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|  | | | ECONOMIC SERVICES ADMINISTRATION | | | | | | | | | | | |
| OFFICE OF REFUGEE & IMMIGRANT ASSISTANCE (ORIA) | | | | | | | | | | | |
| LIMITED ENGLISH PROFICIENCY (LEP) PATHWAY | | | | | | | | | | | |
| EMPLOYMENT PLACEMENT SERVICESCONTRACT MONITORING CHECKLIST | | | | | | | | | | | |
| ON-SITE REVIEW | | | | | | | | | | | |
| **INSTRUCTIONS:** This checklist is to be used when conducting a site-monitoring visit for any contractor providing **LEP Pathway Employment Placement Services**. It is to be used in conjunction with the **Basic Client Service** checklist. A copy of this checklist will be maintained with the contract file. | | | | | | | | | | | | | | |
| **DATE OF REVIEW:** | | | | |  | |  | | | **CONTRACT NUMBER:** | | | | |
| **CONTRACTOR NAME:** | | | | | | | | | | | | | | |
| **REVIEWER(S):** | | | | | | | | | | | **COUNTY:** | | | |
| **PARTICIPANT NAME:** | | | | | | | | | **JAS I.D. #:** | | **LAST MONTH BILLED:** | | | |
| Insert **CODE** in appropriate column | | | | **✓**- Requirement met | | **🗙**- Requirement not met | | **NA**- Not applicable | | **P**- Presumed compliance; no evidence to the contrary | | | | **PA**- Partial compliance |
| CONTRACTOR RESPONSIBILITIES | | | | | | | | | | | | | | |
| I. EMPLOYMENT PLACEMENT SERVICES | | | | | | | | | | | | | | |
|  | *REQUIREMENTS* | | | | | | | | | | | *CODE* | *COMMENTS* | |
|  | 1. | Electronic referral accepted/rejected **within 3 business days**. | | | | | | | | | |  |  | |
| 2. | ESL level is determined **within 10 business days**. | | | | | | | | | |  |  | |
| 3. | Participant is tested for ESL level via CASAS or ESL level reported through information provided by the individual’s most recent ESL provider.. | | | | | | | | | |  |  | |
| 4. | LEP status, ESL level and ESL test date updated in eJAS Demographic screen | | | | | | | | | |  |  | |
| 6. | Face-to face interview to assess the individual’s employability conducted. | | | | | | | | | |  |  | |
| 7. | Employment Plan **created, documented and e-messaged to the referring CSO within 14 business days** for TANF clients, proposing full time participation in WorkFirst activities, unless certain barriers to full time participation are identified. | | | | | | | | | |  |  | |
| 8. | Monthly participation and progress notes in eJAS for TANF clients. | | | | | | | | | |  |  | |
| 9. | Contact with parent for WEX/CS referral is within 10 business days | | | | | | | | | |  |  | |
| 10. | **WEX/CS** enrollment info and monthly participation notes are **documented in eJAS**  within 30 days of service completion | | | | | | | | | |  |  | |
| 11. | **Actual hours** for all WorkFirst activities are reported **by the 10-th of the following month** | | | | | | | | | |  |  | |

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| **PARTICIPANT NAME:** | | | | | | | | | |
| Insert **CODE** in appropriate column | | | **✓**- Requirement met | **🗙**- Requirement not met | **NA**- Not applicable | **P**- Presumed compliance; no evidence to the contrary | | | **PA**- Partial compliance |
| CONTRACTOR RESPONSIBILITIES | | | | | | | | | |
| I. EMPLOYMENT PLACEMENT SERVICES (CONTINUED) | | | | | | | | | |
|  | *REQUIREMENTS* | | | | | | CODE | COMMENTS | |
|  | 12. | Excused absences documented in eJAS and reported in Client Monthly Participation screen. | | | | |  |  | |
|  | 13. | Holiday hours reported in Client Monthly Participation screen in accordance with the State recognized holidays. | | | | |  |  | |
| 14. | Immediate notification of the referring CSO after 2 excused or unexcused absences | | | | |  |  | |
| 15. | **Initial placement** is documented in eJAS for TANF clients **within 14 business days**.  Employment details information in the case file for non-TANF/non-PA clients. | | | | |  |  | |
| 16. | 30 and 90 days job retention is documented in eJAS within 30 days of service completion | | | | |  |  | |
| 17. | **DOCUMENTATION-** in participant’s case file: | | | | |  |  | |
| ⏵ | Legible copies of Green Card or I-94 showing A# | | | |  |  | |
| ⏵ | Employment Service Plan which includes ESL level, suggested activities and identifies any barriers to participation | | | |  |  | |
| ⏵ | CASAS test results | | | |  |  | |
| ⏵ | Referrals to job openings | | | |  |  | |
| ⏵ | Job search logs | | | |  |  | |
| ⏵ | Attendance records for ESL/Job Skills Training classes if offered by LEP provider | | | |  |  | |
| ⏵ | Monthly progress notes, participation, attendance and completion of workshops, job skills training or ESL classes if offered by LEP provider. | | | |  |  | |
| ⏵ | Employment placement information, wage gains, employment status changes.  Job retention – 30 days Employment Verification form signed by the employer or | | | |  |  | |
|  | supported with pay stubs.  90 days Retention same as above or certified by agency staff signature as verified with the client or the employer | | | |  |  | |
| ⏵ | Verification of all excused absences reported in the Client Monthly Participation screen. | | | |  |  | |
| ⏵ | Referral to other service providers | | | |  |  | |