

## Equal Opportunity is the Law

Civil Rights Center (CRC) enforces various Federal civil rights laws, including laws that cover programs and activities that either are conducted by DOL itself, or receive certain types of financial assistance from the Federal government.

Section 188 of WIOA is a primary source of CRC's authority. Section 188 prohibits discrimination, and requires equal opportunity, in the workforce development system on the basis of race, color, national origin, religion, age, sex, disability, citizenship, political affiliation or belief, and status as a participant in a WIOA Title I-financially assisted program or activity. The nondiscrimination regulations that implement WIOA Section 188, which are enforced by CRC, are published at 29 CFR part 38. Any entity that receives federal financial assistance (directly or indirectly), to administer a program or activity under Title I is a recipient (aka LWDA).

All programs and activities offered through the One-Stop system by "One-Stop partners" are covered by the WIOA nondiscrimination regulations, even if the principal source of financial assistance for a program or activity is a Federal department or agency other than DOL.

Examples include:

- DOL programs: Unemployment Insurance (UI); Wagner-Peyser / employment service (ES) programs; Job Corps; programs for Native Americans and migrant and seasonal farmworkers; veterans' workforce investment programs; the Senior Community Service Employment Program (SCSEP); the Trade Adjustment Assistance program (TAA); YouthBuild Department of Education-funded programs: adult education and literacy activities under WIOA Title II; vocational rehabilitation programs; vocational education programs

The Division of Workforce Development and Adult Learning (DWDAL), is the principal agency in the State of Maryland for providing oversight to the State's workforce programs. Within DWDAL, the Office of the Assistant Secretary working in conjunction with DLLR's Equal Opportunity Officer is responsible for implementing the Nondiscrimination Plan (NDP) and providing guidance, technical assistance, and enforcement of state compliance policies regarding civil rights.

- ❖ Each Governor must establish and adhere to a NDP for State programs as defined in §38.4.
- ❖ Each NDP must be designed to give a reasonable guarantee that all recipients will comply, and are complying, with the nondiscrimination and equal opportunity provisions of WIOA and this part. *From 29 CFR 38.54*

**Objective:**

- Monitor the recipient's equal opportunity performance
- Identify instances or areas of potential discrimination
- Identify individuals or groups who may have been discriminated against

**The Three Part Process to this Monitoring is:**

**Notification:** Prior to conducting an on-site compliance review of a Local Workforce Investment Area (LWDA), the reviewer may notify the appropriate Director/Administrator approximately two to four weeks prior to the review. The EO Questionnaire (Attachment A) and Staffing Data Form, which collects demographic information on staff, may be forwarded at this time along with a request for preliminary data as appropriate, such as EO data on applicants and clients, random sample applications, non-monetary determinations, EO reports, discrimination complaints, etc. The request should include instructions that the data should be returned at least 10 days prior to the review.

**Desk Review:** Upon receipt of the preliminary information, a desk review may be performed. The EO reviewer may analyze the statistical and written program reports received, as well as the Questionnaire and Staffing Data. This may help to identify potential items to be addressed during the on-site review. The desk review accomplishes the following: 1. Compile and/or analyze statistical reports on Employment Service or WIOA services and program performance; 2. Review applicable reports, complaint files, prior review reports and other documents for areas of concern and corrective action; and 3. Prepare a review action plan based on the results of the desk review

**On-site Review:** It is recommended that, upon entering the site, the reviewer meets with the appropriate Director/Administrator or 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. A review of Equal Opportunity (EO) policies, complaint procedures, participant and applicant records, handbooks, pamphlets, manuals, brochures, recruitment materials published by the LWDA, as well as physical and program accessibility for individuals with disabilities should be reviewed for compliance. LWDA staff must be interviewed to determine knowledge of EO policies and procedures for servicing customers and an exit conference must be conducted to explain and address the practices that were reviewed. mandatory WIOA "Equal Opportunity is the Law" posters, and posters or signs for clients with limited English-speaking abilities.

**Post-Review Activity:** The compliance status of the LWDA will be reviewed by a compliance monitor to determine whether any EO violations existed. In the event a violation is found, it must be documented and corrective action by the LWDA must be implemented within timeframe provided by Monitor.

**Elements Monitoring/Compliance Review**

- Element 1- Designation of Equal Opportunity Officer
- Element 2- Equal Opportunity Notice and Communication
- Element 3- Assurances
- Element 4- Universal Access
- Element 5- Compliance with Section 504 of the Rehabilitation Act
- Element 6- Data Collection and Record Keeping
- Element 7- Monitoring for Compliance
- Element 8- Complaint Processing Procedures

■ Element 9- Corrective Actions/Sanction Procedures

The results of each LWDAs compliance review referencing the nine elements will be outline in the field monitoring review sections of the final document.

