# WORKFORCE CONNECTION YOUNG ADULT SERVICES WORK EXPERIECE AGREEMENT

Between

# FRESNO REGIONAL WORKFORCE DEVELOPMENT BOARD YOUNG ADULT PROVIDER OF SERVICES

And

#### THE COUNTY OF FRESNO

THIS WORKFORCE CONNECTION YOUNG ADULT SERVICES WORK EXPERIENCE AGREEMENT ("AGREEMENT") describes the terms and conditions between the Fresno Regional Workforce Development Board (FRWDB) YOUNG ADULT PROVIDER OF SERVICES ("PROVIDER"), and <u>The County of Fresno</u> ("WORKSITE"). In relationship to the placement of WIOA Young Adult Participants ("PARTICIPANT") placed at the WORKSITE. PARTICIPANTS are employees of the FRWDB's Young Adult Provider of Services. The FRWDB Young Adult Provider of Services will act as the EMPLOYER OF RECORD for the PARTICIPANT and provide all payroll and associated costs (i.e. workers' compensation, taxes, etc.). Should the PROVIDER stop being the EMPLOYER OF RECORD for the PARTICIPANT during the term of this AGREEMENT, the AGREEMENT shall automatically terminate and the PROVIDER will immediately notify the WORKSITE of such termination.

The term of this AGREEMENT shall be for a period of three (3) years, commencing on November 24, 2021, through and including November 23, 2024. This AGREEMENT may be extended for two (2) additional consecutive twelve (12) month periods upon written approval of both parties no later than thirty (30) days prior to the first day of the next twelve (12) month extension period. The Department Head, herein after referred to as the Worksite Supervisor or their designee is authorized to execute such written approval on behalf of the COUNTY (WORKSITE) based on PROVIDER'S satisfactory to extend this AGREEMENT.

The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

**Exhibit A** – Work Experience Training Plan **Exhibit B** – Verification of Safety Training

#### **General Contract Provisions**

#### The Worksite/Worksite Supervisor agrees to:

- 1. The Provider of Services will compensate the youth directly on the basis of actual on-site training hours. The Worksite Supervisor will provide the Provider of Services with an accurately completed and approved timesheet, signed in ink by both the youth and the designated supervisor. The Provider of Services will provide Worker's Compensation insurance, and will pay all applicable payroll taxes. No overtime hours will be allowed; however, if overtime compensation becomes due to a youth participant, the worksite employer agrees to reimburse the Provider of Services for the overtime compensation costs incurred.
- 2. **Work Assignment:** Provide productive work assignments, as agreed upon in the Work Experience Training Plan by the Provider of Services and worksite employer, and assure that adequate work is available to keep youth participants busy during working hours. If the Worksite Employer determines that a change of job duties is necessary, the Work Experience Training Plan must be revised with the new/additional job duties and the Provider of Services must provide its prior written approval.
- 3. These provisions do not establish an employer/employee relationship between the employer and the youth participant. The Provider of Services will be the employer of record, and the relationship between the employer and the youth participant is one of trainer/youth.
- 4. **Safety Training:** Provide safety instructions necessary to reasonably protect the youth against injury, and provide them with necessary equipment to carry out training responsibilities and duties. The worksite supervisor will not allow the youth

Fresno Regional Workforce Development Board

Page 1 of 8

Form# WKX-023, revised 110221

to use any tools, equipment, or machinery until such time as the Verification of Safety Training has been completed, and understands and agrees that the youth participants are prohibited from beginning work assignments until they have been adequately trained and qualified to perform such work assignments.

5. **Work Schedule:** Each Participant's dates of placement, maximum number of allowable hours, and work schedule will be outlined in his or her Work Experience Training Plan. The worksite employer is responsible for paying **any** hours worked over the maximum hours allowed or after the last day of work outlined in the Training Plan, unless an extended end date is requested and approved by the Provider of Service.

The Participant's schedule, which is determined by the Worksite Supervisor, based on staffing needs and the Participant's age and availability, must be approved by the Provider of Service.

An onsite Supervisor must be available during <u>all</u> scheduled work hours, including weekend hours, if any, <u>and</u> the Provider must have staff available on-call to respond to any emergencies or concerns.

Any change from the originally agreed upon schedule, job duties or placement dates must be pre-approved by provider staff.

- 6. **Time Sheet Responsibilities:** Require that Participants accurately and completely record all hours worked on paper or electronic time sheets provided by the Provider and verified by the Worksite Supervisor. Worksite Supervisors are encouraged to review each Participant's time sheet, whether paper or electronic, at the end of each week to ensure that time records accurately report the actual hours worked and do not record any hours for unexcused absences, lunch breaks, hours not worked or recreational activities not approved by the Provider.
- 7. **Supervision:** Provide adequate full-time adult supervision of each Participant by paid staff members (non-volunteer) and timely, constructive feedback, with a maximum ratio of one (1) adult Worksite Supervisor to two (2) Participants. The Provider will consider the number of on-site supervisors and a facility's physical size in placement decisions; more than two (2) youth may be placed at one (1) site **only if** the youth are separated physically in different departments or on different floors. When the Worksite Supervisor assigned to each Participant is unavailable, ensure an alternate supervisor is designated. The Worksite should, whenever possible, inform the Provider if a new supervisor is assigned to the Participants. Assure that sufficient training, materials and equipment are available to carry out work assignments.
- 8. **Performance Reviews:** Prepare and submit youth mid-point and post evaluations as required by Fresno Regional Workforce Development Board (FRWDB) policy and per the guidelines of the Supervisor's Handbook. The Mid-point performance review should include recommendations to improve the performance of the youth or should document the basis for a decision to terminate further worksite training, if necessary. The final performance review should indicate whether the youth will be retained as a full-time employee.
- 9. **Worksite Monitoring:** Allow Provider of Services, FRWDB, State of California, and/or Department of Labor representatives to monitor all conditions and activities involved in performing this agreement. The Worksite Supervisor must assure the following:
  - a. No currently employed worker will be displaced by a youth. This includes partial displacement such as reduction in hours of non-overtime work, wages, or employment benefits.
  - b. No training assignment will infringe upon the promotional opportunities of currently employed individuals.
  - c. No youth shall be placed in a position substantially equivalent to positions for which employees have been laid off.
  - d. Ensure that Participants do not engage in political, labor organizing, religious, or non-work-related fundraising activities during work hours.
  - e. The youth will not assist in the operation or maintenance of that part of any facility that is used for religious instruction or worship.
  - f. Appropriate standards of health and safety and a drug free workplace will be maintained.
  - g. Adequate insurance will be in effect at all times.

- h. Comply and cooperate with audit surveys, audits, and any request by the State of California Department of Labor, Comptroller General, or FRWDB to secure an audit or audit waiver in compliance with Public Law 97-300 Section 164 or the Single Audit Act.
- 10. **Nepotism.** Not provide a training assignment under this program for a member of the owner of the Worksite's immediate family.
- 11. **Subcontract.** Not subcontract the services of the youth provided under this agreement.
- 12. **Transportation.** Ensure that the Participant does not operate a motor vehicle and is not transported offsite to attend meetings or work at different sites during the work day without the express written approval of provider staff in advance.
- 13. **Insurance.** Certify that there will be in effect, throughout the term(s) of training, proper personal and property liability insurance, and if required, appropriate bonding. The worksite shall provide proof of said coverage prior to the youth commencing training.
- 14. **Collective Bargaining.** Obtain the concurrence of the appropriate bargaining entity, when a collective bargaining agreement exists, in order to ensure compliance of the prescribed training with the terms of said agreement.
- 15. **Confidentiality.** Ensure youth are aware of any Worksite policies and procedures with respect to protecting confidential information from disclosure, except to authorized persons.
- 16. **Discipline.** Not initiate discipline on the youth without the written concurrence of the Provider of Services.
- 17. **Youth File Folder onsite.** Maintain a list of Participants, their work assignments, schedules, and emergency card at each worksite as well as a valid work permit for Participants under the age of 18.
- 18. **Hot and Inclement Weather and Drinking Water.** Provide adequate indoor work to occupy Participants during inclement weather and periods when the temperature reaches 105 degrees Fahrenheit, when the regular Worksite is designated as out-of-doors.

