**Monitoring Guide – Attachment A-1**

**WIOA LOCAL MONITORING**

**MONITORING TOOL**

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| --- | --- |
| Entity: | Date: |
| Location: | Period Reviewed: |

The Area conducts a variety of monitoring and technical assistance activities throughout the year, it is time to schedule an onsite monitoring visit. The purpose of this visit is verify that the local WIOA activities comply with the Act, Federal and State Regulations, Directives and State Procedures, Guidance Letters and other applicable guidelines and goals as well as to provide program guidance and direction to assist in providing quality workforce development services to customers. Below is the structure of the monitoring process and a list of initial items needed to conduct a successful visit. I am also sending the monitoring tools that will be used for your review, as well as the area monitoring review as to structure and polices for your reference in preparation. Please respond and also provide the requested items by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Based on review of the data provided and an initial risk assessment, I will contact you again to set up a mutually agreeable time for a visit. If you have questions or need clarification on any item, please contact me. Thank you!

**Structure of Monitoring**:

Request Preliminary Information and Share Monitoring Tool

Conduct Risk assessment & Desk Review

Schedule On-site visit

Entrance Conference: Share Staff to the Board Monitoring with Agency, including purpose of monitoring and requirements; Gather Agency input and concerns

Gather Agency specific answers & feedback of Area review

Review of Agency specific adaptions of Area policies

Review of files and related documentation

Exit conference if requested/needed

**Preliminary Information Request**

**Participant Data**

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| 1. How many Adult participants? How many were enrolled this program year? |
| 2. How many Dislocated Worker participants? How many enrolled this program year? |
| 3. How many YIS-Youth participants? How many were enrolled this program year? |
| 4. How many YOS-Youth participants? How many were enrolled this program year? |

**Please provide list of names** (all listed above by program) for sample, include in list if participant is enrolled in ITA or OJT or Work Experience.

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| **Low-Income:** Priority is given to adult participants who are recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient. **WIOAPL 15-07 & WIOAPL 15-08** |
| Is there a list of participants such that priority applies? Yes No If changed during year, when? |

**Subcontractor Identification:**

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| 1. Identify all local WIOA sub-recipients and contractors and what service they provide. Please have copies of the agreements available upon onsite visit.  **Section 116 (i)(1) of WIOA WIOAPL 15-08 (VII), 15-10 (VII) 20 CFR 683.410\*** |
| 2. Do you monitor or will we be monitoring as part of this visit? If you monitor, please provide written reports and corrective action? |

**Customer Feedback/Complaints:**

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| 1. What methods to you use to obtain customer satisfaction feedback (client & employer)? Please include copies. |
| 2. Has the Agency had any complaints receive this year? If so, please provide how many and details.  **WIA Complaint Procedure Manual** |
| 3. What are the names of the hearing officer and the alternate as well as the EEO Officer and alternate and what is their affiliation with the local office? |

**Policy:**

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| 1. Youth-are you serving any one under “**requires additional assistance to complete an educational program, to secure and hold employment**?” OR the 5% income exception barrier?  **20 CFR 681.300\***  **20 CFR 681.210(c)(8)\*** |
| 2. Do you have **any local modifications** to the Area policies? |
| 3. Do you have any issues or concerns about area policies? |

**Follow up**:

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| 1. What are the youth follow-up guidelines? What type of contact attempts should be performed and how they are documented? |
| 2. What are the adult/DW follow-up guidelines? What type of contact attempts should be performed and how they are documented? |
| 3. When do you determine at which point to exit a participant (soft and or hard exit)? |

Recap of items requested in advance:

1. List of names (all listed above by program) for sample, include in list if participant is enrolled in ITA or OJT or Work Experience.
2. Any monitoring of local subcontractors by you
3. Any local modifications to the Area policies (supportive service level lower would be an example)
4. Local follow-up guidelines, if additional requirements from area’s.

If any of these items are not applicable, please note that. Thank you in advance, once received, you will be contacted to schedule an onsite visit at a mutually agreeable time.

Recap of items to be available during on site visit:

1. WIOA contracts/agreements with your subcontractors
2. Customer satisfaction feedback forms (client & employer)