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| WIOA Programmatic COMPLIANCE Checklist |
| subrecipieNt Name: |   | contract # |   |
| **ADDRESS:** |   |
| *To complete the WIOA Programmatic Compliance Checklist, appropriate responses and requested supporting documentation should be submitted for each program requirement.*  |

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| **Section 1****Administrative Requirements** | **YES** | **NO** | **N/A** | **Brief ExplanationDocument(s) Requested** |
| 1. Does the organization have an internal control system including written policies/procedures in place to prevent the following:
 |
| * 1. Falsification of WIOA participation documentation, embezzlement, theft and willful misapplication by staff of funds received from the Workforce Partnership?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| * 1. Solicitation and acceptance by staff of gratuities, favors or anything of monetary value from actual or potential vendors or subcontractors?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| * 1. Organizational and personal conflict of interest in the award of financial assistance and in conduct of procurement activities involving WIOA funds?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| * 1. Lobbying or related political activities involving WIOA funds?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Does the organization have nondiscrimination and equal opportunity policies or procedures?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Has each staff member received a copy of the written policies/ instructions of your organization’s internal control system?
 |[ ] [ ] [ ]   |
| 1. Has the organization implemented the provisions to maintain a drug-free workplace?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Has the organization or the organization’s principals been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency?
 |[ ] [ ] [ ]   |
| 1. Does the organization have an internal control system including written policies and procedures in place for the following to safeguard Personally Identifiable Information (PII)?
 |
| * 1. Medical information in case files, stored electronically or passing through electronic devises.
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| * 1. Individual protection of personal information of storage in case files.
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| * 1. Individual protection of personal information of electronical data entry including CalJOBS and email.
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| * 1. Individual protection of data storage, access and transmission.
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| * 1. Individual protection of personal information of transportation of physical case files.
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| **Section 2****Personnel Requirements** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Does the organization have an updated organizational chart, which details the lines of unit/department and staff responsibilities?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Are the duties for each employee clearly defined?
 |[ ] [ ] [ ]   |
| 1. Does the organization have a personnel policy that addresses the following areas?
 |
| 1. Hiring procedures?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Termination?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Employee benefits?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Grievance procedures?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Incident reporting, such as fraud and other criminal activities?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| **SECTION 3****Records Maintenance Requirements** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Does the organization have procedures in place to ensure accurate data is entered onto CalJOBS?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Does the organization have procedures in place to ensure timely data entry onto CalJOBS?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Does the organization have procedures in place if errors are found in reported data?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation  |
| 1. Does the organization maintain all contract documentation and records within the geographical boundaries of San Diego County or does your organization have a waiver of this requirement in writing?
 |[ ] [ ] [ ]    |
| 1. Has the organization made arrangements to retain all records pertaining to the contract for a period of 4 years following the contract termination date?
 |[ ] [ ] [ ]    |
| 1. Has the organization made plans to retain all records pertaining to the contract beyond the prescribed 4-year period until pending litigation or audit findings have been resolved?
 |[ ] [ ] [ ]    |
| **SECTION 4****Program Operations Requirement** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Are all staff members that are responsible for WIOA Title 1 Funded Programs provided with access to the Workforce Partnership’s Operations Manual?
 |[ ] [ ] [ ]  Provide brief explanation  |
| 1. Who is responsible for participant eligibility determination?
 |[ ] [ ] [ ]  Provide brief explanation  |
| 1. Does the organization have a system to ensure the eligibility determination supporting documentation is reviewed and stored appropriately?
 |[ ] [ ] [ ]   |
| 1. Does the organization have a system in place for storage of participant files including the storage of medical information?
 |[ ] [ ] [ ]   |
| 1. Are individuals who meet enrollment requirements provided with information for appropriate services that are available? [WIOA 129(c)(3)(A)(i), 20 CFR 681.420(d)(1)]
 |[ ] [ ] [ ]   |
| 1. Are individuals who do not meet the enrollment requirements of a program, or who cannot be served, referred to appropriate programs to meet the basic skills and training needs of the applicant? [WIOA 129(c)(3)(B), 20 CFR 681.420]
 |[ ] [ ] [ ]   |
| 1. Does the organization have a process for referring participants who have needs that are beyond the program (e.g., housing or supplemental nutrition/food stamps)? [20 CFR 680.900, 20 CFR 680.950]
 |[ ] [ ] [ ]  Provide brief explanation  |
| 1. Does the organization ensure that individuals with disabilities have equal access to services? [WIOA Section 108(b)(9), 20 CFR 679.560(b)(8)]
 |[ ] [ ] [ ]  Provide brief explanation  |
| 1. If an individual is co-enrolled in adult and youth programs, does the organization have a system in place to ensure the provision of appropriate services are provided to avoid duplication of services?
