

## **Foothills Region Monitoring Process and Guidelines for Workforce Innovation and Opportunity Act (WIOA) Contractors. 2022**

The local area will monitor contractors for Adult, youth and Dislocated worker services at least once per program year. Additional monitoring will be conducted if warranted by initial monitoring visit. Generally, visits are scheduled during the second half of the fiscal year to allow significant activity to take place and oversight conducted on that activity. Program monitoring is conducted by designated local area monitoring staff (Employment Specialist II). Fiscal monitoring is conducted by the Local Area Director in consultation with the agency's Finance Director.

The local area's monitoring process includes, but is not limited to the following:

- **Monitoring Instrument** -The monitoring instrument is the form(s) used to organize the review. The form is designed to gain factual information about the administration of the grant and to enable the monitors to evaluate risk areas. Protection from disallowed costs is dependent on compliance with the law.
- **Working Papers** - Working papers are the written record made during the monitoring review and contain the record from the beginning of the review until the report is written. Many of the notes are take on the monitoring instrument and become part of the working papers. They are important as they document the steps taken in the review process. Working papers document the monitoring review. This includes the monitoring instrument, and detailed notations taken during a review. Well-structured working papers make it easier to transfer material written during the review to the monitoring report. Copies of financial document, such as spreadsheets tracking expenditures, travel vouchers, timesheets, and other expenditures specific to the program, will become part of the working papers.
- **Report Preparation** - A clear and accurate formal report of the results of the monitoring review should be written to present the compliance picture to management and the organization providing the funds. The report should provide a complete assessment of the situation and an accurate statement of the conditions found compared to the requirements in law or regulations. For example, a monitoring report could note not only the conditions found during the monitoring review, but also those found by the auditor in the audit report.
- **Review of Audit Reports** - Monitoring includes a review of recent audit reports. The audit findings should be addressed with the subrecipient to verify that corrective action was taken. Communication with the auditor would assist the monitor in learning of any audit work underway that would be relevant to the compliance monitoring review.
- **Corrective Action Plans** - A corrective action plan is necessary to ensure that the processes and procedures are in place to make corrections to the system in a timely manner. Timely corrections of issues could prevent findings and/or disallowed costs during the next audit.
- **Resolution of Subrecipient Audit Finding** - All audits should be reviewed to determine that applicable audit requirements were satisfied. Audit findings identified should be resolved in a timely manner and any debt collected.

**Schedule for 2020/21 Adult/DW—February 2021 Youth—February 2021**

**NCWorks Online data, scanned eligibility documentation, Data Validation, required activities will be monitored on a continuing basis—Weekly, monthly, as needed.**

## SECTION I

### A. WIOA, NC WORKS CENTER PLAN DOCUMENTS

1. Does the contractor/service provider have a copy of the WIOA law and the implementing regulations (pending)?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does the contractor/service provider have a final corrected copy of the WIOA Statement of Work (SOW)?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Does the contractor/service provider have a fully executed copy of the current WIOA contract with the Local Workforce Development Board?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does the contractor/service provider have a signed copy of the MOU?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does the contractor/service provider maintain all the LA policy issuances?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the contractor/service provider maintain a file of WIOA correspondence?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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### B. PERSONNEL AND ORGANIZATION

1. Does the contractor have a current organizational chart available for review?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does the organizational chart depict the WIOA program and positions in relation to the entire organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are job duties, as specified in the SOW carried out as stated?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Is there an established, written personnel policy available for review?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does the personnel policy cover the following?

Yes                      No

Hiring procedures	_____	_____
Employee classifications	_____	_____
Termination	_____	_____
Grievance procedure	_____	_____
Employee Benefits	_____	_____
Work Rules	_____	_____
EEO Statement	_____	_____
Travel and per diem policies	_____	_____

Do these policies prohibit:

Nepotism	_____	_____
Conflict of interest	_____	_____
Discrimination	_____	_____
Political Activities	_____	_____
Sectarian Activities	_____	_____

6. Are the personnel policies readily available to staff and participants?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Has the contractor specified an individual in-house to be the EEO officer?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name and title: \_\_\_\_\_

8. Who is responsible for training new employees on WIOA rules, regulations and guidelines?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

9. Are the Office of Civil Rights Equal Opportunity Posters displayed in areas that are accessible to applicants and participants?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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**C. NC WORKS CENTER INVOLVEMENT**

1. Does the contractor offer services through the NC Works Center Career Center?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are all center customers enrolled in Wagner-Peyser and WIOA Career services?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why? \_\_\_\_\_

\_\_\_\_\_

3. Is the contractor the host agency and/or WIOA service provider?

Host Agency \_\_\_\_\_ WIOA Service Provider \_\_\_\_\_ Both \_\_\_\_\_

4. Is the contractor co-located in the NC Works Center?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what are their scheduled hours in the Center? \_\_\_\_\_

\_\_\_\_\_

5. Does the contractor actually receive referrals from the other agencies within the NC Works Center?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. How are referrals documented? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have those referred clients been served in WIOA?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does the contractor/service provider meet the terms of the MOU?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. How have WIOA services been integrated into the NC Works Center?

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10. How do the partners disseminate information among themselves?

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Comments: \_\_\_\_\_

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**D. INTERNAL MONITORING**

1. Does the contractor maintain internal monitoring of activities for WIOA?

Contract compliance	Yes	_____	No	_____
Performance goals	Yes	_____	No	_____
Provision of WIOA services	Yes	_____	No	_____
Eligibility	Yes	_____	No	_____
Retention of records	Yes	_____	No	_____
Corrective actions	Yes	_____	No	_____

2. What is the frequency of the internal monitoring? \_\_\_\_\_

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3. Provide the name and title of the person responsible for internal monitoring.

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Comments: \_\_\_\_\_

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**E. EEO, GRIEVANCE, AND NON-CRIMINAL PROGRAM COMPLAINTS**

1. Are registered WIOA participants informed of the EEO officer's name upon enrollment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how? \_\_\_\_\_  
\_\_\_\_\_

2. Are registered WIOA participants informed of their Non-Discrimination/Equal Opportunity Standards and Complaint Procedures?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how? \_\_\_\_\_  
\_\_\_\_\_

3. Are registered WIOA participants informed of their grievance rights upon enrollment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how? \_\_\_\_\_  
\_\_\_\_\_

4. Are registered WIOA participants informed of the procedures for processing non-criminal program complaints?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how? \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**F. NC WORKS**

1. Provide names and titles of those individuals who are authorized to input data into NC Works .

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2. Is the intake form processed on-line or entered into the system upon completion?

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3. Has MIS information been entered into the system completely?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Provide numbers in each case manager's case load. \_\_\_\_\_

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5. What problems/concerns do users have regarding the NC Works System?

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Comments: \_\_\_\_\_

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## SECTION II

### A. WIOA PARTICIPANTS – ADULT AND DISLOCATED WORKERS

2. Have all these participants been properly transferred into the NC Works System?

Yes \_\_\_\_\_ No \_\_\_\_\_

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3. Review documents for applicants not enrolled.

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4. What recruitment efforts are being utilized for adults?

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5. How does the contractor adhere to the priority of service requirements for low-income adults and veterans?

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6. How does the contractor ensure access to programs for individuals with disabilities?

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7. How does the contractor involve individuals in career pathways and provide training for in-demand occupations?

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Comments: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. ELIGIBILITY DETERMINATION & VERIFICATION**

1. Who is the individual(s) authorized to certify eligibility?  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Does the contractor/service provider correctly identify and maintain the documents pertinent to the determination and verification of eligibility?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Do the documents maintained as eligibility documentation correlate to the documents indicated in NC Works ?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Are male participants in compliance with the Military Selective Service Act?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. Are participants residents of the Local Area?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
6. Are participants within the age requirement for the program in which they are enrolled?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
7. Is there verification or notarized statements of family size and income?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
8. At what point in the delivery of services are participants registered for WIOA?  
\_\_\_\_\_

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9. Have any participants been determined ineligible by review of their intake form?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. If ineligibles are identified, are they immediately exited from the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Are participants given an orientation to WIOA – the full array of services available through the NC Works Center including information regarding non-traditional employment and training opportunities for women?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Is there written orientation documentation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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**C. ASSESSMENT**

1. How is the assessment process documented?

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2. At what point in the delivery of WIOA services is the assessment begun?

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3. What assessment tools are used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is assessment information from other partner agencies requested or used?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how is it incorporated into the WIOA ISS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the assessment include information on the following?

	<u>Yes</u>	<u>No</u>
Education	_____	_____
Employment history	_____	_____
Literacy skills	_____	_____
Occupational skills	_____	_____
Interests	_____	_____
Aptitudes	_____	_____
Family & financial situation	_____	_____
Emotional & physical health	_____	_____
Disabilities	_____	_____
Work attitude	_____	_____
Motivation	_____	_____
Support service needs	_____	_____

6. Is the ISS specific in the plan for training time frames for completion, and securing employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Based on the assessment, what is the process for referring participants to needed services?  
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8. Are procedures in place to insure that each participant's ISS is reviewed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the process?

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Comments: \_\_\_\_\_

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**D. CAREER SERVICES**

1. What are the criteria for a participant to receive career services?

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2. What WIOA career services are offered?

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3. Where are the WIOA career services provided recorded for each participant?

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4. If similar services are provided by other partners, describe...

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Comments: \_\_\_\_\_

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**E. TRAINING SERVICES**

1. What are the criteria for a participant to receive training services?

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2. If applicable, have all participants receiving training services applied for PELL?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are participants provided with adequate information in making their choice of their training provider?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are training providers used on the State/Local approved Training Provider's List?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is Service Provider utilizing NCWorks Online?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are participants following courses of study that are LA approved curricula?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Has an ITA been established for each applicable participant receiving training services?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is the amount of the ITA within the WDB established limit?

Yes \_\_\_\_\_ No \_\_\_\_\_

Amount: \$ \_\_\_\_\_

9. Does the contractor/service provider maintain all necessary documentation to verify grades and attendance of those participants in training?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Is continued payment of each participant's training and support costs being justified on the basis of the participant's performance in training?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Are procedures in place to prevent duplicate payments for financial aid?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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## F. COUNSELING

1. Has counseling been provided and documented for each participant?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Describe the counseling activity.

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3. What is the frequency of the counseling service?

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4. Is counseling provided and documented while participants are in the follow-up status?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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**G. JOB DEVELOPMENT**

1. How are job development efforts documented?

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2. What methods are used for job development?

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3. Who are the principal job developers?

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4. Are job development activities integrated with the NC Works Center partners?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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**H. JOB SEARCH ASSISTANCE & PLACEMENT**

1. How are job search assistance and placements documented?

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2. How is job readiness determined?

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3. Have referrals been made to jobs with wage progression and self-sufficiency potential?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have placements been made to jobs with wage progression and self-sufficiency potential?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have placements been made related to the participant's training?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the contractor follow up on referrals to ascertain the need for further services?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Name the person who verifies placement and collects employment information.

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Comments: \_\_\_\_\_

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### **I. OJT OR CUSTOMIZED TRAINING**

1. Is the contractor utilizing OJT and/or Customized Training?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. How are training providers selected for OJT and customized training opportunities?

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3. For OJT is there a written contract between the WIOA Contractor and the training provider?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does the contract include:

Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation	_____	_____
Training plan	_____	_____
Skills & competencies to be learned	_____	_____
Length of training time	_____	_____
Reimbursement rate	_____	_____
Reduction in training time for pre-existing skills	_____	_____

5. How is the reduction of training time for pre-existing skills determined?

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6. How is the length of the training time determined?

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7. Describe contractor's worksite monitoring process.

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8. What is the frequency of the worksite monitoring activity?

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9. How does the contractor verify training hours with the employer?

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10. Are OJT opportunities secured that have wage progression and self-sufficiency potential?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. What is the minimum wage level for OJT opportunities?

\$ \_\_\_\_\_

12. Is customized training developed for jobs with wage progression and self-sufficiency potential?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. How are customized training occupations determined?

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14. What type agreement exists between the service provider and the employer for the employment of participants?

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15. What percentage of the training costs is the employer paying? \_\_\_\_\_

16. Is the customized training done for incumbent workers or new workers?

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Comments: \_\_\_\_\_

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**J. COMPLETING WIOA SERVICES**

- 1. Describe the process for determining the proper timing for WIOA completion?

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- 2. Name the person(s) and their title who makes the decision as to the proper time to enter participants completion with WIOA services.

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- 3. How is the decision documented?

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Comments: \_\_\_\_\_

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**K. FOLLOW-UP**

- 1. Name the person(s) and provide their title who conduct follow-up activities for WIOA exiters.

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- 2. Is the WIOA Participant Activity Record Cycle form properly completed for each exiter?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. What services are provided during follow-up to WIOA exiters?

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4. What additional job search assistance is provided to exiters who are unemployed during follow-up?

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5. Are post exit follow-up contacts properly conducted and documented?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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# YOUTH

**Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## A. WIOA PARTICIPANTS - YOUTH

1. What is the current youth enrollment? \_\_\_\_\_

2. Have all participants been properly entered into the NC Works System?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you have applicants that were never enrolled? How are these files maintained? Review documents for applicants not enrolled.  
\_\_\_\_\_  
\_\_\_\_\_

4. What are the percentages of In-School and Out of School Youth funds expended. Is the contractor adhering to the 75% expenditures for out of school youth?  
\_\_\_\_\_

5.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. OUT-OF-SCHOOL YOUTH

1. What recruitment efforts are being used to recruit out-of-school youth?  
\_\_\_\_\_  
\_\_\_\_\_

2. What efforts have been most successful?  
\_\_\_\_\_

3. How are referrals documented? \_\_\_\_\_  
\_\_\_\_\_

4. How is out-of-school status documented? \_\_\_\_\_

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5. How are out-of-school youth made aware of NC Works Center and related services?

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Comments: \_\_\_\_\_

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**C. ELIGIBILITY DETERMINATION & VERIFICATION**

1. Who is the individual(s) authorized to certify eligibility?

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2. Does the contractor/service provider correctly identify and maintain the documents pertinent to the determination and verification of eligibility?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do the documents maintained as eligibility documentation correlate to the documents indicated in NC Works ?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are male participants in compliance with the Military Selective Service Act?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are participants residents of the Local Area?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are participants within the age requirement for the program in which they are enrolled?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Is there verification of family size and income?



Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are all youth enrolled low income individuals?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are participants within one or more of the following categories?

- School dropouts
- Basic skills deficient
- Individual with disability
- Offender
- Requires additional assistance
- Below grade level for age
- Pregnant or parenting youth
- Homeless or runaway
- Foster Child

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have any participants been determined ineligible by review of their intake form?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. If ineligibles are identified, are they immediately exited from the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Are participants given an orientation to WIOA – the full array of services available through the NC Works Center including information regarding non-traditional employment and training opportunities for women?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Is there written orientation documentation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. ASSESSMENT**

1. How is the assessment process documented?

\_\_\_\_\_  
\_\_\_\_\_

2. At what point in the delivery of WIOA services is the assessment begun?

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3. What assessment tools are used? \_\_\_\_\_

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4. Is assessment information from other partner agencies requested or used?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how is it incorporated into the WIOA ISS? \_\_\_\_\_

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5. Does the assessment include information on the following?

	<u>Yes</u>	<u>No</u>
Education	_____	_____
Employment history	_____	_____
Literacy skills	_____	_____
Occupational skills	_____	_____
Interests	_____	_____
Aptitudes	_____	_____
Family & financial situation	_____	_____
Emotional & physical health	_____	_____
Disabilities	_____	_____
Work attitude	_____	_____
Motivation	_____	_____
Support service needs	_____	_____
Goals	_____	_____

6. Are skills attainment and Literacy/Numeracy goals for all youth properly documented and tracked?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are Literacy/Numeracy goals entered in NC Works within the one year time frame for skill/goal attainment?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Based on the assessment, what is the process for referring participants to needed services?

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9. Are procedures in place to insure that each participant's ISS is reviewed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the process? \_\_\_\_\_

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10. How often is the ISS reviewed?

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Comments: \_\_\_\_\_

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**E. YOUTH PROGRAM ELEMENTS**

1. Identify how the youth program design includes and provides the 10 required program elements:

a. Tutoring, study skills training, and instruction leading to secondary school completion, including dropout prevention strategies.

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b. Alternative secondary school offerings

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c. Paid and unpaid work experiences that have as a component academic and occupational education

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d. Occupational skill training, which shall include priority consideration for training programs that lead to recognized postsecondary credentials

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e. Education offered concurrently with and the same context as workforce preparation activities and training for specific occupations or clusters

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f. Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours.

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g. Supportive Services

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h. Adult mentoring primarily provided to assist a youth in achieving academic success

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i. Follow-up Services

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j. Comprehensive guidance and counseling

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k. Financial literacy education

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l. Entrepreneurial skills training

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m. Services that provide labor market and employment information about in-demand industry sectors or occupations available in the region

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n. Activities that help youth prepare for and transition to postsecondary education and training

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Comments: \_\_\_\_\_

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**F. COUNSELING**

1. Has counseling been provided and documented for each participant?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Describe the counseling activity.

