

**Division of Child Development and Early Education (DCDEE)
Subsidized Child Care Assistance (SCCA) Program
Local Purchasing Agency (LPA) Monitoring Worksheet***

Local Purchasing Agency:

Local Purchasing Agency Director:

LPA personnel involved in monitoring review:

How many staff are involved in the direct administration of the Subsidy Program? _____

What is the current caseload size, per staff? _____

Complete the following chart for each staff member assigned to the Subsidy Program.

Click the box under each job duty item that is applicable to the staff.

Staff name	Position/Classification	Length of time in position	Job Duties Supervision	Job Duties Intake	Job Duties Case Management	Job Duties Including other Programs
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LPA Specific Information and Policies:

Has there been any changes in Supervisory Staff for the SCCA program within the past 12 months? Yes or No _____ If Yes, please provide the updated information: _____

Does the agency receive Smart Start funds? Yes or No _____ Comments: _____

Does the agency pay enhancements? Yes No NA Comments: _____

Other:

List training needs/requests you would like shared with Subsidy Technical Assistance Consultants: _____

Are there any questions and/or concerns you would like to discuss with the Program Compliance Consultant at the upcoming monitoring process? _____

Agency Use:

Name/Title of Person that Completed Worksheet: _____

Date Completed: _____

Reviewed By: Authorized Agency Representative Signature/Date

DCDEE Use:

Date Received: _____

Date Reviewed: _____

Date of Last Monitoring Visit:

Date of Last Risk Level Assessment: SFY xxxx-xxxx

Previous Monitoring Score:

Result of Risk Level Assessment: