Attachment

Department of Workforce Development
Division of Employment and Training

State of Wisconsin
Department of Workforce Development

Civil Rights Compliance and Equal Opportunity Nondiscrimination Monitoring

2009- 2010 Reviewer's Guide

For WIA and Other State or Federally Funded Programs

This guide is adapted from the National Association of State Workforce Agencies (NASWA) guide to conducting equal opportunity monitoring reviews.

DETS-16607 (R. 10/2009)

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INTRODUCTION

Recipients of federal financial assistance are required to ensure adherence to these laws, acts and regulations in the provision of services to program participants: Section 188 of the Workforce Investment Act of 1998 (WIA), 29 CFR Part 37, 45 CFR Part 80, and, Section 504 of the Rehabilitation Act of 1973. These regulations incorporate the statutory mandates articulated in Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments Act of 1972, as amended; Title VII of the Civil Rights Act of 1964, as amended; and the Americans with Disabilities Act of 1990.

This Monitoring Reviewer's Guide is applicable to any entity that administers a program or activity from United States Department of Health and Human Services (USDHSS), United States Department of Labor (USDOL), or United States Department of Agriculture (USDA), federal financial assistance received from the Department of Workforce Development, Division of Employment and Training (DET). That federal financial assistance may be direct or indirect. We use the term "recipient" in this guide, to denote the entity receiving assistance from DET

Each monitoring review will include:

- Desk review of the plan, data and commitments made at the time the plan was submitted will be conducted prior to a site visit.
- A statistical or quantifiable analysis of the records and data kept by the recipient, including analyses by race/ethnicity, sex, age, and disability status.
- An investigation of any significant differences found across groups in participation in the programs, activities, and employment as a result of the analysis.
- An assessment to determine if administrative obligations have been fulfilled, including recordkeeping, notice and communication.
- Review of policies to ensure they are in place and nondiscriminatory.
- Review of job training plans, contracts, assurances and similar agreements to ensure they are nondiscriminatory and they contain the required language.
- Review of procedures for ensuring compliance with Section 504.
- A system to ensure that individuals assigned responsibility for carrying out nondiscrimination requirements can do so effectively.
- Review of procedures for obtaining prompt corrective action when noncompliance is found; and, supporting documentation to show that commitments made in the WIA MOA are carried out (WIA only).

Civil Rights and Equal Opportunity Monitoring Procedures

- Monitoring visits are conducted on a regular schedule and may be conducted as a result of a request being made by a recipient or program participant.
- The responsibility for Equal Opportunity (EO) Monitoring of recipients of funding from the Division of Employment and Training (DET), falls to the DET lead Equal Opportunity Officer in the Bureau of Program Management and Information Technology Services. This is currently William Franks.
- The Monitoring Team is comprised of the lead EO Officer, (William Franks) and other staff as needed for monitoring visits.
- All monitors are trained in and have an understanding of monitoring requirements of Section 188 of the Workforce Investment Act of 1998 (WIA), 29 CFR Part 37, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments

Act of 1972, as amended; Title VII of the Civil Rights Act of 1964, as amended; and the Americans with Disabilities Act of 1990.

- This document is the Civil Rights Compliance/EO monitoring instrument.
- This monitoring instrument addresses Civil Rights, LEP and all of the nine WIA/MOA elements.
- Prior to the onsite monitoring visit agencies may be asked to submit data that is needed in the desk review.
- As a result of any monitoring visit a written report will be produced along with corrective action measures that may be needed. Follow up visits are conducted as needed and indicated in the reports.
- The report will be sent to the contract manager and agency signatory(s) with a copy being kept by the Civil Rights Unit of DET.

Procedures

Monitoring Review Process

Notification and Request for Preliminary Information

Prior to conducting an on-site compliance review of a recipient, the reviewer will notify the appropriate Director/Administrator/Contract Manager approximately two to four weeks prior to the review. A request may be made for staffing data, which collects demographic information on staff, may be forwarded at this time along with a request for preliminary data as appropriate, such as data on applicants and clients, random sample applications, non-monetary determinations, reports, discrimination complaints, etc. The data be reviewed onsite, during the review.

