**SAN DIEGO WORKFORCE PARTNERSHIP**

**EQUAL OPPORTUNITY MONITORING**

**WIOA SECTION 188 CHECKLIST**

|  |  |  |
| --- | --- | --- |
| PROVIDER NAME: |  |  |
| ADDRESS: |  |  |
| DATE COMPLETED: |  |  |

| **Assurances**  **References:** 29 CFR 38.25 through 38.27; WIOA Section 188 | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| * 1. Do the Subrecipient contracts, grants, cooperative agreements, or other arrangements by the grant applicant or training providers for WIOA Title 1 Financial Assistance include the required nondiscrimination and equal opportunity assurance language? |  |  |  |  |
| * + 1. If Yes, please provide an example of a contract, grant, cooperative agreement or other arrangement for WIOA Title I financial assistance nondiscrimination and equal opportunity assurance section. |  |  |  |  |
| * + 1. If No, please provide an explanation: |  |  |  |  |
| * 1. How are the Subrecipient contractor or service providers made aware that the nondiscrimination and EO assurance is incorporated by operation of law whether it is physically incorporated in the contract, grant, agreement, or other arrangement? |  |  |  |  |
| * 1. How does the Subrecipient ensure nondiscrimination and equal opportunity for its employees? *If you have a nondiscrimination and equal opportunity policy, please provide a copy.* |  |  |  |  |

| **Subrecipient Point of Contact**  **References:** 29 CFR 38.28 through 38.33; WIOA Section 188 | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| * 1. Name, title, and contact information of the Subrecipient Point of Contact (POC). |  |  |  |  |
| * 1. To whom does the Subrecipient Point of Contact (POC) report? Please provide the most recent job description (duty statement) for the POC and Subrecipient organizational chart. |  |  |  |  |
| * 1. Describe any non-EO related job functions that may create a conflict of interest or the appearance of conflict of interest. |  |  |  |  |
| * 1. How is the Subrecipient POC identity made known to participants and service providers? |  |  |  |  |
| * 1. In what internal or external communication concerning the Subrecipients’ nondiscrimination and equal opportunity programs does the POC identity and contact information appear? |  |  |  |  |
| * 1. Has the POC been given enough resources to do his/her job and training to maintain competency? – more specific like training/webinar/ch. 9 etc. |  |  |  |  |
| * 1. Has the POC provided nondiscrimination and equal opportunity training to Subrecipient staff, service providers, and/or contractors? |  |  |  |  |
| * + 1. If you answered No, please explain. |  |  |  |  |
| * 1. Does the Subrecipient POC process discrimination complaints? |  |  |  |  |
| * + 1. If you answered No, please explain. |  |  |  |  |
| * 1. Does the Subrecipient POC conduct monitoring reports to ensure that they are fully complying with nondiscrimination and equal opportunity requirement of WIOA Section 188? |  |  |  |  |
| * + 1. If you answered No, please explain. |  |  |  |  |
| * + 1. If you answered Yes, please provide copies of monitoring reports |  |  |  |  |
| * 1. Does the Subrecipient POC review written policies to ensure they are not discriminatory? |  |  |  |  |
| * + 1. If you answered No, please explain. |  |  |  |  |
| * 1. Does the Subrecipient POC develop and publish discrimination complaint procedures? |  |  |  |  |
| * 1. If you answered No, please explain. |  |  |  |  |

| **Notice and Communication**  **References:** 29 CFR 38.34 through 38.39; WIOA Section 188 | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| * 1. Where are the ***Equal Opportunity is the Law and What to Do if You Believe You Have Experienced Discrimination*** posters displayed? |  |  |  |  |
| * + 1. Are the posters displayed prominently, centrally located and in plain sight? |  |  |  |  |
| * + 1. In which languages? |  |  |  |  |
| * + 1. Are the posters posted in reasonable numbers and places? |  |  |  |  |
| * 1. How does the Subrecipient 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. |  |  |  |  |
| * 1. What steps does the Subrecipient 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? |  |  |  |  |
| * 1. Does the Subrecipient and its partners - during each presentation to orient new participants, new employees, and/or the general public to its WIOA Title 1 – 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 Local Area or the Department of Labor’s Civil Rights Center? |  |  |  |  |
| **The appropriate tagline indicates that WIOA Title 1 financially assisted program or activity is an “equal opportunity employer/program,” and that “auxiliary aids and services are available upon request to individuals with disabilities.”** | | | | |
| * 1. Does the Subrecipient use the equal opportunity tagline included in Chapter 9 of the operations manual in brochures, pamphlets and flyers? |  |  |  |  |
| * + 1. Within which of the above is it included? |  |  |  |  |
| * + 1. 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) |  |  |  |  |
| * + 1. Is the tagline included in the public announcements and broadcasts, including email, radio, television, posters? |  |  |  |  |
| * 1. How does the Subrecipient ensure that the continuing notice is provided to the following applicable groups and that it does not discriminate on any prohibited basis? |  |  |  |  |
| * + 1. Applicants, registrants, and participants |  |  |  |  |
| * + 1. Employees and applicants for employment |  |  |  |  |
| * + 1. Other recipient of WIOA funds |  |  |  |  |
| * + 1. Members of the public |  |  |  |  |
| * + 1. Members of the public with disabilities, including impaired vision and hearing |  |  |  |  |
| * + 1. Unions or professional organizations that hold collective bargaining or professional agreements with your organization |  |  |  |  |
| * 1. How has the Subrecipient communicated the requirement not to discriminate on the basis of disability and the obligation to provide reasonable accommodations to its collocated partners? |  |  |  |  |
| * 1. What efforts does the Subrecipient make to ensure that communication with individuals with disabilities are just as effective as communication with others? |  |  |  |  |
| * 1. In all communication indicating that the Subrecipient/Agency may be contacted by telephone, is the telephone number for the TDD/TTY or relay services provided? |  |  |  |  |
| * 1. How is the “equal opportunity employer/program,” and the “auxiliary aids and services are available upon request to individuals with disabilities” notice provided in alternate formats for individuals with visual impairments? |  |  |  |  |
| * 1. Please describe the reasonable steps that the Subrecipient takes to ensure meaningful access for Limited English Proficient (LEP) individuals. |  |  |  |  |
| * 1. Do you provide language assistance services (oral interpretation or written translation)? |  |  |  |  |
| * 1. Has the Subrecipient developed a written LEP Plan? |  |  |  |  |
| * + 1. If Yes, please provide a copy of LEP Plan. |  |  |  |  |