**Review summary (on-site):**

**Accessibility for persons with disabilities (on-site visual)**

**Equal Opportunity and Nondiscrimination  
Monitoring Review Instrument**

**Program Recruitment And Assessment**

**Local Workforce Investment Area (LWDA):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Recruitment/Outreach service provider:** \_\_\_\_\_

• **Program(s) (e.g., Youth, Adult):** \_\_\_\_\_

**Person(s) interviewed:**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Interviewer:** \_ **Date:** \_

**Program Recruitment**

1. Describe your recruitment (marketing and outreach) process (e.g., school visits, media ads, etc.).
2. Who is responsible for recruitment, 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? What specific resources are used to recruit racial/ethnic minority applicants, female applicants, veterans, and applicants with disabilities?
5. When does a “customer” officially become an “applicant”?
6. How often is orientation offered to potential applicants? What is the “typical” number who attend the orientations?
7. Who is responsible for conducting the orientation (by name and title)?
8. What is the format of the orientation? [Lecture only? Video? Question and answer? (etc.)]
9. 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?
10. What attendance records are kept for each orientation session?
11. Are there follow-up contacts with individuals who attend orientation but do not complete an application?
12. Are there occupations that are in high demand in your region? (If so, name them)
- **Program Assessment**
13. Describe the assessment process.

14. Are there locally developed forms (that is, forms developed within the region) that are used in the process? (Describe)
  
15. Who evaluates the information provided on the application for services?
  
16. Are all applicants tested? If not, who or what determines which applicants are tested?
  
17. How are the tests scored? Is there a cut-off score to indicate “failed” or “passed”?
  
18. What tests, by name, are administered, and have they been validated?
  
19. Who administers the tests, and where?
  
20. Who scores the tests, and interprets the results?
  
21. How is consistency of interpretation determined?
  
22. Do test scores determine eligibility and placement in all programs or just in certain programs? (Name, if appropriate)
  
23. Are service providers, other than assessment staff involved in assessment, selection, and placement of individual into programs? (If so, describe)
  
24. What happens to someone who is not accepted into a particular program of his or her choosing?

25. Are individuals who do not qualify for WIOA Title I programs informed of possible alternatives? (If so, describe)
  
26. Are individuals who are not selected for Title I programs tracked? If so, are any data retained on those individuals, and where is the information kept?
  
27. 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?
  
28. 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?





**Equal Opportunity and Nondiscrimination  
Monitoring**

**Participant File Review Worksheet**

|                             |
|-----------------------------|
| <b>Date of File Review:</b> |
|-----------------------------|

|   |                 |
|---|-----------------|
| <b>LWDA/American Job Center/Service Provider:</b> | <b>Monitor:</b> |
|---|-----------------|

| #  | Participant's Name | Last Four | Program | Gender | Race/<br>Ethnicity | LEP | Disability | Medical<br>Condition<br>Information | Inappropriate<br>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 |                    |           |         |        |                    |     |            |                                     |                           |        |
| 25 |                    |           |         |        |                    |     |            |                                     |                           |        |
| 26 |                    |           |         |        |                    |     |            |                                     |                           |        |



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**Equal Opportunity and Nondiscrimination  
Monitoring**

**Client Interview**

- Interviews should be conducted in a location that ensures privacy.

**1 SAMPLE INTRODUCTION: "I AM CONDUCTING A MONITORING REVIEW OF THIS OFFICE. [PROVIDE A BUSINESS CARD.] I WOULD LIKE TO ASK YOU A FEW QUESTIONS REGARDING YOUR EXPERIENCES WITH THIS OFFICE. YOUR PARTICIPATION IS COMPLETELY VOLUNTARY. NEITHER YOUR PARTICIPATION NOR YOUR RESPONSES WILL IN ANY WAY AFFECT THE SERVICES YOU RECEIVE FROM THIS OFFICE. ABSOLUTELY NONE OF THE INFORMATION WILL BE RECORDED IN ANY FILES PERTAINING TO**

Interviewer:

Location:

Date:

Client City of Residence:

*"The following is strictly voluntary and will be treated confidentially. It will not affect your status in receiving benefits or services:"*

*Please indicate the following:*

Gender:      Male      Female

Ethnic Origin:    Hispanic or Latino      Not Hispanic or Latino

Race (Check all that apply):    American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Are you an individual with a disability?    Yes    No

