

<b>WIA and WP Administration, Program, Grant, and Financial Management Systems Compliance Monitoring Guide</b>
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WFC Name / Location: \_\_\_\_\_

WFC Staff Interviewed: \_\_\_\_\_

Monitor / Program Year / Date: \_\_\_\_\_

**1. Program/Grant Reporting Systems**

<b>Sources:</b> PGL 08-12-P, PGL 06-12-F1, PGL 99-05-M2, PGL 00-10-L1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
A.	Are required reports for all formula programs submitted within the designated timeframes, and are they complete and accurate?	Y N	
B.	Are all reporting requirements for discretionary grants (Quarterly, Close-out, and Follow-up reports) submitted with the designated timeframes and contain complete and accurate information?	Y N	
C.	Is reported data consistent with data in Joblink and the State Financial System?	Y N	
D.	Is data access centrally controlled, and are confidentiality and record retention procedures in place?	Y N	

**2. Internal and Subcontractor Monitoring – All formula and discretionary funds**

<b>Sources:</b> WIA Sec 127, Sec 134, Sec 184(a)(4) PGL 08-12-P, PGL 06-12-F1, PGL 01-12-F4, PGL 01-09-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
A.	Are monitoring tools and procedures that are used to monitor all your internal and subcontractor programs, grants, and administrative requirements in writing?	Y N	
B.	Are quality control procedures in place to monitor Joblink data entry and case file documentation?	Y N	

C.	Has the region developed an internal and subcontractor monitoring schedule? Is it followed?	Y N	
D.	Are monitoring reports, findings, corrective actions and resolutions for each grant/subcontractor monitored?	Y N	
E.	Are all elements of the program/ grant/ subcontractor monitored on at least an annual basis?	Y N	
F.	Are internal and subcontractor monitoring reports provided to the LWIB and to the State?	Y N	

### 3. Policies and Procedures

<b>Sources:</b> WIA Sec 117, 20 CFR Subpart C, TEGL 17-05 PGL 00-11-WIA1, PGL 00-12-WIA1, PGL 00-15-WIA1, PGL 00-16-WIA1, PGL 07-01-WIA, PGL 01-03-WIA1, PGL 01-04-WP1, PGL 01-08-WIA1, PGL 01-09-WIA1, PGL 01-11-WIA1, PGL 04-17-V, PGL 06-03-V, PGL 07-04-L, 08-16-WIA		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
A.	Does the region have the 12 required local policies?	Y N	
B.	Has the region obtained the approval of the LWIB for the 12 local policies?	Y N	
C.	Are all policies current, signed and dated?	Y N	
D.	Do any policies need to be modified? If so, identify which ones.	Y N	

*CDLE requires that workforce regions establish local written policies on the following subjects, as indicated in the State's Program Guidance Letters (PGLs). The region must have Local Workforce Investment Board (LWIB) approved and signed policies in compliance with laws, regulations, and state policies for the following:*

*a. Supportive Services/Effective date of current policy: \_\_\_\_\_*

<b>Sources:</b> PGL 00-11-WIA1	<b>YES/NO</b>	<b>Comments</b> Explain, if NO
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<b>Does the policy:</b>			
1.	Include the requirement for documenting that non-WIA resources are unavailable to provide SS, and identifies non-WIA sources?	Y	N
2.	Define the types of acceptable services and limits on services?	Y	N
3.	Define the approval and denial process?	Y	N

**b. Priority of Services for Adults/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 00-12-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Define and determine when funds are considered to be limited?	Y	N
2.	Incorporate recipients of public assistance or other low-income individuals into the policy?	Y	N
3.	Define low-income and/or self-sufficiency?	Y	N
4.	Identify how the decision is made to enact or revoke the policy?	Y	N

**c. Individual Training Accounts/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 00-15-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Address the requirement to use the ETPL and ensure customer choice of training providers?	Y	N
2.	Identify how non-WIA funding resources are researched and documented, such as Pell grants?	Y	N
3.	Specify limits for the amount and duration of training costs? If so, what are they?	Y	N
4.	Outline your ITA approval and denial process?	Y	N

5.	Identify the requirement to justify and document a client's need and qualifications for training?	Y N	
6.	Identify possible exceptions to the use of ITAs?	Y N	

d. **Sequential Delivery of Services/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 00-16-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Allow for universal access for self-service core activities?	Y N	
2.	Identify the requirement to justify and document the need for a client to move to the intensive and training levels of service?	Y N	

e. **Eligible Training Provider List/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 07-01-WIA		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Emphasize that clients must use the ETPL to ensure that clients have an informed customer choice in selecting a training provider and/or program?	Y N	
2.	Identify your local board's process for accepting and denying applications from training institutions interested in being placed on the ETPL?	Y N	
3.	Establish an approval process and a removal process for training providers that fail to perform or violate the law?	Y N	
4.	Establish an appeal process for training providers that are removed?	Y N	
5.	Identify who is responsible for managing the ETPL in your region? If a specific person is appointed as the contact, who is this person?	Y N	