 |[ ] [ ] [ ]  Provide brief explanation  |
| 1. Does the organization have a system to ensure that when an Applicant Statement is used, all the requirements for its use are applied in every file?
 |[ ] [ ] [ ]   |
| * 1. Is there a system in place for documenting all efforts that have been made (and failed)?
 |[ ] [ ] [ ]   |
| * 1. Applicant Statements are NOT used to verify General Eligibility criteria and other unallowable criteria listed in the Workforce Partnership Eligibility Operations Manual.
 |[ ] [ ] [ ]   |
| * 1. Required to have Parent/Guardian sign the Applicant Statement(s) if individual is under 18 years?
 |[ ] [ ] [ ]   |
| **SECTION 5****Oversight and Monitoring Requirement** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Does the organization have written internal policies and procedures in place for conducting program oversight and monitoring?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation |
| 1. Does the organization conduct internal program monitoring?
 |[ ] [ ] [ ]   |
| 1. How often does the organization conduct internal program monitoring?
 |[ ] [ ] [ ]   |
| 1. Does the organization have a monitoring schedule in place?
 |[ ] [ ] [ ]  Provide appropriate supporting documentation |
| **SECTION 6****Subcontracts Requirement** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Does the organization have any Workforce Partnership-funded subcontract(s)? If “Yes”, answer below:
 |[ ] [ ] [ ]  If no, proceed to next section. |
| 1. Is each of the sub-contractor approved by the Workforce Partnership?
 |[ ] [ ] [ ]   |
| 1. Have the Federal guidelines as outlined in Section 29 of the contract general provisions been followed during the sub-contractor selection process?
 |[ ] [ ] [ ]   |
| 1. Do the procurement procedures follow the following applicable guidelines?
* 29 CFR Part 95, Sections 95.40 through 95.48 for institutions of higher education, hospitals and other –non-profit and commercial organizations.
* 29 CFR Part 97, Section 97.36 for states and local government.
* OMB Circular A-133
 |[ ] [ ] [ ]   |
| 1. Does the organization have written internal policies and procedures in place for conducting program oversight and monitoring?
 |[ ] [ ] [ ]   |
| 1. Does the organization conduct internal program monitoring?
 |[ ] [ ] [ ]   |
| 1. How often does the organization conduct internal program monitoring?
 |[ ] [ ] [ ]   |
| 1. Does the organization have a monitoring schedule in place?
 |[ ] [ ] [ ]   |
| **SECTION 7****One-Stop Operator Responsibilities** **(WIOA Adult System)** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Does the organization have an Memorandum Of Understanding (MOU) in place with other partners?
 |[ ] [ ] [ ]  If no, proceed to next section.  |
| * + If yes, do the MOUs describe the cost and resources that are shared among all partners?
 |[ ] [ ] [ ]   |
| 1. Do the MOUs include the following?
 |
| * + A description of services to be provided throughout the organization’s delivery system including, but not limited to: identifying the AJCC partners (both required/optional), AJCC system services, customers and responsibilities?
 |[ ] [ ] [ ]   |
| * + An initial plan for funding of services and operating costs including, not limited to: commitment to sharing system operating costs, assurance that cost will be proportionately based, and assurance that a cost sharing agreement will be completed during phase II process.
 |[ ] [ ] [ ]   |
| * + A description of the methods for referring customers including, but not limited to: the referral process, commitment to ensure high quality customer service/customer focused and providing direct access to partners through real-time technology.
 |[ ] [ ] [ ]   |
| * + The duration of the MOU including, not limited to: the effective dates, assurance to review at least every three years, and procedures to revise, modify, and terminate the MOU.
 |[ ] [ ] [ ]   |
| * + A description of the administration and operations management including, but not limited to: site supervision, day to day operations, media release/communications, policy and procedures regarding hold harmless, indemnification, liability, and handling dispute resolution.
