

WEST CENTRAL REGION LOCAL POLICY			
Subject	Effective Date	Revision	Policy Section
Sub State Monitoring	9/23/2020	3	Programs

Financial and Program oversight, monitoring and/or review of activities, as set forth in OWD Issuance 16-2018, are the primary responsibilities of the West Central Region’s Workforce Development Board and CEO. The duties to perform oversight are designated to the Programs/Compliance Specialist and the Director of Operations/current accounting firm. -The Executive Director of the Workforce Development Board will ensure independence from the duties or system monitored are demonstrated.

**Quality Assurance**

A variety of monitoring methods will be utilized. These may include questionnaires, interviews of customers, employers and Job Center staff. Monitoring reviews will include on-site visits to subsidized employer worksites (ie: summer youth work experience and On-the-Job training); desktop reviews using the Office of Workforce Development (OWD) Statewide Information Management System (MIS) and available reports and data accessed through MO Performs; as well as hard copy file review during the on-site visits to regional Job Centers .

An annual monitoring report will be prepared regarding compliance with the terms and conditions of each contractual scope of work and submitted each Program Year to the Workforce Development Board’s Executive Director for distribution to the West Central Region Workforce Development Board and Chief Elected Officers (CEO) as referenced in section 107 (d)(8) [20 U.S.C. 3122(d)(8)] of the Workforce Innovation and Opportunity Act in accordance with the appropriate provisions of the most current WDB/CEO agreement in order to support strategic planning and oversight decisions.

Quarterly, the Workforce Development Board will receive monitoring reports regarding compliance and performance on each contractual agreement. Other areas that will be covered in monitoring reports are the adequacy of assessment, planning of activities and services, coordination of One-Stop system partners to meet the comprehensive needs of customers, and customer outcomes. As required by WIOA when any problems are identified, prompt and appropriate corrective action will be taken.

The West Central Region abides by policies and/or procedures which demonstrate that programmatic and operational oversight systems effectively measure compliance with WIOA regulations, and OWD guidance and issuances. Established policies and/or procedures ensure:

- The review of program quality
- Continuous improvement of service delivery
- A comprehensive examination of compliance issues cited in State/Regional reviews
- The determination of the effectiveness of corrective action measures to address issues of concern

Specific guidance outlined in OWD Issuance 16-2018 will govern monitoring activities relative to: customer data and eligibility documentation; orientation to customer rights and acknowledgment of receipt of MO WIOA Complaint Grievance Guide; eligibility; priority for programs and services received; orientation to services and justification of individual career

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services or training services; methods of assessment; employment planning; Individual Training Accounts (ITAs); appropriateness and accuracy of participant payments (support services/needs related payments); MIS data entry and validation; posting of customer outcomes including attainment of degree or certificate; supplemental employment data; customer satisfaction; etc.

The WDB monitoring will systematically evaluate every aspect of service delivery, identify weaknesses/opportunities, provide training/technical assistance, implement action steps and monitor corrective actions. While constantly seeking to improve process and advance staff development, the by-product will be enhanced performance as measured in program outcomes and customer satisfaction.

**Programmatic Monitoring**

The WDB will use random-sampling techniques in participant file reviews to test eligibility in every funding stream for which they have a contract with OWD. When reviewing WIOA Adult and Dislocated Worker participant records, the two funding streams will be combined then sampled by service. Each Program Year, the Board must monitor a separate statistically valid sample of Adult and Dislocated Worker participants enrolled in each of the following services:

- Classroom Training
- On-the-Job Training
- Work Experience/Internship
- Supportive Services/Needs-related payments
- Any other services that result in a direct payment being made to, or on behalf of, a participant

The following sample sizes are required, at a minimum, depending on the universe to be reviewed. These guidelines are applicable for every sample to be reviewed.

Universe	Sample Size
1-200	69
201-300	78
301-400	84
401-500	87
501-1,000	96
1,001-2,000	100
2,001-10,000	105

This table is for a random sampling with a confidence level of 90 percent and a margin of error of 8 percent.

