, case notes and activity codes.	
		Attendance/Timesheet Records	
		Contract, training plan and/or other documents signed by all parties.	
		Upon completion of the OJT, must document progress in the case notes, and whether trainee was retained by employer.	
		Case noted OJT contacts and/or activities.	
		Case noted site visits and/or monthly contact was documented.	
		Bi-Weekly contact documented (ECO Transitional Jobs only).	
		Case note compliance (10 working days).	
Any 90+ day lapses of service? <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, indicate longest lapsed period:			
<b>Comments:</b>			
<b>EXIT AND FOLLOW-UP EMPLOYMENT INFORMATION (RESET/LEAP/Supervised Direct Hire)</b>			
<input type="checkbox"/> N/A			
Exit Date __/__/____	Date entered unsubsidized employment __/__/____	<input type="checkbox"/> Hr. <input type="checkbox"/> Mo. Wage \$ _____	Hrs. Per Week
Employer		Job Title	106 activity code added <input type="checkbox"/>
Entered Training Employment at Exit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Entered Employment after training: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Follow up services noted after employment (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	No Exit Info Provided: <input type="checkbox"/>
6 Month Follow up Contact Dates			

## YOUTH STAFF PROGRAM INTERVIEW GUIDE

Interviewee's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

### INSTRUCTIONS:

The following questions may be directed to more than one of the Subrecipient staff since there are a variety of subjects covered. Upon introducing yourself to the representative, explain the purpose of the interview and quickly review the subjects to be covered. The representative can then determine who the appropriate respondents are and arrange for their availability. This can be done by telephone prior to the site visit. Also note that some of the information called for in this interview may be available in the contract or other records available to you. If so, complete these sections prior to the interview and use the interview to confirm and clarify those points. Note to Monitor: Indicate if this is a work experience site or internship and use only the appropriate portions of this checklist.

### 1. PROGRAM OVERVIEW

- A. What is the general purpose of work experience/ internship? Describe briefly your approach to developing positions and matching them to participants. How do you view (keep track of) your progress in developing the number and type of worksites set out in the contract?

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*(The purpose of this question is to obtain a general orientation to the Subrecipients operations and to assure that the understanding obtained from the desk review is accurate. What are the criteria used to approve worksites?)*

- B. Where are participant, worksite and contract records kept? Is there a written worksite agreement that can be reviewed?

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*(This question assumes that the Subrecipient responsible for developing and supervising worksites. Response to this question locates where data sources are and identifies logistical problems around completing the monitoring visit in the event that some of the required data is maintained offsite. If there are work site agreements, ask for a copy to determine how much information can be secured from these documents.)*

C. What is the objective of the work experience/internship?

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*(Is it intended that this teach good work habits to participants with no prior work history? Correct poor work habits identified earlier? Teach specific job skills? Provide for career exploration? Is work experience or Internship linked to other training activities managed by this or another subrecipient? Is WE/Internship the primary activity in the ISS or does it complement concurrent activities?)*

**CONCLUSIONS:**

Review the information in this section. You should have a clear picture of the organization and activities of the WE/Internship's Subrecipient in terms of number of work sites, general approach, key staff involved, and WE's role in the participant's overall ISS development.

**2. APPROPRIATENESS OF WORK EXPERIENCE OR INTERNSHIP FOR PARTICIPANTS**

A. Describe how participants are recruited for work experience/internship and how is it determined that the participant is eligible for the program.

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*(If the Subrecipient is responsible for recruiting WE/IS participants, how is it determined that they are WIOA eligible? Are there any criteria for entering WE/IS activity other than the eligibility criteria? All youth must complete work readiness prior to enrollment in work experience or internship.)*

B. What written records or documents are used to determine which WE/IS slots are suitable for participants. How are participant assessment data used to match participants to particular WE/IS positions?

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*(Whether the Subrecipient is responsible for recruitment or not, there should be some evidence in their records that supports the participant's referral to a particular WE. Answering this question may require some reference to participant files or other documents. Look for indication in the documents or interviewee's response that the work sites are selected with participant employability needs in mind. What kinds of assessment data support the referral to WE? Describe this process of reviewing work sites prior to the assignment of participants.)*

## CONCLUSIONS

Is there sufficient reason to believe that work experience or Internship is appropriate for the participants from the information above? If not, do you require additional information? Statements to the effect that WE or Internship meets financial needs or that particular work sites are assigned because they are accessible to the participant does not satisfy the requirement that the work sites address employability objectives of the participant. There is sufficient information to determine the placement was suitable.

### 3. PROCESS INDICATORS OF QUALITY OF TRAINING

- A. Are there learning objectives stated for WE/Internship? Are they measurable?

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*(Learning objectives should be stated in behavioral specific terms, e.g., 90 percent attendance and 100 percent on-time, and be readily measurable, particularly as they relate to work habits. Is the employer well acquainted with the learning objectives? Are they in writing?)*

- B. How do participants learn how well they are doing on the job?

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*(Feedback is critical to learning and may take the form of work evaluations, comments by the supervisor, peer evaluations, or practice where they must perform a task to a set standard. Identify the form of feedback used.)*

- C. How do you determine when the WE/Internship objectives have been achieved? Is the assignment open-ended or for a set period? Do supervisors hesitate to “graduate” successful participants?

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*(The purpose of this question is to determine if WE/Internship is directly related to employability objectives and is therefore ended when those objectives are obtained.)*



- D. What form of worksite feedback is used to determine that the participant is progressing toward the employment objectives? How do you assure that the worksite supports the employability plan? How many participants have achieved their training objectives or employment?

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*(Recognizing that employers may object to disruption of work for the purpose of monitoring the training and may be unwilling to expend much energy completing written evaluations, the contractor must demonstrate, nevertheless, methods for assuring that the terms of the contract are being met. Probe especially for how the quality of training is assured and performance benchmarks are achieved.)*

- E. How do you determine that working conditions meet the standards and requirements of WIOA and the training contract?

