# Washington County Youth Services Sub-Contractor

# Monitoring Guide *{Enter PY here}*

## Workforce Innovation & Opportunity Act (WIOA)

Minnesota Youth Program (MYP)

# Monitoring of a sub-contractor who receives any WIOA funding is authorized in WIOA §184(a)(4) and §188(a)(4). Washington County will monitor a subcontractor at least once each program year of existing contract.

# ON-SITE DOCUMENTATION REVIEW

Date of visit: ***{Enter text here}***

Describe any corrective actions that have been imposed against any sub-contractor providing youth services*. Please provide a copy of the local monitoring tools and any written reports indicating that a corrective action has been requested.*

|  |
| --- |
| ***{Enter text here}*** |

## Policies & Procedures

Does the subcontractor have in place the following policies and procedures, and are they current and being implemented?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adherence to Child Labor Laws {WIOA §181(b)(4)}? |  | Yes |  | No |
| Safe working conditions {WIOA §181(b)(4)}? |  | Yes |  | No |
| Sufficient and meaningful work {WIOA §181(b)(4)}? |  | Yes |  | No |
| Safety and other equipment when appropriate {WIOA §181(b)(4)}? |  | Yes |  | No |
| Adequate worksite supervision {WIOA §181(b)(4)}? |  | Yes |  | No |
| Timely and proper amount of payment to participants {WIOA §181(a)(1)(A)}, including time and attendance records, and pay only for time worked? ***(provide copy of participant timesheet used)*** |  | Yes |  | No |
| Are participants aware of how to file a complaint/grievance  {WIOA §181(c)(1)}? ***(provide copy of notice given to participants)*** |  | Yes |  | No |
| A Worksite Evaluation measuring performance in the workplace  (Required to assess work readiness for work readiness indicator—MYP, TANF Innovation & Youth Competitive funding). ***(provide copy of evaluation used)*** |  | Yes |  | No |
| Prohibition of political activities? |  | Yes |  | No |
| Prohibition of sectarian activities? |  | Yes |  | No |

## Participant Orientation and Safety Training

Describe the subcontractor’s approach to safety training for participants: ***(please provide a sample packet used for participant safety training)***

|  |
| --- |
| ***{Enter text here}*** |

Describe orientation and training provided to worksite supervisors, including youth safety training. Does the subcontractor document that all worksite supervisors and alternate supervisors received training prior to the assignment of participants to the worksite? ***Please provide a sample packet used for supervisor training.***

|  |
| --- |
| ***{Enter text here}*** |

## Grievances, Discrimination Complaints and Worksite Accidents

{WIOA §181(b)(4), §181(c), §184(f)}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have there been any grievances or discrimination complaints filed? |  | Yes |  | No |

***If yes, please attach copies of each complaint.***

|  |  |
| --- | --- |
| How many accident reports have been filed? | ***{Enter number here}*** |

***Please provide Program Liaison with copies of all “First Report of Injury” forms.***

## Work Readiness Indicator (MYP, Youth Competitive and TANF Innovation Projects Only)

How does the subcontractor assure that the Work Readiness Indicator is reported accurately for MYP and TANF youth participants? If the participant’s timesheet or other form tracks “work readiness factors,” please attach a sample copy. How/when is this entered accurately in Workforce One (WF1)?

|  |
| --- |
| ***{Enter text here}*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the subcontractor have in place a “Worksite Evaluation” measuring performance in the workplace? |  | Yes |  | No |

***If yes, please attach a copy.***

## Customer Satisfaction Survey (MYP)

How is the subcontractor collecting customer satisfaction information for MYP? Is the subcontractor using a previously-developed survey or the standard DEED questions (shown below)? ***Please provide a copy of the customer satisfaction survey used.***

|  |
| --- |
| ***{Enter text here}*** |

**Standard DEED Customer Satisfaction Questions for MYP Participants**

Please rate your overall experience as a participant in the Minnesota Youth Program:

**Excellent**

**Very Good**

**Average**

**Below Average**

**Poor**

What was the best part of your experience?

What could be improved?