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The Workforce Development Board will, in accordance with OWD Issuance 16-2018, at a minimum, review participant records for:

- Documentation of participant eligibility and/or priority for the programs and services received;
- Orientation to services;
- Orientation of the participant to his/her rights under complaint and grievance procedures;
- Justification for the provision of Individualized Career Services or Training services;
- Method of assessment;
- Employment planning;
- Individual Training Accounts;
- Appropriateness and accuracy of participant payments (i.e., Supportive Services and Needs Related payments);
- Appropriate data entry; and
- Posting of outcomes, including the attainment of a degree or certificate and any supplemental employment data.

Local monitors will ensure that Youth monitoring procedures have been adjusted to include the WIOA changes such as:

- Out of School Youth 75% expenditure requirement
- 20% work-based learning with educational component requirement
- 5% limit on In-School Youth enrolled with the “Requires additional assistance” barrier
- 5% over-income exception, and
- New eligibility criteria and barriers

### **Financial Monitoring**

An annual Financial Monitoring Review will be conducted to ensure fiscal integrity. An independent auditor will conduct the review. The Financial Review Instrument used to document the review is designed to ensure adequacy of internal controls; test the reliability of sub recipient’s financial management system; ensure compliance with contract terms and conditions; assess achievement of fiscal goals or requirements; verify the accuracy of amounts reported, allowability of expenditures and evidence of supportive documentation and proper allocation of funds. Systems reviewed include financial reporting; internal controls, source documentation, cost allocation, cash management; interest earned on advances, program income/Stand-In/In-Kind Costs, procurement and personnel systems, etc. Written Reports of Findings shall be provided to the Board with a schedule for corrective action being established. Follow-up is conducted, as appropriate, to ensure corrective action occurs and is documented.

At a minimum the following items will be included in the monitoring:

- Audit Resolution/Management Decision
- Financial Reports

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- Internal Controls
- Source Documentation
- Cost Allocation
- Cash Management
- Procurement

WDB shall incorporate additional financial and programmatic monitoring policies to ensure funds intended to support stand-alone summer youth programs or other special initiatives are administered in accordance with contractual scopes of work. These policies will supplement existing monitoring duties and be conducted during program operation to assure accountability and transparency of expenditures.

**Data Element Validation (DEV) Review**

Quarterly Data Element Validation (DEV) Review will be conducted by the Programs/Compliance Specialist to ensure the integrity of performance outcomes as set forth in OWD Issuance 07-2020. This review is to verify that the performance data elements reported by Missouri are valid, accurate, reliable, and comparable across programs.

Monitors use random sample techniques when selecting the exited file to review. Depending on the amount of records that exited the prior program year, the corresponding number of sample records show below, at a minimum, must be examined. These guidelines are applicable for every review.

Universe	Sample Size
1-200	69
201-300	78
301-400	84
401-500	87
501-1,000	96
1,001-2,000	100
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**MONITORING INSTRUMENTS/TOOLS**

Representative samples of monitoring instruments are attached hereto. Other instruments may be developed and/or utilized as necessary for unique applications.

Participant Name \_\_\_\_\_ State ID \_\_\_\_\_

Enrolled as: \_\_\_ ISY \_\_\_ OSY

Did participant complete their resume on MOJobs? \_\_\_YES \_\_\_NO

Did staff sign EO and CG? \_\_\_YES \_\_\_NO

**Wagner Peyser Application:**

Is application complete? \_\_\_YES \_\_\_NO

Did youth receive countable service in Wagner Peyser? \_\_\_YES \_\_\_NO

**WIOA Application:**

Is application complete? \_\_\_YES \_\_\_NO

Data to be verified	Documentation used to verify	Copy in File??
Social Security Number		
Date of Birth		
Selective Service		
Authorization to Work in the US		
Disability ( if applicable)		
Employment Status		
School Status		
Highest grade completed		
Public Assistance Type:		
Barrier Type:		
Family Size		
SSDI ( if applicable)		
Family Income		

Did participant and staff sign and date WIOA application? \_\_\_YES \_\_\_NO

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IS WIOA application located in file?  YES  NO  
 Was applicant statement used, and was no other documentation of family size available?  YES  NO  
 IS documentation used listed in DWD Issuance 05-2017?  YES  NO

**Activities/Services:**

Were services opened and closed correctly?  YES  NO  
 Were services provided documented with a case note?  YES  NO