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*(This question is directed to the issue of work site compliance with the State and federal safety laws, child labor laws, political, sectarian and maintenance of effort provisions. How does the subrecipient orientate the employer to these requirements? Note that if participants are less than 16, special work site requirements are imposed by the State.)*

**CONCLUSIONS:**

Determine if Work Experience/Internship serves the general aims of preparing participants for employment as described in the contract and that the number of participants being served meets contract performance benchmarks. Make note of points that you feel need further confirmation from other data sources.

**4. ACCURACY OF TIME AND ATTENDANCE RECORDS**

- A. How do you assure the accuracy of participant attendance and time records that support the payroll?

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*(This question is concerned with the procedures used to track and record participant attendance at the work site. Do both the work site supervisor and participant sign the time sheet? How often are time sheets collected? What is the length of the pay periods? Do participants punch a time clock?)*

B. If the Subrecipient is responsible for participant payroll, how do you ensure that wages do not exceed the limits set by the contract?

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*(Because wages are paid on an hourly attendance basis, participant attendance controls the payrolls. How does the subrecipient monitor participant attendance so that budgeted participant wages is consumed but not exceeded?)*

## YOUTH WORK SITE SUPERVISOR INTERVIEW GUIDE

### INSTRUCTIONS:

#### Employer:

Worksites must comply with various administrative requirements in addition to providing an appropriate experience for participants. Interviews accomplished while the participant is on-site provide opportunity to observe the training experience and the working conditions while obtaining the work site supervisor's perceptions of the purpose of Work Experience. The work site supervisor should be the person who directly supervises the participants and is most responsible for their learning experience.

**Work Site Supervisor:** \_\_\_\_\_

**Interviewee and Title:** \_\_\_\_\_

A. How long have you functioned as a worksite supervisor for trainees?

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*(This question establishes the supervisor's experience and familiarity with the participant now under his or her supervision. Is the most qualified employee serving as the work site supervisor?)*

B. How does (do) the participant(s) fit in with the work done here?

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*(The purpose of this question is to determine if the participant is compatible with the work environment in terms of both basic skill requirements and personal attributes. Probe for how the participant's appearance, social skills, attention to detail, basic education level, and personality match the work site.)*

C. What are the participant's duties?

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*(Probe for specific responsibilities, kinds of equipment used, products expected and level of difficulty represented by each. If you are unfamiliar with the nature of the job done by the participant, ask these questions of the supervisor. How much responsibility does the participant have?)*

- D. How do you track the participant's attendance? What records of the participant's attendance are maintained?

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*(This question checks on the accuracy of the attendance records that support wages paid the participant. Are they complete and verified by the supervisor and the participant? How does the supervisor check attendance? Does the work site supervisor's response corroborate information given by the contractor?)*

- E. Are you familiar with requirements for WIOA work experience sites? (I.E., Child Labor Laws)  
 Yes,  No how did you become familiar with them?

**CONCLUSIONS:**

How would you judge the value of this work site in achieving the stated employability objectives for the participants? What are its strengths and weaknesses in terms of number of participants it can serve, type of learning objectives it can achieve types of participants it can serve, accessibility to participants, attractiveness of the work environment, and quality of the supervision? In terms of your observations, how effective do you think this supervisor is with disadvantaged participants?

## WORKEXPERIENCE YOUTH PARTICIPANT INTERVIEW GUIDE

### INSTRUCTIONS:

Use the following questions to learn the participants' perception of their work experience. Begin the interview with introductions, recording their names below. Use respondent initials to attribute significant responses to a particular individual, particularly if the information requires some additional follow-up.

### INTERVIEWEES:

A. How long have you been at this worksite?

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*(This question establishes the respondent's experience with the work site)*

B. How do you track daily attendance?

C. What happens if you are late?

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*(The purpose of this question is to determine if being on time, an important work related behavior, is being reinforced by the work site. Probe to learn if the work site supervisor's response is similar to that of an employer of a regular employee.)*

D. What happens if you miss time at work?

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*(Are good work related behaviors being reinforced? Can lost time be made up? Are attendance requirements understood by the participants and enforced by the contractor?)*

E. Do you think that you get enough attention from your supervisor?

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*(Do the participants think that they get enough job coaching and help from their supervisor? If not, what do they think accounts for that? Too many participants or other people to supervise?)*

F. Do you ever feel that you are wasting your time? When?

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*(The purpose of this question is to determine the participants' perceptions about the usefulness of the work experience. Probe for why they may think their time is being wasted. Are such feelings associated with a particular area of the training?)*

**CONCLUSIONS:**

To what extent does the information from the participant interviews confirm or refute information from other sources? Where there appears to be discrepancies, restate the question or probe more thoroughly to assure that there is no confusion. Note areas of disagreement with other data sources for further investigation

## WIB ELIGIBILITY CHECKLIST FOR WIOA OSY YOUTH PROGRAMS

SP \_\_\_\_\_ Area \_\_\_\_\_ Date: \_\_\_\_\_

WIB Monitor: \_\_\_\_\_

Calendar Year: \_\_\_\_\_

WIOA Youth Eligibility WIOA Application Verified			
First Name:	Last Name:	Last 4 SSN:	<input type="checkbox"/>
Orientation Date:	Customer Profile <input type="checkbox"/>	Emergency contact <input type="checkbox"/>	<input type="checkbox"/>
Application Date:	Participation Date:		<input type="checkbox"/>
Second Review Date: <input type="checkbox"/>	Selective Service Registration Requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>
2 <sup>nd</sup> Review completed within 15 days after application date. <input type="checkbox"/> Enrolled within 90 days after application date. <input type="checkbox"/>			<input type="checkbox"/>
DOB:	Age:	Gender:	Work Permit Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
EEO/Grievance <input type="checkbox"/>	Release of Information <input type="checkbox"/>	Address Verification <input type="checkbox"/>	
<b>I-9 Documents.</b> Driver's License or ID Card <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____			<input type="checkbox"/>
<b>Additional Comments:</b>			
WIOA Out-Of-School Youth			
Requirement	Verified		
Not Attending Any School	<input type="checkbox"/>		
Between the Ages of 16 and 24 at Time of Enrollment	<input type="checkbox"/>		
<b>AND Must Check One or More of the Following</b>	<b>Verified</b>		
School Dropout	<input type="checkbox"/>		
Compulsory School age, Did Not Attend Recent Quarter	<input type="checkbox"/>		
Secondary School Diploma/Equivalent, Low Income, & Basic Skills Deficient	<input type="checkbox"/>		
Secondary School Diploma/Equivalent, Low Income, & English Language	<input type="checkbox"/>		
Learner	<input type="checkbox"/>		
Connected to the Juvenile or Adult Justice System	<input type="checkbox"/>		
Homeless, Runaway, Social Security, or Out-of-Home Placement	<input type="checkbox"/>		
Pregnant or Parenting	<input type="checkbox"/>		
Disability	<input type="checkbox"/>		
Low-Income and Needs Additional Assistance-Local Policy (Family Size/Income)	<input type="checkbox"/>		
Foster Care	<input type="checkbox"/>		
WIOA Key Youth Program Components Verified			

