

**Abstract**

This monitoring tool and its appendices are to be used by the Subrecipient Monitoring Team to assist in determining compliance with the nondiscrimination and equal opportunity provisions of WIOA Section 188 which are implemented by 29 CFR Part 38.

Equal opportunity monitoring
TOOL

for testing one Center in an LWDA

For more information or questions, contact:

Misti Stirling

melissa.stirling@twc.state.tx.us

[EO Monitoring Tool: 2](#_Toc506188797)

[General Information: 2](#_Toc506188798)

[Step One – DRP & Desk review Portion 3](#_Toc506188799)

[Step Two – On-Site Portion 4](#_Toc506188800)

[Appendix A 6](#_Toc506188801)

[Onsite Questionnaire for Center Manager/Frontline Staff 6](#_Toc506188802)

[Appendix B 8](#_Toc506188803)

[Minimum Standards for Office Accessibility 8](#_Toc506188804)



# EO Monitoring Tool:

Compliance with the Nondiscrimination and Equal Opportunity Provisions of Section 188 of the Workforce Innovation and Opportunity Act

## General Information:

This tool is divided into sections: A DRP & Desk Review Portion, An On-site Walkthrough Portion, and two (2) Appendices for Interviewing the Center Manager and assessing available Auxiliary Aids and Devices. Please refer to specific instructions for each section. After completion of an EO Review, all information recorded outside of this tool (handwritten notes, etc.) should all be transferred back to this tool.

Supporting Documentation to this tool should include: WIOA Testing spreadsheet for the OTDC form, any photographs, and the TAS checklist(s) used for ADA physical accessibility testing.

Please send this tool and supporting documentation to Misti via email to melissa.stirling@twc.state.tx.us once complete.

|  |  |
| --- | --- |
| **Project Number from TeamMate:** |  |
| **Board Name:** |  |
| **EO Officer for Board:** |  |
| **Date(s) and Location Reviewed:** | **Date:       Name of Facility:** |
| **Lead Monitor for EO Review:** | **Name:       Phone:       Email:** |
| **Additional Persons Involved in Review: (if any)** | **Name:       Role:****Name:       Role:** |

|  |  |  |
| --- | --- | --- |
|

|  |  |
| --- | --- |
| Step One – DRP & Desk review Portion |  |

INSTRUCTIONS: The following standards/areas will be addressed through documentation requested through the DRP and reviewed as part of the desk review process.  |
|  | **Compliant?** | **Corrected or Updated During Review?** | **Comments/Notes** |
| **Yes** | **No** | **Yes** | **No** |
| Has the EO officer conducted a monitoring review within the last calendar year? | Y[ ]  | N[ ]  | Y [ ]  | N[ ]  | Date of Review:       |
| *How to Determine:*  | *EO Monitoring Report requested and forwarded to EO Coordinator upon receipt -Compliance based on feedback from EO Officer* |
| Has the TAS Checklist been completed or updated for each center in the LWDA in the last calendar year?Note: Although a new TAS checklist is not required each year if nothing has changed (no construction, updates, etc.) there must be at minimum a completed attestation form that nothing has changed. | Y[ ]  | N[ ]  | Y [ ]  | N [ ]  | Note – Any additional tracing for TAS/ADA compliance should be based on non-compliances noted on the TAS checklist(s) received. |
| *How to Determine:* | *Most recent TAS Checklists requested with DRP.* |
| Are there updated policies and procedures for:NOTE: There may not be a need for updated policies/procedures. Only note yes if received; leave blank if nothing received. | Notes:      |
| * General Discrimination
 | Y[ ]  | N[ ]  | Y [ ]  | N [ ]  |
| * Harassment/Hostile Environment
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Serving LEP Persons
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Serving Persons with Disabilities
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Discrimination Complaints
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Accommodation and Modification Requests
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Storage of Medical Information
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Babel Notice
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * EO Tagline
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * EO is the Law Notice
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Demographic Data Analyses
 | [ ]  | [ ]  | [ ]  | [ ]  |
| *How to Determine:* | *Policies and Procedures requested with DRP and forwarded to EO Coordinator upon receipt– Compliance based on feedback from EO Officer.* |
| **Additional Comments (Step 1):**Are there any additional areas of concern discovered during the desk review process (or any time prior to the on-site review) that need follow-up while on-site?      |

