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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 Explanation Document(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 Explanation Document(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 Explanation Document(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 Explanation Document(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 Explanation Document(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 Explanation Document(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 Explanation Document(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) |