

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING

## Delaware Monitoring Tool

### ELEMENT 1: ASSURANCES

- 1 Do contracts contain the approved equal opportunity assurance language?

[Click here to enter text](#)

- 2 Please be prepared to provide an example of a contract Equal Opportunity Assurance section.

[Click here to enter text](#)

- 3 How the contractor or service provider is made aware that the EO assurances are incorporated by operation of law whether or not it is physically incorporated in the contract or agreement?

[Click here to enter text](#)

- 4 How do you insure equal opportunity and nondiscrimination for employees?

[Click here to enter text](#)

- 5 What equal opportunity and nondiscrimination policies are in place for employees? Please have examples ready for viewing during on-site visit.

[Click here to enter text](#)

**DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN:**

[Click here to enter text.](#)

### ELEMENT 2: DESIGNATION OF EO OFFICERS

- 1 Name of Local EO Officer: [Click here to enter text.](#)

- 2 To whom does the EO Officer report? [Click here to enter text.](#)

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

[Click here to enter text](#)

4 On what internal and external communications concerning MDES, LWDAs, sub-recipient, contractors, and eligible training providers nondiscrimination and equal opportunity programs does the EO Officer's (State [WIOA EO/Local EO](#)) identity and contact information appear? **Please have examples ready for viewing during on-site visit.** [Click here to enter text.](#)

**DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN:**

[Click here to enter text](#)

**ELEMENT 3: NOTICE AND COMMUNICATION**

1. Where are the WIOA "Equal Opportunity is the Law" posters displayed and which versions are displayed-English, Spanish, both or if applicable other language?

[Click here to enter text.](#)

- Are they posted in reasonable numbers and places?

[Click here to enter text.](#)

- Are the posters centrally located and in plain sight?

[Click here to enter text.](#)

2. How is it ensured that participants are notified of their rights to file a complaint?

[Click here to enter text.](#)

- Does the form include the required WIOA "Equal Opportunity is the Law" language?

[Click here to enter text.](#)

- Please have examples ready for viewing during on-site visit.

3. 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?

[Click here to enter text.](#)

4. What equal opportunity tagline is included in brochures, pamphlets, and flyers?

[Click here to enter text.](#)

5. In what forms of communications is the tagline included? (i.e., materials distributed or communicated in written, oral or electronic form to applicants, staff and the general public)

[Click here to enter text.](#)

6. Is the tagline included in public announcements and broadcasts?

[Click here to enter text.](#)

*The appropriate tagline indicates 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".*

- Please have examples ready for viewing during on-site visit.

7. How is the requirement communicated not to discriminate on the basis of disability and the obligation to provide reasonable accommodations?

[Click here to enter text.](#)

8. What efforts are made to ensure that communications with individuals with disabilities are just as effective as communications with others?

[Click here to enter text.](#)

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

[Click here to enter text.](#)

**DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN:**

[Click here to enter text](#)

#### **ELEMENT 4: DATA/INFORMATION: COLLECTION AND MAINTENENCE**

1. Please explain how EO data has been collected (race/ethnicity, sex, age, and where known, disability status)? [Click here to enter text.](#)

2. Please explain how files/records about the population being served have been maintained?

[Click here to enter text.](#)

3. How are these data maintained under safeguards that will restrict access to authorized personnel only? Please explain. [Click here to enter text.](#)

4. Are the records kept for a period of three years? [Click here to enter text.](#)

5. How is staff made aware that data must be collected on race, sex, age, disability, etc.? [Click here to enter text.](#)

6. How is the data collected by staff? [Click here to enter text.](#)

**DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN:**

[Click here to enter text](#)

**ELEMENT 5: AFFIRMATIVE OUTREACH**

1. Have ADA assessments been completed for WIN Job Centers and Affiliates?  
[Click here to enter text.](#)

If so, please explain the shortfalls? [Click here to enter text.](#)

If not, when are they anticipated? [Click here to enter text.](#)

2. If structural changes are needed are transition plans on file? [Click here to enter text.](#)

If so, please provide a copy.

If not, please explain when they are anticipated to be completed. [Click here to enter text.](#)

3. Are contractor and service provider sites accessible to individuals with disabilities? [Click here to enter text.](#)

4. Is there at least one entrance to the buildings that are wheel chair accessible? If yes, does it have the international symbol for accessibility for individuals with disabilities posted? [Click here to enter text.](#)

5. If no, where are these clients directed to go? **Explain.** [Click here to enter text.](#)

6. Do inaccessible entrances have signs indicating the location of the nearest accessible entrance? **Explain.** [Click here to enter text.](#)

7. Are there designated restrooms with appropriate signage available for individuals with disabilities? **Explain.** [Click here to enter text.](#)

8. Is a TTY/TDD or Relay Services available for use? **Explain.** [Click here to enter text.](#)

9. Are there provisions for reasonable accommodations in employment? **Describe.**  
[Click here to enter text.](#)

10. Please describe the availability of assistive equipment for individuals with disabilities.  
[Click here to enter text.](#)

11. Please describe any reasonable accommodations that have been provided for applicants, participants, or employees with disabilities.  
[Click here to enter text.](#)

12. How are reasonable accommodations provided regarding the registration for, and the provision of, aid, benefits, services or training--including core and intensive training--and support services to qualified individuals with disabilities? [Click here to enter text.](#)

*Describe how you 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?*

13. Is there a written reasonable accommodation policy? [Click here to enter text.](#)

- If so, please have a copy ready for viewing during on-site visit.

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

[Click here to enter text](#)

**DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN:**

[Click here to enter text.](#)

#### **ELEMENT 6: GOVERNOR'S RESPONSIBILITIES (FOR STATE OFFICE ONLY)**

Element 6 is monitored and administered by staff in the MDES State Office. Any monitoring activity related to this element is covered under other areas.

## **ELEMENT 7: COMPLIANCE REVIEW**

1. List the EO Officer monitoring visits. [Click here to enter text.](#)
2. How often on-site monitoring is conducted? [Click here to enter text.](#)

### **DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN:**

[Click here to enter text.](#)

## **ELEMENT 8: COMPLAINT PROCESSING PROCEDURE**

1. What discrimination complaint policies and procedures are used by the WIN Job Center? Please be prepared to provide copies during the on-site visit. [Click here to enter text.](#)
2. Explain how customers and employees obtain a copy of the discrimination complaint policy and procedures and/or discrimination complaint form? [Click here to enter text.](#)
3. Does the discrimination complaint log for formal discrimination complaints include the following:  
[Click here to enter](#)
  - Name and address
  - Basis of complaint
  - Brief description of complaint
  - Date filed
  - Disposition

Please be prepared to provide copies during the on-site visit.

4. Please list any formal complaints that have been filed since the last EO monitoring visit.  
[Click here to enter text](#)

5. Has the State EO Officer been advised of the complaint?

[Click here to enter](#)

6. Describe the process established to keep the discrimination complaint records for a period of three years.

[Click here to enter](#)

7. Describe the process for keeping the identity of the complainant confidential.

[Click here to enter text](#)

**DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN:**

### **ELEMENT 9: CORRECTIVE ACTIONS (FOR STATE OFFICE ONLY)**

Element 9 is monitored and administered by staff in the MDES State Office. Any monitoring activity related to this element is covered under other areas.

**Completed By:** [Click here to enter text](#)

**Date:** [Click here to enter text](#)

*If you have questions, please contact:*

[eo@mdes.ms.gov](mailto:eo@mdes.ms.gov) or 601-321-6024

Enclosure E