Process Memorandum

July 5, 2022

Re: Monitoring

**Purpose:** The purpose of this process memorandum is to transmit the Lowcountry Workforce Development Area’s monitoring guide for participant services contracts administered by the Lowcountry Council of Governments under the oversight of the Lowcountry Workforce Development Board.

**Background:** In compliance with the Workforce Innovation and Opportunity Act (WIOA), Section 185(c)(3) and WIOA Regulations, Section 683.410, the Lowcountry (LWDA) will monitor all recipients of financial assistance under the Workforce Innovation and Opportunity Act (WIOA). The LWDA will also monitor grant recipients for data quality and incorporates data validation procedures and methodology into internal controls, data quality assurance process, and the 2 CFR 200.328-required monitoring policies and procedures.

**Process:** In order to ensure that programs are operating in accordance with the federal statutes and regulations, state policies, local workforce development area instructions, and contract requirements, the local workforce development area (LWDA) will monitor programs, services, data quality, and administrative and financial procedures in accordance with the attached monitoring guide.

**Action:** Contractors are required to:
- Transmit this monitoring guide to all staff who may be involved in monitoring, operating, or overseeing programs and services.
- Complete designated sections of the monitoring guide and return to the LWDA’s administrative offices at least one week prior to the scheduled on-site visit.
- Design and implement internal monitoring systems.

**Inquiries:** Questions regarding this memorandum should be directed to the attention of Shelly Campbell, scampbell@lowcountrycog.org, 843-473-3975 and Michael Butler, mbutler@lowcountrycog.org, 843-473-3969.
LOWCOUNTRY LOCAL WORKFORCE DEVELOPMENT AREA (LWDA) MONITORING GUIDE

I. MONITORING PROCESS

A. PURPOSE
The purpose of the monitoring is to assist contractors in reaching the desired goals that lead to program data quality, efficiency and effectiveness and to comply with the federal statutes and regulations, state policies, local workforce development area instructions, and contract requirements. The local workforce development area (LWDA) will monitor programs, services, and administrative and financial procedures in accordance with the attached monitoring guide.

This section further determines the effectiveness of services provided to WIOA participants. Services should assist participants in successfully completing WIOA-funded activities. To be effective, services must be delivered in a timely manner.

B. OBJECTIVE
Monitoring is a primary tool for the identification of strengths and weaknesses in the operation of programs and delivery of services at the contractor level. Monitoring will be performed by local workforce development area (LWDA) staff and may include Workforce Development Board (WDB) members, and others involved in the oversight responsibility of the programs.

C. PROCEDURE
Monitoring will begin as soon as the contract is fully executed and will be on-going. All areas of this guide that are applicable to a contract will be completed during the contract period. The review will cover all aspects of each contractor's operation using virtual, desk-top, and on-site monitoring techniques. Announced and unannounced monitoring visits may be conducted. Primarily announced visits will be made when the monitoring requires staff input.

The Lowcountry LWDA will develop a monitoring schedule and the contractor will be notified in writing (email) prior to the announced on-site visit.

The contractor is expected to make all staff, records, equipment, and sites available during the scheduled review(s).

1. Desk-Top and Virtual Review
Desk-top review will be conducted by the monitor to gather and analyze data for various purposes and may be performed during a monitoring visit, when providing technical assistance, or when conducting an investigation, or follow-up and may consist of, but is not limited to, the following:
- Contractor's documentation on file at the LWDA
- Contract and subsequent modifications
• Financial reports and supporting documentation
• SC Works Online Services financial, participant and performance data
• The Act and Regulations
• Guidance (federal, state and local policies and procedures)
• Various specialized programmatic and financial reports, including, but not limited to, monthly financial status reports, status of funds reports, and request for payment invoices. Timeliness of submission will also be evaluated in the review of these and other reports.
• WIOA Ad Hoc Reports
• Data Validation
• Participant files
• Interviews of contractor staff, participants, training site supervisors, and/or instructors
• Observation of training facilities, instruction, etc.
• Inventory of property
• Correspondence to and from the Contractor
• Previous monitoring and audit reports

2. Types of Monitoring and Frequency
• The Administrative, Program Specific, Equal Opportunity, and Financial monitoring will be accomplished as an on-going process to be completed by the end of the contract period.
• Performance Monitoring, on-going, will allow a more frequent review of documents reflecting performance and may or may not be so structured as to require "formal" reports to be written. Contractors will be required to provide corrective action plans for areas of deficiency noted during the performance review(s).
• Pre-Award Survey. Before a new contract award, a pre-award survey may be conducted to assure that the proposed contractor has the administrative and financial capabilities to administer a contract.
• Equal Opportunity Monitoring will be conducted on an ongoing basis by the Lowcountry LWDA EO Officer to ensure compliance with equal opportunity requirements. A formal review or self-assessment will be conducted as least annually as part of the One Stop Standards.
• On-the-Job Training Monitoring will be conducted on an ongoing basis by the Lowcountry Business Services team.
• Program, Financial, including Property, Monitoring will be conducted at least once annually.
• Data Validation Monitoring will be conducted quarterly (October, January, April, July) and will consist of a review of applicable data elements reported to DOL via the Participant Individual Record (PIRL) to the documents on file in SCWOS. Contractors must ensure that all data elements requiring documentation are supported by the sources outlined in the most current DOL Data Element Validation Policies. Current policies are listed for information, however the most current/recent in effect will apply.
Data Validation is a means of satisfying participant file review requirements.
  o Data Validation Monitoring may or may not be so structured as to require "formal" reports to be written.
  o Contractors may be required to provide corrective action plans
  o Contractors may be required to complete correction of data entry errors and omissions for areas of deficiency noted during data validation review(s).
  o LCOG may complete correction of data entry errors and omissions

Ongoing (desktop, virtual, technical assistance): The monitor will email results of desk top reviews to the Local and/or Regional Program Manager and may request a response or action from contractor to make corrections and/or provide additional technical assistance or training to their staff. Repeated errors or lack of timely response to monitor or failure to complete the necessary action may be accelerated to the contractor’s signatory official as it may indicate a lack of internal controls and a weakness regarding management.

3. Formats
   a. Site reviews (in-person or virtual) are to be conducted at least annually:
      • At the contractor's office or online and may include partners, participants, training providers and/or work sites (in-person and/or virtual);
      • With the staff who performed the tasks related to the area of review;
      • Must include a review of SC Works Online Service Participant Files
         o Data Validation is the primary means of Participant File review, additional Participant Files or data may be reviewed;
      • Prior to going on-site, a preliminary desk review is to be conducted to increase efficiency while at the site;
      • The preliminary data gathered will enable the monitor(s) to address problems concerning participant reporting, performance, and other issues while conducting the virtual or on-site monitoring;
      • The contractor will be notified in writing of required document submissions and applicable deadlines. Based on information supplied by the contractor, various audit tests will be conducted by the monitors that will verify compliance to stated policies and procedures.
      • Subsequent to the desk review, the monitor(s) will visit the site (in-person or virtual).

   b. Review documents which pertain to the activity being reviewed.
      • Contractor document submissions will be reviewed
      • Data entry will be reviewed

   c. Interviews:
      • At a minimum, the monitor will interview at least two (2) staff. A combination of experienced and new staff will be selected. Participant interviews, Training
provider and Worksite provider interviews may also be conducted and may be by phone.

d. Entrance and Exit Meeting:
   • Entrance meeting will be conducted with at least 1 member of contractor’s staff (staff in attendance to be determined by contractor) to discuss the monitoring schedule and expectations. This also provides an opportunity for exchanging additional information, comments, and explanations.
   • An exit meeting may be conducted if requested by the contractor’s signatory. The exit conference may be conducted to discuss accomplishments and to initiate corrective action, as required, without waiting for the written monitoring report. This also provides an opportunity for exchanging additional information, comments, and explanations.