Work Readiness (Prior to Work Experience/Internships) Pre Test <input type="checkbox"/> Post Test <input type="checkbox"/> N/A <input type="checkbox"/> Objective Assessment (OA) <input type="checkbox"/>	<input type="checkbox"/>
Identify a Career Pathway Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>
Needs and goals as identified in OA.	<input type="checkbox"/>
Evaluation of; basic skills, occupational skills, prior work experience, employability, interests, aptitudes, supportive service needs, the skills needed to develop potential career and employment potential. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input type="checkbox"/>

<b>Individual Services Strategy (ISS/IEP)</b> Verified	
Training and Employment Goals	<input type="checkbox"/>
ISS/IEP modified and updated as needed.	<input type="checkbox"/>

<b>Program Elements</b>	
Service Provider must ensure that the following program elements are offered as options, either directly or through community linkages and bases on the needs of each individual participant. Check all that applies.	
1. Tutoring, study skills training, instruction, and dropout prevention.	<input type="checkbox"/>
2. Alternative secondary school services or dropout recovery strategies.	<input type="checkbox"/>
3. Paid and unpaid work experiences.	<input type="checkbox"/>
4. Occupational skills training.	<input type="checkbox"/>
5. Education offered concurrently with workforce preparation and training for specific occupation.	<input type="checkbox"/>
6. Leadership Development opportunities.	<input type="checkbox"/>
7. Supportive Services.	<input type="checkbox"/>
8. Adult mentoring.	<input type="checkbox"/>
9. Follow-up services. 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 12-month <input type="checkbox"/>	<input type="checkbox"/>
10. Comprehensive guidance and counseling.	<input type="checkbox"/>
11. Financial literacy education.	<input type="checkbox"/>
12. Entrepreneurial skills training.	<input type="checkbox"/>
13. Services that provide labor market information.	<input type="checkbox"/>
14. Postsecondary preparation and transition activities.	<input type="checkbox"/>

<b>Other WIB Requirements</b> Verified	
Pre-Award Survey available in VOS.	<input type="checkbox"/>
Data input within ten (10) workings days of activity/case notes within (10) working days of an	<input type="checkbox"/>



activity/contact/monthly follow up if enrolled in activities.	
Time and Attendance Records. N/A <input type="checkbox"/>	<input type="checkbox"/>
Participant Files fully document all eligibility and program requirements	<input type="checkbox"/>
Work Experience Contract and TOTP and Job Descriptions. N/A <input type="checkbox"/>	<input type="checkbox"/>
Acquisition of Skills, including educational levels and/or post-secondary attainment.	<input type="checkbox"/>
Site Supervisor and Participant Work Experience Orientation and Handbook Notations. N/A <input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Comments:</b>	

<b>SUPPORTIVE SERVICES <input type="checkbox"/>N/A</b>				
--	--	--	--	--

Item(s)	Amount	Documented	Justification and Approval	Date

## WIB ELIGIBILITY CHECKLIST FOR WIOA ISY PROGRAMS

SP \_\_\_\_\_ Area Date \_\_\_\_\_

WIB Monitor: \_\_\_\_\_

Calendar Year: \_\_\_\_\_

WIOA Youth Eligibility WIOA Application Verified			
First Name:	Last Name: Last	4 SSN:	<input type="checkbox"/>
Comprehensive Orientation <input type="checkbox"/>	Customer Profile <input type="checkbox"/>	Emergency contact <input type="checkbox"/>	<input type="checkbox"/>
Application Date: EEO/Grievance <input type="checkbox"/>	Participation Date:	Address Verification <input type="checkbox"/>	<input type="checkbox"/>
Second Review Date: <input type="checkbox"/>	Selective Service Registration Requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		<input type="checkbox"/>
2 <sup>nd</sup> Review completed within 15 days after application date. <input type="checkbox"/> Enrolled within 90 days after application date. <input type="checkbox"/>			<input type="checkbox"/>
DOB:	Age:	Gender:	Work Permit Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>I-9 Documents.</b> Driver's License or ID Card <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: <input type="checkbox"/>			<input type="checkbox"/>

**Additional Comments:**

WIOA In-School Youth (Summer Program)	
Requirement:	Verified
Attending school/enrolled to continue school in the fall.	<input type="checkbox"/>
Between the Ages of 14 and 21 years of age.	<input type="checkbox"/>
Low income individual.	<input type="checkbox"/>
<b>AND Must Check One or More of the Following Barriers:</b>	<b>Verified</b>
Basic Skills Deficient.	<input type="checkbox"/>
An English language learner.	<input type="checkbox"/>
An offender.	<input type="checkbox"/>
A homeless individual or a runaway.	<input type="checkbox"/>
Foster care.	<input type="checkbox"/>
Pregnant or parenting	<input type="checkbox"/>
Individual with disability.	<input type="checkbox"/>
Transgender and gender non-conforming individuals.	<input type="checkbox"/>
Additional assistance to complete education program or secure and hold employment.	<input type="checkbox"/>
WIOA Key Youth Program Components Verified	