 |[ ] [ ] [ ]   |
| * + Infrastructure costs including, but not limited to: a budget outline for each comprehensive AJCC/partner, cost allocation methodology, initial proportionate share with each partner, and identifying non-cash and/or in-kind contributions.
 |[ ] [ ] [ ]   |
| * + Other system costs including, but not limited to: a budget outlining other system costs for each comprehensive AJCC, cost allocation methodology, initial proportionate share of other system costs associated with each partner and identified non-cash and/or in-kind contributions.
 |[ ] [ ] [ ]   |
| * + An assurance from all non-co-located partners that they agree to pay their proportionate share of infrastructure costs once sufficient data are available.
 |[ ] [ ] [ ]   |
| * + Signatures of both co-located partners on budget agreements and verification that both contribute to infrastructure costs and other systems, including applicable career services.
 |[ ] [ ] [ ]   |
| * + Signatures of non-co-located partners on budget agreements and verification that they are contributing to other system costs, including applicable career services.
 |[ ] [ ] [ ]   |
| * + Signatures of an authorized representative of the Workforce Partnership, CEO, and all AJCC partners.
 |[ ] [ ] [ ]   |
| * + How the organization’s delivery system will ensure physical and programmatic accessibility to facilities, programs, services, technology, and materials for individuals with disabilities.
 |[ ] [ ] [ ]   |
| 1. How often are the MOU assurances reviewed to ensure appropriate funding and delivery of services?
 |  |  |[ ]  Provide brief explanation  |
| 1. As new partners are included in the MOU, are the appropriate MOU documents being updated?
 |[ ] [ ] [ ]  Provide brief explanation  |
| 1. Does the organization’s Hallmarks of Excellence include the following?
 |
| * + - * 1. Has each AJCC been evaluated through the Hallmarks of Excellence?
 |[ ] [ ] [ ]  Provide brief explanation  |
| * + - * 1. A Hallmarks of Excellence Consentaneous Improvement Plan (CIP) in place for comprehensive site(s)?
 |[ ] [ ] [ ]   |
| * + If yes, has the CIP been completed?
 |[ ]   |[ ]  Provide brief explanation  |
| * + If no, provide status and timeline of the completion of the CIP.
 |  |[ ] [ ]  Provide brief explanation  |
| 1. A Hallmarks of Excellence Consentaneous Improvement Plan (CIP) in place for affiliate/specialized site(s)?
 |[ ] [ ] [ ]   |
| * + If yes, has the CIP been completed?
 |[ ]   |[ ]  Provide brief explanation  |
| * + If no, provide status and timeline of the completion of the CIP.
 |  |[ ] [ ]  Provide brief explanation  |

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| **SECTION 8A****Adult Program Operations Requirement** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Does your organization provide Adult and Dislocated Program Services? *If yes, complete this section.*
 |[ ] [ ] [ ]   |
| 1. Does your organization include the following career services? [WIOA Section 134(c)(2)]
 | Provide appropriate supporting documentation to items listed below: |
| * + - Determination of WIOA Title I eligibility
 |[ ] [ ] [ ]   |
| * + - Outreach, intake and orientation to the information and other services available through the AJCC delivery system
 |[ ] [ ] [ ]   |
| * + - Initial assessment of skill levels, aptitudes and abilities
 |[ ] [ ] [ ]   |
| * + - Initial assessment of supportive service needs
 |[ ] [ ] [ ]   |
| * + - Job search and placement assistance
 |[ ] [ ] [ ]   |
| * + - Career Counseling
 |[ ] [ ] [ ]   |
| * + - Information regarding in-demand occupations and industry sectors
 |[ ] [ ] [ ]   |
| * + - Information regarding nontraditional employment
 |[ ] [ ] [ ]   |
| * + - Referral to, and coordination of, activities with other programs and services
 |[ ] [ ] [ ]   |
| * + - Labor market information
 |[ ] [ ] [ ]   |
| * + - Performance and program cost information regarding eligible providers and training services
 |[ ] [ ] [ ]   |
| * + - Local area performance information
 |[ ] [ ] [ ]   |
| * + - Information regarding supportive services
 |[ ] [ ] [ ]   |
| * + - Information and assistance regarding UI claims
 |[ ] [ ] [ ]   |