This monitoring instrument is provided prior to the on-site review to allow the recipient time to prepare for our visit.

On-site Review

The focus of the on-site review is to determine compliance with civil rights, equal opportunity and non-discrimination requirements and to review significant differences or disparities identified during the desk review. Upon entering the site, the reviewer will meet with the appropriate Director/Administrator/Contract Manger and the Local EO Officer to discuss the scope of the review, make arrangements for client and staff interviews or file reviews, and to discuss preliminary findings of the data analysis from the desk review.
Areas of emphasis during the on-site review may include, but are not necessarily limited to:

1. Staff composition (agency labor force);
2. Management and client interviews;
3. Staff awareness of civil rights, equal opportunity and nondiscrimination laws;
4. Complaint files (if appropriate);
5. Client files;
6. Physical aspects of the site – programmatic and architectural accessibility;
7. Observance of reception, intake, and assessment processes – if applicable;
8. Maintenance of relevant policies and complaint files;
9. Interviews with community-based organizations – when complaints or concerns have been identified or expressed;
10. Agreements with local organizations to provide needed services to persons with special needs; and,
11. Display of announcements, mandatory posters, and posters or signs for clients with limited English-speaking abilities and visual or hearing disabilities.

Exit Meeting

Immediately following the review the reviewer will conduct an exit meeting with the appropriate Director/Administrator/Contract Manager or designee to discuss the findings and clarify areas in question. A preliminary compliance status will be given at this time and preliminary corrective action(s) suggested.

CORRECTIVE ACTION PROCESS

Follow-up

1. Within approximately thirty (30) working days of the completion of the review, the reviewer will prepare a written report.
   a. The report will be disseminated to the appropriate Director/Administrator/Contract Manager
   b. The report will discuss, in detail, areas of pending or non-compliance and outline those areas that are found to be in compliance.
2. When areas of non-compliance are found, the reviewer will make recommendations for corrective action(s) in the report and the following may occur:
   a. Where agency management agrees with the recommendations, an implementation plan may requested by the reviewer within approximately thirty (30) days of the date recommendations are received.
   b. Where agency management disagrees with recommendations, management may contact the reviewer to request an informal resolution of the issue(s).
      (1) Where an informal resolution is reached, an implementation plan may be requested by the reviewer within approximately thirty (30) days of the date recommendations are accepted.
      (2) Where an informal resolution is not reached, a meeting may be requested by the State EO Officer and the appropriate agency staff.
      (3) Where no agreement is reached at this level, the negotiations may be escalated to the next, or highest, level of review.
   c. At some point (usually 6 to 9 months) after the recommendations are implemented; a follow-up review may be scheduled to assess the progress made in resolving the identified problem areas.

Monitoring Data Analyses

The following are the routine data analyses to be performed as part of the desk review.

WIA Funded program data:

WIA Title I

- from population eligible to be served to applicant
- from applicant to eligible applicant
- from eligible applicant to participant
- completed WIA or partner services
- received supportive services

Adult and Dislocated-Worker Programs

- adult education/basic skills/literacy activities
- on-the-job training
- occupational skills training
- nontraditional training

Youth Programs

- education achievement services
- employment services
- summer youth employment opportunities

Terminations

- received follow-up services
- entered training-related employment
- entered nontraditional employment
- attained certificate/diploma/degree
- entered postsecondary/advanced training
- other exits (institutionalized/health-medical/deceased)

Earnings at program completion (structure of the analysis is to be determined)

Younger Youth

- goal attainment
- basic skills
- occupational skills
- work-readiness skills
- education
  attained diploma/GED/is attending school
- placement
  (structure of the analysis is to be determined)

Any of the preceding analyses may be applied to specific groups, where appropriate, to include:

- migrant and seasonal farm workers
- veterans
- individuals with disabilities
- welfare-to-work program participants
- Job Corps participants

and to programs for Native Americans, where appropriate.

Entrance Conference

Date of Visit	Reviewer Name

Service Provider Information

Name	Telephone Number ( )
Address (street, city, St. & zip)	

Representative Information

Director/Administrator Name	Local EO Office/Manager Name

Items Covered In Initial Meeting

Check all that apply:

____ Introduction

____ Reason for the review

____ Purpose of the review

____ Elements of the Review

____ File Review

____ Walk-through

____ Employee Interview(s)

____ Client Interview(s)

____ Other: _____

____ Exit meeting/Conference to be held

Programs Reviewed

____ WIA

Other:_____

Document questions and responses in this space below:

Monitoring Review Instrument

Element 1: Designation of EO Officer

Local EO Officer Name
To whom does the EO Officer report? *Please provide a copy of the job description for the EO Officer.*

1. Describe any non-EO related job functions that may create a conflict of interest or the appearance of a conflict of interest.

2. How is the EO Officer's identity made known to participants and service providers?

3. On what internal and external communications concerning the recipient's nondiscrimination and equal opportunity programs does the EO Officer's identity and contact information appear? *Please provide examples.*

4. Does the Equal Opportunity Officer:

Yes	No	
____	____	Process complaints?
____	____	Review participant reports for equity of service?
____	____	Conduct on-site visits to service providers and contractors or review monitoring reports to ensure that the recipient and its contractors are not violating their nondiscrimination obligations?
____	____	Provide EO training to staff and contractors?
____	____	Review written policies to make sure they are nondiscriminatory?
____	____	Develop and publish discrimination complaint procedures?

5. What equal opportunity training has been provided to staff? (*Please specify dates and locations – may attach a log)*

6. What training has been provided to recipient's service providers and contractors? *(Please be specific – may attach a log*)

7. Has the EO attended or been provided Civil Rights training *(either in person or via web cast)*?

   ☐ Yes ☐ No If Yes, identify the training and dates:

8. Describe staffing support for the EO Officer, if any.

Element 2: Notice and Communication

1. Where are the posters displayed?

   a. Which versions are displayed? *(Identify additional languages required based on the desk review of LEP data)?* Check all that apply:
   ☐ English (E), ☐ Spanish (S), ☐ Hmong (H) or ☐ all

   b. Required **Posters**

	Language	Number	Location
Equal Opportunity Policy			
Limited English Proficiency Policy			
Complaint Information (WIA only)			
"I Speak Card" (Publication)			
Job Center Complaint Coordinator Poster (WIA)			

2. Notice of Equal Opportunity and Nondiscrimination: *(Please provide copies of applicable documents)*

   a. How are participants notified?

   b. Who provides the notice to the participant?

   c. Does the notice include the required language? *(WIA has specific requirements)*

3. Are additional steps taken, beyond the required posters, to ensure continuing notice of the right to file a discrimination complaint is provided to Limited English Proficient populations in their language?
   ☐ Yes ☐ No

4. What equal opportunity **"tagline" is included** in brochures, pamphlets, flyers, and materials distributed or communicated in written, oral or electronic form to applicants, staff and the general public? (Example: We are an equal opportunity employer/program service provider. If you need assistance to access services or material in an alternate format please contact…etc.) *(Please provide samples/examples of materials in which this is included.)*

   Is the "tagline" included in public announcements and broadcasts?
   ☐ Yes ☐ No

5. How does the recipient ensure that **continuing notice of** equal opportunity and nondiscrimination are provided to the following groups?

   Provide examples for each group:

   ____ Applicants, registrants, and participants

   ____ Employees and applicants for employment

   ____ Other recipients of funds

   ____ Members of the public

   ____ Members of the public with disabilities, including impaired vision and hearing

   ____ Unions or professional organizations that hold collective bargaining or professional agreement with your organization

6. If the recipient produces their own public information, describe how photographs and other pictorial displays include and portray positive images of women, minorities, and individuals with disabilities and persons of varying age groups engaged in a variety of workplace and skilled training capacities. (*Please provide examples*)

7. How has the recipient communicated the requirement not to discriminate on the basis of disability and the obligation to provide reasonable accommodations to its sub-recipients?

8. What efforts does the recipient make to ensure that communications with individuals with disabilities are equally as effective as communications with other non-disabled individuals?

9. In all communications indicating that the Recipient/Agency may be contacted by telephone, is the telephone number for the TDD/TTY or relay services provided?

   ☐ Yes ☐ No

10. How is the Equal Opportunity Notice provided in alternative formats for individuals with visual impairments?

Element 3: Assurance

1. Do contracts contain the approved equal opportunity assurance language appropriate to:

   ____ WIA Programs

   "...discrimination on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in a WIA Title I financially assisted program or activity, **is prohibited.**" (29 Code of Federal Regulations (CFR), Part 37.1 Purpose)

   ____ Example provided of sub-contract Equal Opportunity Assurance section

2. Is the sub-contractor or service provider aware of the EO assurances requirements in the contract or agreement?

   ☐ Yes ☐ No If Yes, provide an example(s) of how this is accomplished.

3. What equal opportunity and nondiscrimination policies are in place for employees?
   (Please provide a copy)

Element 4: Universal Access

1. Describe the efforts to analyze the demographic profile of the population to be served in the service area?

2. What steps has the recipient taken to ensure services and other information is provided to Limited English Proficient persons?

3. In what languages is information routinely provided within the service area, other than English?

4. What, if any, documents have been determined "vital" and translated into languages designated as meeting the LEP requirement to be translated? (*Please provide examples)*
   ____ Examples provided

5. How are the required notifications provided in alternative formats for the visually impaired and hearing impaired?

6. How do training providers provide programmatic and architectural accessibility for individuals with disabilities? (*Please provide specific examples*)

7. What outreach plans, strategies, and activities have been identified for various groups (various racial and ethnic groups, gender, individuals with disabilities, individuals in differing age groups) served?

8. Do these measures include:

Yes	No	
____	____	Advertising?
____	____	Notices to schools and community service groups?
____	____	Consultation with community service groups?

Element 5: Compliance with Section 504 of the Rehabilitation Act of 1973 & the Americans with Disabilities Act of 1990

Section 504 and the ADA require federal assistance recipients to ensure that their programs, policies, facilities, and employment practices are accessible to and do not discriminate against individuals with disabilities. The method institutionalized for determining compliance with this requirement is the periodic self-assessment survey.

For WIA programs:

The One Stop Job Center System was comprehensively assessed in 2004 and reports were issued to each Workforce Development Area with recommendations for improvements. These assessments were the baseline for measuring compliance under the DOL's Workforce Investment Act under this element, Element 5.

1. Did the local Workforce Development Board conduct a Program and Physical Assessments?
   ☐ Yes ☐ No. If yes, please indicate what was recommended and what steps the recipient took to address the recommendations.

   _____ If you have reduced these actions to writing, please provide a copy.

2. Have similar Program and Facility (504/ADA) assessments been completed for service providers not located in a Job Center?
   ☐ Yes ☐ No. If Yes, please explain corrective steps taken.

For recipients of WIA funding source the following questions should be considered in conjunction with any prior self assessments and any resulting actions taken

3. If structural changes are needed does the recipient have a transition plan on file?
   ☐ Yes ☐ No. If Yes, please provide a copy. If No, please explain when they are anticipated to be completed.

4. Are contractor and service provider sites accessible to individuals with disabilities?
   ☐ Yes ☐ No

   a. Is there at least one entrance to the building that is wheel chair accessible?
      ☐ Yes ☐ No. If Yes, does it have the international symbol for accessibility for individuals with disabilities posted? If No, where are these clients directed to go? Explain.

   b. Do inaccessible entrances have signs indicating the location of the nearest accessible entrance?
      ☐ Yes ☐ No. *(Please explain)*

4. Are contractor and service provider sites accessible to individuals with disabilities? - *continued*
   c. Are there designated restrooms with appropriate signage available for individuals with disabilities?
   ☐ Yes ☐ No. *(Please explain)*

   d. Is TTY/TDD or Relay Service available?
   ☐ Yes ☐ No. *(Please explain)*

   e. How often are contractor's facilities monitored to ensure accessibility?

5. Describe efforts to prohibit discrimination on the basis of disability in **employment** practices by the recipient and its partners.
   ____ Requiring the provision of reasonable accommodations in employment, when appropriate.
   ____ Reviewing job qualifications to ensure that they do not use selection criteria that screen out or tend to screen out an individual with a disability on the basis of that disability unless the criteria is job related for the position in question and consistent with business necessity.
   ____ Prohibiting pre-employment inquiries regarding disability except to ask for the individual to self-identify himself or herself as a person with a disability on a voluntary basis for reporting purposes and will be maintained confidentially.

6-11: Reviewer's additional questions to consider in this Element.

6. How does the recipient insure that it does not aid or perpetuate discrimination by providing significant assistance to a person or recipient that discriminates on the basis of disability

7. How does the recipient insure that programs and activities are administered in the most integrated settings possible?

8. How does the recipient insure that, in determining the site or location of a facility, selections are not made that have a discriminatory effect?

9. How does the recipient insure that eligibility criteria that screen out or tend to screen out an individual with a disability or class of individuals with disabilities are not imposed unless such criteria can be shown to be necessary for the provision of the aid, benefit, service, training, program or activity being offered?

6-11: Reviewer's additional questions to consider in this Element. - *continued*

10. How does the recipient insure that an individual with a disability is not required to accept an accommodation, aid, benefit, service, training, or opportunity that the individual chooses not to accept?

11. How does the recipient insure that, employment-related training selection criteria are reviewed to ensure that they neither screen out, nor tend to screen out, individuals with disabilities or any class of individuals with disabilities from fully and equally enjoying the training unless the criteria can be shown to be necessary for the training being offered?

12. Describe the availability of assistive equipment for individuals with disabilities.

13. Describe the recipient's web site in regards to its accessibility.

14. Describe any reasonable accommodations that have been provided for applicants, participants, or employees with disabilities.

    a. How are reasonable accommodations provided regarding the registration for, and the provision of, aid, benefits, services or training-including core and intensive training-and support services to qualified individuals with disabilities?

    b. Describe how you meet the obligation to operate programs or activities which when viewed in their entirety are readily accessible to qualified individuals with disabilities, through leans such as: redesign of equipment; reassignment of classes or other services to accessible buildings, assignment of aids to beneficiaries; home visits; delivery of services at alternative accessible sites; alteration of existing facilities and construction of new facilities in conformance with standards for new construction; or any other method that results in making its program or activity accessible to individuals with disabilities?

    c. Does the recipient have a written reasonable accommodation policy?
    ☐Yes ☐ No If yes, please provide a copy

15. Describe how medical information is maintained separate from other files and secured.

Element 6: Data and Information Collection and Maintenance

1. Please explain EO customer demographic data collection procedures in your agency: race/ethnicity, sex, age, and where known, disability status.

2. Please explain how you conduct statistical/quantifiable analysis on the population being served?

   a. How are these data maintained under safeguards that will restrict access to authorized personnel only? Please explain.

   b. Are the records kept for a period of three years?
   ☐ Yes ☐ No

   c. How are these records destroyed?

   d. How is staff made aware that customer demographic data must be collected?

   e. How is the data collected by staff?

Element 7: Monitor Sub-Recipients of funding from the Primary Recipient for Compliance

1. List the EO Officer monitoring visits conducted.

2. How often are the on-site monitoring visits conducted?

____ Please provide a record and/or summary report of the EO monitoring visits (dates, locations, entities and findings) since your last Monitoring review.

Element 8: Complaint Processing Procedures

1. What discrimination complaint policies and procedures are used in the recipient agency? (*Please provide copies)*

2. Explain how customers and employees obtain a copy of the discrimination complaint policy and procedures and/or discrimination complaint form?

