



Mark Sanford
Governor

SOUTH CAROLINA
DEPARTMENT OF COMMERCE

Robert A. Faith
Secretary

STATE WIA INSTRUCTION NUMBER: 02-03, Change # 1

TO: Local Workforce Investment Areas

SUBJECT: Sanctions Policy for Failure to Meet Negotiated Performance Levels under the Workforce Investment Act (WIA)

ISSUANCE DATE: September 6, 2005

EFFECTIVE DATE: Immediately

EXPIRATION DATE: Indefinite

PURPOSE

The purpose of this change to the original State Sanctions Policy Instruction is to provide guidance on the application of sanctions for failure to meet local negotiated performance levels for a specific measure(s) for four or more consecutive program years. The original Sanctions Instruction addressed failure for one, two and three program years.

INSTRUCTION

Failed Same Performance Measure(s) in Four or More Consecutive Program Years

If a local workforce investment area fails to meet the negotiated level for a specific performance measure(s) or customer satisfaction measure(s) for **four or more consecutive program years**, **the local area 1) will be required to modify its Corrective Action Plan (CAP); 2) must participate in quarterly performance review meetings with the State; and 3) will be ineligible to receive any funds that may be awarded under the State's Incentive Policy. A revised format for the CAP is attached.** The quarterly performance review meetings will be used to analyze and discuss the local area's progress towards correcting its performance deficiencies and to assess the effectiveness of technical assistance provided.

ACTION:

Local workforce investment areas shall comply with the requirements of this instruction.

INQUIRY

Questions regarding this Instruction should be directed to Mr. Samuel R. "Sam" Jordan at (803)737-2789 or sjordan@sccommerce.com.

**Samuel R. "Sam" Jordan, Manager/EOO
Workforce Planning and Development**

CORRECTIVE ACTION PLAN (CAP)

Submission of the Corrective Action Plan (CAP) constitutes a modification to the approved local area strategic plan.

SECTION I. Identifying Information

Local Workforce Investment Area (LWIA): _____

LWIA Board Chair (typed name) _____

LWIA Board Chair (signature) _____

LWIA Administrator (signature) _____

Submission Date _____

SECTION II. This section addresses the performance goals that were failed in consecutive program years. Respond to items A-E for each individual performance goal failed in consecutive years.

- A. Identify the performance goal that was failed in consecutive program years and specify the years of the failure.**
- B. Identify the factors contributing to the performance failure.**
- C. Summarize the performance improvement strategies previously implemented and indicate the effectiveness of each.**
- D. Describe, in detail, the plan of action that will be taken during the next 12 months to correct performance deficiencies. At a minimum, your plan must identify the steps to be taken, specify the benchmarks which will be used to indicate progress and provide a timetable for each step and benchmark.**
- E. Identify and request the technical assistance that will be needed to effectively implement the corrective action strategies.**

The local area will submit quarterly progress reports describing the progress of the corrective action taken, the attainment or non-attainment of benchmarks and any necessary revision of the Corrective Action Plan. Submission dates for your progress reports will be issued by your grants manager.