| * + - Assistance to determine eligibility for financial aid for non-WIOA funded education and training programs
 |[ ] [ ] [ ]   |
| * + - Comprehensive and specialized assessments of skill levels and service needs, including in depth interviewing
 |[ ] [ ] [ ]   |
| * + - Individual employment plan development
 |[ ] [ ] [ ]   |
| * + - Group counseling
 |[ ] [ ] [ ]   |
| * + - Individual counseling
 |[ ] [ ] [ ]   |
| * + - Career planning
 |[ ] [ ] [ ]   |
| * + - Short-term prevocational services
 |[ ] [ ] [ ]   |
| * + - Internships and work experiences linked to careers
 |[ ] [ ] [ ]   |
| * + - Workforce preparation activities
 |[ ] [ ] [ ]   |
| * + - Financial literacy services
 |[ ] [ ] [ ]   |
| * + - Out-of-area job search and relocation assistance
 |[ ] [ ] [ ]   |
| * + - English language acquisition and integrated education and training programs
 |[ ] [ ] [ ]   |
| * + - 12 months of follow-up services after the first day of unsubsidized employment
 |[ ] [ ] [ ]   |
| * + - Business services for employers, including appropriate recruitment
 |[ ] [ ] [ ]   |
| 1. Does the organization have developed career pathways to support participants to enter and retain employment? [20 CFR 69.130(c)(2)]
 |[ ] [ ] [ ]   |
| 1. Does the organization meet the needs of veterans and spouses who are seeking education and training benefits under WIOA? If yes, how? [20 CFR 680.650]
 |[ ] [ ] [ ]  If yes, provide appropriate supporting documentation |
| 1. Does the organization ensure recipients of public assistance, other low-income individuals, and individuals who are basic skills deficient receive priority of service? If yes, how?
 |[ ] [ ] [ ]  If yes, provide appropriate supporting documentation |
| 1. Does the organization have policies and procedures in place for follow-up services for adult and dislocated worker participants?
 |[ ] [ ] [ ]   |
| **SECTION 8B****Training Services Requirement** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Are the following efforts made by the organization for participants interested in or enrolled in an Individual Training Account (ITA)?
 |
| * 1. Identifying participants eligible for ITAs, providing guidance and assistance to participants in use of ITAs.
 |[ ] [ ] [ ]   |
| * 1. Ensuring ITA training is directly linked to employment opportunities lined to in-demand occupations.
 |[ ] [ ] [ ]   |
| * 1. Assuring training selection and occupational area meet guidelines including referrals to training providers on the Workforce Partnership’s approved Eligibility Training Provider List (ETPL).
 |[ ] [ ] [ ]   |
| * 1. Ensuring participant that is receiving ITAs are finding training-related jobs.
 |[ ] [ ] [ ]   |
| * 1. Are efforts are made to ensure participants are placed in a safe education/training location?
 |[ ] [ ] [ ]   |
| 1. Are the following efforts being made by the organization for participants interested and/or enrolled in an On the Job Training (OJT)?
 |
| * 1. Identifying participants eligible for an OJT, providing guidance and assistance to participants in use of OJT.
 |[ ] [ ] [ ]   |
| * 1. Assuring training selection and occupational area meet the Workforce Partnership’s guidelines.
 |[ ] [ ] [ ]   |
| * 1. Ensuring participants receiving OJT are retained at the completion of the OJT?
 |[ ] [ ] [ ]   |
| * 1. Ensuring the OJT has met the approved target self-sufficiency wage, or has clear documentation of one or more of the following benefits:
 |
| * + - Documented evidence of step raises that lead to higher wage and self-sufficiency for the candidate within a year of training completion; or
 |[ ] [ ] [ ]   |
| * + - Documented evidence of career ladders or advancement opportunities that can be directly linked to the successful completion of the OJT.
 |[ ] [ ] [ ]   |
| * 1. Does the organization ensure that participants placed in training or an OJT do not report directly to family members or friends?
 |[ ] [ ] [ ]   |
| 1. Does the organization verify that a participant is attending training?
 |[ ] [ ] [ ]  If yes, provide brief explanation  |
| 1. Does the organization have steps in place to ensure the participant is meeting the training program goals?
