**Wyoming Community College Commission**

**Risk Assessment Form**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk Assessment Completed for Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Preparation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Section One: New Awards (Year One of Grant Cycle)** | |  |
| **Finance** | | **Yes (True)** | **No (False)** |
| 1 | Program has received AEFLA funding in the previous fiscal year. |  |  |
| 2 | The AEFLA and/or IELCE grant award(s) total less than $250,000. |  |  |
| 3 | WCCC has not been notified by other entities (state/federal grant managers, partner agencies, auditors, staff employed by the program, etc) of potential risks with this provider. |  |  |
| 4 | Budget and planning reflect 17% or more in match funds. |  |  |
| 5 | Other than WIOA Title II, does the Agency have experience in managing other federal, state, local, or private funds? |  |  |
| **Program** | |  |  |
| 1 | The program has not had a new director within the last year. |  |  |
| 2 | The program has not added new services (for example, corrections, IET, ESL) |  |  |
| 3 | Program has not seen a 25% or higher turnover in staff within the last year. |  |  |
| 4 | The program has been existence for more than 3 years. |  |  |
| 5 | The program has outlined a clear three-tiered professional development plan for staff. |  |  |
| **Performance** | |  |  |
| 1 | Program proposal or continuation application did not need to be altered after the competition and/or a State imposed Strategic Action Plan was not required of the applicants to address significant components from the RFP that were not clearly addressed in the competition. |  |  |
| 2 | Program submitted four years of data showing EFL gains for the competition. |  |  |
| 3 | LACES program performance for the past two years reflects an average of at least 50% in participant educational functioning level gains across the two year period. |  |  |
| 4 | Program application described successes in placing students into employment and/or into post secondary education/training programs. |  |  |
| 5 | At least 90% of instructors have completed trainings on how to conduct TABE and/or BEST assessments, as evidenced by documents submitted during the competition. |  |  |
|  |  |  |  |
|  | **Total** |  |  |
| **‘TRUE’ TOTAL SCORING RANKING** | **13-15: Low risk** |  |  |
| **11-12:Medium Risk** |  |  |
| **0-10: High Risk** |  |  |
| Comments: |  |  |  |

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Risk Assessment Completed for Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Preparation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Section Two: Non-competitive Grant Years** |  |  |
| **Finance** | | **Yes (True)** | **No (False)** |
| 1 | Organization has received the Adult Education Federal and/or State grant funds for 3 years of more. |  |  |
| 2 | At least 90% of drawdowns in the year were submitted by their due date. |  |  |
| 3 | Budget revisions were submitted in a timely manner. |  |  |
| 4 | Program tracks cost per student on Federal and State funds. |  |  |
| 5 | Program has a history of returning more than $5,000 of unexpended funds at the end of the year over the past three years. |  |  |
| 6 | Program accounts for expenditures in the correct cost categories and in alignment with an approved budget. |  |  |
| 7 | Program is funded at the top or in the middle quartile. |  |  |
| 8 | Program’s Adult Education department has had a monitoring in the last 5 years. |  |  |
| 9 | During the last monitoring visit, the program was free of findings. |  |  |
| 10 | There was a 25% decrease in funding levels from the previous year, due to program performance. |  |  |
| **Staff Change, Attendance, Professional Development** | |  |  |
| 1 | The program has maintained at least 70% of key program personnel within the past year. |  |  |
| 2 | Program has identified staff needs for professional development and has addressed these needs at the local, state, and national level. |  |  |
| 3 | At least 80% of program staff attended the Summer/Fall State supported professional development trainings. |  |  |
| 4 | Director and/or other key personnel have participated in State supported LACES trainings. |  |  |
| 5 | Program tracks professional development. |  |  |
| **Performance** | |  |  |
| 1 | Program has met the overall performance for educational functioning levels over the past three years. |  |  |
| 2 | Program has met the State post testing target of 60% in the past year. |  |  |
| 3 | Monthly performance reports (desk audits) have been submitted by the due date. |  |  |
| 4 | Quarterly reports and progress towards goal reports were submitted by their respective due dates. |  |  |
| 5 | LACES data is input in a timely fashion. |  |  |
| 6 | Data is reviewed at least monthly to ensure the validity of data. |  |  |
| 7 | Program conducts national data sweeps for enrollments in post secondary education/training. |  |  |
| 8 | Program collects follow up data as required for students who do not provide a social security number and for those special populations indicated in State policy AND this information is recorded into the student’s LACES record. |  |  |
| 9 | Program enrolls students into Career Services course according to State guidelines. |  |  |
| 10 | Program is an active participant in the local One-Stop AND with Next Generation Sector Partnerships. |  |  |
|  | **Totals** |  |  |
|  | **23-25: Low risk** |  |  |
|  | **20-22-:Medium Risk** |  |  |
|  | **0-19: High Risk** |  |  |
|  |  |  |  |
| Comments |  |  |  |