## Participant File Review

{WIOA §129 (a)(1)}

*The monitor will review up to ten (10) randomly selected participant files.*

How does the subcontractor assure all client records are retained, secured and stored so that they are accessible for audit purposes?

|  |
| --- |
| ***{Enter text here}*** |

What type of file source documentation (transcripts, certificates, diploma, letter from school system, etc.) supports the reported attainment of a diploma, GED, etc.?

|  |
| --- |
| ***{Enter text here}*** |

# Participant Files Review

If conducting only an electronic/online review of data in Workforce One, monitors should consider the following:

* If an electronic ISS (Plan) is used for the participant, is the plan up-to-date and appear to be tailored for the participant?
* Describe the overall quality of case notes in Workforce One. How frequently are they updated? Are milestones (such as receiving a credential or job placement) noted?
* If the participant has been exited from WF1 and in follow-up, does the follow-up information appear to be up-to-date? ***(applicable to WIOA-enrolled youth only)***
* Does the online record contain source documentation in Electronic Document Storage (EDS) supporting participant eligibility?
* If EDS is not used, are there relevant case notes indicating these documents can be found in the participant file?

**Names of Participant Files for Review**

**(Note: include the Workforce One ID number or last four digits of the participant’s Social Security number after their name. If the participant is funded through another funding stream, please note that as well.)**

|  |
| --- |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **6.** |
| **7.** |
| **8.** |
| **9.** |
| **10.** |

# WIOA YOUTH AND MINNESOTA YOUTH PROGRAM CASE FILES CHECKLIST

| **ITEM** | **FILE CHECK-OFF** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#1** | **#2** | **#3** | **#4** | **# 5** | **#6** | **#7** | **#8** | **# 9** | **# 10** |
| Case file is kept secured in file cabinet or electronically. |  |  |  |  |  |  |  |  |  |  |
| Social Security Number |  |  |  |  |  |  |  |  |  |  |
| Emergency contact person(s) and phone number. |  |  |  |  |  |  |  |  |  |  |
| Parental participation consent form for minors. |  |  |  |  |  |  |  |  |  |  |
| Address and telephone number. |  |  |  |  |  |  |  |  |  |  |
| Documentation of low-income status. |  |  |  |  |  |  |  |  |  |  |
| Documentation of applicable barriers. |  |  |  |  |  |  |  |  |  |  |
| Documentation of legal residency. |  |  |  |  |  |  |  |  |  |  |
| Documentation of age. |  |  |  |  |  |  |  |  |  |  |
| Documentation of Selective Service registration for males 18 and older. ***(Not needed if enrolled only in state-funded services.)*** |  |  |  |  |  |  |  |  |  |  |
| ***(Applicable to WIOA co-enrolled youth only)*** Copies of IEPs and other developmental or career plan strategies for youth. |  |  |  |  |  |  |  |  |  |  |
| ***(Applicable to WIOA co-enrolled youth only)*** Copies of Individual Training Account (ITA) documentation. |  |  |  |  |  |  |  |  |  |  |
| Work Readiness Indicator documentation – pre and post ***(MYP/TANF Innovation/Youth Competitive funding)*** |  |  |  |  |  |  |  |  |  |  |
| ***(WIOA-enrolled youth only)*** A copy of the initial, on-site assessment of enrollee needs addressing the youth's social/economic/academic/ functional status, long-term training choices, placement choices, family support, and environmental and special needs. |  |  |  |  |  |  |  |  |  |  |

# WIOA YOUTH AND MINNESOTA YOUTH PROGRAM CASE FILES CHECKLIST -- CONTINUED

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITEM** | **FILE CHECK-OFF** | | | | | | | | | |
| **#1** | **#2** | **#3** | **#4** | **# 5** | **#6** | **#7** | **#8** | **# 9** | **# 10** |
| Copies of other academic, occupational and career assessment results. |  |  |  |  |  |  |  |  |  |  |
| Copies of the enrollee's work history and Individual Service Strategy (ISS), including measurable goals based on the enrollee's needs assessment that will allow the youth to gain social/economic/ academic/functional status skills or maintain/increase their current functioning level. |  |  |  |  |  |  |  |  |  |  |
| Documentation of supportive services provided, including housing, clothing, food, transportation, child daycare, academic, medical, mental health, vocational, and post-placement follow-up services. |  |  |  |  |  |  |  |  |  |  |
| Correspondence (i.e., letters local service provider contacts, post-placement follow-ups and evaluations). |  |  |  |  |  |  |  |  |  |  |
| Case notes including documentation of the type of contact made with the youth and/or all other persons who may be involved with the youth's care and career development. |  |  |  |  |  |  |  |  |  |  |
| Copies of interim and post-participation assessment results indicating progress in meeting short-term goals (e.g. report cards, resumes, etc.) |  |  |  |  |  |  |  |  |  |  |

*There may be other documentation that is not required (e.g. report cards, resumes, etc.) that can be noted in the space below.*

Additional documentation/comments on case files:

|  |
| --- |
| ***{Enter text here}*** |

# Attachment A

# SITE SUPERVISOR OR INSTRUCTOR INTERVIEW

|  |  |  |  |
| --- | --- | --- | --- |
| Subcontractor Name: |  | Name of Site: |  |
| Site Supervisor/ Instructor/ Crew Leader: |  | Alternate Supervisor: |  |

Location of Worksite: ***{Enter text here}*** Date of Visit: ***{Enter text here}***

How long have you been a worksite supervisor for job training programs?

|  |
| --- |
| ***{Enter text here}*** |

Describe services provided at site and project goals/expected outcome(s):

|  |
| --- |
| ***{Enter text here}*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did the Supervisor or Instructor and/or Alternate attend an orientation session? |  | Yes |  | No |
| ***Describe:*** | | | | |

How often do you confer with the WDA staff? Is this in person, by email or telephone?

|  |
| --- |
| ***{Enter text here}*** |

How often do you submit timesheets and participant evaluations?

|  |
| --- |
| ***{Enter text here}*** |

What are the participant’s job duties?

|  |
| --- |
| ***{Enter text here}*** |

As a worksite supervisor, how do you see this program benefiting youth?

|  |
| --- |
| ***{Enter text here}*** |

Have you observed any changes in participants’ skills, behaviors, attitudes and other work readiness indicators?

|  |
| --- |
| ***{Enter text here}*** |

If appropriate, did the crew leader attend:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Crew leader Training? |  | Yes |  | No |
| Team Building Activities? |  | Yes |  | No |
| Is there sufficient work to be done? |  | Yes |  | No |
| Are there adequate supplies to work with? |  | Yes |  | No |
| Is there an alternate site for outdoor sites in case of inclement weather? |  | Yes |  | No |
| Is there a signed worksite agreement on site? |  | Yes |  | No |
| Are there sanitary facilities available? |  | Yes |  | No |
| Is there a first aid kit on-site that is easily accessible? |  | Yes |  | No |
| Have there been any accidents? |  | Yes |  | No |
| If yes, have any accident reports been filed? |  | Yes |  | No |
| Any indication of Child Labor Law violations (monitor’s observation)? |  | Yes |  | No |
| ***If yes, describe:*** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are the working conditions safe and appropriate for the youth program  (**monitor’s observation**)? ***If no, describe:*** |  | Yes |  | No |
| ***{Enter text here}*** | | | | |

How is participant progress measured and documented?

|  |
| --- |
| ***{Enter text here}*** |

How do you help the participant achieve his/her goals and objectives?

|  |
| --- |
| ***{Enter text here}*** |

**Attachment B**

**PARTICIPANT INTERVIEW**

|  |  |
| --- | --- |
| Participant’s Name: |  |
| Participant’s Age: |  |
| Name/Location of Site: |  |
| Date of Interview: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this the first year you have participated in the Youth Employment Program? |  | Yes |  | No |

Who are your supervisors?

|  |
| --- |
| ***{Enter text here}*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is a supervisor available at all times? |  | Yes |  | No |
| Did you have an orientation to the program? |  | Yes |  | No |
| Did it include safety training? |  | Yes |  | No |
| ***If yes, please describe:*** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did you attend team building activity? |  | Yes |  | No |
| ***If yes, please describe:*** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you had any problems getting your paycheck? |  | Yes |  | No |

What are your duties and assignments?

|  |
| --- |
| ***{Enter text here}*** |

How did you get this job?

|  |
| --- |
| ***{Enter text here}*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have enough work to keep busy? |  | Yes |  | No |
| Have you had an accident requiring medical attention at a clinic or hospital? |  | Yes |  | No |