3. Does the discrimination complaint log for formal discrimination complaints include the following:

Yes	No	
____	____	Name and address
____	____	Basis of complaint
____	____	Brief description of complaint
____	____	Date filed
____	____	Disposition

Please provide a copy of the discrimination complaint log for review

4. Please list any formal complaints that have been filed with the recipient since the last EO monitoring visit

4. Please respond to the following questions concerning each complaint: *continued*

Yes	No	
____	____	Was the complaint filed within 180 days?
____	____	Was the complainant provided a written notification of receipt of the complaint within 10 days?
____	____	Was the complainant provided a written statement of each of the issues raised in the complaint and whether you would accept or reject each issue?
____	____	Was the complainant sent a written notice of lack of jurisdiction when the recipient determined that it did not have jurisdiction over a complaint?
____	____	Was the complainant notified that they have the right to representation in the complaint process?
____	____	Was the complainant offered Alternative Dispute Resolution as an effort to resolve the complaint?
____	____	Was the complainant provided a written Notice of Final Action within 90 days of the date the complaint was filed?
____	____	Did the Notice of Final Action contain your decision on each issue and an explanation of the reason underlying the decision?
____	____	Did the Notice of Final Action inform the complainant that he/she has a right to file a complaint with CRC within 30 days of the date in which the Notice of Final Action is issued if he/she is dissatisfied with your final action on the complaint?
____	____	Has the State EO Officer been advised of the complaint?

5. Are the discrimination complaint records kept for a period of seven years?

6. How is the identity of the complainant or any individual kept who furnishes information relating to, or assisting in, an investigation confidential to the extent possible, consistent with a fair determination of the issues?

7. How is an individual who filed a complaint, opposed a practice prohibited by the nondiscrimination and equal opportunity provisions, or assisted or participated in any manner in an investigation protected from discharge, intimidation, retaliation, threat or coercion?

8. What is the recipient's policy (attach) for handling discrimination complaints from contractors regarding participants? *(Please attach a copy of the policy)*

Element 9: Corrective Actions/Sanctions

1. What are the recipient's procedures for obtaining voluntary compliance when equal opportunity violations are found?

2. What is the follow up policy for violations?

3. What, if any, corrective actions/sanctions were taken against contractors since the last monitoring review?

Reviewer Signature	Completed Review Date

Program Recruitment and Assessment

OPTIONAL

(For use if other related information is not available)

Recipient Name	Location
Recruitment/Outreach service provider	Programs

Person(s) Interviewed

Name *(first, last)*	Position Title
Name *(first last)*	Position Title
Name *(first, last)*	Position Title
Interviewer Name	Interview Date

Questions with an asterisk (*) are related to WIA Funded programs only

Program Recruitment

1. Describe your recruitment (marketing and outreach) process (e.g., school visits, media ads, etc.).

2. Who is responsible for recruitment? List by name and job title.

3. How is the eligible population determined (for the program(s) listed above)?

4. What media are used to recruit applicants?

5. What specific resources are used to recruit racial/ethnic minority applicants, female applicants, veterans and applicants with disabilities?

6. *When does a **customer** officially become an **applicant**?

7. *How often is orientation offered to potential applicants?

8. *What is the "typical" number of attendees?

9. *Who is responsible for conducting the orientation? List by name and title

10. *What is the format of the orientation? *i.e. lecture only, video, question and answer, etc.*

11. *How is it determined whether a customer will need an accommodation (because of a disability) in order to attend orientation or to apply for services?

12. *What attendance records are kept for each orientation session?

13. *Are there follow-up contacts with individuals who attend orientation but do not complete an application?
    ☐ Yes ☐ No
14. *Are there occupations that are in high demand in your region?
    ☐ Yes ☐ No If Yes, list the occupations

Program Assessment

1. Describe the assessment process.

2. Are there locally developed forms (that is, forms developed within the region) that are used in the process?
   ☐ Yes ☐ No If yes, please list the form names and describe how the forms are used.

3. Who evaluates the information provided on the application for services?

4. Are all applicants tested?
   ☐ Yes ☐ No. If No, who or what determines which applicants are tested?

5. How are the tests scored?

6. Is there a cut-off score to indicate "failed" or "passed"? ☐ Yes ☐ No

7. What tests, by name, are administered, and have they been validated?

8. Who administers the tests, and where?

9. Who scores the tests, and interprets the results?

10. How is consistency of interpretation determined?

11. Do test scores determine eligibility and placement in all programs or just in certain programs? (Name, if appropriate)

12. Are service providers, other than assessment staff, involved in assessment, selection, and placement of individuals into programs? (If so, describe)

13. What happens to someone who is not accepted into a particular program of his or her choosing?

14. Are individuals who do not qualify for federal assisted programs informed of possible alternatives? (If so, describe)

15. Are individuals who are not selected for federal assisted programs tracked? If so, is any data retained on those individuals, and where is the information kept?

