



## POLICY

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<b>CATEGORY:</b>	Quality Assurance	<b>No: 5.0.100.01</b>
<b>TITLE:</b>	Oversight and Monitoring	
<b>SUPERSEDES:</b>	5.0.100.00, dtd April 27, 2007	
<b>EFFECTIVE:</b>	August 23, 2012	
<b>BOARD APPROVAL:</b>	August 23, 2012	
<b>DATE OF LAST REVIEW:</b>	May 21, 2015	

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### I. PURPOSE:

Establishes criteria for the oversight of Workforce Solutions of the Coastal Bend programs.

### II. DEFINITIONS:

N/A

### III. POLICY STATEMENT:

Workforce Solutions of the Coastal Bend (WFSCB) Board shall implement a program that provides timely and effective oversight of all programs and activities administered by the Board.

Monitoring will include both the fiscal and program performance of the Board and its contracted service providers.

A monitoring plan will be submitted to the Board on an annual basis for review.

Monitoring activities will be focused on areas of highest risk to help ensure the most effective use of monitoring resources.

Monitoring activities will be based upon an annual risk assessment and monitoring plan.

Written reports of all monitoring reviews will be forwarded to the Board's President/CEO.

Monitoring reports will be summarize and presented to the Board's Executive Committee on a semi-annual basis.

### IV. PROCEDURES:

N/A

### V. RELATED POLICY INFORMATION:

United States Department of Agriculture, Food and Nutrition Services Rules and Regulations, 7 CFR

United States Department of Health and Human Services, 45 CFR

United States Department of Labor 38 USC §4102(A)(f) and 20 CFR §666.300

POLICY TITLE: Oversight and Monitoring  
POLICY NUMBER: 5.0.100.01

DATE: 4/26/2007  
Last Review: 5/21/2015

General Appropriations Act

**VI. RESPONSIBILITIES:**

The Board's Quality Assurance staff will ensure all appropriate WFSCB staff are aware of and comply with this policy.

The Board's Quality Assurance staff will implement a monitoring program in accordance with this policy.

**VII. FORMS AND INSTRUCTIONS:**

- Annual Risk Assessment
- Annual Monitoring Plan
- Annual Monitoring Schedule

**VIII. DISTRIBUTION:**

Board of Directors

Board Staff

Service Provider Staff

**IX. SIGNATURES:**

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Reviewed by EO Officer

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Date

\_\_\_\_\_  
President/CEO

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Date