If yes, when did it occur and what happened? Did you report the accident to your supervisor?

|  |
| --- |
| ***{Enter text here}*** |

Where is the First-Aid Kit?

|  |
| --- |
| ***{Enter text here}*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you receive help from others when you need it? |  | Yes |  | No |
| Do you have enough tools/supplies to work with? |  | Yes |  | No |
| Do you know what to do if you are unable to come to work? |  | Yes |  | No |

What do you do if you have a complaint or grievance?

|  |
| --- |
| ***{Enter text here}*** |

What do you like / dislike about the program?

|  |
| --- |
| ***{Enter text here}*** |

What are your suggestions to improve the program?

|  |
| --- |
| ***{Enter text here}*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you participate in any math or reading programs as part of this program? |  | Yes |  | No |
| ***If yes, do you find them useful? {Enter text here}*** | | | | |

What skills are you learning on the job?

|  |
| --- |
| ***{Enter text here}*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your supervisor/instructor talk to you about your progress? |  | Yes |  | No |
| ***Describe: {Enter text here}*** | | | | |

What are your plans for the future in terms of school and/or work?

|  |
| --- |
| ***{Enter text here}*** |

**Attachment C**

**DEED Workforce Development Division’s Financial Reconciliation**

**DEED Workforce Development Division’s Financial Reconciliation Procedure**

Monitor will conduct a financial reconciliation with the grantee’s/subcontractor’s fiscal staff. ***Minnesota’s Office of Grants Management (OGM) policy 08-10 requires one financial reconciliation (can be more than one depending on findings) for a grant award over $50,000.***

Financial Reconciliation process includes but is not limited to:

* A review of the grant’s/contract’s financial transactions that support the total Accrued Cumulative Expenditures.
* Program Monitor will select the Financial Status Report (FSR) or Reimbursement Payment Request (RPR) for a specified time period and request the information in advance of the on-site review.
* The Grantee/subcontractor will be notified of the selected time period prior to the on-site review.
* Cost categories on FSR/RPR will be compared to service provider’s financial transaction report.
* Program Monitor will request/obtain supporting documentation for each cost category to trace back to initial invoice.
* The selected FSR monthly expenditures will be compared to the Cash Advance Payment Request (CAPR) to identify significant variances.

Documents required for this process:

* The financial transaction report that supports the total expenditures for given period
* The FSR or RPR selected for review
* The financial detail that supports the expenditures in all cost categories of the FSR or RPR selected for review
* Documentation including initial invoices to support randomly selected expenditures from the various cost categories.
* For FSRs, the CAPR will be obtained and reviewed for the same given period.
* Documentation to support the amount of Unspent Obligations shown on the FSR/RPR for the selected time period.

|  |  |
| --- | --- |
| Grantee/subcontractor: |  |
| Project /Program Name: |  |
| Contract Number: |  |
| Term of Contract: |  |
| Month/Year Selected for Review : |  |
|  |  |
| Cost Categories Reported on FSR/RPR | Amount of Expenditure |
| Administration | $ |
| Youth Participant Wage/Fringe | $ |
| Direct Services to Youth | $ |
| Outreach to Schools | $ |
| Support Services | $ |
|  | $ |
| Total Expenditures for Month | $ |
|  |  |
| Financial transaction report supports amount of expenditures? If not, why? |  |
| Expenditures selected for review. | Was it traceable? Any discrepancies? |
| Administration: |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Unspent Obligations**  Does the Financial Status Report or Reimbursement Payment Request show Unspent Obligations? If so, obtain documentation to support the amount shown. Is the amount justified? If not, why? |  |
| **Cash Advance Payment Request** | $ |
| Amount identified on CAPR appropriate? If not, why? |  |
| **Reimbursement Payment Request** | $ |
| Amount requested appropriate? If not, why? |  |
| Significant Findings: |  |

Note: Differences will exist due to variances between accrual basis reporting on FSRs and cash basis requests on CAPRs. Note any differences.

Analysis includes but is not limited to:

* Budget categories/expenses are part of the respective work plan and budget narrative
* Grantee adequately allocates administration costs versus program costs
* Expenditures in cost categories are in line with the work plan and budget summary
* Unspent obligations are correctly identified

(DEED, 07/01/2015)