e. Report. The Monitoring file will be established and will include:
   • If applicable, correspondence to the contractor’s signatory official summarizing deficiencies and corrective action required, including a deadline date, no more than thirty (30) days of the date of the correspondence for completion of the corrective action.
   • If applicable, a response from the contractor, if corrective action is required.
      • If the response is satisfactory, the contractor will be notified that no further action is required, aside from implementation of the corrective action plan.
      • If the proposed corrective action plan is deemed unsatisfactory, the contractor will be so notified and asked to submit a revised corrective action plan within ten (10) days of the date of the transmittal letter.
      • The revised corrective action plan will be reviewed and the contractor will be notified of a disposition within fifteen (15) days of the date of the response.
      • Failure of any contractor to respond within the established time period may trigger sanctions, which may include termination for cause.
      • If necessary, the Lowcountry LWDA will conduct a follow-up review within ninety (90) days of the date of the final disposition. Additional follow-up reviews may be conducted on an as-needed basis, depending on the Contractor’s response and may include site visits.
   • An official report will be written and forwarded to the signatory official within ninety (90) days of the on-site visit. The report will identify any deficiencies noted as a result of the monitoring, as well as any identified outstanding areas of operation and program accomplishment.
      o Monitoring reports will be issued to the LCOG Workforce Development Director to share with applicable entities and parties, including the LWDB to assist the board in meeting their oversight responsibilities and in their planning for future programs.
Monitoring Information Request

Please answer the following questions so that Lowcountry monitors are more familiar with local operations. This information request concerns USDOL required programmatic monitoring for the applicable program year. In the event the Contractor has any additional information that is deemed necessary for greater accuracy within the programmatic monitoring framework; that information may be inserted at the end of this document in the “Additional Information” section.

This form must be completed with each response included under the corresponding question. This completed form must be returned to LCOG within the deadline established in the engagement letter. Each document requested must be scanned as a separate document and clearly named to allow for identification of the corresponding question. For Example, Section 2 question 8 requires submission of the customer feedback survey tool, this document would be scanned and named “MIR II 8 Survey Tool” (Monitoring Information Request Section II Question 8).

Any documents not specifically named, not scanned in order, not named in a manner that allows for quick and simple identification will be rejected without review and deemed as not submitted.

Note: Italicized items are related to EO monitoring requests.

The following information should be submitted as soon as possible but no later than the deadline established in the engagement letter:

Section I – Governance, SCWOS, and Service Provider Information

1. List all trainings staff members have attended within the last 12-month period, if any. Include description of Training(s) and Attendees and Date(s):
   RESPONSE:

2. Who is the Point of Contact (POC) for sub-recipient/In-house programmatic monitoring for this Contract and what is their title and contact information?
   RESPONSE:

3. Who is the Point of Contact (POC) for sub-recipient/In-house financial monitoring for this Contract and what is their title and contact information?
   RESPONSE:

4. Does the Contractor have a data quality assurance person? If yes, what is this person’s name and contact information? Describe the Contractor’s SCWOS data quality assurance process to include identification and resolution of data entry errors and omissions?
   RESPONSE:

5. Are staff provided a fully executed copy (signed and dated) of the grants with WIOA Terms and Conditions attached? If no, please explain circumstances.
   RESPONSE:

6. With what frequency are SCWOS and Ad Hoc reports reviewed and how is that information applied by the Contractor?
   RESPONSE:
Section II – SC Works Service Delivery System

1. How often are SC Works Partner meetings held? Please provide a list of Dates, Locations and copies of Agendas and Meeting Minutes Partner meetings for the applicable timeframe.
   RESPONSE:

2. What process, including corrective actions, are in place to ensure maximum participation of all required partners in SC Works and in SC Works Partner meetings?
   RESPONSE:

3. Please list SC Works Partners in SC Works Center Locations to include: Location, Staff Name, Partner Agency, Partner Meeting Dates and Attendance Dates.
   RESPONSE:

4. Describe the process to ensure attainment of SCWORKS Certification Standards, Continuous Improvement of baseline standards, and maintenance of certification of all centers. Please include a description of how the contractor maintains documentation that verifies each component of the Certification requirements, and how the SCWORKS Certification is monitored and any corrective action.
   RESPONSE:

5. Submit the current SC Works Combined Operational and Business Plan. Described the development and evaluation process including the date of most recent review and date of current plan.
   RESPONSE:

6. List all current SC Works staff, by SC Works Center location, Job Title, Program, Date of Hire. If applicable include Date of CDF Certification, Date of SC Works Next Step Training program certification, Date of Customer Service certification, and any other applicable professional certifications.
   RESPONSE:

7. Describe how the One Stop Operator uses performance information and what specific performance information is used to measure the effectiveness and continuous improvement of the SC Works delivery system. How is this information communicated to the SC Works staff and how is it used to improve service delivery?
   RESPONSE:

8. Describe how the One Stop Operator has developed and maintains a system to track and address customer feedback regarding service delivery and makes improvements as needed based on analysis of feedback. Submit (1) survey tools used, (2) methods and written protocol regarding the survey tool, and (3) any corrective actions taken to improve customer feedback, including those to improve response rates.
   RESPONSE:

9. Describe how the One Stop Operator has established and maintains an effective procedure to track and address customer complaints in a timely and efficient manner and any actions taken to resolve customer complaints.
   RESPONSE:
10. Describe the SC Works Center new employee orientation procedure to acclimate new partner employees to site procedures and policies. Submit documentation of receipt of orientation.

RESPONSE:

11. Describe the Referrals Process including how all staff and partners create report, track, and outcome Referrals; how and when the Referrals are evaluated; and how corrective actions to improve Referral Process and Referral Outcomes are implemented and evaluated. Describe any actions taken to improve the Referral Process and Referral Outcomes including a list of all training and one-stop staff partner attendance at each training (initial and on-going).

RESPONSE:

12. Submit the One-Stop Common Intake to include triage protocol to reduce wait times and standard set of questions that could lead to service prescriptions or options.

RESPONSE:

13. Describe the actions taken to: Develop the One Stop Common Intake process, in consultation with all partners; Improve the One-Stop Common Intake process, if any; and outcome of improvement actions (resulting reduction of customer wait times and reduction of the number of customers leaving the office without service), if any.

RESPONSE:

14. Described how and when the Operator convened all Lowcountry partners (management and front line) to participate in a formal data-driven analysis of employer need. Submit all related documents, agendas, minutes, data from the meeting.

RESPONSE:

15. List all partner training (date, location, description, and attendance) on the Common Intake Process and Referral process (initial and on-going).

RESPONSE:

16. Please list all community groups that SC Works staff consults with to encourage participation by focus populations.

RESPONSE:

17. Please describe how the contractor ensures and monitors locations and services are inclusive and accessible.

RESPONSE:

18. Please list all training dates, staff attendance, training outline/agenda provided on how to identify individuals who could benefit from Assistive Technology in the SC Works Centers and how to provide services utilizing the Assistive Technology available in the SC Works centers.

RESPONSE:
Section III- Adult, Dislocated Worker and Youth Program Activities

1. List all staff additions or subtractions since the last monitoring. Please include the name, job title, and date of action of addition/separation.

   RESPONSE:

2. List Staff names, job title, and contact information and which center(s) the staff will be in during current program year scheduled onsite monitoring dates.

   RESPONSE:

3. Describe the Recruitment and Enrollment/Participation process, including timing benchmarks for each step. (Provide copies of contractor-developed outreach materials)

   RESPONSE:

4. Is the Recruitment to Enrollment/Participation process reviewed at regular intervals? If yes, what are those intervals and what information is being reviewed, how are corrective measures implemented if they are needed and what is the process for confirming corrective action was completed and effective?

   RESPONSE:

5. How is orientation conducted (i.e., one on one, group format, etc.)?

   RESPONSE:

6. If applicable, please list the days, times, and locations of orientation below.

   Day(s)          Time(s)          Location(s)

   RESPONSE:

7. What assessment tools are utilized for Adult, DW and Youth populations? Please list below:

   Assessment(s)               Population(s)

   RESPONSE:

8. Describe the assessment process:

   RESPONSE:

9. Describe the Plan (Individual Service Strategy and Individual Employment Plan) process. Is the Plan process reviewed at regular intervals? If yes, what are those intervals and what information is being reviewed, how are corrective measures implemented if they are needed and what is the process for confirming corrective action was completed and effective? How does the contractor ensure all Plans are compliant with applicable state instructions?

   RESPONSE:

10. Describe the Follow Up Process. Is the Follow Up process reviewed at regular intervals? If yes, what are those intervals and what information is being reviewed, how are corrective measures implemented if they are needed and what is the process for confirming corrective action was completed and effective?