Work Readiness Training Pre Test <input type="checkbox"/> Post Test <input type="checkbox"/> N/A <input type="checkbox"/> Objective Assessment (OA) <input type="checkbox"/>	<input type="checkbox"/>
Needs and skill level identified in OA.	<input type="checkbox"/>
<b>Individual Services Strategy (ISS/IEP) Verified</b>	
Training and Employment Goals	<input type="checkbox"/>
ISS/IEP modified and updated as needed.	<input type="checkbox"/>
<b>Work Readiness Training Modules</b>	
All youth must, at a minimum, complete training in areas identified below prior to placement in a paid work experience activity.	
<b>The Hiring Process – Module I:</b> <ul style="list-style-type: none"> <li>• Job Application – completed application and/or post-test</li> <li>• Resume &amp; Cover Letter – completed resume and cover letter and/or post-test</li> <li>• Interview and Follow-up – workshop attendance and mock interview worksheet</li> </ul>	<input type="checkbox"/>
<b>Success in the Workplace – Module II:</b> <ul style="list-style-type: none"> <li>• Appearance and Personal Habits – post-test</li> <li>• Time Management (Punctuality, Attendance, Reliability) – post-test</li> <li>• Communication and Teamwork (Attitude, Behavior, Courtesy, Teamwork) – post-test</li> <li>• Personal Responsibility (Initiative and Personal Responsibility) – post-test</li> </ul>	<input type="checkbox"/>
<b>Life Skills – Module III:</b> <ul style="list-style-type: none"> <li>• Money Management and Self-Sufficiency (Budget and Finances) – completed budget</li> <li>• Career Exploration and Education Planning (Career Exploration and Higher Education) – workshop attendance</li> </ul>	<input type="checkbox"/>
<b>A Safe and Productive Summer – Module IV:</b> <ul style="list-style-type: none"> <li>• Workplace Ethics – orientation and participant handbook</li> <li>• Safety Practices and Labor Laws – orientation and participant handbook</li> <li>• Non-Discrimination and Sexual Harassment – orientation and participant handbook</li> <li>• Agency Information and Policies (i.e. timesheets, etc.) – orientation and participant handbook</li> </ul>	<input type="checkbox"/>
<b>Work Experience:</b> <ul style="list-style-type: none"> <li>• Complete a minimum of 20 hours of work experience/work maturity – time sheet and supervisor evaluation.</li> </ul>	<input type="checkbox"/>
<b>Program Elements</b>	
Service Provider must ensure that the following program elements are offered as options, either directly or through community linkages and bases on the needs of each individual participant. Check all that applies.	
1. Tutoring, study skills training, instruction, and dropout prevention.	<input type="checkbox"/>
2. Alternative secondary school services or dropout recovery strategies.	<input type="checkbox"/>
3. Paid and unpaid work experiences.	<input type="checkbox"/>
4. Occupational skills training.	<input type="checkbox"/>
5. Education offered concurrently with workforce preparation and training for specific occupation.	<input type="checkbox"/>
6. Leadership Development opportunities.	<input type="checkbox"/>
7. Supportive Services.	<input type="checkbox"/>

8. Adult mentoring.	<input type="checkbox"/>
9. Follow-up services. 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 12-month <input type="checkbox"/>	<input type="checkbox"/>
10. Comprehensive guidance and counseling.	<input type="checkbox"/>
11. Financial literacy education.	<input type="checkbox"/>
12. Entrepreneurial skills training.	<input type="checkbox"/>
13. Services that provide labor market information.	<input type="checkbox"/>
14. Postsecondary preparation and transition activities.	<input type="checkbox"/>
<b>Other WIB Requirements</b>	
Verified	
Data input within ten (10) workings days of activity/case notes within (10) working days of an activity/contact/monthly follow up if enrolled in activities.	<input type="checkbox"/>
Pre-Award Survey available in VOS.	<input type="checkbox"/>
Time and Attendance Records. N/A <input type="checkbox"/>	<input type="checkbox"/>
Participant Files fully document all eligibility and program requirements	<input type="checkbox"/>
Work Experience Contract and TOTP and Job Descriptions. N/A <input type="checkbox"/>	<input type="checkbox"/>
Receipt of Agency Policy on Sexual Harassment. N/A <input type="checkbox"/>	<input type="checkbox"/>
Acquisition of Skills, including educational levels and/or post-secondary attainment.	<input type="checkbox"/>
Site Supervisor and Participant Work Experience Orientation and Handbook Notations. N/A <input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Comments:</b>	

## **INSTRUCTIONS FOR WORKSHEET NO. 2**

Complete the Work Site Checklist by reviewing a sample of work site records. List on the form in the first column the name of the work site supervisor, the number of participants supervised, and the occupations represented. Under the column A “Time Documented,” check if time sheets or some other form of documentation of attendance at the work site is in evidence. In addition, check the next two columns if starting and ending dates for each of the participants assigned to the work site are recorded.

The column, “Work Site Standards” refers to indications that the work site complies with all applicable laws governing WIOA work sites and Child Labor Laws. Check this column if all standards are in force, or note which ones is not in force.

“Work Permit” column should be checked if the work site or contractor has on file work permits for any youth assigned to the work site.

**Work Experience WORKSHEET NO. 2 (Youth)**  
**WORK SITE CHECK LIST**

Provider:

Date:

Work Site Location And Supervisor Name	Number of Participants	Participant Name and Occupation	Time Documented	Date		Work Site Standards	Work Permit
				Start	End		

# WORKFORCE INVESTMENT BOARD OF TULARE COUNTY

## Eligible Training Provider Compliance Monitoring Guide

<b>TRAINING PROVIDER:</b>	
<b>STREET ADDRESS:</b>	
<b>CONTACT PERSON:</b>	<b>PHONE:</b>
<b>ETPL COORDINATOR/COMPLIANCE MONITOR:</b>	<b>PHONE:</b>
<b>ONSITE REVIEW DATE:</b>	

For the section below, mark YES or NO next to each numbered Review Component to indicate if Training Provider is in compliance with WIB requirements. Components marked NO must include an explanation in the Comments column.