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3. What is the frequency of the counseling service?

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4. Is counseling provided and documented while participants are in the follow-up status? 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> quarter after exit?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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**G. WORK-BASED LEARNING/WORK EXPERIENCE**

1. What type work experiences are included in the program design?

- \_\_\_\_\_ Private for profit
- \_\_\_\_\_ Private non-profit
- \_\_\_\_\_ Public
- \_\_\_\_\_ Internship
- \_\_\_\_\_ Job shadowing

\_\_\_\_\_ Other

2. Are the work experiences paid or unpaid?

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3. How are work experience work sites selected?

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4. Describe the orientation procedure for the worksite staff.

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5. Describe the worksite monitoring including frequency.

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Comments:

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## **H. JOB DEVELOPMENT**

1. Describe how job development efforts are documented?

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2. Describe the methods used for job development to ensure jobs match the youth goals?

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3. Who are the principal job developers?

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4. Are job development activities integrated with the NC Works Center partners? Are referrals made to the NC Works Center partners?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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## **I. JOB SEARCH ASSISTANCE & PLACEMENT**

1. How are job search assistance and placements documented?

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2. How is job readiness determined?

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3. Have referrals been made to jobs with wage progression and self-sufficiency potential?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have placements been made related to the participant's training?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does the contractor follow up on referrals to ascertain the need for further services?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Name the person who verifies placement and collects employment information.

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Comments: \_\_\_\_\_

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**J. CONCURRENT ENROLLMENT**

1. Are any youth (18-21) concurrently enrolled in adult services?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. If yes to #1, has their eligibility been properly determined, verified and documented?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. If yes to #1, are the youth receiving the full array of services available to both youth and adults?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. If yes to #1, has the ITA (if applicable) been properly developed and processed?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

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**K. Completing WIOA Activities**

1. Describe the process for determining the proper timing for completing WIOA activities/services.  
\_\_\_\_\_  
\_\_\_\_\_
2. Name the person and their title who makes the decision as to the proper time to complete services for participants from WIOA.

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Comments: \_\_\_\_\_

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**L. FOLLOW-UP**

1. Name the person(s) and provide their title who conducts follow-up activities for WIOA exiters.

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2. Are WIOA Participants receiving follow-up services in the First, Second, Third and Fourth quarter following exit?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. What services are provided during follow-up to WIOA exiters?

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3. Are post exit follow-up contacts properly conducted and documented in NC Works?

Yes \_\_\_\_\_ No \_\_\_\_\_

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Comments: \_\_\_\_\_

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**Foothills Region Workforce Development Board  
Contractor Monitoring (Fiscal)**

Contractor: \_\_\_\_\_ Monitoring date: \_\_\_\_\_

Monitor's name: \_\_\_\_\_

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**General Information**

Who is the contractor's designated staff person responsible for fiscal duties, and is this same person named in the contract application?

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ N/A \_\_\_  
Name

Funds Contracted  
(adult) \_\_\_\_\_  
(dislocated worker) \_\_\_\_\_  
(youth) \_\_\_\_\_

**Audit**

Date of last audit (fiscal year ending) \_\_\_\_\_

Findings:	Corrective action:
_____	_____
_____	_____
_____	_____

Date of last monitoring visit: \_\_\_\_\_

Prior monitoring findings:	Corrective action:
_____	_____
_____	_____
_____	_____
_____	_____

Have all corrective actions been implemented? \_\_\_\_\_

**Monthly Expenditures Reports**

Are monthly reports submitted on time and free from errors?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If not, explain. \_\_\_\_\_

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Have any budget line items or cost categories been exceeded?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Explain \_\_\_\_\_

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Evaluate & comment on level of expenditures in light of the remaining time in contract, and reasons given if problematic.

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Evaluate the level of staffing and overhead costs reported compared to expenses for direct services to participants expressed in percentage:

Percent expended on staffing and overhead

Adult \_\_\_\_\_ %

DW \_\_\_\_\_ %

Youth \_\_\_\_\_ %

Percent expended on direct services to participants

Adult \_\_\_\_\_ %

DW \_\_\_\_\_ %

Youth \_\_\_\_\_ %

Comments:

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WIOA Youth Program—Is the contractor meeting the 20% expenditure rate requirement for work-based learning activities?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Explain

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List internal reports, computer ledgers, and various other documentation maintained by the contractor.

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Are the accounting records kept on an accrual or cash basis? \_\_\_\_\_

Are the books of account posted on a current basis?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does contractor run a trial balance on the general ledger at least monthly?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are project monthly invoices prepared from the general ledger?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does the contractor have a system for monitoring receipts, disbursements and balances of funds on a daily basis?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Overall, is the contractor in compliance with the requirement to avoid excess cash on hand?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Is reconciliation of bank statements with the books of account performed at least monthly?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does contractor provide separation of duties?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does the contractor receive advanced funds?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are funds advanced to the contractor deposited in a bank with FDIC coverage?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

### **Staff Payroll and Travel**

Does contractor have time sheets for staff?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, are time sheets signed by employee and supervisor?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are time/effort forms being utilized to reflect accurate charges on timesheets?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Where applicable, do time sheets reflect actual time worked for different WIOA funds, cost categories and non-WIOA work?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Who verifies time sheets for accuracy? Name: \_\_\_\_\_

Are changes in pay rates made effective through formal authorization?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does contractor require travel vouchers to support all travel?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Do vouchers provide for traveler's signature and a signature of approval?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are vouchers accompanied by receipts for lodging and meals when reimbursing for actual costs?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does contractor allow travel advances?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, how does the contractor control outstanding advances?

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Is car mileage reimbursed based on actual miles traveled?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

### **Individual Training Accounts**

Are services budgets being completed on each WIOA training participant?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are projection sheets being completed on each WIOA training participant?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are ITA control logs current?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are case managers requiring training participants to apply for the Pell grant?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are there concurrently enrolled participants (youth program and adult training)?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, confirm ITA issuance.

How many ITA vouchers have been issued? \_\_\_\_\_

Are supportive services being offered?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, list services offered.

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\_\_\_\_\_

How does the case manager determine that the participants do not have resources of their own to meet childcare and transportation needs?

\_\_\_\_\_

\_\_\_\_\_

How does the case manager determine that supportive services are not available through other services?

\_\_\_\_\_

\_\_\_\_\_

What type of documentation is maintained for:

Childcare: \_\_\_\_\_

Transportation: \_\_\_\_\_

Emergency assistance:

\_\_\_\_\_

Are case managers distributing supportive services according to the proposal?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are expenditures for supportive services supported by bills, invoices, or other written documentation that show goods or services were received?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Is reasonableness of costs demonstrated by competitive pricing?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

### **Participant Benefits**

Are all participants provided workmen's compensation insurance and/or coverage under a medical and accident insurance policy?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Has contractor ensured that participants that are concurrently involved in a work and class training have been adequately covered in both situations?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

### **OJT**

Does the contractor have OJT contracts?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

How many active contracts? \_\_\_\_\_

Are reimbursement percentages being followed?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Who is responsible for monitoring?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Are invoices accompanied by time cards to verify time actually worked?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Indirect Costs-§2CFR Part 200.56**

Does the contractor charge indirect costs to WIOA?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does the contractor have an approved negotiated Indirect cost rate and plan file?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does the contractor use the 10% De minimus rate method for calculating indirect cost?

§2-CFR 200.414(f)

Yes\_\_\_ No\_\_\_\_\_ N/A\_\_\_\_\_

Are indirect costs identifiable to ensure that the unallowable cost items are not included?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Please provide most recent example of the indirect cost calculation--attach.**

**Program Income**

Does the contractor incur situations involving program income?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, explain how determined and handled.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Profit**

Are profit margins budget in the WIOA contract

Yes \_\_\_\_\_ No \_\_\_\_\_

If profit has been charged to the program provide calculation methodology and all backup and supporting documentation that justifies the profit being charged to the program(s).

**Property Management**



Does contractor maintain a record of all WIOA property?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are inventory sheets returned on a timely basis?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Explain any inventory findings. \_\_\_\_\_

Does contractor know what to do in case of vandalism or theft of WIOA property?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does contractor own any property for which WIOA is charged on a shared costs basis?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, list the property, amount charged, and describe the basis for the charge below.

\_\_\_\_\_  
\_\_\_\_\_

Does contractor use a competitive process when purchasing property?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Has contractor designated a person to manage property, to maintain a property listing, and to check physical inventory?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, name of person: \_\_\_\_\_

Does contractor have a written maintenance policy on file?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, attach.

**Internal Monitoring**

Describe the system of internal monitoring used, including responsible individuals, frequency, and documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any weaknesses in the internal monitoring process:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_