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.

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:				
a. Falsification of WIOA participation documentation, embezzlement, theft and willful misapplication by staff of funds received from the Workforce Partnership?	☐	☐	☐	Provide appropriate supporting documentation
b. Solicitation and acceptance by staff of gratuities, favors or anything of monetary value from actual or potential vendors or subcontractors?	☐	☐	☐	Provide appropriate supporting documentation
c. 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
d. Lobbying or related political activities involving WIOA funds?	☐	☐	☐	Provide appropriate supporting documentation
2. Does the organization have nondiscrimination and equal opportunity policies or procedures?	☐	☐	☐	Provide appropriate supporting documentation
3. Has each staff member received a copy of the written policies/ instructions of your organization's internal control system?	☐	☐	☐	
4. Has the organization implemented the provisions to maintain a drug-free workplace?	☐	☐	☐	Provide appropriate supporting documentation
5. 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?	☐	☐	☐	

6. Does the organization have an internal control system including written policies and procedures in place for the following to safeguard Personally Identifiable Information (PII)?				
a. Medical information in case files, stored electronically or passing through electronic devises.	☐	☐	☐	Provide appropriate supporting documentation
b. Individual protection of personal information of storage in case files.	☐	☐	☐	Provide appropriate supporting documentation
c. Individual protection of personal information of electronical data entry including CalJOBS and email.	☐	☐	☐	Provide appropriate supporting documentation
d. Individual protection of data storage, access and transmission.	☐	☐	☐	Provide appropriate supporting documentation
e. 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
2. Are the duties for each employee clearly defined?	☐	☐	☐	
3. Does the organization have a personnel policy that addresses the following areas?				
a. Hiring procedures?	☐	☐	☐	Provide appropriate supporting documentation
b. Termination?	☐	☐	☐	Provide appropriate supporting documentation
c. Employee benefits?	☐	☐	☐	Provide appropriate supporting documentation
d. Grievance procedures?	☐	☐	☐	Provide appropriate supporting documentation
e. 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
2. Does the organization have procedures in place to ensure timely data entry onto CalJOBS?	☐	☐	☐	Provide appropriate supporting documentation
3. Does the organization have procedures in place if errors are found in reported data?	☐	☐	☐	Provide appropriate supporting documentation

	YES	NO	N/A	
4. 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?	☐	☐	☐	
5. Has the organization made arrangements to retain all records pertaining to the contract for a period of 4 years following the contract termination date?	☐	☐	☐	
6. 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
2. Who is responsible for participant eligibility determination?	☐	☐	☐	Provide brief explanation
a. Does the organization have a system to ensure the eligibility determination supporting documentation is reviewed and stored appropriately?	☐	☐	☐	
b. Does the organization have a system in place for storage of participant files including the storage of medical information?	☐	☐	☐	
3. 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)]	☐	☐	☐	
4. 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]	☐	☐	☐	
5. 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

		YES	NO	N/A	
6.	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
7.	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
8.	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?	☐	☐	☐	
	a. Is there a system in place for documenting all efforts that have been made (and failed)?	☐	☐	☐	
	b. Applicant Statements are NOT used to verify General Eligibility criteria and other unallowable criteria listed in the Workforce Partnership Eligibility Operations Manual.	☐	☐	☐	
	c. 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
2.	Does the organization conduct internal program monitoring?	☐	☐	☐	
3.	How often does the organization conduct internal program monitoring?	☐	☐	☐	
4.	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.
2.	Is each of the sub-contractor approved by the Workforce Partnership?	☐	☐	☐	

	YES	NO	N/A	
3. Have the Federal guidelines as outlined in Section 29 of the contract general provisions been followed during the sub-contractor selection process?	☐	☐	☐	
4. 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	☐	☐	☐	
5. Does the organization have written internal policies and procedures in place for conducting program oversight and monitoring?	☐	☐	☐	
6. Does the organization conduct internal program monitoring?	☐	☐	☐	
7. How often does the organization conduct internal program monitoring?	☐	☐	☐	
8. 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?	☐	☐	☐	
2. 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.	☐	☐	☐	
3. How often are the MOU assurances reviewed to ensure appropriate funding and delivery of services?			☐	Provide brief explanation
4. As new partners are included in the MOU, are the appropriate MOU documents being updated?	☐	☐	☐	Provide brief explanation
5. Does the organization's Hallmarks of Excellence include the following?				
a. Has each AJCC been evaluated through the Hallmarks of Excellence?	☐	☐	☐	Provide brief explanation
b. 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
c. 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

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.*	☐	☐	☐	
2. 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	☐	☐	☐	