    RESPONSE:
11. Does the contractor use Supplemental Wage Data to report performance? If yes, describe the process, including timeframes for when data is collected, the documentation used to verify reported performance, the quality controls the contractor conducts to ensure accurate reporting of supplemental wages used to report performance.

RESPONSE:

12. Describe the Case Note Process. Is the Case Note process reviewed at regular intervals? If yes, what are those intervals and what information is being reviewed, how are corrective measures implemented if they are needed and what is the process for confirming corrective action was completed and effective?

RESPONSE:

13. Does the Contractor conduct suitability screening for individuals prior to enrollment into the WIOA program? If yes, please provide a copy of the policy/process.

RESPONSE:

14. What goals has the contractor set for each staff member regarding active case load, service delivery of training, support services, youth work-based learning, follow-up, expenditures, or other goals? (Provide a copy of goals or detailed explanation)

RESPONSE:

15. What actions has the contractor taken to actively market and promote the WIOA program to area businesses and public agencies in the community to ensure an adequate and diverse number of Work Sites to meet the expenditures of the contract budget in a timely manner? (Provide a copy of any outreach materials).

RESPONSE:

16. How does the Contractor match work-based learning sites to participants?

RESPONSE:

17. Does the objective assessment and Individual Plan indicate that WBL is appropriate for participants placed in these activities?

RESPONSE: _____ Yes _____ No

18. Describe worksite supervisor orientation and training held by the contractor. Did all supervisors, including substitute supervisors, receive an orientation? (Be prepared to provide documentation which shows supervisor participation in orientation sessions for selected worksites)

RESPONSE:

19. Is a copy of the signed worksite agreement kept at each worksite?

RESPONSE: _____ Yes _____ No

20. Does the individual receive a copy of the complete signed worksite agreement and addendums?

RESPONSE: _____ Yes _____ No
21. How does the Contractor ensure that work experience arrangements do not unfavorably impact current employees and do not impair existing contracts or collective bargaining agreements and no not replace the work of employees who have experience layoffs or displace existing workers or infringe on promotional opportunities?
RESPONSE:

22. How often is each Work Experience worksite monitored?
RESPONSE:

23. Is the monitoring shared with LCOG? How? (Be prepared to provide monitoring reports for selected sites)
RESPONSE:

24. How does the Contractor ensure that health and safety standards and requirements for reasonable working conditions of the worksite are met?
RESPONSE:

25. Does the contractor conduct internal monitoring of the Adult, Dislocated Worker, Youth programs and one stop operations to ensure compliance with contract requirements?
RESPONSE:

26. Have monitoring reports been completed?
RESPONSE:

27. Is the monitoring shared with LCOG? How? (Be prepared to provide monitoring reports)
RESPONSE:

28. Describe the process the contractor uses to ensure contract budgets are expended. Are current budgets on target? If no, what corrective actions have been taken.
RESPONSE:
Section IV - Participant File Management

1. Are participant files reviewed at regular intervals?
   a) If yes, what are those intervals and what information is being reviewed?
   b) Who conducts the review?
   c) How are corrective measures implemented if they are needed?
   d) What is the process for confirming timely corrective action was completed and effective?
   e) Have the monitoring reports been shared with LCOG?

   RESPONSE:

2. What is the Contractor Participant File Management policy/process?

   RESPONSE:

3. Please list the standard required file documents for each stage of the program (Eligibility, Active Participation (including Educational Services, Training, Support Service, Youth Work Based Learning, etc.) and Follow-Up.

   RESPONSE:
Section V - Participant Cost Management

1. Provide the contractor’s definition of “timely” payment for both vendors/providers and participants.
   RESPONSE:

2. Are Vouchers approved/issued in advance of planned start dates? If yes, what is the deadline to approve vouchers in relation to planned start dates?
   RESPONSE:

3. Describe the process in place to ensure participants do not exceed the ITA and Support Service policy limits.
   RESPONSE:
Section VII – Additional Information

1. Please provide any additional information that the Contractor feels will contribute to the accuracy and effectiveness of the upcoming monitoring:

RESPONSE:
Data Request List
Annual On-site WIOA Monitoring
Program Year ______

Please use the following checklist to assist you in ensuring that all required documentation has been provided for the financial monitoring review period indicated below. **Please submit all requested Section I documentation electronically.** Each document must be scanned and submitted as a separate document, the name of the document must correspond to the Section and Item Number and include identification of the contents. For example: the document name for Data Request List Section I, Item 1, A, 2 Conflict of Interest Policy would be “DRL 1.A.2 Conflict of Interest”. Further all scans must be legible and in order. Any documents not submitted as described will be deemed as not received and will not be examined.

*Note: Italicized items are related to EO monitoring requests.*

**Entity Name:** ____________________________________________

**Financial Monitoring Period:** ______________________________

**Programmatic Monitoring Period:** __________________________

### Section I

The following items should be submitted as soon as possible but no later than: __________________

<table>
<thead>
<tr>
<th>Item #</th>
<th>Documentation</th>
<th>Provided</th>
<th>N/A</th>
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<tbody>
<tr>
<td>1.</td>
<td>General Entity information</td>
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<tr>
<td>A.</td>
<td>Policies and procedures manuals:</td>
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<tr>
<td>1.</td>
<td>Accounting Policies and Procedures</td>
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<td>2.</td>
<td>Conflict of Interest Policy</td>
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<td>3.</td>
<td>Travel Policy</td>
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<td>4.</td>
<td>Procurement Policy</td>
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<td>5.</td>
<td>Credit Card Policy</td>
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<td>6.</td>
<td>Subrecipient/Internal Monitoring Policy</td>
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<td>7.</td>
<td>Records Retention Policy</td>
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<td>8.</td>
<td>Nondiscrimination Policy</td>
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<td>9.</td>
<td>Interpreter Policy (serving LEP and the Deaf)</td>
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<td>10.</td>
<td>Medical/disability Information Policy</td>
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<td>11.</td>
<td>Confidentiality of Demographic Data Policy</td>
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<td>12.</td>
<td>Anti-harassment and Accommodation Policies</td>
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<tr>
<td>13.</td>
<td>Dress Code Policy</td>
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<td>B.</td>
<td>Organizational Chart</td>
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<td>C.</td>
<td>WIOA funded Job Descriptions</td>
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<td>D.</td>
<td>Sample of publications, recruitment brochures, and other materials communicating information about WIOA activities.</td>
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<td>E.</td>
<td>Code of Conduct/Standards of Behavior Notice</td>
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<tr>
<td>F.</td>
<td>Copy of Request for Accommodations Log</td>
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2. Financial Information

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<tbody>
<tr>
<td><strong>A.</strong></td>
<td>WIOA General Ledger <em>(exported from Accounting System. Excel or Excel format)</em></td>
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<tr>
<td><strong>B.</strong></td>
<td>WIOA Chart of Accounts</td>
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<tr>
<td><strong>C.</strong></td>
<td>Check Register <em>(exported from Accounting System. Excel or Excel format)</em></td>
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<tr>
<td><strong>D.</strong></td>
<td>Current WIOA Property Control Records:</td>
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<tr>
<td><strong>E.</strong></td>
<td>Cost Allocation Plan/Indirect Cost Rate approval by Cognizant Agency</td>
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| **F.** | Credit Card Accounts  
  - Credit Card Authorized user list |

3. EO Information

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<tbody>
<tr>
<td><strong>A.</strong></td>
<td>List of EO training provided by Contractor to staff, operator, and providers (including dates)</td>
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<tr>
<td><strong>B.</strong></td>
<td>EO Coordinator contact information</td>
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4. Monitoring information

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<tbody>
<tr>
<td><strong>A.</strong></td>
<td>Monitoring Reports</td>
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<td><strong>B.</strong></td>
<td>Monitoring Tools used</td>
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<td><strong>C.</strong></td>
<td>Monitoring Schedules</td>
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<tr>
<td><strong>D.</strong></td>
<td>Copies of policies and procedures manuals</td>
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<td><strong>E.</strong></td>
<td>ETA Salary Cap Certification</td>
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<td><strong>F.</strong></td>
<td>Separation of Duties Questionnaire - Signed copy</td>
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Additional information required as follows:

Data Submission Complete ☐
### Section II

The following items must be provided no later than Entrance Conference on: ____________

<table>
<thead>
<tr>
<th>Item #</th>
<th>Documentation</th>
<th>Provided</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Documentation demonstrating resolution or current status of the entity’s prior year submitted corrective action plan <em>(if applicable)</em></td>
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<tr>
<td>2</td>
<td>Bank Reconciliations (including bank statements and cancelled checks) – for the month of: ____________</td>
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<td></td>
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</tbody>
</table>
| 3      | Payroll Registers – for the month of: ____________  
   A. All WIOA related timesheets *(Direct and Indirect Employees)* |          |     |
| 4      | Description of **prepaid program items** *(i.e. bus passes, gift cards, stipends, scholarships, etc.)* |          |     |
| 5      | Outreach Items purchased using WIOA Funds                                     |          |     |
| 6      | Request for Proposals (Bid Package) and procurement records:  
   A. Cost/Price Analysis  
   B. Request for Proposal Advertisement(s)  
   C. Proposals Received  
   D. Evaluation Process  
   E. Negotiations, if applicable  
   F. Approvals  
   G. Awards/Modifications |          |     |
STAFF INTERVIEW
(To be completed by the Monitor, all questions are not required, monitor has discretion to skip or expand interview)

Name of Staff: ___________________________________________________________

Date: __________________ Assigned Location: _____________________________

Do you have a copy of the current Program year Contract?
Does your employer (the contractor) set goals for applications, enrollments, follow-up,
If yes, what are yours and where are you in relation to reaching your goals?
Do you feel the goals set by your employer are reasonable?
What happens when you reach your enrollment/case load goal?
What happens when you do not reach your enrollment/case load goal?
What have you identified as your top barrier(s) to successfully meeting your goals? Are they
different for each program?
How many youth on your case load received WBL this year?
Any currently in WBL?
Any planned between now and the end of the current program year?
Does your employer set any goals for you regarding WBL?
Of those who received WBL this program year, how many were successful? What have you identified to improve success rate?
Describe your efforts to recruit employers for WBL:
What have you identified as your top barrier(s) to successfully meeting the Work Based Learning requirement?
Describe your efforts to recruitment: Do you have any targeted strategies to enroll DW or Youth or AD?
How many customers are in WIOA funded training?
Do you have goals or have you been given a budget for Training and Support Services for each program?
Have you identified any barriers regarding training or support services?
How do you review your files to ensure all documents are in the file?
How often do you review your files to ensure all required documents are present?
How do you correct or address missing file documents?
   Application
   Participation
   Training/Support Service approved applications
   Other documents: attendance, assessment, follow up (supplemental wage data)
Tell me how to find Lowcountry approved training provider list:
Tell me where to find all Lowcountry Policies. (monitor’s option: Email me the ______ policy.)
Tell me where to find all State Policies. (monitor’s option: Email me the ______ policy.)
Tell me where to find all Federal Policies. (monitor’s option: Email me the ______ policy.)
How do you verify support services are being paid on time?
Have you had questions or complaints about support service timeliness from participants?
How do you resolve payment issues?
Do you think late delivery of support services impact training success?
What reports do you run and how often?
What do you do with the information from the reports?
What is your process to clear Alerts?
Do you have any System Closed activities?
How do you avoid System Closed activities?
How do you clear system closed activities?
Where are CIF files stored? (monitor’s option: Send me list of CIF files you are responsible for)
How do you document existence of CIF files in SCWOS?
How often do you see (face to face or virtual face to face) customers and deliver services?
How and when are participants assessed?
What tools do you use to Assess participants?
How is information obtained from assessment used to aid in the development of the IEP/ISS?
How often do you look at Plans and describe update process.
Aside from managing customers participating WIOA services, what other services do you provide as a member of the SC Works Workforce Center?
How is the need for supportive services and training determined?
Are supportive services and training needs documented in the case notes? Be prepared to show examples.
Are supportive services and training needs documented on the IEP/ISS? Be prepared to show examples.
How are individual budgets documented and how are payments tracked against the budgets to ensure timely payments and budget are not over/under for each participant?
How and how often do you verify customer is in compliance with the Lowcountry Satisfactory Progress requirements?
Describe the action(s) taken when a participant is failing to make satisfactory progress in his/her training
How often are participants provided follow up services? How do you document this in SCWOS?
How often do you try to contact a participant before giving up?
How do you document Follow up contact and contact attempts?
What information and documentation and when, do you collect from the individual during follow up?
Provide examples of individual SCWOS data entry regarding follow-up.
Are self-monitoring procedures in place? If so, please explain.
What reports do you run and when? If so, please explain.
Do you have active (non-exited) customers with expired Objectives or Goals?
Describe how you know Objectives/Goal are soon to expire or expired.
How do you clear compliance exception regarding expire Goals/Objectives?
Describe your strategy to avoid expired goals and objectives?
Do you have exited customers with incomplete follow-up? How do you know?
Do you have exited customers with an Open Plan? How do you know?
Do you provide follow up services?
Describe how you determine who receives follow up services and when.
How do you report follow-up services?
Do you use Supplemental wage information data to verify employment at Q2 and Q4 follow-up?
Describe the documents used to verify Supplemental wages
How do you determine when (dates) to obtain Supplement Wage documentation?
What are the 5 individual participant WIOA Performance measures?
Do you know what your performance goals are?
Do you know what your actual performance is in relation to the goals?
What do you need to be successful, but you do not have?
What information or data would you like to have, but do not?
Do you have a Best Practice to share?
Do you have a Success Story to share?
Describe a typical day:
Anything else you would like to share or any questions for me?
Describe how you ensure equitable, inclusive services that comply with accessibility and non-discrimination?
What's the greatest challenge to this contract that you have identified or have overcome?
What would you like to share?
What changes would you like to see?
One Stop Operator INTERVIEW

(To be completed by the Monitor, all questions are not required, monitor has discretion to skip or expand interview)

Name of Staff: ____________________________________________________

Date: __________________ Assigned Location: _______________________

Do you have a copy of the current Program year Contract?
Do you have any questions about the One Stop Operator requirements in the contract?
Tell me where to find all Lowcountry Policies. (monitor’s option: Email me the ______ policy.)
Tell me where to find all State Policies. (monitor’s option: Email me the ______ policy.)
Tell me where to find all Federal Policies. (monitor’s option: Email me the ______ policy.)
Do you have a copy of the Lowcountry Instruction 17-06 SC Works Center Standards?
Regarding Lowcountry Instruction 17-06 describe where you are in the process
Do you have a copy of the most recent changes to State Instruction 18-11 SC Works certification Standards?
Do you have any question about the standards?
Are you confident all standards are being met?
Identify any standard(s) you feel might be problematic to achieve.
Describe a typical day.
What reports do you run and how often?
What do you do with the information from the reports?
How often do you look at the Operational Plan? Describe update process:
Is the operational plan available online?
Have all staff completed next step certification?
Do all WIOA staff have CDF certification?
What are the WIOA Performance measures?
What was the Actual performance for Lowcountry SC Works for the most recent performance?
Describe how you ensure equitable, inclusive services that comply with accessibility and non-discrimination?
What do you need to be successful, but you do not have?
What changes would you like to see?
What information or data would you like to have, but do not?
Do you have a Best Practice to share?
Anything else you would like to share or any questions for me?
LWDA FINANCIAL MONITORING INSTRUMENT
COST REIMBURSEMENT CONTRACTS

The Lowcountry receives 100% documentation of all monthly transactions (participant and non-participant costs). Each month using SCWOS Advanced Fund Tracking (AIFT), participant costs are examined for:

1. Approved Voucher
2. Approved Training and/or Support Service Application
3. Payment in SCWOS matches the amount and month of payment on the Invoice and accompanying documentation (Detailed Trial Balance, FSR, Monthly Report)
4. Appropriate documentation is in the file (SCWOS EDMS) and is a match to activity dates
   Attendance sheet, Invoice, Date alignment
5. Cost is correctly identified, classified, allocated, and charged to the correct program

Annual Review

1. Were there any disallowed or questioned costs for WIOA operations or for expenditures that were related to those paid under the WIOA contract?
   Detail if yes:

2. Are finance reports/invoices accurate and submitted on a timely basis?
   Detail if no:

3. Are any non-payroll transactions cost shared across programs?

   Note: There should be a written cost allocation plan if there are costs shared among the WIOA program or among a WIOA funded contract and activities funded by non-WIOA sources.