 |[ ] [ ] [ ]  If yes, provide brief explanation  |
| 1. Does the organization have a procedure for participants that are no longer attending or did not complete training program?
 |[ ] [ ] [ ]  If yes, provide brief explanation  |
| **SECTION 8C****Supportive Services Requirement** | **YES** | **NO** | **N/A** | **Brief Explanation Document(s) Requested** |
| 1. Does the organization provide supportive services to adult and dislocated worker participants?
 |[ ] [ ] [ ]  If no, provide brief explanation  |
| * 1. Does the organization’s supportive service process in line with established procedures?
 |[ ] [ ] [ ]   |
| * 1. Supported by appropriate documentation?
 |[ ] [ ] [ ]   |
| 1. Does the organization determine that supportive services are reasonable and necessary to participant in WIOA activities?
 |[ ] [ ] [ ]  If yes, provide brief explanation  |

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| **SECTION 9A****Youth Program Operations Requirement** | **YES** | **NO** | **N/A** | **Brief ExplanationDocument(s) Requested** |
| 1. Does the organization provide Youth Program Services? *If yes, complete this section.*
 |[ ] [ ] [ ]   |
| 1. Are the organization’s youth programs designed to provide the following to the youth participants? [WIOA 129(c)(1), 20 CFR 681.420, WSD 16-01]
 | If yes, provide supporting documentation to items listed below: |
| * Objective Assessment
 |[ ] [ ] [ ]   |
| * Development of service strategies and goals directly linked to one or more of the performance indicators
 |[ ] [ ] [ ]   |
| * Activities leading to the attainment of a secondary school diploma, or its recognized equivalent, or a recognized postsecondary credential
 |[ ] [ ] [ ]   |
| * Preparation for postsecondary educational and training opportunities
 |[ ] [ ] [ ]   |
| * Links between academic instruction and occupational education leading to the attainment of recognized postsecondary credentials
 |[ ] [ ] [ ]   |
| * Preparation for unsubsidized employment opportunities.
 |[ ] [ ] [ ]   |
| * Connections to employers, including small employers, in in-demand industry sectors and occupations of the local and regional labor markets.
 |[ ] [ ] [ ]   |
| 1. Does the organization determine if a Youth participant is basic skills deficient?
 |[ ] [ ] [ ]   |
| * 1. What assessments are used to determine basic skills deficiency?
 | Provide type of assessments used  |
| 1. Does the organization ensure verification that 17-year-old male participants are registered with the Selective Service System within 30 days of their 18th birthday if they turn 18 during the period of WIOA participation?
 |[ ] [ ] [ ]   |
| 1. Does the organization have policies and procedures in place for follow-up services for youth participants?
 |[ ] [ ] [ ]   |
| 1. Does the organization made available the fourteen (14) required youth program elements to the youth served under WIOA?
 |[ ] [ ] [ ]   |
| Please provide brief a explaination and the name of each entity(s) that provides the following element and if the element is provided via a contract, referral or other. [WIOA 129(c)(2), CFR 681.460] |
| 1. Tutoring, study skills training, instruction, and dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent or for a recognized postsecondary credential
 |[ ] [ ] [ ]    |
| 1. Alternative secondary school services, or dropout recovery services
 |[ ] [ ] [ ]    |
| 1. Paid and unpaid work experiences that have academic and occupational education as a component of the work experience
 |[ ] [ ] [ ]    |
| 1. Occupational skill training
 |[ ] [ ] [ ]    |
| 1. Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster
 |[ ] [ ] [ ]    |
| 1. Leadership development opportunities
 |[ ] [ ] [ ]    |
| 1. Supportive services
 |[ ] [ ] [ ]    |
| 1. Adult Mentoring for a duration of at least 12 months
 |[ ] [ ] [ ]    |
| 1. Follow-up services for not less than 12 months after the completion of participation
 |[ ] [ ] [ ]    |
| 1. Comprehensive guidance and counseling
 |[ ] [ ] [ ]    |
| 1. Financial literacy education
 |[ ] [ ] [ ]    |
| 1. Entrepreneurial skills training
 |[ ] [ ] [ ]    |
| 1. Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area
 |[ ] [ ] [ ]    |
| 1. Activities that help youth prepare for and transition of postsecondary education and training.