Activity/Service	Open Date/ Close Date	Outcome	Case note Yes/ No

**CASE NOTES:**

Do case notes contain relevant information and document services offered?  YES  NO  
 Do case notes indicate a progression of services?  YES  NO  
 Do case notes document services offered?  YES  NO

Required Case Note	Case note present with required information
Initial Interview	
EO and CG Note/Release of Information	
Assessment	
Basic Skills Deficient	
Scholars Interview	
School Records Obtained	
WIOA Application Approved	

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ISS/IEP	
Objective Assessment	
Referrals	
Labor Market Information (LMI)	
Initial Service Note	
Work Experience Interview	
Start of Work Experience	
Pay Period Ending xx/xx/xx	
Mid Point Monitoring	
End Point Monitoring	
End of Work Experience	

**Employment Plan Services**

Was the Objective Assessment (OA) (412) completed and posted?  YES  NO

If applicable, did another agency develop the OA and was it completed within the last 6 months?  
 YES  NO

Basic Skills Assessment, Out of School Only  YES  NO

Was the participant determined Basic Skills Deficient? Out of School Only  YES  NO

Did OA address:

- Occupational Skills  YES  NO
- Prior Work Experience  YES  NO
- Employability  YES  NO
- Interests  YES  NO
- Aptitudes  YES  NO
- Supportive Service Needs  YES  NO
- Developmental Needs  YES  NO

Was the Individual Service Strategy (ISS) (413) completed and posted?  YES  NO

Were services planned to address barriers identified in the OA?  YES  NO

Does the ISS identify a career pathway?  YES  NO

Does ISS address all barriers identified on the OA?  YES  NO

Are there appropriate case notes documenting youth's progress?  YES  NO

Does the record contain case notes indicating the need for additional services?  YES  NO

Do the case notes indicate regular contact with the youth?  YES  NO

Did youth receive incentive payments?  YES  NO

Were incentives in accordance with local policy?  YES  NO

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**Work Experience**

- Did the youth participate in work experience?  YES  NO
- If yes, does the record contain a specific and detailed training plan?  YES  NO
- Case notes to support the development and the placement of the Youth?  YES  NO
- If in a work experience, does the ISS address the required academic goals?  YES  NO

**Supportive Services**

- Has financial assessment been completed?  YES  NO
- Are all household resources listed?  YES  NO
- Have other outside or community resources been explored?  YES  NO
- Has Needs Based Analysis been completed within last 30 days?  YES  NO
- Have participant’s resources changed since eligibility?  YES  NO
- Does case note include: Type, amount, timeframe, justification, and lack of resources?  
 YES  NO
- Does the supportive service follow local plan?  YES  NO

**Performance Review**

- Was the “employment status at participation” accurately reported on the Employment tab?  YES  NO
- Was the “school status at participation” accurately reported on the Education tab?  YES  NO
- If appropriate, was the Closure tab completed?  YES  NO
- If exited, was “school status at exit” reported accurately on follow up tab?  YES  NO
- If exit, was youth placement – 2<sup>nd</sup> quarter reported accurately on the follow up tab?  YES  NO
- Was attainment of degree or certificate reported on the Credentials tab?  YES  NO
- If yes, was proof in file?  YES  NO
- If applicable, was youth provided Follow Up services as required?  YES  NO

**Comments**

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Participant Name \_\_\_\_\_ State ID \_\_\_\_\_  
Enrolled in:  Adult  Dislocated Worker  SkillUP  Other



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Did participant post their resume in MOJobs? \_\_\_ YES \_\_\_ NO  
 Did staff sign EO and CG? \_\_\_ YES \_\_\_ NO

**Wagner Peyser Application:**

Is application complete? \_\_\_ YES \_\_\_ NO

Data to be verified	Documentation used to verify	Copy in File?
Social Security Number		
Date of Birth		
Selective Service ( if applicable)		
Authorization to work in U.S.		
Disability		
Veteran Status ( if applicable)		
Employment Status		
Unemployment Compensation ( if applicable)		
Public Assistance Type:		
SSDI ( if applicable)		
Basic Skills Deficient ( if applicable)		
Family size ( if applicable)		
Family Income		

**WIOA Application:** Is application complete? \_\_\_ YES \_\_\_ NO  
 Did participant and staff sign and date WIOA application? \_\_\_ YES \_\_\_ NO  
 IS WIOA application located in file? \_\_\_ YES \_\_\_ NO

**Activities/Services:**

Were services opened and closed correctly? \_\_\_ YES \_\_\_ NO  
 Were services provided documented with a case note? \_\_\_ YES \_\_\_ NO

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<b>Activity/Service</b>	<b>Open Date/ Close Date</b>	<b>Outcome</b>

**CASE NOTES:**

Do case notes contain relevant information? \_\_\_ YES  
 \_\_\_ NO

Do case notes indicate a progression of services? \_\_\_ YES  
 \_\_\_ NO

<b>Required Case Note</b>	<b>Case note present with required information</b>
EO and CG Note/Release of Info.	
Customer Initial Interview and Comprehensive Assessment	
MO Connections /Talify	
Eligibility Submitted	
Eligibility Approved	
Employment Plan and Justification	
Initial Service Note	
Appropriateness for Training	
SKT1	
Request For Training	
Monthly Contact	
Follow Up	

**EMPLOYMENT PLAN (meets requirements of DWD Issuance 18-2017):**

Contain long term and short term goals \_\_\_ YES  
 \_\_\_ NO

Contain objectives required to meet goals \_\_\_ YES  
 \_\_\_ NO

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Does justification address skills gap and barriers to employment?  YES  
 NO

Does justification address the need for supportive services?  YES  
 NO

Did participant and staff sign employment plan?  YES  
 NO

Is copy of employment plan located in hard copy file?  YES  
 NO

**APPROPRIATENESS CASE NOTE:**

Does case note document why participant is in need of training?  YES  
 NO

Why previous skills haven't helped obtain employment?  YES  
 NO

Has participant applied or received other financial assistance?  YES  
 NO

What assessments did participant complete that show they can be successful in training services?

Is LMI included?  YES  
 NO

Is training provider listed on Eligible Training Provider System and WIOA approved?  YES  
 NO

**INITIAL SERVICE NOTE:**

Does initial service note contain a plan, how the plan will be implemented, evaluation of services, and supportive services (if applicable)?  YES  
 NO

**SUPPORTIVE SERVICES:**

Has financial assessment been completed?  YES  
 NO

Are all household resources listed?  YES  
 NO

Have other outside or community resources been explored?  YES  
 NO

Has Needs Based Analysis been completed within last 30 days?  YES  
 NO

Have participant's resources changed since eligibility?  YES  
 NO

Does case note include: Type, amount, timeframe, justification, and lack of resources?  YES  
 NO

Does the supportive service follow local plan?  YES  
 NO

**On the Job Training**

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Was participant referred to job order and resulted as hired? \_\_\_\_\_ YES  
 \_\_\_\_\_ NO

Does the hard copy file include:

- Timesheets – signed and dated if no electronic timesheet or signature on invoice \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- OJT Invoices – signed and dated \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- Monitoring Form ( mid-point and end point) \_\_\_\_\_ YES  
 \_\_\_\_\_ NO

Did OJT agreement include:

- Employer contact information including FEIN or UI number \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- Training Operator Contact Information \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- Beginning and end date of OJT \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- Number of workers provided full time employment \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- Total fixed price \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- Employer attestation of workforce status \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- If applicable, concurrence of collective bargaining agent \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- E-verify enrollment with affidavit of work authorization \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- General Assurances \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- Legal Certifications \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- WIOA Complaint and Grievance \_\_\_\_\_ YES  
 \_\_\_\_\_ NO

At a minimum, did the OJT training plan include:

- Name of participant \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- State ID \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- Occupation \_\_\_\_\_ YES  
 \_\_\_\_\_ NO
- ONET Code \_\_\_\_\_ YES  
 \_\_\_\_\_ NO

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- SVP Range \_\_\_ YES  
     \_\_\_ NO
- Start and ending dates of training \_\_\_ YES  
     \_\_\_ NO
- Number of hours per week \_\_\_ YES  
     \_\_\_ NO
- Initial Wage rate and scheduled raises ( if any) \_\_\_ YES  
     \_\_\_ NO
- OJT Wage and % of reimbursement \_\_\_ YES  
     \_\_\_ NO
- Maximum OJT Obligation \_\_\_ YES  
     \_\_\_ NO
- Clear and concise job description \_\_\_ YES  
     \_\_\_ NO
- Specific skills to be learned \_\_\_ YES  
     \_\_\_ NO
- Signature of trainee (dated) \_\_\_ YES  
     \_\_\_ NO

In determining the appropriate length of the contract, were the following considered:

- Skill requirements of the occupation \_\_\_ YES  
     \_\_\_ NO
- Academic and occupational skills of participant \_\_\_ YES  
     \_\_\_ NO
- Prior Work Experience \_\_\_ YES  
     \_\_\_ NO
- Skills Gap \_\_\_ YES  
     \_\_\_ NO
- Participant’s Employment Plan \_\_\_ YES  
     \_\_\_ NO

**Skill Up**

- Is there a completed Wagner Peyser Enrollment? \_\_\_ YES  
     \_\_\_ NO
- Was the Comprehensive Assessment (213) the first service posted? \_\_\_ YES  
     \_\_\_ NO
- Was Orientation (101) and LMI (107) services provided and posted in MO Jobs? \_\_\_ YES  
     \_\_\_ NO
- Was a FS-5 (DWD-PO-608) completed and submitted (ABAWD)? \_\_\_ YES  
     \_\_\_ NO
- Are there appropriate case notes including the Mandatory Initial Case Note? \_\_\_ YES  
     \_\_\_ NO

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If applicable, services are closed accordingly? \_\_\_ YES  
 \_\_\_ NO

If in training,

- Was the participant co-enrolled in WIOA? \_\_\_ YES  
 \_\_\_ NO
- Does the file contain ETPS printout? \_\_\_ YES  
 \_\_\_ NO
- Properly completed training request form submitted to DWD Central Office? \_\_\_ YES  
 \_\_\_ NO
- METP Case note includes Training Category and Facility, amount, degree type, LMI, begin date, end date, and why participant was eligible? \_\_\_ YES  
 \_\_\_ NO
- Was a DWD-PO-606B and DWD-PO-608 (FS-5) form completed and submitted to FSD to report training? \_\_\_ YES  
\_\_\_ NO

Comments:

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**Missouri Office of Workforce Development  
Financial Assistance Sub recipient Risk Assessment**

**Recipient Name:**  
**Completed By-Name:**  
**Region:**

**Date Completed:**  
**FY:**  
**Recipient DUNS:**

**Instructions:**

1. Complete this form once a Fiscal Year (FY) for each recipient who will be awarded one or more grant or cooperative agreement awards from the program in the open FY. The results of this risk assessment will apply to all awards to the recipient in the open FY.
2. For each category below, enter a numerical rating of 0=Not applicable (N/A), 1=Low, 2=Medium or 3=High in the Rating box. Use the information provided under the Rating Description sections to assist you in assigning a rating to each category. If not a new recipient, consider the recipient's performance on all currently open and recently closed awards, when applicable to the risk category.
3. For each category below, specify in the "Basis for Rating and Other Comments" field the factors that contributed to the rating entered. Provide enough detail to give an independent reviewer a clear understanding of the rationale used to determine the rating. If documents exist to support your rating (e.g., performance report on previous award) identify the document(s) and specify the location of the document(s). Here is an example of the type of detail to be entered in the "Basis for Rating and Other Comments" fields:

*Category 1 Rating = 1; "Basis for Rating and Other Comments" field reads: The recipient has successfully implemented awards under our program in the past. Some projects include subrecipients and construction, but awards with these complexities have been well managed. Summaries of past project results are available in our program database.*

<b>Category 1: Subrecipient's prior experience with the same or similar subawards</b>	<b>Rating:</b>
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**Category 1 Rating Descriptions**

<b>0=N/A:</b>	Recipient has no past or current award from the program.
<b>1=Low:</b>	Recipient has been timely in the submission of budget and project amendment requests, prior approval requests, financial and performance reporting, extensions of performance period and reporting due dates, and significant development reports, as applicable.
<b>2=Medium:</b>	Recipient has mostly been timely in the submission of budget and project amendment requests, prior approval requests, financial and performance reporting, extensions of performance period and reporting due dates, and significant development reports, as applicable. When out of compliance, recipient was responsive to written notifications and requests from DWD regarding late or incomplete requests or reports.
<b>3=High:</b>	Recipient has consistently been late in the submission of budget and project amendment requests, prior approval requests, financial and performance reporting, extensions of performance period and reporting due dates, and significant development reports, as applicable. Recipient is seldom or not at all responsive to written notifications and requests from DWD regarding late or incomplete requests or reports.

