

**WIOA ADW Program Monitoring Review**

Program Year: \_\_\_\_\_

<b>Name of Sub-recipient:</b>	<b>Contract Number:</b>
<b>Name of Reviewer(s):</b>	<b>Contract Administrator:</b>
<b>Date(s) of Monitoring:</b>	<b>Target Population:</b>

**Prior Monitoring Review**

Describe any related findings or observations identified during the previous monitoring review that may require follow-up or may be open.

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**Scope of Work Requirements**

Review the Scope of Work of the sub-recipient. Are they meeting their contract objectives and following contract requirements?

1.    **Finding**             **Needs improvement**             **None**             **Exemplary**

Is the sub-recipient on target to reach the expected number to be served for the program year? If not, does the sub-recipient have an outreach plan in place?

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2.    **Finding**             **Needs improvement**             **None**             **Exemplary**

Is the sub-recipient on target to comply with Adult Priority of Service requirements outlined in ADW-030-01?

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3.  Finding       Needs improvement       None       Exemplary

Is the sub-recipient serving the target population(s) identified in their Scope of Work? Are efforts being made to serve people in these population groups?

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4.  Finding       Needs improvement       None       Exemplary

Are all of the program design outlined in the sub-recipient’s scope of work being provided? Are the services adequate?

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If not, does the sub-recipient have a plan to incorporate the services into their current program model?

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5.  Finding       Needs improvement       None       Exemplary

a. Describe how the sub-recipient has incorporated system and community partnerships identified in their Scope of Work and Proposal.

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b. Do the participants have access to the services identified through the partnerships? Has the sub-recipient properly retained records of referrals and/or participation in these services?

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c. Describe evidence of partnerships, referrals and participation in partner services in files.

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6.  Finding       Needs improvement       None       Exemplary

a. Does the sub-recipient sufficiently utilize the Workforce Connections' (WC) MIS system to record required information?

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b. Does the sub-recipient record data timely and accurately? If not, does the sub-recipient have a plan to make improvements to ensure timely and quality data entry?

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<b>Program Requirements</b>
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7.  Finding       Needs improvement       None       Exemplary

Is the sub-recipient delivering a program designed to effectively offer WIOA Title I employment and training services?

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8.  Finding       Needs improvement       None       Exemplary

a. Describe the sub-recipients staffing structure. Has the program been staffed as outlined in their scope/budget? Has the program been staffed for adequate capacity?

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b. Describe the sub-recipient's turnover rate.

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9.  Finding       Needs improvement       None       Exemplary

Are basic, individualized career services and training services made available at the site? Describe how other services needed by customers are delivered.

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10.  Finding       Needs improvement       None       Exemplary

Does the sub-recipient have adequate internal policies required by WC and to support Program requirements? (Supportive Services policy and Veteran Priority of Service required, Record Retention required, and additional as applicable)

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11.  Finding       Needs improvement       None       Exemplary

Does the sub-recipient maintain a log of complaints filed? Have WC reporting procedures been followed?

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12.  Finding       Needs improvement       None       Exemplary

Is there any evidence of violation of nepotism policies?

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