- 
1. *Please describe the frequency of your visits or contacts here:*
  
  2. *Do you feel that this office is accessible to all, regardless of their:*
    - *Race/Color/Ethnicity?*
    - *Sex or Gender?*
    - *Disability?*
    - *Religion?*
    - *National Origin?*
    - *Age?*
    - *Limited ability to speak or understand English?*
    - *Citizenship?*
    - *Political Affiliation or Belief?*
  
  3. *What recommendations, if any, do you have in order to assist the office in providing universal access?*
  
  4. *What is your opinion of the quality of service provided here?*
  
  5. *Did anyone inform you of your equal opportunity/nondiscrimination rights as a program applicant or participant? (For example, did anyone inform you of what to do if you believe you were discriminated against based on your race, gender, age, disability, national origin, etc.?)*

*When you registered, did you get a copy of those rights?*

6. *Do you have any comments, concerns, or suggestions about the program?*

**“Would you like to be contacted regarding your concerns?”**

*If so:*

*Name:*

*Address:*

*City, State, Zip:*

*Phone:*

*Thank you.*

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***Equal Opportunity and Nondiscrimination  
Monitoring***

***Employee/Staff Interview***

|   |
|---|
| <p><i>Assure the employee that his/her name will not be a part of the review record, only the nature of his/her response.</i></p> |
|---|

***Employee's function in the office:***

***Interviewer:***

***Location:***

***Date:***

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?  
If so, what are they?*

7. *What arrangements are made to provide services to the visually impaired, deaf clients, and non-ambulatory 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?*  
*If so, 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 WIOA Title I program beneficiaries, her citizenship or participation in a WIOA Title I financially-assisted program?*

*Do you know what her rights are? Please explain.*

- 14. *What do you 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 WIOA Title I program beneficiaries, citizenship or participation in a WIOA Title I financially assisted program?*

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

- 15. *Do you have any questions or comments?*

*Thank you.*

## ATTACHMENT A - EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING REVIEW INSTRUMENT

The checklist addresses initial programmatic accessibility, and is not intended to be all-inclusive. Local Boards should develop a workplan with timelines and benchmarks to address all aspects of accessibility and revisit this checklist on an annual basis

This fillable form has been created to assist in capturing the information needed to comply with Section 188 of the Workforce Innovation and Opportunity Act (WIOA) and 29 CFR Part 38. This requires each Governor to establish a Nondiscrimination Plan (NDP) that includes a system for annually monitoring the compliance of recipients to determine if they are conducting their WIOA Title I-financially assisted program in a nondiscriminatory manner.

| Element 1: Designation of EO Officers  |                                 |   |                          |
|--|---------------------------------|---|--------------------------|
| References: Element 1, 29 CFR Part 383.23 through 38.28; 38-54; WIOA Section 188   |                                 |   |                          |
| Name of Local Area<br>Completing Form  | 1. Name of Local EO<br>Officer: | 2. To whom does the EO Officer<br>report? |                          |
|  |                                 |   |                          |
| 3. Has the senior level employee been designated as EO Officer? 28.28(b)   |                                 |   |                          |
|  |                                 |   |                          |
| 4. Has the knowledge, skills, and abilities necessary to fulfill the responsibilities competently? 38.30 Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                 |   |                          |
|  |                                 |   |                          |
| 5. With staff and resources sufficient to carry out the requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                 |   |                          |
|  |                                 |   |                          |
| 6. Describe any non-EO related job functions that may create a conflict of interest or the appearance of a conflict of interest.   |                                 |   |                          |
|  |                                 |   |                          |
| 7. How is the EO Officer's identity made known to participants and service providers?  |                                 |   |                          |
|  |                                 |   |                          |
| 8. On what internal and external communications concerning the Local Workforce Development Area's (LWDA) nondiscrimination and equal opportunity programs does the EO Officer's identity and contact information appear? Please provide examples |                                 |   |                          |
|  |                                 |   |                          |
| 9. Does this person:   |                                 |   |                          |
|  |                                 | <b>Yes</b>                                | <b>No</b>                |
| Serve as liaison with DWDAL and Local Workforce Development Area   |                                 |   |                          |
| Monitoring and investigating the Board's activities and the activities of its subrecipients to   |                                 | <input type="checkbox"/>                  | <input type="checkbox"/> |