<u>REVIEW COMPONENT</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>COMMENTS</u>
<b><i>Eligible Training Provider Agreement</i></b>				
1. Training Provider maintains a signed copy(s) of the ETPL Provider Contract. <sup>1</sup>				
2. Training Provider maintains all required insurance coverage.				

<sup>1</sup> It is understood that “Agreement (Contract)” includes, but is not limited to formal/informal contracts, memorandums of understanding, and all other binding agreements.

<p>3. Training Provider has a current school catalog of all of its WIOA-funded training programs.</p>				
<p>4. Training Provider has a current business license.</p>				
<p>5. Training Provider has current (non-expired) licensure, accreditation, or approval to operate for all of its WIOA-funded training programs by one of the following bodies:</p> <ul style="list-style-type: none"> <li>a. Bureau of Private Postsecondary Education Approval to Operate, or Verification of Exemption by BPPE.</li> <li>b. Accreditation by the Accrediting Commission for Senior Colleges and Universities, WASC, or the Accrediting Commission for Senior Colleges and Universities, WASC, or the Accrediting Commission for Community and Junior Colleges, CSU, UC, and other WASC accredited institutions.</li> <li>c. Postsecondary institutions eligible under Title IV of the Higher Education Act (HEA) and offering programs leading</li> </ul>				



<p>toward an associate degree, baccalaureate degree, or certificate.</p> <p>d. Approval by the California Department of Education.</p> <p>e. Approval by the Chancellor's Office of the California Community Colleges (CCCCO).</p> <p><b>(Provide a copy)</b></p>				
<p>6. Training Provider is aware of and has implemented a process for collecting and reporting performance data for each of its training programs. Training Providers not subject to the Bureau for Private Postsecondary Education (BPPE) requirements must submit a Program Performance Report to the WIB.</p>				
<p>7. Training Provider has a proper system established to track WIOA participant attendance.</p>				
<p>8. Training Provider facility appears to have a clean, safe work environment for students, instructors, and staff, and is accessible.</p>				
<p>9. Training Provider has established and maintains a grievance/complaint policy and procedure in compliance with local/state/federal law.</p>				

**Data and Information Maintenance**

<p>10. Recipients of WIOA funds must maintain records of students, applicants for employment and employees and records related to discrimination complaints, whether they exist in electronic form (including email) or hard copy, for a period of not less than three years from the close of the applicable program year. Does the agency maintain records to comply with this requirement?</p>				
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**Program Accessibility**

<p>11. Training Provider has a reasonable amount of nondiscrimination and equal opportunity notice/posters displayed in prominent locations throughout the facility.</p>				
<p>12. Training Provider, during each presentation to orient new participants, new employees, and/or the general public, in person or over the internet or using other technology, includes a discussion of rights and responsibilities under the WIOA nondiscrimination and equal opportunity provisions, including the right to file a discrimination complaint with the Training Provider, Local</p>				

Area, or the Department of Labor's Civil Rights Center.				
13. Training Provider provides language assistance services (oral interpretation or written translation)				
14. Training Provider is aware of the nondiscrimination assurance to comply fully with the nondiscrimination and equal opportunity provisions of the WIOA and the government's right to seek the judicial enforcement of the nondiscrimination assurance.				
15. Training Provider has a policy and procedure established for providing and processing reasonable accommodation requests for individuals with disabilities.				

## **TRAINING PROVIDER SELF ASSESSMENT**

Please provide written responses to each of the questions below to indicate how the Training Provider maintains compliance with WIOA Equal Opportunity (EO) requirements.

### **QUESTION**

### **RESPONSE**

#### ***EO and Nondiscrimination Requirements***

1. How are Training Provider staff made aware of nondiscrimination and equal opportunity laws?	
2. Has the Training Provider set up policies and procedures to ensure it complies with EO laws and regulations, which include that it does not discriminate on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin ( including limited English proficiency) age, disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in any WIOA Title-I financially assisted program or activity?	
3. Does the Training Provider maintain a log to track all complaints?	

#### ***Equal Opportunity Officer/Designee***

4. To whom are nondiscrimination and equal opportunity duties delegated to? (E.g. maintaining complaint logs, ensuring EO compliance, corrective actions/sanctions, affirmative outreach, etc.) Please indicate the name, title, and contact information of the EO Officer or	
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designated person responsible for EO and nondiscrimination duties.	
5. How is the identity of the person responsible for EO and nondiscrimination processes made known to students, instructors, and staff?	

**Notice and Communication**

6. Are the EO policies and procedures including the “Equal Opportunity is the Law” and Equal Opportunity is the Law Supplement notices, posted in conspicuous places with mention of name and phone number of the staff person to be contacted if problems occur?	
7. How does the Training Provider ensure participants are notified of Nondiscrimination and Complaint Resolution Procedures, and their right to file a complaint?	
8. Does the Training Provider maintain evidence that participants are informed of the resolution procedures?	
9. Are EEO posters and the Industrial Welfare Commission Order Regulating Wages and Work Conditions posted in a conspicuous manner?	

**Program/Physical Accessibility**

10. How does the Training Provider ensure that qualified individuals with disabilities are provided an equal opportunity to participate in and benefit from programs and services provided?	
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**WIB MONITOR**

**DATE**

**MONITOR’S COMMENTS**

## ONE-STOP SYSTEM MONITORING GUIDE

Purpose: To review compliance with one-stop operational guidance. This section should integrate the prior sections to complete a comprehensive review of one-stop operations and systems.

### I ONE-STOP PARTNERS INCLUDED

One-Stop Operator Name:

One-Stop Operation Address:

What type of Facility?

