

ARBOR, INC.
ARBOR CAREER CENTER (MERCED COUNTY)
CORRECTIVE ACTION PLAN

In response to the most recent monitoring visit by PITD ARBOR will immediately implement the following corrective actions:

1) Mr. Charles Jameson, Vice President, will immediately resume direct responsibility for the supervision of the program.

2) Ms. Patricia New by will immediately assume the role of Assistant Manager and will be responsible for the direct, on-site oversight of the Director and the Merced program Ms. New by was the director of the Stanislaus program for five years, and is a former employee of PITD. Ms. New by is highly knowledgeable regarding youth programs and, WIA regulations and will bring this knowledge and her experience in managing youth program to her new duties In Merced.

3) Under Ms. Newby's supervision, ARBOR will immediately conduct a case by case audit of all youth who have been served by our program to verify those youth who have been enrolled and those youth who have been exited. The audit will also review the documentation supporting the enrollment and exit information. The minimum documentation for verification of the exit information shall at a minimum include:

a) Job Placement

- 1) Copy of pay stub
- 2) Signed letter from employer verifying the hire date, hours per week, and wage (see attached form) or signed staff telephone verification of the above information with the employer (see attached form)

b) Job Retention

- 1) Copy of pay stub
- 2) Signed letter from employer verifying the hire date and that the youth il) still working (see attached form) or signed staff telephone verification of job retention with the employer

c) Credentials

- 1) Copy of the certificate of completion from the applicable school
- 2) Copy of the notification of GED attainment or GED certificate
- 3) Copy of other acceptable documentation as applicable for other approved credentials

ARBOR shall never use self-verification by the youth to document program outcomes.

Copies of all documentation of program outcomes will be maintained in each youth's file, including case notes reflecting staff telephone verifications of outcomes.

Whenever possible, ARBOR shall arrange with vendors to directly send us a copy of the credential.

ARBOR will provide PITD with an updated roster of all youth enrolled and verify enrollments and outcome information prior to the next meeting of the Youth Council Operations Committee meeting.

4) Ms. Newby will conduct an audit of all enrollment and exit paperwork to ensure that the forms are being completed correctly. Additional training will be provided to the Merced staff as needed. No enrollment or exit paperwork will be forwarded to PITD until it has been reviewed and approved by Ms. Newby.

5) Ms. New by will be the primary contact with PITD staff for all program related matters until further notice. Finance and contract issues should be addressed to Mr. Jameson,

6) Ms. New by will conduct a thorough review of the Work Statement and ensure that the program is in compliance with all programs and services included in the Work Statement. In particular, our staff will review the mentoring program to develop new ideas on how this activity can be expanded beyond its current status. ARBOR will provide PITD and the Youth Council with its plans for the mentoring program before the Youth Council meeting scheduled for March 8, 2002. We have attached a draft Work Success Plan that we will begin using upon approval by PITD.

7) Mr. Jameson will attend the March 8, 2002 Youth Council Meeting to answer any questions that members may have regarding our corrective action plan.

ARBOR believes that the implementation of the corrective action plan will resolve any concerns addressed in PITD monitoring and will build upon those existing strengths to create a youth program that will meet the needs of Merced youth and the expectations of PITD, the Youth Council, and ARBOR.

Arbor Inc. Work Success Assessment/PDI Evaluation for Employers

Client Name: _____

Worksite: _____

1	Poor
2	Fair
3	Good
4	Very Good
5	Excellent

For each item identified below, circle the number to the right that best fits your judgement of its quality. Use the scale above to select the quality number.

Description / Identification of Survey Item	Scale				
	1	2	3	4	5
Appearance	1	2	3	4	5
Reliability	1	2	3	4	5
Ability to Perform Required Tasks	1	2	3	4	5
Following Directions	1	2	3	4	5
Attendance	1	2	3	4	5
Punctuality	1	2	3	4	5
Initiative	1	2	3	4	5
Work Ethic	1	2	3	4	5
Overall Work Success Rating	1	2	3	4	5

List **STRATEGIES** for Professional Development Career Advancement: (i.e., certifications, staff development, additional training, etc.)

List any areas that you feel would improve this employee's performance:

Signature: _____ Title: _____

Phone: _____ Fax: _____

Please mail to:
Director
Arbor Career Center
1429 Motel Drive
Merced, CA 95340
Or fax to
(209) 384-3606

ARBOR Career Center (Merced County)

EMPLOYMENT VERIFICATION FORM

Employee Name: _____

Employee SS#: _____

Employer: _____

Address: _____

Contact Person: _____ Title: _____

Phone #: _____

HIRING INFORMATION

Hire Date: _____ Position: _____

Wage: _____ Hours: _____

Employer Signature/Date

Staff Telephone Verification (To be used only if other documentation not availa

Staff Signature/Date Verified _____

Name of Employer Staff Verifying Placement _____

COMMENTS:

ARBOR Career Center (Merced County)
RETENTION/W AGE GAIN VERIFICATION FORM

Employee Name: _____

Employee SS#: _____

Employer: _____

Address: 1 _____

Contact Person: _____ Title _____

Phone #: _____

90 DAY RETENTION/W AGE GAIN INFORMATION

Hire Date: _____

Current Position: _____

Wage: _____ Hours: _____

Employer Signature/Date

Staff Telephone Verification (To be used only if other documentation not availab

Staff Signature/Date Verified _____

Name of Employer Staff Verifying Information _____

6 MONTH RETENTION/WAGE GAIN INFORMATION

Hire Date: _____

Current Position: _____

Wage: _____ Hours: _____

Employer Signature/Date

Staff Telephone Verification (To be used only if other documentation not available)

Staff Signature/Date Verified _____

Name of Employer Staff Verifying Information _____