|   |                          |                          |
|---|--------------------------|--------------------------|
| ensure compliance with nondiscrimination and EO obligations under WIOA Title I? 38.29(e), 38.31(b)  |                          |                          |
| Review participant reports for equity of service?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct on-site visits to service providers and contractors or review monitoring reports to ensure that the LWDA and its contractors are not violating their nondiscrimination obligations?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide EO training to staff and contractors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Review the Board’s written policies to ensure they are nondiscriminatory? 38.31(d)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Develop and publish procedures for processing discrimination complaint complaints under 38.72 through 38.73, and ensuring that those procedures are followed? 38.31(d)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Reporting directly to appropriate official (e.g. LWDB, Executive Director) about EO Matters? 38.29  |                          |                          |
| Conducts outreach and education about equal opportunity and nondiscrimination requirements consistent with 38.40 and how an individual may file a complaint consistent with 38.69. 38.31(e)             |                          |                          |
| Undergoing training (at LWDB’s expense) to maintain competency if the Executive Director requires him or her or his/her staff to do so? 38.29(f)  |                          |                          |
| 10. What equal opportunity training has been provided to staff within the LWDA? (Please specify dates and locations)  |                          |                          |
|   |                          |                          |
| 11. What training has been provided to service providers and contractors? (Please be specific)  |                          |                          |
|   |                          |                          |
| 12. What professional training has the Local EO Officer attended? Identify the training received and dates  |                          |                          |
|   |                          |                          |
| 13. Describe staffing support for the EO Officer, if any.   |                          |                          |
|   |                          |                          |
| <b>Comments</b>   |                          |                          |
| Recommendations:  |                          |                          |
| Overall Conclusion: The local area appears to be <input type="checkbox"/> / does not appear to be <input type="checkbox"/> in compliance with this Element based on analysis of relevant documentation. |                          |                          |
| Documents reviewed:   |                          |                          |

**Do Not Forget to Attach the EO Officer Job Description for this Element**

|  |            |           |
|--|------------|-----------|
| <b>Element 2: Notice and Communication</b>   |            |           |
| Reference: NDP, Element 2, 29 CFR Part 38.29 through 38.36   |            |           |
| 14. Where are the WIOA “Equal Opportunity is the Law” posters displayed and which versions are displayed—English, Spanish or both? |            |           |
|  |            |           |
|  | <b>Yes</b> | <b>No</b> |



|  |                          |                          |
|--|--------------------------|--------------------------|
| Are they posted in reasonable numbers and places?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the posters centrally located and in plain sight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. How is it ensured that participants are notified of their rights to file a complaint? Does the form include the required WIOA "Equal Opportunity is the Law" language? 29 CFR 38.30 <b>Provide copies of documents.</b>  |                          |                          |
| 16. What steps are taken to see that continuing notice is provided in the appropriate language when a significant number or proportion of the population eligible to be served, or likely to be directly affected, need services or information in a language other than English?  |                          |                          |
| 17. What equal opportunity tagline is included in brochures, pamphlets and flyers?   |                          |                          |
| a. In which is it included?  |                          |                          |
| b. Do you use the EO tagline in any of the following forms to applicants, staff and the general public?  |                          |                          |
| Written materials  | <input type="checkbox"/> |                          |
| Commercial/media ads   | <input type="checkbox"/> |                          |
| Online or electronic mediums   | <input type="checkbox"/> |                          |
| Other (please explain)   |                          |                          |
| c. Is the tagline included in public announcements and broadcasts?   |                          |                          |
| d. Does the appropriate tagline indicate that the WIOA Title I-financially assisted program is an "equal opportunity employer/program," and that "auxiliary aids and services are available upon request to individuals with disabilities." <b>Please provide examples.</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |                          |
| 18. How does the LWDA ensure that continuing notice is provided to the following applicable groups that it does not discriminate on any prohibited ground CFR 38.34(a) 38.36:  |                          |                          |
| a. Applicants, registrants, participants   |                          |                          |
| b. Employees and applicants for employment   |                          |                          |
| c. Other recipients of WIOA funds in the LWDA  |                          |                          |
| d. Members of the public   |                          |                          |
| e. Members of the public with disabilities, including impaired vision and hearing and limited English proficiency  |                          |                          |



