



**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
PROGRAM POLICY NOTICE NO. _____**

EFFEECTIVE DATE:

SUBJECT: Monitoring Policies and Procedures

1. Purpose

The purpose of this policy is to establish consistent Quality Assurance (QA) and Program Monitoring process for the Northern Area Local Workforce Development Board (NALWDB). This policy ensures continuous compliance with the Workforce Innovation and Opportunity Act (WIOA) and all applicable federal, state, and local regulations, while promoting accountability, data integrity, and continuous improvement across all Title I programs.

The Quality Assurance (QA) process is a core management function of the NALWDB and is designed to evaluate program integrity, data accuracy, and case file completeness across all ten counties served by the Northern Area, Santa Fe, San Miguel, Colfax, Mora, Rio Arriba, San Juan, McKinley, Taos, Cibola, and Los Alamos, which collectively represent approximately 27.6% of New Mexico’s total population. Given the diversity of the Northern Area’s demographics, geography, and economic conditions, consistent oversight and alignment are essential to ensure equitable, compliant, and effective service delivery.

The QA process functions as a continuous system of internal monitoring, verification, and corrective action that ensures all WIOA Title I programs, Adult, Dislocated Worker, and Youth, as well as related work-based learning activities (OJT, WE, TJT, and ITA), are administered in compliance with 20 CFR 683.410–440, 2 CFR 200.303 (Internal Controls), NMDWS Monitoring Guidance, and NALWDB policies and procedures.

The QA Specialist and Program Managers work collaboratively to ensure compliance, enhance communication, and align programmatic goals with the broader mission of the Northern Board. Through a streamlined data-sharing process, the QA team and Program Masopnagers jointly identify potential weaknesses early, implement timely corrective actions, and ensure that all participant data, eligibility, services, and outcomes, are accurate, complete, and properly documented within the state MIS (NM Jobs). This collaborative approach strengthens accountability, reduces risk of disallowed costs, and promotes a proactive, solutions-based monitoring culture.



Quality assurance reviews focus on validating data entered in NM Jobs, ensuring that participant eligibility documentation, Priority of Service (POS) determinations, assessments, Individual Employment Plans (IEPs) or Individual Service Strategies (ISS), training contracts, and case notes are complete, accurate, and entered in a timely manner.

Through systematic file reviews, desk audits, and on-site monitoring, the QA process ensures the Northern Area's readiness for state monitoring and federal audits, promotes data-driven decision-making, and supports the continuous improvement of workforce services. Findings identified through QA activities are documented and addressed through technical assistance, corrective action, and follow-up to ensure ongoing compliance and performance accountability.

2. Scope

This policy applies to all NALWDB WIOA Title I programs, including Adult, Dislocated Worker, Youth, Work Experience (WE), On-the-Job Training (OJT), Transitional Job Training (TJT), and Individual Training Accounts (ITA).

It applies to all NALWDB subrecipients, case managers, and QA/monitoring staff responsible for program oversight and compliance within the ten-county region.

All monitoring and QA activities are conducted using NM Jobs as the official system of record for electronic participant files, in accordance with NALWDB Policy 9 Rev. 1 – Electronic File Management and NMDWS Policy 20-002.

This policy also establishes the framework for collaborative communication between QA and program staff, ensuring that data validation, case documentation, and corrective actions are conducted consistently and effectively across all Northern Area counties.

Definitions Section

To ensure consistency and shared understanding across all Northern Area Local Workforce Development Board (NALWDB) programs and partners, the following definitions apply:

Desk Review

An electronic examination of participant files, contracts, and documentation stored in NM Jobs. Desk reviews assess accuracy, completeness, and timeliness of data entry, ensuring compliance with federal and state requirements. These reviews are conducted monthly by the QA Specialist using the QA tracking spreadsheet.



On-Site Monitoring Review

A physical or virtual visit to subrecipient offices or training locations to verify documentation integrity, review processes, and assess service delivery effectiveness. On-site reviews also provide the opportunity for staff interviews, technical assistance, and verification of participant outcomes.

Finding

A documented instance of non-compliance or deficiency identified during monitoring. Findings must reference the specific regulation, policy, or guidance violated (e.g., 20 CFR, 2 CFR, NMDWS, or NALWDB policy). Findings are classified as:

- **Minor** – Administrative or clerical errors that do not affect eligibility or funding.
- **Major** – Significant documentation or procedural deficiencies that may affect compliance or participant eligibility.
- **Critical** – Serious violations or systemic issues that could result in disallowed costs or federal/state sanctions.

Observation

An identified area of concern, inefficiency, or potential risk that does not yet constitute a finding. Observations are recorded for follow-up and technical assistance.

Corrective Action

A documented process that specifies the actions required to remedy a finding. Corrective actions are tracked through the Corrective Action Notice (CAN) form and must be resolved within 30 days of issuance, with follow-up verification by the QA Specialist.

Risk-Based Sampling

A monitoring method that prioritizes participant files, programs, or subrecipients with higher levels of financial activity, previous findings, or compliance concerns. Risk-based samples may supplement or replace random selections in cases where increased oversight is warranted.

Program Year (PY)

Defined as July 1 through June 30, consistent with the WIOA federal reporting cycle. QA and monitoring activities will align with this program year for reporting and recordkeeping purposes.

3. Authority



This policy is established under the following federal and state authorities that collectively govern workforce program administration, fiscal accountability, monitoring, and internal controls under the Workforce Innovation and Opportunity Act (WIOA):

- **Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128, Sections 116–134**
Establishes the federal framework for workforce development, including performance accountability, governance, funding, and oversight of Title I programs. These sections define the responsibilities of state and local workforce boards to ensure effective service delivery, program integrity, and continuous improvement.
- **20 CFR Part 680 – Adult and Dislocated Worker Activities under Title I of WIOA**
Sets forth requirements for the provision of career and training services for adults and dislocated workers, including eligibility determinations, training authorizations, and coordination with Eligible Training Providers.
- **WIOA Youth Programs — WIOA Sections 129–133 and 20 CFR Part 681**
Provide the statutory and regulatory framework for WIOA Title I Youth Workforce Investment Activities, including eligibility determination, required documentation, program elements, objective assessment, development of the Individual Service Strategy (ISS), prioritization of work experience, case management requirements, and performance accountability for both In-School Youth (ISY) and Out-of-School Youth (OSY). These authorities establish standards for youth program design, service delivery, compliance, and oversight to ensure effective and equitable outcomes for eligible youth participants.
- **20 CFR Part 683 – Administrative Provisions under Title I of WIOA**
Establishes fiscal and administrative requirements for WIOA-funded entities, including monitoring, procurement, property management, and corrective action.
 - **20 CFR 683.400–440 (Monitoring and Oversight)** specifically mandates that local workforce development boards conduct ongoing program and fiscal monitoring to ensure compliance, detect potential misuse of funds, and implement corrective measures as needed.
- **2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)**
Provides the overarching administrative framework for all federal awards.



- 2 CFR 200.303 (Internal Controls) requires entities to establish and maintain effective internal control systems to ensure compliance with federal requirements and proper stewardship of public funds.
- 2 CFR 200.334 (Record Retention) requires that all programmatic and fiscal records be retained for at least five (5) years after submission of the final expenditure report, or longer if under audit or litigation.
- **NMDWS Guidance Letters 20-002 and 24-001**
Establish statewide policy for WIOA Title I program eligibility, documentation standards, and service delivery requirements, as well as updates on the Eligible Training Provider List (ETPL) and performance accountability.
- **Training and Employment Guidance Letters (TEGLs) 23-19, 19-16, and 11-11 Change 2**
Issued by the U.S. Department of Labor’s Employment and Training Administration (ETA), these letters interpret and clarify federal WIOA requirements.
 - **TEGL 23-19** defines performance accountability guidance and common exit policy.
 - **TEGL 19-16** provides operating guidance for WIOA Title I programs.
 - **TEGL 11-11 Change 2** clarifies and reinforces veterans’ priority of service requirements across all DOL-funded programs.

Collectively, these authorities establish the regulatory foundation for the Northern Area Local Workforce Development Board’s (NALWDB) Quality Assurance and Monitoring System, ensuring compliance, program integrity, and readiness for state and federal oversight across the ten-county Northern Area, Santa Fe, San Miguel, Colfax, Mora, Rio Arriba, San Juan, McKinley, Taos, Cibola, and Los Alamos.

4. Roles and Responsibilities

The Quality Assurance (QA) Specialist conducts ongoing desk reviews and on-site monitoring to ensure compliance with all applicable federal, state, and local WIOA program requirements. QA activities are conducted across all ten counties in the Northern Area

Comprehensive program reviews to assess:

- Overall program operations.



- Reporting requirements and data accuracy.
- Program performance outcomes and benchmarks.
- Participant eligibility and documentation compliance.
- Review of all follow-ups and case notes to ensure accuracy, timeliness, and consistency with the participant's Individual Employment Plan (IEP) or Individual Service Strategy (ISS).
- Data validation in (NMJOBS) and participant electronic files to confirm data accuracy, consistency, and completeness.
- Evaluation of additional areas as necessary, such as contract compliance, fiscal documentation, training expenditures, employer agreements, and supportive service documentation.

Sampling and Frequency:

- Approximately twenty percent (20%) of participant files will be reviewed each month per county.
- Reviews will include both active and exited participants across all programs, Adult, Dislocated Worker, and Youth, as well as work-based learning programs including OJT, WE, TJT, and ITA activities.

The QA Specialist will utilize participant rosters to select a statistically valid 20% random sample per county monthly. Additional risk-based samples will be included for programs with higher financial exposure or previous findings.

Documentation and Corrective Action Tracking:

- All QA findings will be formally documented using a standardized monitoring report or tracking log.

Each finding will include:

- A description of the issue.
- The corresponding policy, regulation, or statute citation.
- The required corrective action or recommendation.



- The QA Specialist will track corrective actions to verify completion and will follow up with staff and subrecipients to ensure that corrective measures have been implemented within established timelines.
- Recurrent issues or systemic gaps will be summarized and presented to management for review, procedural updates, or staff training.

Electronic File Review:

- The QA Specialist will review electronic case files for compliance with all applicable federal, state, and local program requirements, including **2 CFR 200.303 (Internal Controls)** and **20 CFR 683.400–440 (Monitoring and Oversight)**.
- QA documentation will be maintained in accordance with **2 CFR 200.334 (Record Retention)** and NALWDB Policy 9 Rev. 1 – Electronic File Management.
- Based on QA outcomes, the QA Specialist will provide training and technical assistance (T&TA) to staff, service providers, and subrecipients.

Training and T&TA activities may include:

- Individualized coaching sessions to address identified deficiencies.
- Group or program-wide training focused on recurring compliance issues.
- Written procedural guidance and process improvement recommendations.
- Follow-up sessions to ensure staff understanding and implementation of corrective actions.
- These activities are designed to promote consistency, improve documentation accuracy, strengthen staff competency, and build a proactive culture of compliance and continuous improvement across the Northern Area workforce system.

5. Corrective Action and Resolution Tracking Procedures



The Northern Area Local Workforce Development Board (NALWDB) is responsible for ensuring that all findings identified through Quality Assurance (QA) reviews, desk audits, or on-site monitoring are documented, communicated, and resolved within established timeframes. The purpose of the corrective action process is to ensure compliance with federal, state, and local policy while supporting continuous program improvement.

Identification of Findings:

- Findings may result from QA reviews, data validation, participant file audits, or monitoring conducted by NALWDB or the New Mexico Department of Workforce Solutions (NMDWS).
- Each finding will be documented in the QA tracking log and include a detailed description of the issue, the applicable citation (federal regulation, TEGL, or policy reference), and the potential impact on compliance or performance.