6.	Allow your board to modify the levels of performance and/or eligibility factors required by CDLE for local providers to maintain subsequent eligibility?	Y N	
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f. **WIA Eligibility/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 01-03-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Specify requirements for ensuring consistency in all eligibility determinations?	Y N	
2.	Address the necessity to obtain written documentation (verification) of eligibility determination for purposes of compliance reviews of client files?	Y N	

g. **Wagner-Peyser Job Orders & Employer Services/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 01-04-WP1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Identify when job orders can be accepted or refused?	Y N	
2.	Address when employer services can be discontinued, limited, or refused?	Y N	
3.	Establish quality control procedures for job orders?	Y N	

h. **On-the-Job Training (OJT) & Customized Training/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 01-08-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Identify the criteria used for developing and approving OJT contracts?	Y N	

2.	Identify the criteria used for developing and approving customized training contracts?	Y N	
3.	Define “self-sufficiency” for employed workers?	Y N	

i. **Internal and/or Subcontractor Monitoring/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> WIA Sec. 184; PGL 01-09-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Specify that a sub-recipient of any WIA program must conduct annual program and fiscal monitoring?	Y N	
2.	Outline how frequently monitoring will be conducted, and by whom?	Y N	
3.	Ensure that your internal monitoring process will demonstrate compliance with WIA Federal and State requirements, both program and fiscal?	Y N	
4.	Require that a written report be submitted to the One-stop Director, workforce board chairperson, local elected official, and WSS at the completion of each monitoring review?	Y N	
5.	Include action plans for resolution of identified issues and program improvement?	Y N	
6.	Define monitoring procedures for your oversight responsibility of any sub-contractors contracted to operate WIA and/or WP programs?	Y N	

j. **WIA Grievance Procedure/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 01-11-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Identify how clients will be notified regarding their grievance and appeal rights.	Y N	

2.	Describe the grievance and appeal process?	Y N	
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k. **Veteran’s Priority of Service/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 04-17-V, PGL 06-03-V		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Identify how all veterans will be given preference for job orders being file searched, and what acceptable methods will be used?	Y N	
2.	Specify how Veteran’s preference will be validated and documented?	Y N	
3.	Specify that veterans will be given the opportunity to apply for jobs before non-veterans, and what acceptable methods will be used?	Y N	

l. **Language Assistance Plan/Effective date of current policy:** \_\_\_\_\_

<b>Sources:</b> PGL 07-04-L		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	Identify how your region will assess their area population to identify the languages of potential customers who are English Language Learners (ELL), on an annual basis?	Y N	
2.	Require your region to provide an assessment report covering: <ul style="list-style-type: none"> <li>• The number of clients who speak a specific language,</li> <li>• The statistics of known populations speaking languages other than English in the workforce region,</li> <li>• A determination of which populations in the workforce region meet the minimum numbers that would require translation and outreach services.</li> </ul>	Y N	

3.	<i>Specify what procedures and resources are in place to provide language assistance services?</i>	Y N	
4.	<i>Specify that training will be provided to workforce center staff to enhance their ability to serve ELL customers, including the use of the on-line language assistance resource guide?</i>	Y N	
5.	<i>Identify how outreach to potential ELL customers will be performed, such as providing notice of available translation services?</i>	Y N	
6.	<i>Identify how you will monitor your Language Assistance Plan?</i>	Y N	
7.	<i>Require that your region is represented at the Colorado Workforce Speaks taskforce?</i>	Y N	

**m. Degree/Certificate Requirements for Youth Common Measures/Effective Date of current policy:**

<b>Sources:</b> PGL 08-16-WIA (Local policy due December 31, 2008)		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
<b>Does the policy:</b>			
1.	<i>Identify the types of degree/certificates that relate to the measure?</i>	Y N	
2.	<i>Identify the official document(s) that serves as evidence of the degree/certificate process?</i>	Y N	

**4. COLORADO HB 1023 – Guidelines for Determining Citizenship or Legal Immigration Status**

<b>Sources:</b> PGL 06-07-WIA		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
A.	<b>**</b> Since August 7, 2006, have all new WIA, discretionary grant, and TAA applicants completed and signed the “Affidavit of Immigration Status” form?	Y N	

B.	Were all Affidavits properly inspected to verify documentation?	Y N	
C.	Were all signed Affidavits retained in the client case files?	Y N	

\*\* Wagner Peyser participants are also required to complete the Affidavit of Immigration Status form. As of January 2008, CDLE is still working on the necessary system changes to gather the required information from all job seekers, including Unemployment Insurance claimants.

**5. Financial Audit Findings and Observations**

<b>Sources:</b> WIA Sec 127, Sec 134, Sec 184(a)(4) PGL 08-12-P, PGL 06-12-F1, PGL 01-12-F4, PGL 01-09-WIA1		<b>YES/NO</b>	<b>Comments</b> Explain, if NO
A.	Were there audit findings and observations cited during the last financial review?	Y N	
B.	Did the audit findings require corrective action? Have they been completed?	Y N	

This section is for use by CDLE.

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