Before proceeding to perform the record review, ascertain the following:

4. Which costs are sometimes shared by different projects/funding sources?

5. For staff who charge to more than one contract, do the timesheets detail the total of all time and account for all projects and programs (Lowcountry and Non-Lowcountry)?

6. Examine the bank statement and reconciliations to determine if proper reconciliations were made.
   Month examined:
   Date of reconciliation:
   Comments.

   Were outstanding checks itemized?
   What is the oldest outstanding check?
   Comments.
7. The Lowcountry LWDA's Property Monitoring will involve the following, if applicable:

Contractors will be required to provide a copy of their internal inventory listings of items purchased utilizing funds awarded or passed-through the Lowcountry.

Those items that have not received decals or are not reflected on LWDA's list will be labeled and added to an updated listing.

The LWDA will review charges to the contractor's general ledger equipment account to determine that all purchases using Lowcountry funds have been properly accounted for. Any purchases made from contract funds should be reported to the LWDA along with documentation and serial numbers.
EQUAL OPPORTUNITY MONITORING INSTRUMENT

Service Provider: ___________________________ Contact: ___________________________
Date: ___________________________

1. Has a Self-Assessment or other monitoring been conducted? ___ Yes (obtain copy) ____ No

Objectives

To determine:

1. If the service provider has EO policies and procedures that ensure compliance with Section 188 of the Workforce Innovation and Opportunity Act (WIOA) (See Attachment A)
2. How the service provider ensures that no person is discriminated against solely because of his/her status as a participant, or on the basis of citizenship.
3. If there is a universal access policy in place.
4. How the service provider ensures reasonable accommodation to serve individuals with disabilities and the elimination of architectural barriers (to the extent feasible).
5. If the service provider has designated an EO officer, if the EO officer's job description reflect EO duties.
6. If the service provider is complying with 29 CFR part 38.29 regarding dissemination of policy and 38.20 regarding assurances. (See Attachments B and C)
7. If the service provider is requiring subcontractors to comply with 29 CFR part 38.29 and 38.20.
8. If the service provider has written grievance/complaint procedures that meet requirements at 20 CFR part 683 subpart F. (See Attachment D)

Methodology

1. A desktop review will be conducted of any information that is requested prior to the on-site/virtual visit. The EO Officer will review the EO policies and procedures, interview the contractor staff EO Officer, go over his/her duties and specific tasks regarding EO, and the percent of his/her time that is spent ensuring compliance with EO requirements.
2. The EO officer will review other documents and information (such as issuances, agreements, and notices) to determine if the service provider is complying with the technical aspects of compliance.
3. The EO officer will review policies and inquire of practices to learn if the service provider's locations are accessible and providing reasonable accommodation.
4. The EO Officer will determine whether there is any inherent discrimination in the procedures.
7. EO Officer may conduct interviews and observe services, training programs, and other WIOA activities to explore any problems that may have been revealed in the desk review.
9. The EO Officer will review the grievance procedures to determine if they comply with 20 CFR 683 subpart F. and determine if the service provider/contractor has procedures for handling complaints alleging labor standards violations. (Ref. 683.600(b)(3) — Attachment E.)
10. The EO Officer will review the procedure for handling discrimination complaints to determine if it conforms to the provisions and the timeframes outlined in the Rights Handout.

11. The EO Officer may conduct an exit conference to discuss with the service provider's signatory authority, or appropriate designee any deficiencies that were noted during the review, possible recommendations, technical assistance needs, the report and the resolution process.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assignment of Equal Opportunity Responsibilities</strong></td>
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<tr>
<td>Has the service provider assigned EO responsibilities to an individual staff person?</td>
<td>Name and Title of the Person:</td>
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<tr>
<td>Does this person's job description reflect EO duties?</td>
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<td>Is there an organization chart reflecting this person's location in the organization?</td>
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<tr>
<td>Are there other staff who assist this person with EO activities?</td>
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<tr>
<td>Do their job descriptions reflect EO responsibilities?</td>
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<tr>
<td><strong>Communicating and Training Staff on EO Policy</strong></td>
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<tr>
<td>• How does the service provider provide initial and continuing notice that it does not discriminate to:</td>
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<tr>
<td>• applicants,</td>
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<td>• registrants,</td>
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<td>• participants,</td>
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<tr>
<td>• applicants for employment</td>
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<td>• employees,</td>
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<td>• subrecipients/subcontractors, and</td>
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<tr>
<td>• members of the public?</td>
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<td>Is the notice: posted prominently;</td>
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<td>• disseminated in internal memoranda and other written communications;</td>
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<td>• included in handbooks or manuals;</td>
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<td>• made available to each registrant, applicant, participant, and applicant for employment;</td>
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<tr>
<td>• made a part of individual's file;</td>
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<td>• included in publications, broadcasts and other communications;</td>
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<td>• available in formats suitable for those with visual or hearing impairments but no less effective than communication with others?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>If there is a significant portion (5%) of the eligible population that needs information in a language other than English, is the notice available in the appropriate language(s)?</td>
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</table>

**EO Provisions and Nondiscrimination Assurance in Agreements**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Do plans, applications for financial assistance, and agreements to carry out WIOA-funded activities include the nondiscrimination and equal opportunity assurance</td>
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</table>

**Equitable Services Among Substantial Segments of Eligible Population**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Has the service provider established a policy for providing equitable services to target groups?</td>
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<tr>
<td>Does the service provider ensure that all programs, to the maximum extent feasible, contribute to the elimination of sex stereotyping?</td>
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<tr>
<td>Does the service provider use employment applications that avoid the use of questions, which, when answered, could potentially lead to discrimination?</td>
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<td>Where tests are used in the selection process, have such tests and the selection procedures been validated?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
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<tr>
<td><strong>Program and Site Accessibility</strong></td>
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<tr>
<td><strong>Parking/Entrance</strong></td>
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<tr>
<td>Is there a separate accessible entrance?</td>
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<tr>
<td>Can it be easily accessed?</td>
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<tr>
<td>Is there at least one accessible parking space?</td>
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<td>Is the accessible parking clearly marked (preferable with a vertical sign)?</td>
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<tr>
<td>Is the accessible parking nearest to the accessible entrance?</td>
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<tr>
<td>Are there any buttons that must be pressed to gain entrance at the accessible entrance?</td>
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<tr>
<td>Do the buttons actually work?</td>
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<tr>
<td>Do the doors open in the correct direction for wheelchair access?</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Does the wheelchair ramp appear to have the appropriate incline?</td>
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<tr>
<td>For extremely long ramps, is there a landing at specified intervals?</td>
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<tr>
<td><strong>Inside the Facility</strong></td>
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<tr>
<td>Are the most current WIOA EO Posters prominently displayed?</td>
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<tr>
<td>Is the accessible workstation free from obstruction, signed on, and ready to use?</td>
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<tr>
<td>Do publications, recruitment brochures, and other materials communicating information about WIOA activities and services indicate that the WIOA-funded program is an &quot;equal opportunity employer/program&quot; and that &quot;auxiliary aids and services are available upon request to individuals with disabilities&quot;?</td>
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<tr>
<td>Is there a designated staff person in the office to provide assistance with the technology and software at the accessible workstation?</td>
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<tr>
<td>Are the following software/technology available?</td>
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<tr>
<td>JAWS</td>
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<tr>
<td>Track Ball (large)</td>
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<tr>
<td>Large Keyboard with Overlay</td>
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<tr>
<td>Large Screen/Magnifier?</td>
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<td>Other available (list)?</td>
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<tr>
<td><strong>Restrooms</strong></td>
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<tr>
<td>Are accessible restrooms clearly marked?</td>
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<tr>
<td>Are there any obstructions to the accessible restroom(s) (i.e., cords, steps down, etc.)?</td>
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<tr>
<td>Are the light switch, paper towels, and soap dispensers low enough that someone in a wheelchair could reach them?</td>
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<tr>
<td>Are there any obstructions to the accessible stall? (i.e., furniture, equipment, plants, etc.)</td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
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<tr>
<td>Does the accessible stall contain grab bars and are the appropriately positioned?</td>
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<td>If the sink is a pedestal sink, have pipes been appropriately wrapped, insulated, or enclosed to eliminate scalding hazards?</td>
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<td><strong>Other</strong></td>
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<tr>
<td>If there are multiple buildings or multi-level areas in the building, is there adequate transition between the levels?</td>
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<tr>
<td>If the building has fire alarms, are they included in the bathrooms?</td>
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<tr>
<td>Does fire alarm contain strobe lights for the hearing impaired?</td>
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<tr>
<td>Is there a TTY relay service number used by the service provider?</td>
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<tr>
<td>Does the workforce center/contractor make other reasonable accommodations for people with disabilities?</td>
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<tr>
<td>Are these reasonable accommodations minimally invasive to the customer?</td>
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<tr>
<td><strong>Maintenance of EO Data</strong></td>
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<tr>
<td>Is the service provider's staff familiar with the records retention requirements in WIOA regulations?</td>
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<tr>
<td>Is confidentiality of records ensured?</td>
<td>How?</td>
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<tr>
<td>Does the service provider maintain complaint logs?</td>
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<tr>
<td>Has the service provider communicated the data collection and maintenance requirements to staff?</td>
<td>How?</td>
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<tr>
<td><strong>Handling Discrimination Complaints</strong></td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
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<tr>
<td>Has the service provider established procedures providing for the prompt and equitable resolution of Complaints alleging violations of WIOA Nondiscrimination and equal opportunity provisions?</td>
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<tr>
<td>Do the procedures:</td>
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<tr>
<td>• state that a complaint of discrimination shall be filed within 180 days from the date of the alleged occurrence;</td>
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<tr>
<td>• state where/with whom one may file a complaint of discrimination;</td>
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<tr>
<td>• state what information complaints should contain;</td>
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<tr>
<td>• state that a complainant has a right to representation, an impartial decision, and to present evidence;</td>
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<tr>
<td>• provide the option to file with the State of with the Civil Rights Center (CRC);</td>
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<tr>
<td>• state what the time frame is for filing with CRC after having received an adverse decision or no decision from the State;</td>
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<tr>
<td>• state what corrective and remedial actions will be taken when there are violations of Section 188 of the Act?</td>
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<tr>
<td>EO OFFICER: ___________________________</td>
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<td>DATE: _________________________________</td>
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</tbody>
</table>
WIOA Sec. 188. Nondiscrimination

(a) In general

(1) Federal financial assistance
For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), on the basis of disability under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded or otherwise financially assisted in whole or in part under this Act are considered to be programs and activities receiving Federal financial assistance.

(2) Prohibition of discrimination regarding participation, benefits, and employment
No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any such program or activity because of race, color, religion, sex (except as otherwise permitted under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.)), national origin, age, disability, or political affiliation or belief.

(3) Prohibition on assistance for facilities for sectarian instruction or religious worship
Participants shall not be employed under this chapter to carry out the construction, operation, or maintenance of any part of any facility that is used or to be used for sectarian instruction or as a place for religious worship (except with respect to the maintenance of a facility that is not primarily or inherently devoted to sectarian instruction or religious worship, in a case in which the organization operating the facility is part of a program or activity providing services to participants).

(4) Prohibition on discrimination on basis of participant status
No person may discriminate against an individual who is a participant in a program or activity that receives funds under this chapter, with respect to the terms and conditions affecting, or rights provided to, the individual, solely because of the status of the individual as a participant.

(5) Prohibition on discrimination against certain noncitizens
Participation in programs and activities or receiving funds under this chapter shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States.
(b) Action of Secretary

Whenever the Secretary finds that a State or other recipient of funds under this chapter has failed to comply with a provision of law referred to in subsection (a)(1) of this section, or with paragraph (2), (3), (4), or (5) of subsection (a) of this section, including an applicable regulation prescribed to carry out such provision or paragraph, the Secretary shall notify such State or recipient and shall request that the State or recipient comply. If within a reasonable period of time, not to exceed 60 days, the State or recipient fails or refuses to comply, the Secretary may—

(1) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted; or
(2) take such other action as may be provided by law.

(c) Action of Attorney General

When a matter is referred to the Attorney General pursuant to subsection (b)(1) of this section, or whenever the Attorney General has reason to believe that a State or other recipient of funds under this chapter is engaged in a pattern or practice of discrimination in violation of a provision of law referred to in subsection (a)(1) of this section or in violation of paragraph (2), General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

(d) Job Corps

For the purposes of this section, Job Corps members shall be considered as the ultimate beneficiaries of Federal financial assistance.

(e) Regulations

The Secretary shall issue regulations necessary to implement this section not later than one year after July 22, 2015. Such regulations shall adopt standards for determining discrimination and procedures for enforcement that are consistent with the Acts referred to in a subsection (a)(1) of this section, as well as procedures to ensure that complaints filed under this section and such Acts are processed in a manner that avoids duplication of effort.
§ 38.29 What are a recipient's obligations to disseminate its equal opportunity policy?

(a) A recipient must provide initial and continuing notice that it does not discriminate on any prohibited ground. This notice must be provided to:

(1) Registrants, applicants, and eligible applicants/registrants;
(2) Participants;
(3) Applicants for employment and employees;
(4) Unions or professional organizations that hold collective bargaining or professional agreements with the recipient;
(5) Subrecipients that receive WIOA Title I funds from the recipient; and
(6) Members of the public, including those with impaired vision or hearing.

(b) As provided in § 38.29, the recipient must take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with others.
§ 38.20 What is a contract applicant's obligation to provide a written assurance?

**Assurances**

(a) (1) Each application for financial assistance under Title I of WIOA, as defined in Sec. 38.4, must include the following assurance:

As a condition to the award of financial assistance from the Department of Labor under Title I of WIOA, the contract applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

**Section 188 of the Workforce Innovation and Opportunity Act of 2015 (WIOA),** which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I—financially assisted program or activity;

**Title VI of the Civil Rights Act of 1964,** as amended, which prohibits discrimination on the bases of race, color and national origin;

**Section 504 of the Rehabilitation Act of 1973,** as amended, which prohibits discrimination against qualified individuals with disabilities;

**The Age Discrimination Act of 1975,** as amended, which prohibits discrimination on the basis of age; and

**Title IX of the Education Amendments of 1972,** as amended, which prohibits discrimination on the basis of sex in educational programs.

The contract applicant also assures that it will comply with 29 CFR part 38 and all other regulations implementing the laws listed above.

This assurance applies to the contract applicant's operation of the WIOA Title I-financially assisted program or activity, and to all agreements the contract applicant makes to carry out the WIOA Title I-financially assisted program or activity. The contract applicant understands that the United States has the right to seek judicial enforcement of this assurance.

(2) The assurance is considered incorporated by operation of law in the contract, cooperative agreement, contract or other arrangement whereby Federal financial assistance under Title I of the WIOA is made available, whether or not it is physically
incorporated in such document and whether or not there is a written agreement between the Department and the recipient, between the Department and the Governor, between the Governor and the recipient, or between recipients. The assurance also may be incorporated by reference in such contracts, cooperative agreements, contracts, or other arrangements.

(b) Continuing State programs. Each Strategic Five-Year State Plan submitted by a State to carry out a continuing WIOA Title I-financially assisted program or activity must provide a statement that the WIOA Title I-financially assisted program or activity is (or, in the case of a new WIOA Title I-financially assisted program or activity, will be) conducted in compliance with the nondiscrimination and equal opportunity provisions of WIOA and this part, as a condition to the approval of the Five-Year Plan and the extension of any WIOA Title I financial assistance under the Plan. The State also must certify that it has developed and maintains a Methods of Administration under Sec. 38.54.
20 CFR 683 Subpart F—Grievance Procedures, Complaints, and State Appeals Processes § 683.600 What local area, State and direct recipient grievance procedures must be established?

(a) Each local area, State and direct recipient of funds under title I of WIOA, except for Job Corps, must establish and maintain a procedure for grievances and complaints according to the requirements of this section.