Population(s) served at this Location:

Comprehensive One Stop  
  Satellite  
  Adult  
  Dislocated Worker  
  Youth

**For each partner in the One-Stop, please provide the following information:**

Partner Name	Program Partner Represents	Signed MOU?	MOU Expiration Date	Signed IFA?	IFA Expiration Date	On-Site Partner	Off-Site Partner


WIOA (Adult, DW, Youth), Wagner-Peyser, Adult Education/Literacy, Rehabilitation, Older Americans Act, Post-Secondary Vocational, TAA/NAFTA, Veterans, CABG, HUD, UI

<b>I. Partners Included (Continue)</b>		
<b><u>Key Elements</u></b>	<b><u>Current Expectations</u></b>	<b><u>Met (yes/no)</u></b>
<b>B. <u>Other Partners</u></b> Each center has other important partners		
<i>Attach a list of other partners of the one-stop center/system including the contact person and telephone number.</i>		
<b>C. <u>One-Stop Center/System Staffing</u></b>	Partner staff will contribute to overall staffing of the centers/system.	
	The OSO shall hire qualified personnel consisting of both staff who meet qualification standards set forth in the RPF.	
<i>Attach a list of core staff and their duties.</i>		
Comments:		
<b>II. Core Services for all Job, Education, and Training Seekers</b>		
<b><u>Key Elements</u></b>	<b><u>Current Expectations</u></b>	<b><u>Met (yes/no)</u></b>
<b>A. <u>Mandatory Services</u></b> Services that will be available universally and not require an eligibility determination.		
1. Eligibility determination for available funding sources.	A process that determines the eligibility of customers to participate in the programs offered by mandated and other partners of the local Workforce Investment System including the establishment of eligibility for welfare-to-work activities and programs of financial assistance for employment and training programs.	
<b>Attach a copy of the Procedures for Determining Eligibility</b>		
2. Directory of Services	A directory that provides a descriptive “menu” of services available at the one-stop center/system.	

<b>Attach a copy of the Directory of Services</b>		
3. Resource Referral Services	Provision of information on how to access supportive service agencies available in the local one-stop center/system area.	
<i>Attach a list of training dates and staff who were trained to provide resource and referral services. Attach a list of available supportive service agencies.</i>		
4. Job Service/Employment Information	<p>Assistance to customers in locating, applying for, and obtaining a job. This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>a. job-finding skills</li> <li>b. resume writing assistance</li> <li>c. work search plan assistance</li> <li>d. job development</li> <li>e. job referral and placement services</li> <li>f. job clubs</li> <li>g. job search workshops</li> <li>h. vocational exploration</li> </ul>	
<i>Attach workshop curriculum, calendar, or other written material and a list of software that will demonstrate the availability of the job service/employment information.</i>		
5. Labor Market Information	<ul style="list-style-type: none"> <li>a. Provision of occupational wage and supply/demand information</li> <li>b. Identification of geographic and occupational areas of potential growth or decline.</li> <li>c. Assessment of the effects of such growth or decline on individuals, industries, and communities.</li> <li>d. Individual career information</li> </ul>	
<i>Attach a list of available information that addresses each of the Labor Market Information areas.</i>		
6. Orientation is provided on an individual basis by Intake/Greeter staff.	<ul style="list-style-type: none"> <li>a. An orientation that explains the programs available through referral from a one-stop center including information about the program, its services and the availability of those services.</li> <li>b. A procedure to provide for intake of the programs of the mandated partners at the one-stop center.</li> </ul>	
<i>Attach the orientation agenda and the referral procedures.</i>		
7. Outreach to disadvantaged populations	A plan that describes outreach strategies for disadvantaged populations	



<i>Attach the plan for outreach to disadvantaged populations.</i>		
8. Assessment	The process used to determine the employability needs of individuals as well as their progress towards achievement of redefined occupational goals.	
<i>Attach a list of available assessment tools and workshops. Attach a calendar to demonstrate its availability.</i>		
9. Integrated Services Orientation	The provision of information to all potential customers concerning available career resources and labor market information.	
<i>Attach an outline of the integrated services orientation and a calendar to demonstrate its availability.</i>		
<b>10. Initial Screening and Coordination System for the next level</b>	A method by which an applicant is made aware of other programs or services and receives appropriate assistance in being referred.	
<i>Attach the procedure for coordination of the system.</i>		
<b>11. Unemployment Insurance</b>	A service that allows applicants to file their initial claims for unemployment insurance benefits.	
<i>Attach the procedure that explains how applicants will be able to file for unemployment insurance benefits at the one-stop center(s).</i>		
<b>12. Performance Information</b>	Information on local area performance as well as the performance of eligible training providers that can be used by one-stop customers to make informed choices.	
<i>Attach documents that are used to provide performance information to customers.</i>		
<b>13. Other</b>	A one-stop center/system is a reflection of the community that sponsors it. Other services reflecting the needs of that community may be provided.	
<i>Attach a list of any other job, education, and training services provided or linkages available.</i>		

<b>III. INTERGRATION</b>
Integrated Services Delivery System Major Components
One-Stop staffing will support the following integrated components: The Welcome Team, The Skills & Talent Team, The Employment Solutions Team, and The Customer Experience Team. Please describe each of the components. Please provide a description of how these components are integrated in the One-Stop Center.
The Welcome Team:
The Skills & Talent Team:
The Employment Solutions Team:
The Customer Experience Team:

<b>IV. Services for Employers</b>		
<u>Key Elements</u>	<u>Current Expectations</u>	<u>Met</u> (yes/no)
<b>A. <u>Mandatory Core Services</u></b>		
1. Directory of Services	A directory that provides a descriptive “menu” of services available at the one-stop center(s).	
<i>Attach a copy of the Employer Directory of Services</i>		
2. Resource Referral Services	Provision of information on how to access business assistance/incentives available in the local one-stop center(s)	
<i>Attach a list of assistance and incentives as well as a procedure to connect businesses with the resources.</i>		
3. Job Applicant Data Bank	A service that will allow employers to fill job openings by accessing a “talent bank” that matches job seekers’ skills and/or occupations to the employer’s specifications.	
<i>Attach a list of staff trained in the use of America’s Job Bank, America’s Talent Bank, America’s Learning Exchange and/or other local/state job system and procedures for assuring that employ know how to use these internet based systems.</i>		
4. Labor Market Information	Occupational wage, supply/demand information, geographic/occupational areas of potential growth/decline, assessment of the effects of growth/decline on individuals, industries, communities, and employers.	
<i>Attach a list of information that addresses each area.</i>		
5. Economic Development (Basic Incentives)	Information on basic incentives (e.g., tax credits, enterprise zones, or other incentives) as well as	

	local planning and zoning commissions or boards, community development agencies, and other entities responsible for regulating, promoting, or assisting in local economic development.	
<i>Attach a list of information that addresses each area.</i>		
6. Outreach to Employers	A plan that describes outreach strategies to employers.	
<i>Attach a plan for outreach to employers.</i>		
7. Other Services	A one-stop center is a reflection of the community that sponsors it. Other services reflecting the needs of that community may be provided.	
<i>Attach a list of other employer services available at the one-stop center or in the one-stop system. OSO submitted a handout used for employers.</i>		