| **Notice and Communication**  **References:** 29 CFR 38.34 through 38.39; WIOA Section 188 | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| * 1. As a recipient of WIOA funds, the Subrecipient is required to record the race/ethnicity, sex, age, and where known, disability status, of every applicant, registrant, participant, terminee, applicant for employment and employees. Does the Subrecipient record this data? |  |  |  |  |
| * + 1. If Yes, please explain how. |  |  |  |  |
| * + 1. If No, please explain. |  |  |  |  |
| * 1. How is the data maintained under safeguards that will restrict access to authorized personnel only? Please explain. |  |  |  |  |
| * 1. Beginning on January 3, 2019, WIOA Section 188 requires that recipients of WIOA funds record language preference and LEP for each applicant, registrant, participant, and terminee. Please explains what steps, if any, has the Subrecipient taken to update its data collection and maintenance systems to ensure compliance with this requirement? |  |  |  |  |
| * 1. 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 Subrecipient complies with this requirement. |  |  |  |  |
| * 1. Recipients of WIOA funds must maintain records of applicants, registrants, participants, terminees, 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 (3) years from the close of the applicable program year. Does the Subrecipient maintain records to comply with this requirement? |  |  |  |  |

| **Affirmative Outreach**  **References:** 29 CFR 38.40; WIOA Section 188 | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| * 1. What steps has the Subrecipient taken to ensure that it is providing equal access to their WIOA Title I - Financially assisted programs and activities? |  |  |  |  |
| * 1. How does the Subrecipient ensure that its service providers and contractors are providing equal access to their WIOA Title I – Financially assisted programs or activities? |  |  |  |  |
| * 1. 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 age groups) served? |  |  |  |  |
| * + 1. Do the measures include advertising? |  |  |  |  |
| * + 1. Do the measures include notices to schools and community service groups? |  |  |  |  |
| * + 1. Do the measures include consultation with community service groups? |  |  |  |  |

| **Complaint Processing Procedures**  **References:** 29 CFR 38.72 through 38.73; WIOA Section 188 | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| * 1. Has the Subrecipient POC developed and published discrimination complaint policies and procedures, other than the operations manual chapter 9? |  |  |  |  |
| * 1. Has the Subrecipient POC developed and published procedures for resolving allegations against service providers for noncompliance with applicable nondiscrimination and equal opportunity provisions other than the operations manual chapter 9? Please provide copies. |  |  |  |  |
| * 1. Explain how the Subrecipient’s customers and employees obtain a copy of the discrimination complaint policy and procedures and/or discrimination complaint form. |  |  |  |  |
| * 1. Describe the Subrecipient’s policy for handling discrimination complaints from providers or contractors regarding participants. |  |  |  |  |
| * 1. How is the identity of a complainant, or any individual, who furnishes information relating, or assisting in, an investigation kept confidential to the extent possible? |  |  |  |  |
| * 1. 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? |  |  |  |  |
| * 1. Describe the process established to keep the discrimination complaint records for a period of three (3) years in the Subrecipient and for service providers. |  |  |  |  |
| * 1. Does the discrimination complaint log include the following: |  |  |  |  |
| * + 1. Name and address of complainant? |  |  |  |  |
| * + 1. Name and address of respondent? |  |  |  |  |
| * + 1. If available, email address or another means of contacting the complainant? |  |  |  |  |
| * + 1. Basis of complaint? |  |  |  |  |
| * + 1. Brief description of complaint? |  |  |  |  |
| * + 1. Date filed? |  |  |  |  |
| * + 1. Disposition? |  |  |  |  |
| * + 1. Please provide a copy of the complaint log. |  |  |  |  |
| * 1. Please list any formal discrimination complaints that have been filed with the Subrecipient since the last onsite monitoring review by the SDWP EEO Officer. |  |  |  |  |
| * 1. Does the Discrimination Complaint Log cover the following: |  |  |  |  |
| * + 1. Was the complaint filed within 180 days? |  |  |  |  |
| * + 1. Was the complainant provided a written notification of receipt if the complaint within 10 days? |  |  |  |  |
| * + 1. Was the complainant provided a written statement of each of the issues raised in the complaint whether you would accept or reject each issues? |  |  |  |  |
| * + 1. Was the complainant sent a written notice of lack of jurisdiction when the Local Area determined that it did not have jurisdiction over the complaint? |  |  |  |  |
| * + 1. Was the complaining notified that they have the right to representation in the complaint process? |  |  |  |  |
| * + 1. Was the complaint offered Alternative Dispute Resolution as an effort to resolved the complaint? |  |  |  |  |
| * + 1. Was the complainant provided a written Notice of Final Action within 90 days of the date the complaint was filed? |  |  |  |  |
| * + 1. Did the Notice of Final Action contain your decision on each issue and an explanation of the reason underlying the decision? |  |  |  |  |
| * + 1. Has the SDWP EO Officer been advised of the complaint? |  |  |  |  |

