



**Delaware American Job Centers (AJC) Monitoring Form**  
**Section 188 of WIOA and 29 CFR Part 38 Nondiscrimination and Equal Opportunity**

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**Authorized Personnel Name:** [Click here to enter text.](#)

**AJC Location:** [Click here to enter text.](#)

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

**ASSURANCES (29 CFR 38.25 through 38.27)**

1. Do contracts contain the approved equal opportunity assurance language?  Yes  No Please be prepared to provide an example of a contract Equal Opportunity Assurance section.
2. How is the contractor or service provider 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.](#)
3. How do you ensure equal opportunity and nondiscrimination for employees? [Click here to enter text.](#)
4. What equal opportunity and nondiscrimination policies are in place for employees? [Click here to enter text.](#) Please have examples ready for viewing during an on-site visit.
5. **DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN.** [Click here to enter text.](#)

**DESIGNATION OF EO OFFICERS (29 CFR 38.28 through 29 CFR 38.33)**

1. List the Local WIOA EO Officer: [Click here to enter text.](#)
2. List the State EO Officer: [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 Delaware Workforce Development Board, 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? [Click here to enter text.](#) Please have examples ready for viewing during on-site visit.

**DO YOU NEED TECHNICAL ASSISTANCE IN THIS ELEMENT? IF SO, PLEASE EXPLAIN.** [Click here to enter text.](#)

**NOTICE AND COMMUNICATION (29 CFR 38.34 through 29 CFR 38.39)**

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.](#)

a. • Are they posted in reasonable numbers and places?  Yes  No

b. • Are the posters centrally located and in plain sight?  Yes  No

2. How is it ensured that participants are notified of their rights to file a complaint? [Click here to enter text.](#)

a. • Does the form include the required WIOA “Equal Opportunity is the Law” language?  Yes  No Please have examples ready.

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?  Yes  No The appropriate tagline indicates that the *Department of Labor and its 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”*. [Click here to enter text.](#) 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.](#)

**DATA/INFORMATION: COLLECTION AND MAINTENANCE (29 CFR 38.41-38.45)**

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?  Yes  No

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.](#)

**AFFIRMATIVE OUTREACH (29 CFR 38.40)**

1. Have ADA assessments been completed for Delaware American Job Centers and Affiliates?  Yes  No 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?  Yes  No If so, please provide a copy. If not, please explain when they are anticipated to be completed. [Click here to enter text.](#)

3. Are contractors and/or service provider sites accessible to individuals with disabilities?  Yes  No

4. Is there at least one entrance to the buildings that are wheelchair accessible?  Yes  No If yes, does it have the international symbol for accessibility for individuals with disabilities posted?  Yes  No

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

5. Do inaccessible entrances have signs indicating the location of the nearest accessible entrance?  Yes  No Explain. [Click here to enter text.](#)

6. Are there designated restrooms with appropriate signage available for individuals with disabilities?  Yes  No Explain. [Click here to enter text.](#)

7. Is a TTY/TDD or Relay Services available for use?  Yes  No Explain. [Click here to enter text.](#) What is the Relay Service Number? [Click here to enter text.](#)

8. Are there provisions for reasonable accommodations in employment?  Yes  No Describe. [Click here to enter text.](#)

9. Please describe the availability of assistive equipment for individuals with disabilities. See examples below under Auxiliary Aids. [Click here to enter text.](#)

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

11. 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.](#)

a. 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? [Click here to enter text.](#)

12. Is there a written reasonable accommodation policy?  Yes  No If so, please provide a copy. Please have a copy ready for viewing during on-site visit.

13. Describe how medical condition information is maintained separate from other files and secured. [Click here to enter text.](#)

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**GOVERNOR'S OVERSIGHT AND MONITORING RESPONSIBILITIES (29 CFR 38.51 and 38.53)**

Governor's oversight and monitoring is monitored and administered by DWDB (**FOR STATE OFFICE ONLY**) Any monitoring activity related to this element is covered under other areas.

**COMPLIANCE REVIEW**

- 1. List the EO Officer conducting the monitoring review. [Click here to enter text.](#)
- 2. How often on-site monitoring is conducted? **Annually beginning PY2022 (wfh)** [Click here to enter text.](#)

**DO YOU NEED TECHNICAL ASSISTANCE? IF SO, PLEASE EXPLAIN.** [Click here to enter text.](#)

**COMPLAINT PROCESSING PROCEDURE (29 CFR 38.54)**

- 1. What discrimination complaint policies and procedures are used by the Delaware American Job Center? [Click here to enter text.](#) Please provide a copy. Please be prepared to provide copies during the on-site visit.
- 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? Please provide a copy. Please be prepared to provide copies during the on-site visit.

<b>Name and address</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Basis of complaint</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Brief description of complaint</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date filed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disposition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- 4. Please list any formal complaints that have been filed since July 1, 2020. See the attached Complaint log form.  No formal discrimination complaints reported or [Click here to enter text.](#)
- 5. Has the Local or State EO Officer been advised of the complaint?  Yes  No
- 6. Describe the process established to keep the discrimination complaint records for a period of three years. [Click here to enter text.](#)
- 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.** [Click here to enter text.](#)

**EXAMPLES OF AXILLIARY AIDS FOR INDIVIDUALS WITH DISABILITIES**

1. What type of equipment is available for individuals with disabilities in Your Delaware American Job Centers (AJC)? Where are they located?  
*Click here to enter text.* Please be prepared to do a walk-through of the AJC and provide copies during the on-site visit. *Click here to enter text.*
2. What are Auxiliary Aids? American Job Centers (AJC) will ensure programs, activities and services are accessible to and readily usable by individuals with disabilities, provide auxiliary aids at no additional cost to individuals with disabilities, where necessary, to ensure effective communication with individuals with hearing, vision, or speech impairments. Auxiliary aids include, but are not limited to, services or devices such as: qualified interpreters on-site or through video remote interpreting (VRI) services, television captioning and decoders--Some of the various types of auxiliary aids and services may include: taped texts, note takers, interpreters, readers, videotext displays, television enlargers, talking calculators, electronic readers, Braille calculators, printers, or typewriters, telephone handset amplifiers, closed caption decoders, open and closed captioning, voice synthesizers, specialized gym equipment, calculators or keyboards with large buttons, reaching devices for library use, raised-line drawing kits, assistive listening devices, assistive listening systems, or telecommunications devices for deaf persons.

**CORRECTIVE ACTIONS**

Corrective action is monitored and administered by the State and Local EO Officers or the US DOL Civil Rights Center (CRC). Any monitoring activity related to this element is covered under other areas.

<b>Completed By:</b> <input checked="" type="checkbox"/> <b>Wanda Holifield, Local WIOA EO Officer</b>
<input type="checkbox"/> <b>State EO Officer</b>
<b>Comments:</b>
<b>Date:</b> /    / 2022

If you have questions, please contact the appropriate state or local EO monitor: [Wanda.Holifield@delaware.gov](mailto:Wanda.Holifield@delaware.gov) [(302) 761-8160]