

REVIEWER RESPONSIBILITIES

The certification of Comprehensive One-Stops and their affiliates (as required), fulfills the legal and regulatory requirements and improves the quality and accessibility of services that jobseekers and employers receive at their local Missouri Job Centers. The public—and all stakeholders of the State Workforce Development System—have a right to expect that your certification identifies a center that conducts its business in an efficient, fair, and impartial manner that meets the needs of the local community, its businesses, and its citizens.

By agreeing to serve as a reviewer and member of the certification team, you affirm that you will strive to maintain high standards of fairness, impartiality, and confidentiality in certifying the Missouri Job Center. You will pay scrupulous attention to the documentation of this certification by completing the process in a timely manner and informing the appropriate offices of the team's decision. Beyond checking for required practices, you also have an obligation to the One-Stop Center under review to observe and record any innovative best practices that, if shared, might advance the delivery of services in other centers.

The reviewer's objectivity is the basis for the credibility of the certification. Objectivity includes independence of mind and appearance when examining records or conducting interviews, maintaining an attitude of impartiality, having intellectual honesty, and being free of conflicts of interest. Reviewers should avoid situations that could lead reasonable and informed third parties to conclude that the certification team is not independent and thus is not capable of exercising objective and impartial judgment on all issues associated with the review and reporting on the work.

CONFIDENTIAL INFORMATION ATTESTATION FORM FOR REVIEWERS

I understand that in the course of my work on the One-Stop Certification Team and with the Missouri Division of Workforce Development, Local Workforce Development Board, subrecipient, or partner agency, I will receive or become aware of information that is sensitive or confidential. This information may be written, electronic, or verbal, and may come from a variety of sources. I understand that I am not to access sensitive or confidential information unless it is necessary to complete my job responsibilities. I further understand that the Missouri Division of Workforce Development's policy on Confidentiality and Information Security ([DWD Issuance 13-2016](#)), or any superseding guidance) also applies to information I may inadvertently hear or see that does not directly involve me in an official capacity. I acknowledge that I must protect all sensitive or confidential information.

In the event that I obtain access to any records, files, or other information of the other Party(ies) in connection with, or during the performance of this One-Stop Certification Review, then I will keep all such records, files, or other information confidential. I will comply with all laws and regulations concerning the confidentiality of such records, files, or other information to the same extent as such laws and regulations apply to the other Party(ies). Such information will not include information subject to disclosure pursuant to the Missouri Governmental Bodies and Records Laws (Sunshine Laws) at [RSMo Chapter 610](#).

I agree to hold in confidence and not to disclose any sensitive or confidential information to any person, including employees of state, federal, or local governments, except to those who have an official business reason for the information. Should I have questions regarding the proper handling and disclosure of confidential or sensitive information, I will immediately contact the Missouri Division of Workforce Development for further clarification and direction prior to releasing the information.

ATTACHMENT 1

If I willfully and knowingly disclose such information in any manner to any person or agency not entitled to receive information, I understand that I may be subject to adverse action, including corrective or disciplinary action, or possibly, civil or criminal personal liability.

I, _____ a member of the Missouri Job Center Certification Review
name

Team, do hereby attest and affirm that I have read and understand DWD Issuance 13-2016, Confidentiality and Information Security Plan for the Workforce Development Statewide Electronic Case Management System.

I also hereby declare and promise to carry out my responsibilities in relation to upholding the confidentiality and information security rules while serving on the Missouri Job Center Certification Team.

Signature _____

Print Name _____

Employer of Record _____

Functional Role or Job Title _____

Location of Center being Reviewed _____

Date Signed _____

*For information about the Office of Workforce Development services, contact a [Missouri Job Center](#) near you.
Locations and additional information are available at [jobs.mo.gov](#) or 1-(888)-728-JOBS (5627).*

*The Missouri Department of Higher Education and Workforce Development is an [equal opportunity](#) employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.
Missouri Relay Services at 711.*