<b>V. Service Integration</b>		
<b><u>Key Elements</u></b>	<b><u>Current Expectations</u></b>	<b><u>Met (yes/no)</u></b>
A. Cross-Trained Staff	Capacity Building provided to staff and managers.	
<i>Attach a list of cross training accomplished including the names and titles of the staff that were trained. Attach a calendar of future training sessions with an outline of the materials to be provided and identification of the staff to be trained.</i>		
B. Shared Job Development	Job Development is coordinated to ensure a system is in place to work with employers	
<i>Attach a description of the job development coordination occurring at the one-stop center or in the system. OSO will submit a description of the job development coordination at @ location.</i>		

<b>VI. Community Support</b>		
<b><u>Key Elements</u></b>	<b><u>Current Expectations</u></b>	<b><u>Met (yes/no)</u></b>
A. Local Elected Official support	Local Elected Officials endorse the plan for the one-stop center/system.	
<i>Attach a copy of the Local Elected Officials letter of support and/or Memorandum of Understanding between the Workforce Investment Board and the one-stop center/system operator, or other instrument of agreement if applicable.</i>		
B. Partner Identification	All partners within the one-stop center/system are identified.	
<i>Attach copies of a letter of support from each partner and/or Memorandum of Understanding between the partner and the one-stop center/system operator describing the role and responsibility of each party.</i>		
C. Name of the one-stop center/system	Each one-stop center/system must have a name that reflects the community partnership.	

**Name: Employment Connection** \_\_\_\_\_

\_\_\_\_\_

*Show how the name has been used for location identification, letterhead, signage, marketing, etc.*

Comments – Discussion:


<b>VII. Customer Access</b>		
<b><u>Key Elements</u></b>	<b><u>Current Expectations</u></b>	<b><u>Met (yes/no)</u></b>
<b>A. <u>Mandatory Customers</u></b>		
1. All job, education, and training seekers	All job, education, and training seekers must have access to the core mandated services.	
2. All employers	All employers must have access to the core mandated services.	
<i>Attach a copy of the procedures that will assure all job, education and training seekers, as well as employers, have access to the one-stop center/system.</i>		
<b><u>B Physical Locations</u></b>		
1. Central full-service one-stop center.	Each system must have at least one physical location that will act as a full service one-stop site. Facility must meet Americans with Disabilities Act requirements.	
<i>Attach a floor plan of the physical location(s) including an address and telephone number. Document a walking tour of the one-stop centers.</i>		
2. Other local partner locations	Each center/system may be linked to other partner locations.	
<i>Attach a list of other partner locations. Demonstrate how partners communicate with the hub. Provide website address if appropriate.</i>		
Comments: Other partners location - not on site at the One Stop		

AJCC Name:			
Address:			
City:			
Type of Facility:		Population (s) Served:	

**For Each Partner in the One-Stop, please provide the following information:**

Partner Name:	Program(s) the Partner Represents:	On-Site or Off-Site Partner:	Is there a signed MOU?	Expiration Date:	Comments:
		On-site <input type="checkbox"/> Off-site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Basic Career Services and Staff Assisted Career Services**

Indicate below the required activities carried out in the location and the method(s) of service delivery of each:	Internet	In-Person Interview	Phone	Print Media	Referral (off-site)	Comments:
WIOA Eligibility Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orientation to WIOA Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs Assessment (skills, aptitudes, abilities, and supportive services (needs))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Career Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib Vacancy Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Local In-Demand Occupations and Required Skills/Earnings Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information on Availability of Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UI Claims Filing Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance Establishing Eligibility Programs or Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Area Performance Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Performance and Cost of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eligible Training Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eligible Providers of Youth Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Providers of Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Providers of Post-Secondary Vocational Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Providers of Vocational Rehabilitation Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Assisted Job Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Assisted Job Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Assisted Job Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Assisted Job Clubs/Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe the location and availability of public transportation near this facility:						
Describe how services are made available to an individual who is working full-time (M-F, 8-5) in need of assistance:						
Are facilities and services available to local business? If yes, describe the services available:						

**WORKFORCE INVESTMENT BOARD OF TULARE COUNTY**  
**WIOA MONITORING REVIEW**  
**AMERICA'S JOB CENTERS OF CALIFORNIA DELIVERY SYSTEM SURVEY**

**One-Stop Location:**

**Date:**

1. What is the process for referring participants who have needs that are beyond the program? (E.g. Housing, Food stamps.)
2. How do you ensure that all participant activities and outcomes are reported completely, accurately, and timely?
3. What internal control structure do you have in place to safeguard personal identification information (PII), including medical information, in case files, stored electronically, or passing through electronic devices?
4. When a participant is on an OJT, how do you ensure participants are being paid wages at the same rate as other staff in the same organization?
5. How do you ensure participants are placed in safe education, training, or work locations?
6. What documentation is kept to verify participants are registered with Selective Service?
  - a. Please describe your policy and procedure for determining eligibility for a participant who was required to register with selective service system but did not?
7. How are you meeting the needs of veterans and spouses who are seeking education and training benefits under WIOA?
8. Do you currently have a procedure in place for handling complaints and grievances from participants and other interested or affected parties?
9. How do you ensure that you develop career pathways to support participants to enter and retain employment?
10. How do you ensure recipients of public assistance, other low-income individuals, and individuals who are basic skills deficiency receive priority of service?
11. How do you ensure that staff know to immediately report instances of fraud, waste, abuse, and criminal activity committed by staff, contractors, or program participants?