 |[ ] [ ] [ ]    |
| **SECTION 9B****Training Services** | **YES** | **NO** | **N/A** | **Brief ExplanationDocument(s) Requested** |
| 1. Does the organization ensure:
 |
| * 1. Consideration is given to training programs leading to recognized postsecondary credentials and to training program that are aligned with in-demand occupations as determined by the Workforce Partnership?
 |[ ] [ ] [ ]   |
| * 1. The Youth Work Experience Training does not unfavorably affect current employees and do not impair existing contracts for services or collective bargaining agreements?
 |[ ] [ ] [ ]   |
| * 1. The participants do not displace current employees or replace employees that were previously laid off from the worksite?
 |[ ] [ ] [ ]   |
| 1. Does the organization conduct an on-site visit to ensure that worksites comply with WIOA requirements?
 |[ ] [ ] [ ]   |
| 1. If yes, do all worksites receive an on-site visit?
 |[ ] [ ] [ ]   |
| 1. If not, how does your organization ensure that worksites comply with the WIOA requirements and safety requirements?
 |  |[ ] [ ]  Provide brief explanation  |
| 1. Does the organization conduct an orientation and provide an information packet or handbook to the participant supervisors and alternate supervisors prior to the participant’s first day of work?
 |[ ] [ ] [ ]   |
| 1. If not, how does the organization ensure supervisors are informed of their roles and responsibilities and the WIOA compliance requirements regarding youth participants?
 |  |[ ] [ ]  Provide brief explanation  |
| 1. Does the organization have written policies and procedures that are used to implement the time, attendance, and check payment system?
 |[ ] [ ] [ ]  Provide brief explanation   |
| 1. Does the organization ensure that youth participants placed in training/work experience do not report directly to family members or friends?
 |[ ] [ ] [ ]   |
| **SECTION 9C****Supportive Services Requirement** | **YES** | **NO** | **N/A** | **Brief ExplanationDocument(s) Requested** |
| 1. Does the organization provide supportive services to youth participants? If no, please explain.
 |[ ] [ ] [ ]  If no, provide brief explanation  |
| 1. If yes, does the organization’s supportive service process in line with established procedures?
 |[ ] [ ] [ ]   |
| 1. Supported by appropriate documentation?
 |[ ] [ ] [ ]   |
| 1. Does the organization determine that supportive services are reasonable and necessary to participant in WIOA activities?
 |[ ] [ ] [ ]  If yes, provide brief explanation   |
| **SECTION 9D****Incentives Requirement** | **YES** | **NO** | **N/A** | **Brief ExplanationDocument(s) Requested** |
| 1. Does the organization provide incentives payments to the participants?
 |[ ] [ ] [ ]   |
| 1. If yes, has the organization’s participant incentive plan been approved by the Workforce Partnership?
 |[ ] [ ] [ ]  If yes, provide approved plan/policy |
| * + - Is in line with established procedures?
 |[ ] [ ] [ ]   |
| * + - Supported by appropriate documentation?
 |[ ] [ ] [ ]   |
| **SECTION 9E** **Classroom Based Wages Requirement** | **YES** | **NO** | **N/A** | **Brief ExplanationDocument(s) Requested** |
| 1. Does the organization pay classroom-based wages to the participants?
 |[ ] [ ] [ ]   |
| 1. If yes, has the organization’s classroom-based wage plan been approved by the Workforce Partnership?
 |[ ] [ ] [ ]  If yes, provide approved plan/policy |
| * + 1. Is in line with established procedures?
 |[ ] [ ] [ ]   |
| * + 1. Supported by appropriate documentation?
 |[ ] [ ] [ ]   |
| **SECTION 9F****Stipends Requirements** | **YES** | **NO** | **N/A** | **Brief ExplanationDocument(s) Requested** |
| 1. Does the organization issue stipends to the participants?
 |[ ] [ ] [ ]   |
| 1. If yes, has the organization’s stipend policy been approved by the Workforce Partnership?
 |[ ] [ ] [ ]  If yes, provide approved plan/policy |
| * + - Is in line with established procedures?
 |[ ] [ ] [ ]   |
| * + - Supported by appropriate documentation?
 |[ ] [ ] [ ]   |

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| 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.  |

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| **Subrecipient Print Name:**[First name, last name] | **Title:**[title] |
| **Subrecipient Signature:** |

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| **WIOA PROGAMMATIC COMPLIANCE CHECKLIST****SUPPORT DOCUMENTATION LIST** |
| *To complete the WIOA Programmatic Compliance Checklist, the requested support documentation needs to be checked off the support documentation list and submitted for review* |
|  | **Item #** | **Program Requirements** | **Suggested Support Documentation** |
| **SECTION 1: Administrative Requirements** |
|[ ]  Item 1a  | Falsification of WIOA participation documentation, embezzlement, theft and willful misapplication by staff of funds | (Employee handbook with page #)  |
|[ ]  Item 1b | Solicitation and acceptance by staff of gratuities, favors or anything of monetary value from actual or potential vendors or subcontractors | (Employee handbook with page #)  |
|[ ]  Item 1c | Organizational and personal conflict of interest in the award of financial assistance and in conduct of procurement activities involving WIOA funds | (Employee handbook with page #)  |
|[ ]  Item 1d | Lobbying or related political activities involving WIOA funds | (Employee handbook with page #)  |
|[ ]  Item 2 | Nondiscrimination and equal opportunity policies or procedures | (Employee handbook with page #)  |
|[ ]  Item 3 | Provisions to maintain a drug-free workplace | (Employee handbook with page #)  |
|[ ]  Item 4a | PII – Medical information in case files, stored electronically or passing through electronic devises. | (Policy/Procedure) |
|[ ]  Item 4b | PII – storage in case files | (Policy/Procedure) |
|[ ]  Item 4c | PII – Electronical data entry including CalJOBS and email. | (Policy/Procedure) |
|[ ]  Item 4d | PII – Data storage, access and transmission | (Policy/Procedure) |
|[ ]  Item 4e | PII – Transportation of physical case files | (Policy/Procedure) |
| **Section 2: Personnel Requirement** |
|[ ]  Item 1 | Updated organizational chart, with unit/department and staff responsibilities | (Provide organizational chart) |
|[ ]  Item 2a | Personnel Policy: Hiring procedures | (Employee handbook with page #)  |
|[ ]  Item 2b | Personnel Policy: Termination | (Employee handbook with page #)  |
|[ ]  Item 2c | Personnel Policy: Employee benefits | (Employee handbook with page #)  |
|[ ]  Item 2d | Personnel Policy: Grievance procedures | (Employee handbook with page #)  |
|[ ]  Item 2e | Personnel Policy: Incident reporting, including fraud and other criminal activities | (Employee handbook with page #)  |
|  | **Item #** | **Program Requirements** | **Support Documentation** |
| **Section 3: Record Maintenance** |
|[ ]  Item 1 | Data entry onto CalJOBS | (Policy/Procudure) |
|[ ]  Item 2 | Timely data entry onto CalJOBS | (Policy/Procedure) |
|[ ]  Item 3 | Data entry errors on reported data | (Policy/Procedure) |
| **Section 4: Oversight and Monitoring** |
|[ ]  Item 1 | Program oversight and monitoring | (Policy/Procedure) |
|[ ]  Item 2 | Program monitoring schedule | (Policy/Procedure) |
| **Section 7: Adult Program Operations** |
| *Provide support documents if organization provides Adult and Dislocated Program Services* |
|[ ]  Item 1 | Individualized Career Services  | (Overview of Program Services) |
|[ ]  Item 4 | Veterans and spouses who are seeking education and training benefits under WIOA | (Policy/Procedure) |
|[ ]  Item 5 | Recipients of public assistance, other low-income individuals, and individuals who are basic skills deficient receive priority of service | (Policy/Procedure) |
| **Section 8: Youth Program Operations** |
| *Provide support documents if organization provides Youth Program Services* |
|[ ]  Item 2 | Individualized Career Services | (Overview of Program Services) |
| **Section 8d: Incentives** |
|[ ]  Item 1a | Participant incentive plan approved by the Workforce Partnership | (Current Plan/Policy) |
| **Section 8e: Classroom Based Wages** |
|[ ]  Item 1a | Classroom-based wage plan approved by the Workforce Partnership | (Current Plan/Policy) |
| **Section 8f: Stipends** |
|[ ]  Item 1a | Stipend policy been approved by the Workforce Partnership | (Current Plan/Policy) |