|  |  |
|--|--|
| f. Unions or professional organizations that hold collective bargaining or professional agreement with your organization   |  |
| 19. 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.   |  |
|  |  |
| 20. How has the LWDA communicated the requirement not to discriminate on the basis of disability and the obligation to provide reasonable accommodations to its sub recipients?  |  |
|  |  |
| 21. Has the notice been provided to subrecipients? Yes <input type="checkbox"/> No   |  |
| 22. What efforts does the LWDA make to ensure that communications with individuals with disabilities are just as effective as communications with others?  |  |
|  |  |
| a. In all communications indicating that the LWDA/Agency may be contacted by telephone, is the telephone number for the TDD/TTY or relay service provided 38.38?   |  |
|  |  |
| 23. How is the Equal Opportunity Notice provided in alternate formats for individuals with visual impairments? If the notice has been given in alternate format, a record of such notice should be part of the participant file.   |  |
|  |  |
| 24. Is there a written nondiscrimination and EO Policy that prohibits discrimination on the grounds of race, age, sex, national origin, religious affiliation and disability including but not limited to pregnancy, childbirth and related medical conditions? 38.25? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 25. Has the notice been given to each participant and a copy of the notice placed in the participant's file per 38.31? It must be part of paper and electronic if both are maintained. Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
|  |  |
| 26. Does the policy prohibit retaliation or reprisal against an individual that has (1) filed a complaint, (2) opposed a practice prohibited by the nondiscrimination and EO provisions of WIOA (3) furnished information to or assisted or participated in any manner in an investigation, review, hearing or other activity related to the administration of the WIOA nondiscrimination and EO provisions and (4) otherwise exercised any rights provided under the WIOA nondiscrimination and EO Provisions? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 27. Has the local Board considered the scope of programs and activities and the size and concentration of the population that needs services or information in language other than English; then based on those considerations taken reasonable steps to provide services and information in appropriate languages?  |  |
| <b>Comments:</b>   |  |
| <b>Recommendations:</b>  |  |
| Overall Conclusion: The local area appears to be <input type="checkbox"/> / does not appear to be <input type="checkbox"/> in compliance with this Element based on analysis of relevant documentation.  |  |
| Documents reviewed:  |  |

**Do Not Forget to provide copies of the applicable documents described in Element 2 question 12. (Required WIOA "Equal Opportunity is the Law" language)**

**Element 3: Assurances:** NDP, Element 3, 29 CFR 38.20 through 38.22

28. Do contracts contain the approved equal opportunity assurance language 38.4 & 38.20? **Yes** **No**

Please provide an example of a contract Equal Opportunity Assurance section.

Additional Comments if necessary:

29. How is the contractor or service provider made aware that the EO assurances must be incorporated whether or not it is physically incorporated in the contract or agreement? 38.20

30. How do you ensure equal opportunity and nondiscrimination for employees?

a. What equal opportunity and nondiscrimination policies are in place for all employees? **Please provide a copy.**

**Comments**

Recommendations:

Overall Conclusion: The local area appears to be  / does not appear to be  in compliance with this Element based on analysis of relevant documentation.

Documents reviewed:

Technical Assistance required or needed?

**Do Not Forget to provide copies of the applicable documents**

**Element 4: Universal Access Reference:** NDP, Element 4, 29 CFR Part 38.42

31. Describe efforts to conduct a demographic analysis of the population to be served in the LWDA using labor market information?

32. What reasonable steps has the Board and LWDA taken to ensure services and other information is provided to Limited English Proficient persons?

33. In what languages is information within the LWDA provided, other than English?

34. What documents have been determined "vital" and translated into languages designated as essential? **Please provide examples.**

35. Has the Board taken appropriate steps to ensure they are providing universal access to their WIOA Title I funded programs?

36. Does these steps involve reasonable efforts to include members of both sexes, various racial and ethnic/national origin groups, various religions, individuals with limited English proficiency, individuals with disabilities and individuals in differing age groups? Yes  No

37. How are the required notifications provided in alternative formats for the visually impaired?

|  |                          |                          |
|--|--------------------------|--------------------------|
| 38. How do training providers provide programmatic and architectural accessibility for individuals with disabilities?  |                          |                          |
|  |                          |                          |
| 39. What affirmative outreach plans, strategies, and activities have been identified for various groups (members of sexes, various racial and ethnic groups, individuals with disabilities, individuals in differing age groups) served? |                          |                          |
|  |                          |                          |
| <b>Do these measures include:</b>  | <b>Yes</b>               | <b>No</b>                |
| Advertising?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Notices to schools and community service groups?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultation with community service groups?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Comments</b>  |                          |                          |
| Recommendations:   |                          |                          |
| Overall Conclusion: The local area appears to be <input type="checkbox"/> / does not appear to be <input type="checkbox"/> in compliance with this Element based on analysis of relevant documentation.                                  |                          |                          |
| Documents reviewed:  |                          |                          |
| Technical Assistance required or needed?   |                          |                          |

**Do Not Forget to provide copies of the applicable documents described in Element 4 question 26.**

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>Element 5: Compliance with Section 504</b> Reference: ·NDP, Element 5, 29 CFR Part 38.4 through 38.10, 29 CFR Part 38.54(d)(2)(v), 29 CFR Part 32 Subparts B and C |                          |                          |
| 40. Does the Local Workforce Development Area have an Americans with Disabilities Act (ADA) self-survey on file? <b>If yes, provide a copy.</b>                       | <b>Yes</b>               | <b>No</b>                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Comments if necessary:   |                          |                          |
| 41. Have ADA assessments been completed for the American Job Centers and Affiliates?  | <b>Yes</b>               | <b>No</b>                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, please explain the shortfalls? If not, when are they anticipated?  |                          |                          |
| 42. If structural changes are needed, does the LWDA have transition plans on file?  | <b>Yes</b>               | <b>No</b>                |
| <b>If so, please provide a copy.</b> If not, please explain when they are anticipated to be completed.  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |
| 43. Are contractor and service provider sites accessible to individuals with disabilities?  | <b>Yes</b>               | <b>No</b>                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Is there at least one entrance to the buildings that are wheel chair accessible?   | <b>Yes</b>               | <b>No</b>                |
| 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.     | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |



|   |                          |                          |
|---|--------------------------|--------------------------|
| b. Do inaccessible entrances have signs indicating the location of the nearest accessible entrance? Explain   | <b>Yes</b>               | <b>No</b>                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |
| c. Are there designated restrooms with appropriate signage available for individuals with disabilities? Explain.  | <b>Yes</b>               | <b>No</b>                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |
| d. Are TTY/TDD or Relay Services available for use? Explain.  | <b>Yes</b>               | <b>No</b>                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |
| e. How often are contractor's facilities monitored to ensure accessibility?   |                          |                          |
|   |                          |                          |
| 44. Describe efforts to prohibit discrimination on the basis of disability in employment practices by the LWDA and its partners.  | <b>Yes</b>               | <b>No</b>                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other: Explain</b>   |                          |                          |
|   |                          |                          |
| 45. How does the LWDA ensure that it does not aid or perpetuate discrimination by providing significant assistance to a person or entity that discriminates on the basis of disability?   |                          |                          |
|   |                          |                          |
| 46. How does the LWDA ensure that programs and activities are administered in the most integrated settings possible?  |                          |                          |
|   |                          |                          |
| 47. How does the LWDA ensure that, in determining the site or location of a facility, selections are not made that have a discriminatory effect?  |                          |                          |
|   |                          |                          |
| 48. How does the LWDA ensure 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?   |                          |                          |
|   |                          |                          |
| 49. How does the LWDA ensure 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?  |                          |                          |
|   |                          |                          |
| 50. How does the LWDA ensure that, for employment-related training, the selection criteria are reviewed to ensure that they do not screen out, or tend to screen out, an individual with a disability 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? |                          |                          |

|  |
|--|
| 51. Please describe the availability of assistive equipment for individuals with disabilities. And does the Board prohibit placing a surcharge on an individual or group of individuals to cover the cost of measure such as auxiliary aids or program accessibility?  |
| 52. Please describe the LWDA web site in regards to its ADA accessibility.   |
| 53. Please 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 ITA--and support services to qualified individuals with disabilities?   |
| Explain:   |
| b. Has the local area identified practices with service animals when accompanied by individuals with disability? Yes <input type="checkbox"/><br>No <input type="checkbox"/>   |
| Explain:   |
| b. Describe how LWDA meet the obligation of a recipient to operate programs or activities so that, when viewed in their entirety, they are readily accessible to qualified individuals with disabilities, through means such as: redesign of equipment; reassignment of classes or other services to accessible buildings; assignment of aides 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 Local Workforce Development Area and Board have a written reasonable accommodation policy? <b>If so, please provide a copy.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 54. Describe how medical condition information is maintained separate from other files and secured.  |
| 55. For services providers, how are licensing and certification programs administered in a manner that is not discriminatory on the basis of disability?   |
| <b>Comments</b>  |
| Recommendations:   |
| Overall Conclusion: The local area appears to be <input type="checkbox"/> / does not appear to be <input type="checkbox"/> in compliance with this Element based on analysis of relevant documentation.  |
| Documents reviewed:  |
| Technical Assistance required or needed?   |

**Do Not Forget to provide copies of the applicable documents described in Element 5 questions 32, 34 and 45c.**

56. Please explain how EO data has been collected (race/ethnicity, sex age, and where known, disability status, LEP) within the LWDA?

a. How is LEP data captured?

