

EQUAL OPPORTUNITY (EO) WIOA SECTION 188 COMPLIANCE CHECKLIST	
SUBRECIPIENT NAME:	
ADDRESS:	
CONTACT NAME: <i>(FIRST NAME, LAST NAME)</i>	
CONTACT INFORMATION: <i>(EMAIL AND PHONE NUMBER)</i>	
<p><u>Please Note:</u></p> <ul style="list-style-type: none"> The term “Subrecipient” refers to OJT Provider, ETPL Provider, and the San Diego Workforce Partnership Youth & Adult/DW Provider. The Equal Opportunity Monitoring WIOA Section 188 Checklist is a new requirement based on EDD Directive 17-01 that requires all WIOA Title I-financially assisted programs to be monitored on an annual basis. 	

EEO REQUIREMENTS	YES	NO	N/A	COMMENTS
1. Is the Subrecipient the sole provider of the training? <i>If yes, skip to question 2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If “No”, please attach a copy of the agreement/contract.				
b. If “No”, do you include the required nondiscrimination and equal opportunity assurance language in the agreement/contract with your sub-contractor? The nondiscrimination assurance must state <i>“the subcontractor will comply fully with the nondiscrimination and equal opportunity provisions of the WIOA” and acknowledge the government’s right to seek judicial enforcement of the nondiscrimination assurance.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EEO REQUIREMENTS	YES	NO	N/A	COMMENTS
2. Do you have nondiscrimination and equal opportunity policies or procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If "Yes", please attach a copy of the policies and procedures.				
3. Do you have policy and procedures established for providing and processing reasonable accommodations and request for individuals with disabilities? This can include: a. Procedures against imposing or applying eligibility criteria that screens out (or tends to screen out) individuals with disabilities; b. Procedures for providing appropriate auxiliary aids or assistive technology devices; c. Procedures for permitting the use of service animals; d. Procedures for ensuring that the individual requesting accommodation has the option of not taking accommodation; e. Procedures for allowing for the use of mobile aids and devices (i.e., wheelchairs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. If "Yes", do policies prohibit imposing extra charges for such requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. If "Yes", please attach a copy of the policies and procedures.				
4. How do you communicate nondiscrimination and equal opportunity policies or procedures to: a. Trainees/Participants b. Instructors c. Staff d. Subcontractor(s)				

EEO REQUIREMENTS	YES	NO	N/A	COMMENTS
5. What efforts do you make to ensure that nondiscrimination and equal opportunity policies and procedures are provided in alternate formats to individuals with disabilities?				
6. Name, title, and contact information of the Point of Contact (POC) that would handle complaints.				
7. Describe any non-EO related job functions that may create a conflict of interest or the appearance of conflict of interest.				
8. How is the identity of the POC made known to: a. Trainees/Participants b. Instructors c. Staff d. Sub-contractor(s)				
9. Is all communication indicating that you may be contacted by telephone, is the telephone number for the TTY/TDD or California relay service number provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you conduct monitoring reports to ensure that you are fully complying with nondiscrimination and equal opportunity requirement? This can include: a. Reviewing policies to ensure they are not discriminatory and comply with the requirements of applicable federal disability nondiscrimination law; b. A system for reviewing that contracts and other similar agreements are both nondiscriminatory and contain the required language regarding nondiscrimination and equal opportunity; c. A system of policy communicating and training to ensure that POC and staff are aware of changes to policies and can effectively carry responsibilities assigned to them; d. Procedures for obtaining prompt corrective action or applying sanctions when noncompliance is found; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EEO REQUIREMENTS	YES	NO	N/A	COMMENTS
e. Copies of monitoring instruments.				
11. Is the <i>“Equal Opportunity is the Law”</i> notice displayed prominently, centrally located and in plain sight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If “Yes”, in which languages?				
b. If “Yes”, is the name and contact information of the POC on the notice?				
12. Do you use the WIOA equal opportunity tagline? WIOA tagline: <i>“equal opportunity employer/program”</i> and that <i>“auxiliary aids and services are available upon request to individuals with disabilities”</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If “Yes” in what forms of communication. Please provide a copy.				
13. Do you have policies or procedures for serving Limited English Proficient (LEP) individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If “Yes”, please provide a copy.				
b. If “No”, please provide an explanation.				
14. 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				

EEO REQUIREMENTS	YES	NO	N/A	COMMENTS
<p>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).</p> <p>Please explain how you comply with this requirement.</p>				
<p>15. As a Subrecipient of WIOA funds, you are required to record the race/ethnicity, sex, age, and where known, disability status, of every applicant, registrant, participant, trainee, applicant for employment and employees. Do you currently record this data and how is the data protected so that only authorized personnel can access information?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>a. If "Yes", please explain how.</p>				
<p>b. If "No", please explain.</p>				
<p>16. Beginning on January 3, 2019 you are required to record "LEP and preferred language" for each trainee/participant.</p> <p>Please explain how you comply with this requirement.</p>				
<p>17. What outreach plans, strategies, and activities have been identified to serve various groups (i.e., members of different sexes, different age group, various racial and ethnic groups, individuals with LEP, individuals with disabilities)? Do these measures include:</p> <ul style="list-style-type: none"> a. Advertising b. Notices to schools and community service groups c. Consultation with community service groups 				

EEO REQUIREMENTS	YES	NO	N/A	COMMENTS
18. Have you received any complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do you have a log that tracks all complaints and does the log include the required information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If "Yes", please provide a copy.				
b. If "No", please explain.				
20. Describe the process established to keep the complaint records for a period of no less than four (4) years?				
21. Are the Subrecipient's sites ADA Accessible. Please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Subrecipient Acknowledgement

The information that I have provided is truthful and accurate to the best of my knowledge and abilities. I also understand that this monitoring exercise and its subsequent outcome is based on the review of a sample of program documents and is therefore only an indicator of our compliance with the contract and WIOA.

Subrecipient Printed Name _____

Subrecipient Signature _____ **Date** _____