Provide adequate cool water, access to shade and extra rest periods for Participants when the temperature exceeds 95 degrees Fahrenheit. Ensure Participants know how to recognize the symptoms of heat stroke and heat exhaustion and what to do.

Provide access to an on-site source of heat, extra rest periods, and thermal insulating materials on equipment handles for Participants when the temperature drops below 30 degrees Fahrenheit.

- 19. Comply with all applicable federal, state, and local laws and regulations relating to a safe and accessible work environment, including but not limited to, federal and state Occupational Safety and Health Administration ("OSHA") laws and regulations, Americans with Disabilities Act (the "ADA") and its regulations, and the Fair Employment and Housing Act (the "FEHA") and its regulations.
- 20. **Compliance with OSHA.** Worksite Supervisor, Service Provider, and FRWDB shall, consistent with the manner described in this section, comply with all federal and state OSHA regulations, which apply to the youth assigned to Worksite Supervisor's location. The following describes the general obligations of worksite employer with regard to OSHA compliance:
  - a. FRWDB and/or Service Provider shall provide that its employees are trained in general safe work practices prior to commencement of services for Worksite Supervisor. Worksite supervisor shall provide that the youth are trained with regard to the specific hazards of and safe work practices before commencing such work and/or training.
  - b. FRWDB and/or Service Provider may inspect Worksite Supervisor's worksite before assigning youth to work there. Fresno Area Workforce Investment Corporation and/or Service Provider may do so thereafter on a periodic basis, with prior notification.
  - c. Upon request by FRWDB and/or Service Provider the Worksite Supervisor will provide documentation of the completion of their OSHA obligations under this section. Worksite Supervisor will include training in its exposure monitoring and sampling programs for the purpose of quantifying employee exposures to chemical, physical, and biological hazards in the youths' assigned tasks. Worksite Supervisor will inform youth of the results of such monitoring and sampling in accordance with OSHA

Fresno Regional Workforce Development Board

Page 3 of 8

Form# WKX-023, revised 110221

requirements. FRWDB, Service Provider, and any youth will be informed of any suspected or known employee exposure in excess of OSHA permissible exposure limits, immediately following Worksite Supervisor's first knowledge of such overexposure.

- 21. The Worksite Supervisor is to notify the Provider within 24 hours of any accidents, special situations, or unusual occurrences. If a Participant is injured or becomes ill, provide first aid or medical attention and notify the Provider immediately, no matter how minor the injury. No more than 24 hours after notice of the injury or illness, the Worksite Supervisor shall file all forms required by the Provider. Furthermore, the Worksite shall cooperate with any injury or illness-related reporting requirements deemed necessary by Provider.
- 22. **Compliance with Equal Employment Opportunity (EEO) laws:** Worksite Employer and Provider of Services shall, consistent with the manner described in this section, comply with all federal, state, and local laws requiring equal employment opportunity, and prohibiting discrimination, harassment, and retaliation in the workplace. The following describes the general obligations of the parties with regard to compliance with EEO and nondiscrimination obligations:
  - a. Provider of Service will provide Worksite Supervisor and all youth with Provider of Service's policies against harassment, discrimination, and retaliation in the workplace upon assignment of any youth to Worksite Supervisor's location, and Service Provider will ensure that all youth are trained on the application of said policies against harassment, discrimination, and retaliation.
  - b. Worksite Supervisor will ensure that Provider of Service's policies against harassment, discrimination, and retaliation are effectively implemented and followed in all respects.
  - c. Worksite Supervisor will report immediately to Provider of Service and to the FRWDB, any information that might constitute a violation of **EEO** policies against harassment, discrimination, or retaliation, whether such information is a formal complaint or any other information giving notice of a potential violation of FRWDB's policies.
  - d. Worksite Supervisor will cooperate with Provider of Service and FRWDB with respect to investigating promptly any complaint of harassment, discrimination, or retaliation, and with respect to implementing any corrective action that is reasonable or necessary to ensure that FRWDB's policies against harassment, discrimination, and retaliation are fully and effectively enforced. Upon the written request of FRWDB, either Worksite Supervisor or Service Provider will be given the primary responsibility to investigate any complaints of noncompliance with the FRWDB's EEO and nondiscrimination policies and to take any corrective action. Worksite Supervisor and Service Provider will provide FRWDB with copies of all documents relating to the investigation and any corrective action taken.
- 23. **Termination of the Agreement:** Failure by either party to comply with any or all of the terms and conditions set forth in this AGREEMENT may be cause for the non-breaching party to terminate this AGREEMENT. This AGREEMENT may be terminated by either party without cause upon 30 days advance notice. These program activities are contingent upon federal funding and may be terminated by the PROVIDER or if program funding is discontinued.