|  |
| --- |
| Step Two – On-Site Portion |
| INSTRUCTIONS: The following standards/areas will be addressed while on-site. |
|  | **Compliant?****These must be yes or no.** | **Corrected or Updated During Review?** | **Comments/Notes** |
| **Yes** | **No** | **Yes** | **No** |
| Is the current “Equal Opportunity Is the Law” poster prominently displayed in the center? (In a noticeable place? If it is a large center is it posted in more than one place?) | Y[ ]  | N[ ]  | Y [ ]  | N [ ]  | Location of Poster(s):      |
| Is the poster displayed in languages other than English? | Y[ ]  | N[ ]  | Y [ ]  | N [ ]  | Languages:       |
| Each poster contains the correct contact information for the local EO Officer, State EO Officer, and CRC?\*Note: Please ensure the current local EO Officer is listed on the posted signs. This is the information that is most subject to change. | Y[ ]  | N[ ]  | Y [ ]  | N [ ]  |       |
| Each poster contains TTY and/or Relay numbers wherever phone numbers are provided? | Y[ ]  | N[ ]  | Y [ ]  | N [ ]  |       |
| Is the poster available in any other formats for individuals with disabilities?Examples: Braille, electronic with a screen reader | Y[ ]  | N[ ]  | Y [ ]  | N [ ]  | Format available:      |
| *How to Determine:* | *On-site verified* |
| Choose a sampling of three (3) brochures, posters, recruitment materials, website pages, handbooks, or any other materials/documents related to WIOA Title I-financially assisted programs and activities for review. Are the correct taglines present?**“Equal Opportunity Employer/Program”****and****“Auxiliary aids and services are available upon request to individuals with****disabilities”** | **List Samples Chosen:** | **Compliant?** | **Corrected During Review** |
| **Yes** | **No** | **Yes** | **No** |
| 1.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments/Notes: For the materials above, if a phone number is listed, is there a TTY/Relay number as well? If not, it should be considered non-compliant.**Obtain a copy of the samples chosen if possible. If not possible due to available copies, take a photo of the samples.** |
| *How to Determine* | *On-site verified or requested with DRP and reviewed as part of the desk review– Reviewer’s choice.* |
| Is medical information stored separate for a participant’s paper and electronic program files in a secured/encrypted location with limited access?Note – if they use electronic storage of information, all medical related information should be in a different tab/section. | Y[ ]  | N[ ]  | Y [ ]  | N [ ]  | Notes:      |
| *How to Determine* | *Onsite verified.* |
| **Additional Testing (Step 2):** |
| Trace the 10 Priority 1 items from the TAS checklist that have been identified in the ADA Procedures in TeamMate. Did you arrive at the same decision as the Board EO Officer? Note – there could be additional items to test based on feedback from Misti. Please meet with Misti to discuss. |
| **Additional Comments (Step 2):**Are there any additional areas of concern discovered during the onsite review not addressed elsewhere that need follow-up?      |

# Appendix A

## Onsite Questionnaire for Center Manager/Frontline Staff

**Note: This is not meant to be sent out prior to the onsite portion of the review.**

**Instructions**: Ask these questions to the center manager or other frontline staff while onsite. Depending on your access to a computer while onsite, you may either print and handwrite answers on this sheet or use a laptop and type responses. If handwriting the responses, please transfer your hand-written notes by typing them on this questionnaire prior to submitting to the TWC EO Coordinator (Misti).

|  |  |
| --- | --- |
| **Interview Date:** |  |
| **Workforce Center Name:** |  |
| **Workforce Center Address:** |  |
| **Interviewer(s):** |  |
| **Interviewee(s):** |  |