**Basis for Rating and Other Comments:**

<b>Category 2: Results of previous audits</b>	<b>Rating:</b>
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**Category 2 Rating Descriptions**

<b>0=N/A:</b>	Recipient is a Commercial Organization, Foreign Entity, or Individual.
<b>1=Low:</b>	Recipient is a government or non-profit entity and their application indicates that they were not required to submit a single audit report for their most recently closed fiscal year; recipient completed a single audit for at least one of their two most recently closed fiscal years. Recipient submitted required single audit report to the Single Audit Clearinghouse on time. Recipient did not have any Qualified or Adverse/Disclaimer opinions, significant internal control deficiencies or findings for non-compliance.
<b>2=Medium:</b>	Recipient has not had any Adverse/Disclaimer opinions, more than two significant internal control deficiencies, or more than two findings for non-compliance on single audits conducted in the last five years. Recipient was late in submitting required single audit report to the Single Audit Clearinghouse.
<b>3=High:</b>	Recipient has had an Adverse/Disclaimer opinion, more than two significant internal control deficiencies, or more than two findings for non-compliance on single audits conducted in the last five years. Recipient has a history of not submitting single audit reports to the Single Audit Clearinghouse on time. Recipient currently working under a single audit Corrective Action Plan related to a current or previous award funded by the program.

**Basis for Rating and Other Comments:**

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**Category 3: Whether the subrecipient has new personnel or new or substantially changed systems** **Rating:**

**Category 3 Rating Descriptions**

<b>0=N/A:</b>	Recipient is an Individual.
<b>1=Low:</b>	Recipient provided information detailing the experience and qualifications of key project personnel. All personnel appear qualified to meet the project objectives; no past issues with recipient in regards to key staff qualification. The project is fully staffed.
<b>2=Medium:</b>	Recipient provided information detailing the experience and qualifications for some key project personnel. All of the identified personnel appear qualified to meet the project objectives, but other key project personnel have not yet been hired.
<b>3=High:</b>	Recipient has not yet identified/hired any key project personnel; one or more of the personnel identified do not appear qualified to meet the project objectives; or one or more key personnel left the project and replacement(s) have not been identified.

**Basis for Rating and Other Comments:**

**Category 4: Extent and results of Federal awarding agency monitoring** **Rating:**

**Category 4 Rating Descriptions**

<b>0=N/A:</b>	Recipient has no past or current award from the program; or previous/current/pending award. If previous/current/pending award funded by other types of funds, program authorizing legislation does not require recipients to conduct a formal monitoring.
<b>1=Low:</b>	Recipient has had no significant internal control deficiencies or findings for non-compliance.
<b>2=Medium:</b>	Recipient has had less than two significant internal control deficiencies and less than two findings for non-compliance.
<b>3=High:</b>	Recipient has had more than two significant internal control deficiencies and more than two findings for non-compliance.

**Basis for Rating and Other Comments:**

**RISK RATING AVERAGE (auto-calculated based on numerical scores entered in Rating boxes above):** **0.00**

**Instructions:** In the Preliminary Risk Level box below, enter the preliminary risk level that corresponds with the risk rating average calculated above, as follows:  
 Enter "**Low**" if the number in the Risk Rating Average box above is between **0-1.49**  
 Enter "**Medium**" if between **1.5-2.49**  
 Enter "**High**" if between **2.5-3**

**PRELIMINARY RISK LEVEL (Low, Medium or High):**

**OTHER FACTORS IMPACTING RISK LEVEL:**

Instructions: Consider if there are any other factors that impact, either by raising or lowering, the recipient's preliminary risk level. If there are such factors, describe each factor and explain how each raised or lowered the preliminary risk level in the text box below, and then enter either "Low", "Medium" or "High" in the Final Risk Level box below.  
 If no such factors exist, enter "No other factors impact the preliminary risk level" in the text box below, and then enter the same value as entered in the Preliminary Risk Level box above in the Final Risk Level box below.

**FINAL RISK LEVEL (Low, Medium or High):**