(b) Each local area, State, and direct recipient must:

(1) Provide information about the content of the grievance and complaint procedures required by this section to participants and other interested parties affected by the local Workforce Innovation and Opportunity System, including Workforce Center partners and service providers;

(2) Require that every entity to which it awards Title I funds must provide the information referred to in paragraph (b)(1) of this section to participants receiving Title I-funded services from such entities; and

(3) Must make reasonable efforts to assure that the information referred to in Paragraph (b)(1) of this section will be understood by affected participants and other individuals, including youth and those who are limited-English speaking individuals. Such efforts must comply with the language requirements of 29 CFR 38.35 regarding the provision of services and information in languages other than English.

(c) Local area procedures must provide:

(1) A process for dealing with grievances and complaints from participants and other interested parties affected by the local Workforce Innovation and Opportunity System, including Workforce Center partners and service providers;
(2) An opportunity for an informal resolution and a hearing to be completed within 60 days of the filing of the grievance or complaint;
(3) A process which allows an individual alleging a labor standards violation to submit the grievance to a binding arbitration procedure, if a collective bargaining agreement covering the parties to the grievance so provides; and
(4) An opportunity for a local level appeal to a State entity when:
   (i) No decision is reached within 60 days; or
   (ii) Either party is dissatisfied with the local hearing decision.

(d) State procedures must provide:
(1) A process for dealing with grievances and complaints from participants and other interested parties affected by the Statewide Workforce Innovation and Opportunity programs;
(2) A process for resolving appeals made under paragraph (c)(4) of this section;
(3) A process for remanding grievances and complaints related to the local Workforce Innovation and Opportunity Act programs to the local area grievance process; and
(4) An opportunity for an informal resolution and a hearing to be completed within 60 days of the filing of the grievance or complaint.

(e) Procedures of direct recipients must provide:

(1) A process for dealing with grievance and complaints from participants and other interested parties affected by the recipient's Workforce Innovation and Opportunity Act programs; and
(2) An opportunity for an informal resolution and a hearing to be completed within 60 days of the filing of the grievance or complaint.

(f) The remedies that may be imposed under local, State and direct recipient grievance procedures are enumerated at WIOA section 181(c)(3).

(1) The provisions of this section on grievance procedures do not apply to discrimination complaints brought under WIOA section 188 and/or 29 CFR part 37. Such complaints must be handled in accordance with the procedures set forth in that regulatory part.
(2) Questions about or complaints alleging a violation of the nondiscrimination provisions of WIOA section 188 may be directed or mailed to the Director, Civil Rights Center, U.S. Department of Labor, Room N4123, 200 Constitution Avenue, NW, Washington, D.C. 20210, for processing.

(g) Nothing in this subpart precludes a grievant or complainant from pursuing a remedy authorized under another Federal, State or local law.
Attachment E

§ 683.600(b)(3)
(a) Each local area, State, and direct recipient must:

(1) Provide information about the content of the grievance and complaint procedures required by this section to participants and other interested parties affected by the local Workforce Innovation and Opportunity System, including Workforce Center partners and service providers;

(2) Require that every entity to which it awards Title I funds must provide the information referred to in paragraph (c)(1) of this section to participants receiving Title I-funded services from such entities; and

(3) Must make reasonable efforts to assure that the information referred to in paragraph (c)(1) of this section will be understood by affected participants and other individuals, including youth and those who are limited-English speaking individuals. Such efforts must comply with the language requirements of 29 CFR 38.35 regarding the provision of services and information in languages other than English.
The Lowcountry receives 100% documentation of all monthly transactions (participant and non-participant costs). Each month using SCWOS Advanced Fund Tracking (AIFT), participant costs are examined for:

1. Approved Voucher
2. Approved Training and/or Support Service Application
3. Payment in SCWOS matches the amount and month of payment on the Invoice and accompanying documentation (Detailed Trial Balance, FSR, Monthly Report)
4. Appropriate documentation is in the file (SCWOS EDMS) Attendance sheet, Invoice
5. Cost is correctly identified and charged to the correct program

**Annual Review**

1. Were there any disallowed or questioned costs for WIOA operations or for expenditures that were related to those paid under the WIOA contract?
   Cite if yes:

2. Are finance reports/invoices accurate and submitted on a timely basis?
   Cite if no:

3. Are any non-payroll transactions cost shared across programs?
   
   Note: There should be a written cost allocation plan if there are costs shared among the WIOA program or among a WIOA funded contract and activities funded by non-WIOA sources. Before proceeding to perform the record review, ascertain the following:

4. Which costs are sometimes shared by different projects/funding sources?

5. For staff who charge to more than one contract, do the timesheets detail the total of time and account for all projects and programs?

6. Examine the bank statement and reconciliations to determine if proper reconciliations were made.
   Month examined:
   Date of reconciliation:
   Comments.
   Were outstanding checks itemized?
   What is the oldest outstanding check?
   Comments.
7. Property. The Lowcountry LWDA’s Property Monitoring will involve the following:

Contractors will be required to provide a copy of their internal inventory listings of items purchased utilizing funds awarded or passed-through the Lowcountry.

Those items that have not received decals or are not reflected on LWDA’s list will be labeled and added to an updated listing.

The LWDA will review charges to the contractor's general ledger equipment account to determine that all purchases using Lowcountry funds have been properly accounted for. Any purchases made from contract funds should be reported to the LWDA along with documentation and serial numbers.
Desk-Top, Virtual, Performance Review

The following pages reflect additional, optional, on-going reviews that may occur

- **To be completed by the Monitor, all questions are not required, monitor has discretion to skip or expand based on time constraints, local area management needs, and/or areas of concern.**

- **Results will be shared via email to the Contractor’s Regional Manager and Local Project Director and, if applicable, the One Stop Operator, Youth Work Experience Provider, Training Provider, LCOG administrative staff, contractors, and partners throughout the contract period.**
Greeter

Run SCWOS Greeter Report
Time Period Examined: __________________________________________
Location: ______________________________________________________

Are wait times within defined limits:

Compare staff who provided service to service provided, are staff providing allowable services?

Is staff editing customer visit reasons to accurately report actual visit reason (State Instruction 21-04)?

Are staff completing same-day entry and edits of customer visit reasons? State Instruction 210-04)

Are Job Fairs/Hiring Events detailed?

Review Kiosk set up.

Is the list comprehensive and accurate?

Any duplication?

Active/Correct staff assigned to each service?

Correct set-up and usage of State Visit Reasons?

By location list non-state visit reasons:

Are Veterans Services related visit reason first directed to a Workforce Specialist?

Do all visit reasons have at least one staff member attached to the activity?

Other set-up concerns? (staff name display, unclear visit reasons, displayed name of service, state-defined services, scheduled times, self-service, staff assisted, contact info, etc.)
### Referral

**Run SCWOS Staff Referral Report**  
**Time Period Examined:** ________________________________

Are any there any Referrals with no outcome for 30 days or more?

Sample Referrals and track case notes and services to validate outcomes and actions:

<table>
<thead>
<tr>
<th>Date of Referral</th>
<th>Referred To</th>
<th>Referred From</th>
<th>Outcome</th>
<th>Staff who created Referral Outcome</th>
<th>Date of Outcome</th>
</tr>
</thead>
</table>

Sample Referral to Contractor for Orientation and track case notes and services to validate outcomes and actions:

<table>
<thead>
<tr>
<th>Date of Referral</th>
<th>Referred To</th>
<th>Referred From</th>
<th>Referred For</th>
<th>Date and method of contact attempt(s)</th>
<th>If contact made: Date of Orientation</th>
<th>Contact Dates to set application appointment and/or follow up on Orientation</th>
<th>If Orientation completed: Date and method of contact attempt(s) to schedule Application:</th>
<th>If Contact made: Application Date: (compare Date of Orientation to Application Date – contract requirements)</th>
<th>Contact Dates to set enrollment Appointment: (compare Date of Application to enrollment Date – contract requirements)</th>
<th>Compliance concerns (State Policy)?</th>
</tr>
</thead>
</table>
Eligibility Application

Minimum requirements re: Employment History
Last wage
Last ONET
Long Term Unemployed
Reason for leaving last employment indicate potential DW? If yes,
   Was DW eligibility completed?
   CAREER NDWG determination?

Program Eligibility
Adult Priority

If Low Income = Yes and Public Assistance = No
   is Annualized Household Income correctly calculated and documented?