**Eligibility**

1. How do you ensure staff are accurately determining income eligibility?



2. How do you determine adult low-income eligibility?
  - a) What documentation is use to support adult low income?
3. How do you determine dislocated worker eligibility?
  - a. What documentation is used to support dislocated worker eligibility?
4. How do you determine if an individual is basic skills deficient?
5. What assessments are used to determine basic skills deficiency?

### **Training**

1. Before using WIOA funds to finance training, how is it determined and documented other funding is unavailable.
2. Please described how OJT providers are identified and selected?
  - a. For OJT reimbursement how is the percentage determined?
  - b. How the appropriate length of an OJT contract determined?
  - c. How do you ensure the contracts are not made with employers who have previously exhibited a pattern of failing to provide OJT participants with continued long-term employment?
3. Do OJT contracts detail the knowledge and skills needed to perform the job?
4. How do you ensure that training employers have not experienced recent layoffs?
5. How is it determined, and documented that OJT training will be used instead of an ITA to provide training services?
6. How is it determined who is offered training?
  - a. How much consumer choice is involved?
  - b. What type of information is being provided to participants in order to assist them with selecting employment and training programs?
7. Who determines the types of training in which participants are enrolled?
  - a. How is labor market information used to determine training activities in the local area?

8. Other than demand occupations, what other criteria is used to select training?
9. Are participants given the state list of eligibility training providers?
10. What happens when a specific, requested training course is not available to a participant?
11. How is it determined that an individual has the skills and qualifications to participate in training?
12. How do you ensure and document training is directly linked to employment opportunities linked to in-demand occupations?
13. How do you verify that the participant is attending training?
  - a. What documentation or records are used to verify attendance, progress, and completion of training?
14. What steps are taken to ensure the participant is meeting the training program goals?
15. What procedure is in place for case managers to be notified if a participant is no longer attending training?
16. What happens when a participant does not successfully complete a training program?
17. How do you ensure that participants placed in training, OJT, or work experience do not report directly to family members or friends?

### **Supportive Services**

1. How do you make supportive services available under WIOA?
2. How is it determined that supportive services are not available from any other resources and how is it documented?
3. How is it determined and documented that supportive services are reasonable and necessary to participate in WIOA activities?
4. Please describe the types of documentation kept to substantiate supportive services provided to participants?

**SUBRECIPIENT  
MONITORING**

**EXIT INTERVIEW CHECKLIST**

Subrecipient \_\_\_\_\_

Contract # \_\_\_\_\_ PY \_\_\_\_\_

Date of Monitoring Visit \_\_\_\_\_

Date Exit Interview Completed \_\_\_\_\_

Meeting \_\_\_\_\_ Telephone \_\_\_\_\_

Monitor \_\_\_\_\_

Program \_\_\_\_\_ Fiscal \_\_\_\_\_

1. ( ) Recommendation(s) discussed

2. ( ) Finding (s) discussed

Itemize findings and recommendations

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

Is technical assistance advised/required?

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

( ) Follow-up Date \_\_\_\_\_

## MONITORING RESOURCES

### SAMPLE SIZE

SAMPLE SIZE - - An adequate sample will generally be between 5-25% of the population. As a rule, a small proportion of a large population and a large proportion of a small population will provide an adequate starting point for determining sample size. At a minimum, the following sample size requirements should be met.

<b>Population Size</b>	<b>Minimum Sample Size</b>
100 or under	20 % of population
101 – 500	15% of population
501 – 1000	10% of population
1001 or more	5% of population

In addition to population size, there are other factors to consider in determining sample size. These factors are listed below. Sample size should be increased beyond the minimums listed above to address conditions under each factor.

1. Eligibility Criteria Complexity – a larger sample size is indicated in programs with multi-faceted or complex eligibility criteria.
2. Suggestion of Irregularity – a larger sample is indicated if there is a suggestion or clue that ineligible individuals have been enrolled.
3. Relative Risk – a larger sample may be indicated if the intake/enrollment/verification functions are not under the direct supervision of the Tulare County Workforce Investment Board, or if the functions are being performed by new staff members or subcontractors.

All files will be randomly selected.

## **GLOSSARY OF TERMS UTILIZED BY THE MONITORING UNIT**

Desk Review: A review of information available in the WIB contract file, fiscal files, and management information system.

On-site or Field Review: A review conducted at the subrecipient or contractors physical location.

WIB General Files: The master files located at Workforce Investment Board of Tulare County Administrative Offices.

WIB Audit Log: A list of audit findings developed by reviewing an agency's annual audits. This is a requirement by state directive.

WIB Monitoring Log: A list of findings and the resolution of findings.

Risk Assessment: In accordance with WIBD-01, the method by which the level and intensity of monitoring is determined.

EDD Compliance Review Division: The monitoring unit at the state level. Also called CRD.

Draft Transmittal Letter: The Draft Report initially sent to a subrecipient within 30 days of completion of the on-site monitoring visit.

Final Report: The report, in letterform, which informs the subrecipient of the WIB's conclusions regarding any findings that may have been transmitted in the Draft Transmittal/Draft Report Letter.

Observation: The condition or deficiency which has resulted in a monitoring finding and/or concern.

Random Sample: An unbiased selection of data to be reviewed to verify its accuracy.

Requirement: The requirement of the legislation, regulation, and/or directive (state or local) which the condition or deficiency violates.

Recommendation: The action(s) which will correct the condition or deficiency which has resulted in a finding or concern. Recommendations are developed in consultation with all responsible WIB Analysts and WIB management.

Subrecipient Response: The reply from a service provide which either refutes the condition or deficiency; or corrects the condition or deficiency.

WIB Conclusion: WIB's acceptance or denial of the Subrecipient Response. Acceptance is not an indicator that the finding or concern is closed. The matter may remain open pending follow-up or future monitoring review.

Follow-up: Subrecipient Responses accepted by the WIB must be verified in either an additional review, or in future monitoring visits, as appropriate.

Technical Assistance: Resolution of a concern or finding with guidance or advice from the appropriate WIB Program Analyst