Notification of Findings:

- A written Corrective Action Notice (CAN) will be issued to the applicable staff, subrecipient, or program operator within five (5) business days of the QA report being finalized.
- The CAN will outline the specific issue, the corrective action required, the due date for response, and the responsible point of contact for follow-up.

Response and Action Plan:

- All findings identified during QA monitoring will be documented using the Corrective Action Notice (CAN) form.
- Staff or subrecipients who receive a CAN must complete and return the form to the QA Specialist within **fifteen (15) business** days of receipt. The CAN response must include the following components:
 - **Root Cause Description:** A concise explanation of the underlying factors that contributed to the issue or finding.
 - **Corrective Steps:** Clearly defined actions that will be implemented to resolve the issue and ensure compliance.



- Responsible Individual(s): Identification of the staff member(s) or program representative(s) accountable for carrying out the corrective actions.
- Completion Timeline: A specific date by which all corrective measures will be completed and verified.
- If corrective actions involve training, procedural updates, or system modifications, supporting documentation or evidence of completion must be attached to the CAN form.
When additional assistance or clarification is needed, the respondent should indicate a request for technical assistance directly on the CAN form to ensure timely support from the QA Specialist.
- Upon receipt, the QA Specialist will review the submitted CAN for adequacy, verify completion of all required actions, and document resolution or follow-up within ten (10) business days.

Unresolved or repeated findings will be elevated to the Executive Director for further review, additional corrective action, or compliance enforcement as appropriate.

Verification of Completion:

- The QA Specialist will verify that corrective actions have been completed within the established timeframe (typically 30–60 days), depending on the nature and severity of the finding).
- Verification may include follow-up reviews, NM Jobs data validation, or re-examination of participant files and supporting documentation.
- Once verification is complete, the finding will be marked as “Resolved” in the QA tracking log and included in the Monthly QA Summary Report provided to management.
- Unresolved findings or repeated deficiencies will be escalated to the Executive Director for additional review, technical assistance planning, or further compliance enforcement as necessary.



Unresolved or Recurring Findings:

- If findings remain uncorrected or become repetitive, they will be escalated to the Program Manager and NALWDB Executive Director for further action.
- Persistent noncompliance may result in formal written warning, suspension of participant enrollments, or other administrative action consistent with **20 CFR 683.420(c)**.

Documentation and Record Retention:

- All findings, CANs, correspondence, and resolution documentation will be maintained electronically in accordance with **2 CFR 200.334 (Record Retention)** and NALWDB Policy 9 Rev. 1 – Electronic File Management.
- Records of corrective actions and follow-up reviews will be retained for a minimum of five (5) years from the date of resolution or as required by federal and state retention schedules.

Continuous Improvement and Feedback:

- Corrective action outcomes will be analyzed quarterly to identify trends, training needs, and systemic issues.
- The QA Specialist will provide summary reports to management and incorporate findings into the annual staff training and technical assistance plan.
- The focus of corrective action tracking is not solely punitive, it serves as a preventive tool for strengthening compliance, enhancing program quality, and ensuring readiness for state and federal monitoring reviews.

6. Case Managers and Program Staff/ Participant File Documentation Standards

Each participant file must contain all required documentation necessary to support eligibility, service delivery, and compliance with federal, state, and local policies. Documentation must be complete, current, and stored electronically in NM (Jobs) per NALWDB Policy 9 Rev. 1 – Electronic File Management.

Participant data shall include, at a minimum:



- Completed training or work-based learning contracts, such as OJT, WE, TJT, or ITA agreements, including cost breakdowns, signatures, start and end dates, and employer information.
- ITA documentation with cost justification, invoices, and proof of payment or training completion.
- Participant timesheets (for OJT, WE, or TJT placements) reflect accurate hours, wage rates, and supervisor signatures.
- Right-to-Work documentation in compliance with I-9 requirements (acceptable documents per TEGL 10-23 Change 2).
- Income eligibility forms with corresponding supporting documentation (e.g., pay stubs, SNAP/TANF verification, unemployment records, or self-attestation where allowable).
- Comprehensive case notes entered in a timely manner, no later than five (5) business days following the participant contact or action, detailing services provided, progress updates, and outcomes. Case notes must clearly reflect:
 - The participant's Priority of Service (POS) level, with a brief justification referencing eligibility documentation.
 - The individual's Vocational Interest Profile (VIP) background, including skills, employment goals, and relevant assessments.
 - Identified barriers to employment, described with sufficient detail to demonstrate appropriate service planning and coordination of support services.
- Accurate and valid participant contact information (address, phone number, and email) updated as changes occur.
- Notification to the Program Manager (or designated supervisor) within 48 hours of any changes to enrollment status, participation concerns, or potential compliance issues.
- Any grey areas or ambiguous eligibility factors must be promptly discussed with the Program Manager and documented via a case note labeled "Eligibility Review" to ensure consistent interpretation and corrective action, if needed.

c. Executive Director



- Oversees QA implementation, approves corrective action responses, and ensures full compliance prior to DWS monitoring.

7. QA Monitoring Schedule

Continuous Monitoring, Weekly Enrollment Reporting, and Quality Assurance Reviews

As part of the continuous monitoring process, all Program Managers are required to submit weekly enrollment data to the Quality Assurance (QA) Specialist / Program Monitor.

The weekly enrollment submission should include:

- Participant name
- Program type (OJT, WE, TJT, ITA, or Youth)
- Training provider or employer name
- Enrollment start and end dates
- Participant status updates, including completions, exits, or withdrawals

This report is intended to provide current, high-level participant data and does not require full documentation to be submitted weekly. The information will be used by the QA Specialist to track and monitor participant files, ensuring that eligibility documentation, training plans, and all other required materials are being uploaded in accordance with the **Electronic File Policy**, which mandates that all required participant documents be uploaded into **NM Jobs within two (2) business days** of execution or enrollment.

This process allows for early identification of documentation or data gaps, reduces reporting errors, and ensures that all active and closed files remain fully compliant with federal and state requirements.

The QA Specialist will maintain a centralized QA Tracking Spreadsheet to capture weekly enrollment activity and verify that each participant file meets the documentation requirements established under the Electronic File Policy and applicable WIOA regulations.

Each month, approximately 20% of active and closed files per county will be reviewed using both random and risk-based sampling through NM Jobs reports.

QA reviews will include:



- Desk Reviews (electronic): Verification of required documentation within NM Jobs to ensure eligibility, enrollment, and ongoing compliance; and
- On-Site Monitoring (as needed): Validation of fiscal accuracy, participant outcomes, and documentation integrity.

Following each monthly review, the QA Specialist will compile a Quarterly QA Report summarizing:

- Counties and programs reviewed.
- Number of files monitored and findings by category (Minor, Major, or Critical).
- Corrective Action Notices (CANs) issued and resolved; and
- Trends, recurring issues, and technical assistance provided.

The Quarterly QA Report will be distributed to Program Managers and the Executive Director. If findings require additional corrective measures, Corrective Action Plans (CAPs) will be issued, and follow-up training will be scheduled to ensure full compliance and improved program performance.

All corrective actions will be documented, tracked to closure, and incorporated into subsequent QA reports to verify continuous improvement and audit readiness.

This process is intended to be collaborative and supportive, not punitive. The goal is to strengthen data integrity, enhance communication between the Board, fiscal agent, and providers, and create a streamlined, transparent process that ensures compliance while supporting accurate reporting and positive participant outcomes.

8. Electronic File Review Protocol

Each participant file must contain the following documentation, as applicable, to ensure compliance with WIOA, 20 CFR 683.410, 2 CFR 200.303, and the NALWDB Electronic File Policy:

- Eligibility documentation (e.g., government-issued ID, Right-to-Work verification, Selective Service registration, income verification, and other documents supporting eligibility determination).
- Assessment and Individual Service Strategy (ISS) / Individual Employment Plan (IEP) documents that outline participant goals, barriers, and planned services.



