

Office of Economic and Workforce Development Workforce Development Division



WORKFORCE INVESTMENT ACT (WIA) MONITORING REVIEW

Contractor/Grantee: _____ Activity: _____
 Site location: _____ Phone #: _____
 Person Interviewed: _____ Title: _____
 Program Monitor: _____ Date: _____

I. ADMINISTRATION			
A. COMMUNICATIONS	YES	NO	NA
1. Is staff well informed of contracted goals and program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does staff respond promptly to problems and/or requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does staff attend other required meetings and/or workshops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss any item checked "NO" above and/or comments: _____ _____			
B. PERSONNEL	YES	NO	NA
1. Are job descriptions available for all staff positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the agency have an updated Personnel Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a copy of the Personnel Manual been furnished to OEWD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the Personnel Manual include staff grievance procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Personnel Manual include provisions against nepotism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a personnel file maintained for each staff member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do the personnel files include job applications, notices of hire, and any official documents which pertain to the employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss any item checked "NO" above and/or comments: _____ _____			
C. PAPERWORK	YES	NO	NA
Are the following documents prepared correctly and submitted on time:			
1. WIA EWIR – WIA Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. WIA EWIE – WIA Enrollment/Registration Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. WIA YTS – WIA Youth Test Scores Form <i>(For Out-of-School-Youth who are Basic Skills Deficient)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. WIA EWIT – WIA Exit Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. WIA EWIF – WIA Follow-Up Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Individual Employment Plan or Individual Service Strategy (IEP or ISS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Case Management Notes or Participant Progress Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Monthly Participant and Narrative Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Monthly Cost Report (Invoices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Participant Support Services Log and Child Care Eligibility Authorization Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Individual Training Account (ITA) Worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss any item checked "NO" above and/or comments: _____ _____			

D. FISCAL	YES	NO	NA
1. Date of agency's last audit: _____ By: _____			
2. Have you provided a copy of your audit to OEWD?			
3. Were there any recommendations which would affect the WIA funded program?			
If "YES" please explain: _____ _____			
E. EQUAL OPPORTUNITY	YES	NO	NA
1. Are the agency's nondiscrimination and equal opportunity policies posted prominently in reasonable numbers and places?			
2. Are the required nondiscrimination and equal opportunity policies offered in alternative formats for the visually impaired?			
3. If a significant portion of the agency's eligible population needs the required policies in a language other than English, are those policies provided?			
4. Do recruitment brochures state "equal opportunity employer/program" and that auxiliary aids and services are available upon request to individuals with disabilities?			
5. Does the orientation of new participants and employees include a discussion of the nondiscrimination and equal opportunity provision of WIA?			
6. Is the agency collecting and maintaining data (race, ethnicity, gender, age, disability) for :			
a. Applicants who are not referred to the One Stop or OEWD for services?			
b. Employees?			
c. Applicants for employment?			
7. Does the agency have a 504/ADA self-evaluation survey on file with OEWD?			
8. Is the agency accessible to the disabled and/or providing reasonable accommodation?			
9. Is signage provided at the primary entrance of the facility?			
Discuss any item checked "NO" above and/or comments: _____ _____			
F. OTHER	YES	NO	NA
1. Is the agency staff aware that they may not charge any individual a fee for the placement or referral of such individual in or to a training program?			
2. Are State and Federal health and safety standards being met for the agency's employees?			
3. Are State and Federal health and safety standards being met for the participants of the agency?			
Discuss any item checked "NO" above and/or comments: _____ _____			

II. PROGRAM

A. Is the agency staff providing all of the activities and services for which it is contracted (e.g., core, intensive, training, comprehensive employment services, and follow-up, etc.)? YES NO NA

Discuss any item checked "NO" above:

B. PROGRAM PERFORMANCE	YOUTH			ADULT			OVERALL		
	Act.	Plan	%	Act.	Plan	%	Act.	Plan	%
1. Total Enrollments									
2. Total Placements									
3. Retention									
4. Enrollment in Training									
5. Attainment of Certificate or Degree									
6. Attainment of H.S. Diploma or GED									
7. Literacy / Numeracy Attainment									
8. Total Exits									

III. CORRECTIVE ACTION

A. Describe any area which requires corrective action, including the person responsible for its implementation and the date by which it will be accomplished.

B. Date of Corrective Action Follow-up: _____

C. Acknowledgments

Agency Staff: _____ Date: _____

Reviewed by: _____ Date: _____

WIA MANAGER

IV. CORRECTIVE ACTION FOLLOW-UP

A. Corrective Action Accomplished Not Accomplished

Comments:

B. Acknowledgments

Agency Staff: _____ Date: _____

Reviewed by: _____ Date: _____

WIA MANAGER