Is application reasonable regarding family size, income, public assistance received.

Employed at Entry?

Concerns:
Enrollment

Compare Application, OAS, other assessment (if applicable) and enrollment case note to Plan. Are barriers identified via Application and Assessment addressed on the Plan?

Comprehensive enrollment case note
If eligible for more than one program, is determination completed regarding program enrollment

Does each Goal have at least 1 Objective?

Do Objectives span the timeframe of Goal (est. completion date)

Are any Goals expired

Are any Objectives expired

Goals
- Properly classified (short, intermediate, long)
- Specific
- Measurable
- Attainable
- Relevant
- Time-sensitive

Objectives
- Comprehensive to clearly define entire path to goal
- Specific
- Measurable
- Attainable
- Relevant
- Time-sensitive

Edit Dates
New Signatures/scanned documents
Corresponding Plan activity

Comprehensive Case Notes

Review activities to Plan – is each activity/service justified on the Plan

Review case notes to activities – do the case notes match the activity (definition and dates)
Youth Work Experience (WEx)

Work Experience is justified on Plan (Job Readiness-type Goal)

WEx placement aligns with Employment Pathway

Start of WEx (compare contract, attendance/timesheets, and activity dates)

End of WEx (compare contract, attendance/timesheets, and activity dates)

Total Payments (to date in SCWOS)

Total Contract Amount (total hours x hourly stipend)

WEx SCWOS Voucher Amount and Date

Signature Dates on WEx contract documents

Contractor has monitored worksite.

Activity completion status?

Any indications of possible unsuccessful completion in case notes?
YOUTH WORK EXPERIENCE

Site: ________________________________

Participant(s) Assigned: ________________________________

Date: ________________________________

Participant(s): __________________________________________________________

Contact Person for Training Site: ________________________________

1. Is the assigned worksite supervisor present? _____ Yes _____ No
   (If no is checked, list the name and job title of the person supervising)

2. Is there a completed worksite agreement at the site? _____ Yes _____ No

3. Do the job descriptions accurately reflect the actual work that the trainee is performing? _____ Yes _____ No

4. (Youth only) Are job assignments in accordance with the Fair Labor Standards Act? _____ Yes _____ No

5. Are time sheets up-to-date and being accurately maintained? _____ Yes _____ No

6. Do time sheets reveal hours in excess of those allowed by the Fair Labor Standards Act (for youth)? _____ Yes _____ No

7. Do time sheets reveal hours in excess of 40 hours per week? _____ Yes _____ No

8. Based on interviews of Participants at the site, answer the following questions:

9. (Youth only) Is there a supervisor present at all times? _____ Yes _____ No
10. Is there sufficient work available for all trainees? _____ Yes _____ No

11. Are time and attendance policies being adhered to? _____ Yes _____ No

12. Are trainees aware of their duties and responsibilities? ___ Yes ____ No

13. Are trainees aware of the procedures as they relate to absences, tardiness, and emergencies? _____ Yes _____ No

14. Are trainees experiencing any problems that may affect their worksite performance? _____ Yes _____ No

15. Name(s) of trainees interviewed:
______________________________________________________________________________
______________________________________________________________________________

16. Based on trainee interviews and direct observation, were there any noted instances of non-compliance with the Agreement and/or federal, state, and local laws and regulations? _____ Yes _____ No

17. Ask the Training Site Employer representative the following questions: On a scale of 1 to 5, with 5 being the best, how satisfied are you with the work experience/transitional job trainee and/or activity? ______

18. Have there been any issues with the trainee's work performance or behavior? How was it resolved and was the contractor helpful in finding a resolution?
______________________________________________________________________________
______________________________________________________________________________

General
Comments/Observations/Performance_____________________________________________________
______________________________________________________________________________
YOUTH WORK EXPERIENCE
PARTICIPANT INTERVIEW FORM

Participant: ________________________________________________________________

Date: ___________________________   Worksite: ______________________________

1. Describe a typical day at work
__________________________________________________________________________
__________________________________________________________________________

2. Was this job placement based on your expressed interest?  _____ Yes  _____ No
If no, please explain ________________________________________________________
__________________________________________________________________________

3. What is your long-term employment goal? _________________________________

4. Do you think this job help you to accomplish your long-term goal?  _____ Yes  _____ No
If no, please explain ________________________________________________________
__________________________________________________________________________

5. Is this your first job?  _____ Yes  _____ No

6. If not, please briefly describe your previous employment experience, including the
length of time employed and skills.
__________________________________________________________________________

7. Who is your supervisor? ________________________________________________

8. Is there a supervisor present at all times?  _____ Yes  _____ No

9. Who is your WIOA Career Coach/Workforce Developer? ____________________
10. Are time and attendance policies being adhered to/does your timesheet accurately reflect hours (time in/time out/breaks)? Have you ever been paid for time not worked? Have you ever worked and not been paid for your time?


11. Tell me how you communicate and who you communicate with if you are absent, tardy/late, leave early, or other emergencies?


12. Do you have a signed copy of the Worksite Agreement?


14. Do you have enough work to keep you busy? If no, please explain.


15. Are you experiencing any problems that may affect your worksite performance?


16. What other training have you attended or are scheduled to attend?
Training

Need for training documented on plan

Previous wage

Estimate of new wage

What is Self-sufficient based on family size

Unable to find a job documented

In-Demand occupation

Type of training

Provider

Course

Costs

Date of Voucher approval to Start Date

Date of payment

Consumer Choice completed (career exploration, provider exploration documented)

PATH performance information for the Provider and Course

Review attendance sheets, do the attendance sheets match the activity (definition and dates)

Concerns? (attendance, case notes, indicators of possible unsuccessful completion, delays, etc.)
TRAINING PROVIDER

Provider: ___________________________________________________________

Date: ______________________________

Participant(s) Course

Contact Person for Training Site: __________________________________________________

Teacher/Student ratio

Are time and attendance policies being adhered to? _____ Yes _____ No

Are trainees aware of their duties and responsibilities? ___ Yes _____ No

Are trainees aware of the procedures as they relate to absences, tardiness, and emergencies? 
   _____ Yes _____ No

Are trainees experiencing any problems that may affect their performance?
   _____ Yes _____ No

If applicable, Name(s) of trainees interviewed:

Based on interviews and observation, were there any noted instances of concern?
   _____ Yes _____ No If YES detail:

Have there been any issues with the trainee's work performance or behavior? How was it 
resolved and was the contractor helpful in finding a resolution?

Have there been any issues with the contractor or payments? How was it resolved and was the 
contractor helpful in finding a resolution?

Ask the Training Site representative the following questions: On a scale of 1 to 5, with 5 being 
the best, how satisfied are you with the WIOA process? ______

________________________________________________________________________

General Comments/Observations

Annual enrollment
Annual graduation rate
Annual Placement Rate
Annual Training-Related Placement
Support Service

Need for SSV documented on plan

Co-enrolled?

Date of Voucher approval to Start Date

Date of payment(s)

Check mileage to reimbursement

Check planned/actual to policy limits

Other cost-based participant activities

If employed at program entry was employment upgraded

Review attendance sheets, if applicable. Do the attendance sheets match the activity (definition and dates)?

Review invoices and other documentation, if applicable. Do charges and payments match documentation?
Follow Up

Exit Date

Plan is closed?

Planned exit (case closure create date prior to exit create date) or Unplanned exit (case closure create date=exit create date)

Contact attempts (case note and follow up module)

If contact was accomplished, do the case notes indicate Follow Up Services were provided?
If yes, have any F-type codes been reported?
If yes– do the case notes match the activity (definition and dates)

If contact was accomplished does the case note provide sufficient detail regarding Placement, including Employer, start date, wage, hours, job title?

Did the individual receive training?
If yes, is there documentation to report a Training-Related Placement?

If Employed at Entry was employment upgraded? (detail)

Has Supplemental Wage information been reported (Follow Up Module)?
If yes:
Q1 ______________
Date and description of 1st document
Date and description of 2nd document
Q2 ______________
Date and description of 1st document
Date and description of 2nd document
Q3 ______________
Date and description of 1st document
Date and description of 2nd document
Q4 ______________
Date and description of 1st document
Date and description of 2nd document