

PROGRAM YEAR 2024
LOCAL WORKFORCE DEVELOPMENT AREA PRE-ONSITE MONITORING
ASSESSMENT AND REQUEST FOR TECHNICAL ASSISTANCE
THREE RIVERS PLANNING AND DEVELOPMENT DISTRICT (TRPDD)
MISSISSIPPI PARTNERSHIP

ELEMENT ONE:
ASSURANCES

- 1.) **Do contracts contain the approved equal opportunity assurance language?**
Click or tap here to enter text.
- 2.) **Please provide an example of an “Equal Opportunity Assurance” section of a contract.**
Click or tap here to enter text.
- 3.) **How is the contractor or service provider made aware that equal opportunity assurances are incorporated by operation of law even if they are not incorporated in the written contract or agreement?**
Click or tap here to enter text.
- 4.) **How do you ensure equal opportunity and nondiscrimination for employees?**
Click or tap here to enter text.
- 5.) **What equal opportunity and nondiscrimination policies are in place for employees? Please attach copies to this report.**
- 6.) **Do you need technical assistance in this element, and if so, how?**

ELEMENT TWO:
STATE-LEVEL AND LOCAL-LEVEL EQUAL OPPORTUNITY OFFICERS

- 1.) **Who is the Three Rivers Planning and Development District (TRPDD) Equal Opportunity Officer?**
- 2.) **To whom does the above-named equal opportunity officer report, and what is his/her title?**

Click or tap here to enter text.

3.) **How is the equal opportunity officer's identity made known to participants and service providers?**

4.) **How do the identities and contact information of the state and local-level equal opportunity officers appear on internal and external communications concerning nondiscrimination and equal opportunity programs to the Mississippi Department of Employment Security (MDES), Local Workforce Development Areas (LWDA), subrecipients, contractors, and eligible training providers?**

Click or tap here to enter text.

5.) **Do you need technical assistance with this element, and if so, how?**

Click or tap here to enter text.

<p style="text-align: center;">ELEMENT THREE: NOTICE AND COMMUNICATION</p>

1.) **Where and in what languages are the Workforce Innovation and Opportunity Act (WIOA) "Equal Opportunity Is the Law" posters displayed?**

- **Are the posters in reasonable numbers and places?**

Click or tap here to enter text.

- **Are the posters centrally located and in plain sight?**

Click or tap here to enter text.

2.) **How are participants notified of their right to file a complaint?**

Click or tap here to enter text.

- **Does the form include the required WIOA "Equal Opportunity Is the Law" language? Please attach a copy to this report.**

3.) **When a significant number or proportion of the population eligible to be served needs services or information in a language other than English, what steps are taken to ensure continual notice is provided in the applicable language?**

Click or tap here to enter text.

4.) **What is the equal opportunity tagline required to be printed on all communications?**

- **In what examples of written communication is the tagline included?**

- **Is the tagline included in public announcements and broadcasts?**

Click or tap here to enter text.

- 5.) **How is it communicated that discrimination based on a disability is prohibited and that recipients of WIOA financial assistance are legally obligated to provide reasonable accommodations to those who are disabled?**

Click or tap here to enter text.

- 6.) **What efforts are made to ensure the efficacy of communications with disabled individuals?**

Click or tap here to enter text.

- **Is the telephone number for the TDD/TTY or relay service provided in all communications administering contact data?**

Click or tap here to enter text.

- 7.) **In what alternate formats is the Equal Opportunity Notice given for visually impaired individuals?**

Click or tap here to enter text.

- 8.) **Do you need technical assistance with this element, and if so, how?**

Click or tap here to enter text.

<p style="text-align: center;">ELEMENT FOUR: INFORMATION COLLECTION AND MAINTENANCE</p>

- 1.) **Please explain how EO data (race/ethnicity, sex, age, and disability status, when known) has been collected.**

Click or tap here to enter text.

- **Are data records kept for a period of three years?**

Click or tap here to enter text.

- **How is staff made aware that data must be collected on the above-mentioned demographics?**

Click or tap here to enter text.

- 2.) **Please analyze the adverse impact data for the previous program year and attach your analysis narrative to this monitoring tool.**

Click or tap here to enter text.

- 3.) **Do you need technical assistance with this element, and if so, how?**
Click or tap here to enter text.

