ANNUAL SELF-ASSESSMENT OF THE REGIONAL WORKFORCE BOARD’S LVER/DVOP PROGRAM COMPLIANCE REVIEW CHECKLIST

**Date:**

**Regional Workforce Board**:  **NUMBER:**

**Address**:

**Regional** **Workforce Board** **Director:**

**One-Stop Career Center (Cost Center Number)**:

**Address:**

**ONE-STOP CENTER DIRECTOR:**

**Reviewed By: Name & Title**

### PURPOSE AND INTENT

# Title 38, U.S.C. and Workforce Investment Act of 1998

**The Congress has declared as it’s intent and purpose that there shall be an effective program(s) to meet the needs for workforce investment activities of veterans...so as to provide such veterans and eligible persons the maximum of employment and training opportunities, with priority given to the needs of service-connected disabled veterans, veterans who have significant barriers to employment, veterans who served on active duty in the armed forces during a war or campaign or expedition for which a campaign badge has been authorized, and recently separated veterans, through existing programs, coordination and merger of programs, and implementation of new programs.**

###### **U.S.C. Title 38 requires that at a minimum an annual compliance review of the DVOP/LVER Program be conducted. In preparation for this mandated annual review, each service delivery point within a Regional Workforce Board will complete the self-assessment and return it via the local Regional Workforce Board Executive Director to the State LVER in Tallahassee. The self-assessment is divided into three separate areas, Service Delivery Point, LVER and DVOP. The LVER and Service Delivery Point Manager are encouraged to work together in completing the three checklists. The checklist should be completed on-line and submitted electronically. After completing the individual checklist, please complete the section, titled Areas of Concern, this section should be used to summarize your findings while conducting the analysis. The state’s current MIS and past Manager’s Quarterly Reports and your own local reviews will assist you in completing this review. The DOL VETS Assistant State Director (ADVET) assigned to your local area will be available to answer questions or to provide technical assistance in completing the checklist.**

# SERVICE DELIVERY POINT (SDP)

NAME OF CENTER:

**1. Grant Staff:**

A. Number of full time LVERs:

B. Number of part time LVERs

C. Number of half time LVERs:

D. Number of full time DVOPs:

E. Number of half time DVOPs:

D. Number of part time DVOPS

**2. Program Directives and Oversight:**

1. Identify/list the Federal/State/local directives/instructions that outline program

requirements for services to veterans:

1. How does this One-Stop Career Center ensure that 100% of the time of full-time LVER and DVOP staff is spent serving veterans and 50% of half-time DVOP/LVER is spent serving veterans:

1. Describe the duties of the LVER(s) in this One-Stop Career Center:

1. Describe the duties of the DVOP (s) in this One-Stop Career Center:

3. **One-Stop Career Center Operations:**

1. Describe how this One-Stop Career Center ensures veterans most in need receive intensive services:

1. What barriers have been encountered integrating the veterans program into this One-Stop Career Center?

1. What steps have been taken to mitigate these barriers?

1. **Veteran Services:**
2. Describe how this One-Stop Career Center monitors and assesses the level and quality of services to veterans.

1. Does this One-Stop Career Center management team facilitate staff training, technical assistance and offer suggestions to all staff to improve services to veterans?

1. What is the role of the LVER in staff training?

1. Describe any new One-Stop Career Center’s best practices or changes to improve services to veterans since the last assessment.

1. What are your current and future technical assistance and training needs?

**5. Areas of Concern:**

**One Stop Career Center Self-Assessment completed by**: