|  |  |
| --- | --- |
|  |  ECONOMIC SERVICES ADMINISTRATION |
|  OFFICE OF REFUGEE & IMMIGRANT ASSISTANCE (ORIA) |
|  LIMITED ENGLISH PROFICIENCY (LEP) PATHWAY |
|  EMPLOYMENT PLACEMENT SERVICES CONTRACT 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** |  |  |

|  |
| --- |
| **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 |  |  |