<p style="text-align: center;">ELEMENT FIVE: AFFIRMATIVE OUTREACH</p>
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- 1.) **What outreach plans, strategies, and activities have been identified for various groups (members of both sexes, various racial and ethnic groups, individuals with disabilities, individual in differing age groups) served?**
Click or tap here to enter text.
- 2.) **What reasonable steps have been taken to ensure services and other information are provided to Limited English Proficient persons?**
Click or tap here to enter text.
- 3.) **In what language(s), other than English, is information provided?**
- 4.) **What documents have been determined “vital” and, therefore, translated into languages designated as essential? Please attach copies to the report.**
- 5.) **What alternative services, such as TTY/TDD or relay service, are provided for the hearing impaired?**
Click or tap here to enter text.
- 6.) **Which brochures, pamphlets, and fliers include a TTY/TDD or relay service telephone number for the hearing impaired?**
Click or tap here to enter text.
- 7.) **How are the required notifications provided, and in what alternative formats, to the visually impaired?**
Click or tap here to enter text.
- 8.) **How do training providers ensure programmatic and architectural accessibility for individuals with disabilities?**
- 9.) **Have ADA assessments been completed for your office/facility? If so, please explain the shortfalls. If not, when are the assessments scheduled?**
- 10.) **Are contractor and service provider sites accessible to individuals with disabilities?**
Click or tap here to enter text.

- 11.) **Is there at least one entrance to buildings that is wheelchair accessible? If yes, does it have the international accessibility symbol posted? If not, how are these clients directed to enter?**
Click or tap here to enter text.
- 12.) **Do inaccessible entrances have signs indicating the location of the nearest accessible entrance?**
Click or tap here to enter text.
- 13.) **Are there designated restrooms with appropriate signage available for individuals with disabilities?**
Click or tap here to enter text.
- 14.) **Are TTY/TDD and/or relay services available for use?**
Click or tap here to enter text.
- 15.) **Are there provisions for reasonable accommodations in employment?**
Click or tap here to enter text.
- 16.) **Please describe any reasonable accommodations that have been provided for applicants, participants, or employees with disabilities.**
Click or tap here to enter text.
- 17.) **Is there a reasonable accommodations policy? If so, please attach it to this report.**
Click or tap here to enter text.
- 18.) **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 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 or tap here to enter text.
- 19.) **Please describe how information regarding medical conditions is maintained and secured separately from other files.**
Click or tap here to enter text.
- 20.) **Do you need technical assistance with this element, and if so, how?**
Click or tap here to enter text.

**ELEMENT SIX:
GOVERNOR'S RESPONSIBILITIES TO MONITOR RECIPIENTS FOR COMPLIANCE**

- 1.) **Are you aware that the Governor of Mississippi, through his designee, is personally responsible for ensuring that all WIOA recipients are monitored for compliance?**
Click or tap here to enter text.
- 2.) **Do you need technical assistance with this element, and if so, how?**
Click or tap here to enter text.

**ELEMENT SEVEN:
COMPLIANCE REVIEWS**

- 1.) **List the date and location of the last equal opportunity visit.**
Click or tap here to enter text.
- 2.) **How often is onsite monitoring conducted? Please provide a record and/or summary report of the EO monitoring visits, including dates, locations, entities, and findings since your last WIOA monitoring review.**
Click or tap here to enter text.
- 3.) **Do you need technical assistance with this element, and if so, how?**
Click or tap here to enter text.

**ELEMENT EIGHT:
COMPLAINT PROCESSING PROCEDURES**

- 1.) **What discrimination complaint policies and procedures are used by the Local Workforce Development Area? Please have copies available for observation during the onsite visit.**
Click or tap here to enter text.
- 2.) **Explain how customers and employees obtain a copy of the discrimination complaint policies and procedures and the discrimination complaint form.**
Click or tap here to enter text.
- 3.) **Does the discrimination complaint log maintained for formal discrimination complaints include the complainant's name and address; basis of complaint; brief description of complaint; date complaint was filed; and the disposition of**

the complaint? Please provide a copy of the discrimination complaint log for review during the onsite visit.

Click or tap here to enter text.

- 4.) **Please list any formal complaints that have been filed since the last EO monitoring visit.**

Click or tap here to enter text.

- 5.) **Was the State-level WIOA EO Officer advised of the complaint(s)?**

Click or tap here to enter text.

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

Click or tap here to enter text.

- 7.) **Describe the process for keeping the identity of the complainant confidential.**

- 8.) **Do you need technical assistance for this element, and if so, how?**

Click or tap here to enter text.

IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR EO LIAISON.

REPORT COMPLETED BY:

DATE: