**Monitoring Eligible Training Providers - Sample**

**File and Financial Review Checklist**

**PY\_\_\_\_\_\_\_**

**Local Workforce Development Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LWDA should conduct monitoring oversight of all ETPs that participate or are a partner in their local area.

**Reviewer’s Name:**

**Training Provider Visited:**

**Date Visited:**

**Training Site Point of Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Documentation and Tracking:**

- Has the provider been decertified MHEC? **Yes** **[ ]**  **No** **[ ]**

**-** Is the training provider currently debarred by the state or federal government? **Yes** **[ ]**  **No** **[ ]**

**-**Does the Institution/Organization type match the institution type in local area contract? **Yes** **[ ]**  **No** **[ ]**

**-** Are student files kept in a secured, locked cabinet or other? **Yes** **[ ]**  **No** **[ ]**

- Is the provider files available in both hard copy and/or in the server?  **Yes** **[ ]**  **No** **[ ]**

- Is the WIOA participant’s name on each provider internal student file? **Yes** **[ ]**  **No** **[ ]**

- Did the provider design an improvement plan for each student file, if applicable? **Yes** **[ ]**  **No** **[ ]**

- Did the file appear to have followed WIOA and local policy for training activities? **Yes** **[ ]**  **No** **[ ]**

**-** Do all files have a log of activities to determine provider’s classes? **Yes** **[ ]**  **No** **[ ]**

**-** Are total credit hours documented? **Yes** **[ ]**  **No** **[ ]**

**-** Are follow-up activities evident in the file – phone or email contact? **Yes** **[ ]**  **No** **[ ]**

**-** Is it clear if the file is open or closed? **Yes** **[ ]**  **No** **[ ]**

**-** Are the start and end times indicated in the file for class curriculum – length of training? **Yes** **[ ]**  **No** **[ ]**

**-** Are reports submitted to local area accurate and provided in timely manner? **Yes** **[ ]**  **No** **[ ]**

**-** Is there evidence that the provider provided a copy of its EEO and Grievance to student? **Yes** **[ ]**  **No** **[ ]**

- Does the file indicate if the activity was funded by the WIOA grant, etc.? **Yes** **[ ]**  **No** **[ ]**

**-**Are all copies of pertinent records in the file, such as a contracts, certification/certificates? **Yes** **[ ]**  **No** **[ ]**

**-**Does the provider indicate any noncompliance issues? **Yes** **[ ]**  **No** **[ ]**

**-**Is there evidence that the training/occupational type corresponds with the obligated cost amount? **Yes** **[ ]**  **No** **[ ]**

-Are the amounts paid to provider consistent with the terms of the agreement? **Yes** **[ ]**  **No** **[ ]**

|  |
| --- |
| **Test Program Cost** |
| * Total tuition confirmed per participant enrollee
* Fees per participant enrollee
* Books per participant enrollee
* Supplies per operations
* Other costs associated with training
* Is federal financial aid available?
 |

**Section B**

**Required Documentation Available:**

1. Are these required documents available: f. Required Waivers documented? **[ ]**

* 1. Financial Tracking System (i.e trans.detail)?**[ ]**  g. Copies of participant enrollment forms? **[ ]**
	2. Training Curriculum Documented? **[ ]**  h. Policies & procedures **[ ]**
	3. Obligation of Funds (i.e. per student)? **[ ]**  i. Trainers List and Participant List **[ ]**
	4. School Certification & completion rate **[ ]**

e. Compared Invoices & ITAs? **[ ]**

**Reviewer’s Summary/Notes:**

**Corrective Action**:

**Reviewer’s Signature:** **Date:**

**Provider’s Point of Contact Signature:** **Date:**

**Reference:** State Monitors will look for alerts for improper payments, particularly when testing the following parts of section B, ―Activities Allowed or Unallowed; B, ―Allowable Costs/Cost Principles; E, ―Eligibility; and, in some cases, N, ― Needs for Special Tests and Provisions.

**TEST: Local area should test the above questions to confirm activities/operations.**