16. What accommodations are available for the applicant with disabilities or impairments during application and assessment, and are readers available to visually impaired persons who do not use Braille?

17. Discuss the percentage of women and racial/ethnic minority applicants and participants who go into nontraditional jobs. How are applicants informed of opportunities in nontraditional jobs?

Document templates

for use in desk review, client and staff interviews and the exit interview follow this page

Current Staffing Data

This form collects demographic information on staff. It should be completed and returned prior to the on-site review.

Agency Name																				Site Location
Staff Positions	All Employees			White		Black		Asian		Am. Indian or AK. Native		Native Hawaiian or Pacific Islander		Hispanic or Latino		Not Hispanic or Latino		With a Disability	
	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F

Participant File Review Worksheet

OPTIONAL

File Review Date	File Reviewer Name
Recipient / One-Stop / Service Provider	

#	Participant Name	Last Four SSN	Program	Gender	Race/ Ethnicity	LEP	Disability	Medial Condition Information	Inappropriate Comments	Notice
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										

Key

Last Four: Last four digits of the Social Security number
Disability: Is the participant registered as a person with a disability on the registration sheet?
Medical Condition Information: Is there any medical condition information in the file that could be construed as revealing a disability or relating to a disability? This includes information in case notes.
Inappropriate Comments: Subjective or Inappropriate Comments?
Notice: Is a signed copy of the "Equal Opportunity is the Law" notice (29 CFR 37.30) retained in the participant File?

Employee/Staff Interview

Assure the employee that his/her name will not be a part of the review record, only the nature of his/her response.

Interviewer Name	Interview Date
Location	
Employee function in the office	

1. What training have you received regarding Equal Opportunity requirements related to your work? When and where?

2. Does your local supervisor or manager discuss equal opportunity and equal access for clients with the staff?

3. What arrangements are made to provide services to limited English proficient individuals? *(Identify staff and partners used to help customers)*

4. Are you aware of languages spoken by customers in this area who are limited English proficient? What are they?

5. Where do you obtain the unit's policies, procedures or guidance regarding limited English proficiency?

6. Do you have any questions on how to serve limited English proficient individuals?
   ☐ Yes ☐ No If Yes, list your questions

7. What arrangements are made to provide services to the visually impaired, deaf clients, and nonambulatory clients? *(Please be specific)*

8. What do you do if a person comes in with a need for an American Sign Language interpreter?

9. Do you know who to ask when you have a question about services to individuals with a disability? Please explain and be specific.

10. Are you aware of local policies and procedures regarding individuals with disabilities? Where do you find the policies, procedures or information?

11. Do you have any questions on how to serve individuals with disabilities? If so, what are they?

12. Are you involved with job orders?
☐ Yes ☐ No If Yes, what is your understanding of nondiscriminatory job orders?

13. What do you do if a client tells you that she feels she has been discriminated against by you or someone in your office because of her race/ethnicity, color, religion, sex, national origin, age, disability, political affiliations or belief, *(or for WIA Title I program beneficiaries, her citizenship or participation in a WIA Title I financially-assisted program)?

14. Do you know what his/her rights are? *(Please explain)*

15. What do your do if you feel you have been discriminated against because of your race/ethnicity, color, religion, sex, national origin, age, disability, political affiliation or belief, *(or for WIA Title I program beneficiaries, citizenship or participation in the WIA Title I financially assisted program)?

16. Do you know what your rights are? *(Please explain)*

17. Do you have any questions or comments?

Summary - Interview results from Interviews with Staff

____ Number of staff interviewed

____ Overall knowledge of rights

____ Overall understanding of illegal job orders

____ Overall understanding of access for LEP persons

____ Overall understanding of access for individuals with disabilities

Summary Comments

Exit Meeting/Exit Conference

Reviewer(s)	Recipient /agency Representatives(s)

Preliminary Observations and Recommendations/Findings and Required Actions

Feedback from the recipient /agency

DETS-16607 (N. 6/2009)