| **Corrective Actions/Sanctions**  **References:** 29 CFR 38.54; WIOA Section 188 | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| * 1. Describe the Subrecipients’ procedures for obtaining voluntary compliance when equal opportunity violations are found. |  |  |  |  |
| * 1. What is the follow up policy for violations? |  |  |  |  |
| * 1. Describe any corrective action/sanctions taken against contractors since the last monitoring review. |  |  |  |  |

| **Procedures for ensuring compliance with requirements of applicable federal disability nondiscrimination law, including Section 504, ADA, and WIOA Section 188.**  **References:** 29 CFR 38.12 through 38.17; WIOA Section 188 | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| * 1. Are Subrecipient sites accessible to individuals with disabilities? |  |  |  |  |
| * + 1. If no, which ones are not accessible? |  |  |  |  |
| * 1. Does the Subrecipient have at least one entrance door to the building that: |  |  |  |  |
| * + 1. Has an automatic or power assisted door opener? |  |  |  |  |
| * + 1. Has an international symbol for accessibility for individuals with disabilities posted? |  |  |  |  |
| * + 1. If no, where are the clients directed to go? |  |  |  |  |
| * 1. Are there designated restrooms with appropriate signage available for individuals with disabilities? Please explain. |  |  |  |  |
| * 1. 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? |  |  |  |  |
| * 1. Are there ramps, wheelchair lifts or elevators to all public areas? |  |  |  |  |
| * 1. 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? |  |  |  |  |
| * 1. Does the Subrecipient permit the use of other power-driven mobility devices by individuals with mobility disabilities? |  |  |  |  |
| * 1. 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)? |  |  |  |  |
| * 1. Is there at least one drinking fountain with clear floor space at least 30 inches x 48 inches in front? |  |  |  |  |
| * 1. Are the tops of accessible counters and tables in the range of 28-34 inches above the floor? |  |  |  |  |
| * 1. 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? |  |  |  |  |
| **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? |  |  |  |  |
| * 1. How does the Subrecipient meet its obligation not to discriminate on the basis of a disability? |  |  |  |  |
| * 1. How does the Subrecipient ensure that qualified individuals with disabilities are provided an equal opportunity to participate in and benefit from programs and services provided? |  |  |  |  |
| * 1. Is the Subrecipient’s website ADA accessible? |  |  |  |  |
| * 1. Does the Subrecipient’s policies and practices provide services and benefits to individuals with disabilities in an integrated matter? |  |  |  |  |
| * 1. Have ADA assessments been completed for recipient and sub recipients? |  |  |  |  |
| * 1. Does the Subrecipient 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? |  |  |  |  |
| * 1. How does the Subrecipient ensure that an individual with a disability is not required to accept an accommodation, aid, benefit, service, training, or opportunity that that individual does not accept? |  |  |  |  |
| * 1. How does the Subrecipient 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? |  |  |  |  |
| * 1. Does the Subrecipient’s policy and practices prohibit imposing extra charges upon individuals with disabilities to cover the costs of effective communication, reasonable accommodations or access features? |  |  |  |  |
| * 1. Does the Subrecipient have a written reasonable accommodation policy? Please provide a copy. |  |  |  |  |
| * 1. 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? |  |  |  |  |
| * 1. Do you have a process to offer reasonable accommodations in order to provide accessibility to programs and services? |  |  |  |  |
| * 1. Does the Subrecipient have policies, practices, or procedures in place to permit the use of service animal by an individual with a disability? |  |  |  |  |
| * + 1. If No, please explain. |  |  |  |  |