57. Please explain how statistical/quantifiable analysis with regards to the population being served has been conducted?

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**

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

c. How is staff made aware that data must be collected on race, sex, age, disability, LEP, etc.?

d. Is there a system to collect and maintain records and data necessary to determine compliance and nondiscrimination and EO provisions? Yes  No

e. Is information that could lead to identification of a particular individual as having filed a complaint kept confidential? Yes  No

f. Is data collected for applicants, registrants, eligible applicants/registrants, participants, terminees, applicants for employment and determining program compliance with nondiscrimination requirements? Yes  No

**Comments**

Recommendations:

Overall Conclusion: The local area appears to be  / does not appear to be  in compliance with this Element based on analysis of relevant documentation.

Documents reviewed:

Technical Assistance required or needed?

**Element 7: Monitor Recipients for Compliance** Reference: · NDP, Element 7, 29 CFR Part 38.51 through 38.54

58. List the EO Officer monitoring visits conducted for American Job Center, Affiliates and service providers.

a. How often is on-site monitoring conducted?

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

c. Does the monitoring review include an assessment to determine whether recipients or service providers have fulfilled their administrative obligations with regard to the record keeping requirement of WIOA Section 188 and 29 CFR 38?

d. Did the monitoring review include the assessment of policies to ensure they are nondiscriminatory per 29 CFR 38? Yes  No

59. Does the monitoring review of local EO include procedures for ensuring that recipients comply with the requirement of Section 504 Rehabilitation Act of 1973?

60. Did the monitoring review include a process to assess whether there was a policy that communicates awareness and training for EO Officer, staff, and service providers in order to carry out their responsibilities? Yes  No

61. Did the review process include correction actions procedures if applicable? Yes  No

**Comments**

Recommendations:

Overall Conclusion: The local area appears to be  / does not appear to be  in compliance with this Element based on analysis of relevant documentation.

Documents reviewed:

Technical Assistance required or needed?

**Element 8: Complaint Processing Procedures** Reference: · NDP, Element 8, 29 CFR Part 38.70 through 38.89

62. What discrimination complaint policies and procedures are used in the LWDA? **Please provide copies.**

63. Does the complaint policy specify: Who May File, Where to File?, Timeframes, What the complaint should include?, the forms that are available and to be used for complaint?, and any remedies?

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

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

| <b>Please provide a copy of the discrimination complaint log for review.</b> | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| Name and address   | <input type="checkbox"/> | <input type="checkbox"/> |
| Basis of complaint   | <input type="checkbox"/> | <input type="checkbox"/> |
| Brief description of complaint   | <input type="checkbox"/> | <input type="checkbox"/> |
| Date filed   | <input type="checkbox"/> | <input type="checkbox"/> |
| Disposition  | <input type="checkbox"/> | <input type="checkbox"/> |

66. Please list any formal complaints that have been filed with the LWDA since the last EO monitoring visit. **If you require more space to list additional formal complaints, please use the Form located on the last page of this document.**

67. What information as part of the Notification process to the CRC Director gets included?

68. Do the discrimination complaint procedures provide for an initial written notice to the complainant that acknowledges receipt of the complaint; provides notice that the complainant has the right to be





|  |                          |                          |
|--|--------------------------|--------------------------|
| represented; and offers an Alternate Dispute Resolution (ADR) method of resolving the complaint?   |                          |                          |
| 69. Do the discrimination complaint procedures provide for a written statement to the complainant concerning the recipient's accepting or rejecting for investigation each issue raised by the complainant and the reasons for each rejection?   |                          |                          |
| 70. Do the discrimination complaint procedures provide for a fact finding or investigation period?   | <b>Yes</b>               | <b>No</b>                |
| 71. Do the discrimination complaint procedures provide for a period during which the recipient attempts to resolve the complaint through other methods such as conciliation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. Do the discrimination complaint procedures provide for issuance of a written Notice of Final Action which:   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Contains either a statement of the recipient's decision on each issue and the reasons underlying the decision; or a description of the way the parties resolved the issue?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Includes notice that the complainant has the right to file a complaint within 30 days to CRC if he or she is dissatisfied with the final action, or if there is no final resolution of the complaint w/in 90 days of date the complaint was filed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Are records, including records of complaints, retained for a period of at least three years from the close of the applicable year or resolution of the complaint?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Does the Board maintain a log of complaints that allege discrimination on the grounds of race, color, religion, sex, national origin, age disability, political affiliation or belief, citizenship, and/or participation in WIOA Title I financially assisted program or activity? §38.41(c) | <input type="checkbox"/> | <input type="checkbox"/> |
| Where designation of individuals by race or ethnicity is required, the guidelines of the Office of Management and Budget must be used (§38.41(d))  |                          |                          |
| 75. Does the Log include: (1) the name and address of the complainant; (2) the ground of the complaint; (3) a description of the complaint; (4) the date the complaint was filed; (5) the disposition and date of disposition of the complaint; and (6) other pertinent information?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Information that could lead to identification of a particular individual as having filed a complaint must be kept confidential (§38.41(c))   |                          |                          |
| 76. Does the Board maintain sufficient staff per center for processing discrimination complaints?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. 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?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Has the State Level EO Officer been advised of the complaint?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Formal Complaint #2**

|  |                          |                          |
|--|--------------------------|--------------------------|
| <b>Description:</b>  |                          |                          |
| <b>Please respond to the following concerning complaint 2:</b> |                          |                          |
| Was the complaint filed within 180 days?                       | <b>Yes</b>               | <b>No</b>                |
|  | <input type="checkbox"/> | <input type="checkbox"/> |



|  |                          |                          |
|--|--------------------------|--------------------------|
| Was the complainant provided a written notification of receipt of the complaint within 10 days?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant sent a written notice of lack of jurisdiction when the LWDA determined that it did not have jurisdiction over a complaint?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant notified that they have the right to representation in the complaint process?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant offered Alternative Dispute Resolution as an effort to resolve the complaint?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant provided a written Notice of Final Action within 90 days of the date the complaint was filed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the Notice of Final Action contain your decision on each issue and an explanation of the reason underlying the decision?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the State Level EO Officer been advised of the complaint?  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you require more space to list additional formal complaints, please use the Form located on the last page of this document.**

- 79. Describe the process established to keep the discrimination complaint records for a period of three years?
- 80. Describe the process for keeping the identity of the complainant or any individual, who furnishes information relating to, or assisting in, an investigation confidential to the extent possible, consistent with a fair determination of the issues.
- 81. How is an individual who filed a complaint, opposed a practice prohibited by the nondiscrimination and equal opportunity provisions of WIOA, or assisted or participated in any manner in an investigation protected from discharge, intimidation, retaliation, threat or coercion?
- 82. Describe the LWDA policy for handling discrimination complaints from contractors regarding participants.

**Comments**

Recommendations:  
 Overall Conclusion: The local area appears to be  / does not appear to be  in compliance with this Element based on analysis of relevant documentation.  
 Documents reviewed:  
 Technical Assistance required or needed?

**Do Not Forget to provide copies of the applicable documents described in Element 8 questions 50 & 52.**

**Element 9: Corrective Actions/Remedies/Sanctions**  
 Reference: ·NDP, Element 9, 29 CFR Part 38.54

- 83. Describe the LWDA procedures for obtaining voluntary compliance when equal opportunity violations are found.

---

a. What is the follow up policy for violations?

b. How are the corrective actions applied to service providers?

84. Describe any corrective actions/remedies taken against contractors since the last monitoring review.

**Do you need technical assistance in this element? If so, explain.**

**SIGNATURE**

*By signing this, I confirm that the above information is accurate.*

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(printed)

**Signature** \_\_\_\_\_

## Additional Complaint Form

| Formal Complaint   | # |                          |                          |
|--|---|--------------------------|--------------------------|
| <b>Description:</b>  |   |                          |                          |
| <b>Please respond to the following concerning this complaint:</b>  |   | Yes                      | No                       |
| Was the complaint filed within 180 days?   |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant provided a written notification of receipt of the complaint within 10 days?  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant sent a written notice of lack of jurisdiction when the LWDA determined that it did not have jurisdiction over a complaint?   |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant notified that they have the right to representation in the complaint process?  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant offered Alternative Dispute Resolution as an effort to resolve the complaint?  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the complainant provided a written Notice of Final Action within 90 days of the date the complaint was filed?  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the Notice of Final Action contain your decision on each issue and an explanation of the reason underlying the decision?   |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the State Level EO Officer been advised of the complaint?  |   | <input type="checkbox"/> | <input type="checkbox"/> |

### Exit Meeting

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

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**CORRECTIVE ACTION PROCESS – ACTION PLAN**

Follow-up: Within approximately thirty (30) working days of the completion of the review, the reviewer should prepare a written report.

| RECOMMENDATION/CORRECTIVE<br>ACTION | RISK LEVEL |
|-------------------------------------|------------|
| 1                                   |            |
| 2                                   |            |
| 3                                   |            |
| 4                                   |            |
| 5.                                  |            |