- Training authorizations and contracts, including OJT, WE, TJT, and ITA agreements, signed by all required parties, with corresponding training plans, cost justifications, and supporting fiscal documentation.
- Timesheets, invoices, and payroll certifications verifying hours worked and reimbursements, including copies of paid checks or payment documentation with bank account information redacted for confidentiality.
- Supportive service documentation (e.g., requests, approvals, and receipts) and case notes describing services provided and participant progress.
- Follow-up and closure documentation, including measurable skill gains (MSGs), credential attainment, and employment verification.
- Any additional documentation required under the Electronic File Policy or specified by DWS Policy #24-005 to confirm eligibility, program participation, and compliance with local and federal standards.

9. Corrective Action and Follow-Up

The Quality Assurance (QA) Specialist will identify, classify, and track all compliance findings during desk reviews and onsite monitoring activities. Findings will be categorized as Minor, Major, or Critical, based on their potential impact on program integrity, fiscal accountability, and service delivery.

A. Classification of Findings

- **Minor Findings:** Technical or clerical errors that do not affect participant eligibility, cost allowability, or performance outcomes.
- **Major Findings:** Errors or omissions that could affect eligibility, data accuracy, or cost documentation but can be corrected without systemic change.
- **Critical Findings:** Violations that indicate systemic noncompliance, fiscal mismanagement, or serious breaches of federal, state, or local regulations, requiring immediate corrective action and Executive Director review.

B. Corrective Action Notice (CAN)

- A written Corrective Action Notice will be issued within **five (5) business days** of QA review completion.



Each CAN will specify:

- The issue identified, with a brief description of the regulation or policy violated.
- The required corrective action and supporting documentation are needed.
- A 30-day response deadline for the subrecipient or program staff to correct the issue and re-upload compliant documentation into NM Jobs.
- Program Managers are responsible for ensuring timely responses and coordinating staff compliance.
- Failure to address findings within the 30-day window will result in escalation to the Executive Director for immediate resolution.

C. Tracking and Verification

- The QA Specialist will maintain a Corrective Action Tracking Log documenting:
 - The date the finding was issued, corrective action required, and due date.
 - Follow-up actions, supporting evidence of correction, and final verification dates.
- Follow-up reviews will be conducted within 15 business days of the corrective action deadline to verify closure.
- Unresolved findings or repeat issues will be escalated to the Executive Director and Fiscal Agent for further review and may result in additional technical assistance, staff retraining, or administrative action.

D. Continuous Improvement and Training

- The QA Specialist will summarize corrective actions and resolutions in the Quarterly QA Report, noting trends and recurring compliance issues.
- Based on QA outcomes, targeted technical assistance and training will be provided to staff and subrecipients to address identified weaknesses.
- Onsite training may be scheduled within 45 days following the issuance of the quarterly report to ensure full understanding and implementation of corrective measures.



- Corrective action results and follow-up findings will be used to inform policy updates, improve local procedures, and support long-term compliance readiness for state monitoring and federal audits.

E. Closure and Documentation

- All corrective action items must be closed within a 45-day window from the date of issuance.
- Once verified, the QA Specialist will document closure in the Corrective Action Log, update the QA Tracking Spreadsheet, and notify the Executive Director and Program Manager in writing.
- Closed items remain on file for review during NMDWS or federal monitoring visits as part of the continuous improvement record.

10. Reporting and Continuous Improvement

The Quality Assurance (QA) Specialist is responsible for maintaining an ongoing system of reporting, evaluation, and continuous improvement to ensure transparency, accountability, and regulatory compliance across all ten counties in the Northern Area.

A. Monthly QA Summary Reports

Each month, the QA Specialist will prepare and distribute a Monthly QA Summary Report to the Executive Director and Program Managers. This report will include:

- The counties and programs reviewed (Adult, Dislocated Worker, Youth, OJT, WE, TJT, and ITA).
- The total number of participant files reviewed, and the percentage of the caseload monitored.
- Findings by classification (Minor, Major, Critical).
- Status of open and closed corrective actions.
- Any pending documentation or compliance issues requiring escalation.
- Technical assistance and training conducted or recommended based on QA outcomes.



These reports will serve as an internal quality control mechanism, allowing leadership to monitor progress and address concerns proactively before quarterly aggregation and external monitoring reviews.

B. Quarterly QA Compliance Report

At the end of each quarter, the QA Specialist will compile all monthly data into a Comprehensive Quarterly QA Compliance Report, which will be distributed to:

- The Executive Director,
- The Fiscal Agent, and
- Program Managers across all counties.

The quarterly report will summarize:

- Aggregate findings and closure rates.
- Recurring compliance trends and root cause analyses.
- County-by-county and program-level performance comparisons.
- Corrective Action Plans (CAPs) issued and status of resolutions.
- Training needs, technical assistance delivered, and improvement recommendations.

This report will be presented during NALWDB management and performance review meetings, forming the foundation for continuous system improvement and readiness for NMDWS state-level monitoring.

C. Continuous Improvement System

The QA Specialist will maintain a Continuous Improvement Tracking Log to document:

- Corrective actions completed and verified.
- Process or policy adjustments recommended based on QA outcomes.
- Staff training, technical assistance, and systemic improvements implemented.

All improvement activities will be logged within 45 days of identification to ensure timely action and sustainability. The QA Specialist will collaborate with Program Managers and the Executive



Director to close identified gaps and develop solutions that enhance efficiency, accuracy, and participant outcomes.

D. Integration with NMDWS Oversight and Federal Monitoring

The QA system is structured to align with NMDWS monitoring cycles and the requirements of **20 CFR 683.400–440**, **2 CFR 200.303 (Internal Controls)**, and **2 CFR 200.334 (Record Retention)**. QA reports, corrective action documentation, and supporting evidence will be readily available for NMDWS or federal auditors upon request.

Quarterly reports may also inform updates to:

- NALWDB policies and procedures,
- Staff training plans, and
- Technical assistance requests to NMDWS.

This integrated framework ensures that QA results not only verify compliance but also actively guide continuous performance improvement, fiscal integrity, and participant success.

11. Record Retention

QA and monitoring records, including reports, corrective actions, and correspondence, will be retained for a minimum of five (5) years following grant closeout, consistent with 2 CFR 200.334 and NMDWS requirements.

12. References

- WIOA, Public Law 113-128, Sections 116–134 and Sections 129–133
- 20 CFR 683.400–440; 20 CFR Part 681; 2 CFR 200.303, 200.334
- TEGLs 19-16, 23-19, 11-11 Change 2
- NMDWS Monitoring Guide (2024)
- NALWDB Policy 9 Rev. 1, Electronic File
- NALWDB Policy 8 Rev. 1, Priority of Service

Operational SOP and Monthly QA Checklist

A. File Selection and Sampling

- Pull 20% of active and closed files monthly per county from NM Jobs.



- Use random sampling unless prior findings or risk factors warrant targeted selection.
- Ensure equal representation across Adult, DW, Youth, WE, OJT, and TJT programs.

B. File Review Criteria

- Verify eligibility documentation is current and valid.
- Confirm ISS/IEP and assessments align with participant goals and services.
- Ensure training agreements (WE, OJT, TJT) are signed, dated, and uploaded.
- Verify supportive services, case notes, and follow-up entries are accurate and timely.
- Check data entry for accuracy and completeness against supporting documents.

C. Electronic File Compliance

- Confirm all documents are uploaded to NM Jobs under correct categories.
- Verify naming conventions and date accuracy.
- Identify missing or misfiled documentation for corrective action.

D. Monitoring Review Types

- Desk Review: Electronic verification of files within NM Jobs.
- Onsite Review: Verification of original documentation, participant interviews, and observation of processes.

E. Findings and Corrective Actions

- Document all findings by category (Minor / Major / Critical).
- Issue written Corrective Action Notice (CAN) within five business days.
- Follow up within 30 days to confirm compliance; unresolved issues escalate after 45 days.

F. QA Reporting

- Complete Monthly QA Summary by the 5th of the following month.
- Submit to Executive Director for review and include in Board reports.

G. Continuous Improvement



- Identify trends or recurring compliance issues.
- Recommend targeted staff training or policy revisions as needed.
- Maintain audit readiness through proactive file management.

FILE SAMPLING FORMULA AND SELECTION PROCESS

To ensure consistency, fairness, and compliance with federal monitoring standards, approximately twenty percent (20%) of participant files per county will be selected for review each month using a randomized sampling method. This approach aligns with the requirements of 20 CFR 683.410–440 (Monitoring and Oversight) and 2 CFR 200.303 (Internal Controls) to ensure impartial file selection and prevent bias in the monitoring process.

Sampling Approach:

1. **Random Sampling** – A random 20% sample will be generated monthly from NM Jobs participant rosters using Excel’s RAND() function or NM Jobs report filters.
 - *Formula Example:*
In Excel, use:
 - =RAND()

to assign a random number to each participant ID, then select the top 20% of entries.

2. **Risk-Based Sampling** – Additional files may be selected based on the following risk indicators:
 - Programs with prior monitoring findings.
 - Files with high training or supportive service costs.
 - Recent staff turnover or new program staff.
 - Subrecipients with inconsistent data entry or late reporting.
3. **Balanced Coverage** – Each month’s review must represent:



- A mix of active and closed cases.
- All major funding streams (Adult, DW, Youth).
- At least one work-based learning file per program type.

Review Frequency and Documentation:

- All findings will be documented in the QA tracking spreadsheet and entered into the Corrective Action Log if applicable.
- Results from each monthly monitoring will be summarized in the Quarterly QA Report, identifying trends, systemic issues, and areas requiring technical assistance.
- Each county's 20% sample results will roll into the quarterly performance review presented to the Executive Director and Program Managers.

Sampling Procedure:

1. Compile Data:

- Extract a complete list of active and exited participants from (NMJOBS) for each of the ten counties: Santa Fe, San Miguel, Colfax, Mora, Rio Arriba, San Juan, McKinley, Taos, Cibola, and Los Alamos.
- Include the following fields at minimum: Participant Name, County, Program Type (Adult, DW, Youth), Enrollment Date, and Exit Date (if applicable).

2. Assign Random Numbers:

- In Excel, assign a random number to each participant using the formula:
- =RAND()

This will generate a unique random value between 0 and 1 for each record.

3. Sort Randomly:

- Sort the data by the random number column in ascending or descending order.
- This ensures each participant has an equal probability of being selected.

4. Calculate 20% Sample Size per County:



- Use the following formula to calculate how many files to review per county:
- =ROUND(COUNTIF(COUNTY_RANGE, "CountyName") * 0.2, 0)

Example:

If San Miguel County has 53 active participants,

=ROUND(53 * 0.2, 0)

returns **11** randomly selected files.

5. Select Files:

- After sorting, select the first *n* records (based on the 20% calculation) from each county's list.
- Document the list of selected participants, including their names, program type, and case manager, in the Monthly QA Sampling Log.

6. Preserve Selection Documentation:

- Save a copy of the Excel file or report used to generate the random selection each month.
- Maintain this documentation in the **QA Sampling Records Folder** in accordance with **2 CFR 200.334 (Record Retention)** and NALWDB Policy 9 Rev. 1 – Electronic File Management.

7. Quarterly Verification:

- Every quarter, verify that file selections have rotated appropriately to prevent the same participant files from being repeatedly reviewed unless necessary due to ongoing corrective action or re-review needs.

Example Excel Workflow:

County	Participant	Program	Random #	Selected?
San Miguel	John Doe	Adult	0.143	✔
San Miguel	Maria Lopez	DW	0.652	✔



County Participant Program Random # Selected?

San Miguel Kevin Romero Youth 0.983

...

(Use =RAND() for the Random # column, then sort and pick the top 20% per county.)

Board Chair Approval:  _____
Joseph Weathers (Jan 13, 2026 19:01:29 MST)

01/13/26
Date: _____