	YES	NO	N/A	
• 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	☐	☐	☐	
3. Does the organization have developed career pathways to support participants to enter and retain employment? [20 CFR 69.130(c)(2)]	☐	☐	☐	
4. 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
5. 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
6. 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)?				
a. Identifying participants eligible for ITAs, providing guidance and assistance to participants in use of ITAs.	☐	☐	☐	
b. Ensuring ITA training is directly linked to employment opportunities lined to in-demand occupations.	☐	☐	☐	
c. Assuring training selection and occupational area meet guidelines including referrals to training providers on the Workforce Partnership's approved Eligibility Training Provider List (ETPL).	☐	☐	☐	
d. Ensuring participant that is receiving ITAs are finding training-related jobs.	☐	☐	☐	

		YES	NO	N/A	
e.	Are efforts are made to ensure participants are placed in a safe education/training location?	☐	☐	☐	
2.	Are the following efforts being made by the organization for participants interested and/or enrolled in an On-the-Job Training (OJT)?				
a.	Identifying participants eligible for an OJT, providing guidance and assistance to participants in use of OJT.	☐	☐	☐	
b.	Assuring training selection and occupational area meet the Workforce Partnership's guidelines.	☐	☐	☐	
c.	Ensuring participants receiving OJT are retained at the completion of the OJT?	☐	☐	☐	
d.	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.	☐	☐	☐	
e.	Does the organization ensure that participants placed in training or an OJT do not report directly to family members or friends?	☐	☐	☐	
3.	Does the organization verify that a participant is attending training?	☐	☐	☐	If yes, provide brief explanation
4.	Does the organization have steps in place to ensure the participant is meeting the training program goals?	☐	☐	☐	If yes, provide brief explanation
5.	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
a.	Does the organization's supportive service process in line with established procedures?	☐	☐	☐	

		YES	NO	N/A	
b.	Supported by appropriate documentation?	☐	☐	☐	
2.	Does the organization determine that supportive services are reasonable and necessary to participant in WIOA activities?	☐	☐	☐	If yes, provide brief explanation

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.*	☐	☐	☐	
2. 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.	☐	☐	☐	
3. Does the organization determine if a Youth participant is basic skills deficient?	☐	☐	☐	
a. What assessments are used to determine basic skills deficiency?				Provide type of assessments used
4. 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?	☐	☐	☐	

5. Does the organization have policies and procedures in place for follow-up services for youth participants?	☐	☐	☐	
6. Does the organization made available the fourteen (14) required youth program elements to the youth served under WIOA?	☐	☐	☐	
Please provide brief a explanation 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	☐	☐	☐	
(2) Alternative secondary school services, or dropout recovery services	☐	☐	☐	
(3) Paid and unpaid work experiences that have academic and occupational education as a component of the work experience	☐	☐	☐	
(4) Occupational skill training	☐	☐	☐	
(5) Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster	☐	☐	☐	
(6) Leadership development opportunities	☐	☐	☐	
(7) Supportive services	☐	☐	☐	
(8) Adult Mentoring for a duration of at least 12 months	☐	☐	☐	
(9) Follow-up services for not less than 12 months after the completion of participation	☐	☐	☐	
(10) Comprehensive guidance and counseling	☐	☐	☐	
(11) Financial literacy education	☐	☐	☐	
(12) Entrepreneurial skills training	☐	☐	☐	
(13) Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area	☐	☐	☐	

	YES	NO	N/A	Brief Explanation Document(s) Requested
(14) 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:				
a. 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?	☐	☐	☐	
b. The Youth Work Experience Training does not unfavorably affect current employees and do not impair existing contracts for services or collective bargaining agreements?	☐	☐	☐	
c. 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?	☐	☐	☐	
a. If yes, do all worksites receive an on-site visit?	☐	☐	☐	
b. If not, how does your organization ensure that worksites comply with the WIOA requirements and safety requirements?		☐	☐	Provide brief explanation
2. 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?	☐	☐	☐	
a. 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
3. Does the organization have written policies and procedures that are used to implement the time, attendance, and check payment system?	☐	☐	☐	Provide brief explanation

4. 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
a. If yes, does the organization's supportive service process in line with established procedures?	☐	☐	☐	
b. Supported by appropriate documentation?	☐	☐	☐	
2. 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?	☐	☐	☐	
a. 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?	☐	☐	☐	
a. If yes, has the organization's classroom-based wage plan been approved by the Workforce Partnership?	☐	☐	☐	If yes, provide approved plan/policy
i. Is in line with established procedures?	☐	☐	☐	
ii. 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?	☐	☐	☐	

				If yes, provide approved plan/policy
a. If yes, has the organization's stipend policy been approved by the Workforce Partnership?	☐	☐	☐	
• Is in line with established procedures?	☐	☐	☐	
• Supported by appropriate documentation?	☐	☐	☐	

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

	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/Procedure)
☐	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)