1. **What steps are taken to ensure oral communication with an individual who is limited English proficient is effective?**

1. **How does the center handle written translation of documents for individuals who do not speak English well or at all? (Not talking about sign language for this question.) This includes outreach materials, forms, documents, etc. Is there a contract in place for this service or other procedures in place for written translation?**

1. **How do you let customers know that interpreter and/or translation services for individuals who do not speak English can be provided at no charge? Do you have signs? Do you include this information in promotional and outreach materials?**

1. **When a customer comes into your center, how, if at all, do you assess a customer’s need(s) related to disability? How do you ensure staff understand that an individual must self-disclose a disability?**

1. **Please describe any specific protocols for serving customers with disabilities. Please include specific arrangements related to serving customers who are deaf, hard of hearing, blind, visually impaired, have cognitive disabilities, and/or have needs related to mobility.**

1. **What auxiliary devices and services are available at your center(s) for customers with disabilities? Name the device/service and what population of customers would benefit from its availability. For example, you may state that you have JAWS which would be helpful for a customer who is blind or visually impaired.**

1. **What efforts are made to ensure that communications with individuals with disabilities are equally as effective as communications with non-disabled individuals?**

1. **Describe the accessibility of the Board’s web site and other electronic resources.**

1. **To your knowledge, explain the process of how EO monitoring is conducted and what is reviewed. (If the person being interviewed does not conduct EO monitoring, have them explain their role in the monitoring process if they have one.)**

1. **Related to EO, what do you find the most challenging? In the last year, what has been the biggest hurdle or concern?**

Appendix B

## Minimum Standards for Office Accessibility

INSTRUCTIONS:

All centers are required to have the following devices/technology/services available. While onsite, ensure that all the following aids and devices are available and in working order and that staff know how to use them. Note: You may already get some of the information from the questions in Appendix A.

| Required Accommodation | Recommended Solutions | Available Solution(s) | Working |
| --- | --- | --- | --- |
| Screen Magnifier Software | MAGic, ZoomText, CDesk, Dolphin Guide, Supernova |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Screen Reader Software | NVDA, JAWS, ZoomText |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Headphones, Speakers | Good Quality, any brand that support a 3.5 mm connection on the front so that headphones or personal ear buds can be used. |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Qualified or Staff Readers  | Any staff member may accommodate upon request. |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Large Print Computer Keyboard | MAGic Large Print Keyboard or other quality keyboard with large print keys |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Speech Amplification Systems | Microphones & Headphones or Wireless Headset Microphones, ChatterVox Voice Amplifier, Pocket Talkers |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Telephones with Volume Control and/or Amplification Devices to include Handset Amplifiers, Large Button & Hearing Aid Compatible | Phone system specific. At least one phone available to the public should be HAC compatible. |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Video Text Display Phones, Video Relay Interpreting Services (VRIS), Video Relay Services(VRS) | P3-Purple, Sorenson Video Relay Service, Cisco ClearCaption. Existing TTY/TTD can serve as a backup to VRS or VRIS services or for areas with limited Internet bandwidth. |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Interpreters- Sign, Oral or Cued Speech (Staff or Contracted) Video Remote Interpreting Services | Staff or Contracted by appointment with request made a minimum of 5 business days in advance. LanguageLine Solutions. UbiDuo by sComm |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Written Materials for Orientations, Workshops, Trainings, etc. | Available with request made a minimum of 5 business days in advance to produce content in formats such as Braille, large print or accessible digital content based on request. |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| A Trackball Mouse | Good quality, with one per assistive technology workstation. |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |
| Adjustable Height Desks, adjustable Keyboard Tray, Work Tables and Chairs | Adjustable height desk, quality adjustable chair and keyboard tray at each assistive technology workstation |       | [ ]  Yes |
| [ ]  No |
| [ ]  Missing |

End of document