The parties each represent and warrant that the signatories below are authorized to sign this AGREEMENT on behalf of themselves or the party on whose behalf they execute this AGREEMENT.

Ecteronic Signatures. Each party agrees that this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

THE PARTIES HEREBY EXECUTE THIS AGREEMENT with their signature below.

As an authorized agent of the work experience WORKSITE, I hereby acknowledge that the WORKSITE understands and agrees to the requirements set forth in this agreement, the general provisions and the Work Experience Training Plan.

WORKSITE:		
County of Fresno		
/112	12/14/2021	ATTEST:
Signature:	Date:	BERNICE E. SEIDEL Clerk of the Board of Supervisors
-	Duto.	County of Fresno, State of California
Name: Steve Brandau Fitle: Chairman, Fresno County Board o	of Supervisor	By Mer Crys
		Deputy
	d accept all conditions as set	YOUNG ADULT PROVIDER OF SERVICE forth in this agreement, the general provision
FRUNDER OF SERVICES: A  Joseph Oaxaca		Workforce Solutions (Equus)
99708D89F0484B7	11/2/2021	
Signature:	Date:	
Name: Joseph Oaxaca Fitle: Project Director		
Title. Troject Birector		
FRWDB PROVIDER OF SERVICES: Fi Emilia Reyes		y Commission (FEOC)
Emilia Reyes  —5197245EF8D7493	11/4/2021	y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Bignature:		y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Signature:  Name: Emilia Reyes	11/4/2021	y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Signature: Name: Emilia Reyes	11/4/2021	y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Signature: Name: Emilia Reyes  Title: Chief Executive Director  FRWDB PROVIDER OF SERVICES: Pr	11/4/2021  Date:	y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Signature: Name: Emilia Reyes  Fitle: Chief Executive Director  FRWDR PROVIDER OF SERVICES: Pi  Maria Aguilar	11/4/2021  Date:	y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Signature: Name: Emilia Reyes  Fitle: Chief Executive Director  FRWDB PROVIDER OF SERVICES: Provider Aguilar  B338E8E888883401	Date:	y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Signature: Name: Emilia Reyes  Fitle: Chief Executive Director  FRWDB, PROVIDER OF SERVICES: Provider Aguilar  BISSEESSEESSEESSUIT  Signature: Name: Maria Aguilar	11/4/2021  Date:  roteus, Inc.  11/2/2021	y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Signature: Name: Emilia Reyes  Fitle: Chief Executive Director  FRWDB, PROVIDER OF SERVICES: Provider Aguilar  Bignature: Name: Maria Aguilar	11/4/2021  Date:  roteus, Inc.  11/2/2021	y Commission (FEOC)
Emilia Reyes  5197245EF8D7493  Signature: Name: Emilia Reyes  Fitle: Chief Executive Director  FRWDB, PROVIDER OF SERVICES: Provider Aguilar  BISSEESSEESSEESSUIT  Signature: Name: Maria Aguilar	11/4/2021  Date:  roteus, Inc.  11/2/2021	y Commission (FEOC)
Emilia Reyes  Signature: Name: Emilia Reyes  Title: Chief Executive Director  ERWDB PROVIDER OF SERVICES: Proprietable of	11/4/2021  Date:  roteus, Inc.  11/2/2021  Date:	
Emilia Reyes  Signature: Name: Emilia Reyes  FITTE: Chief Executive Director  FRWDB, PROVIDER OF SERVICES: Provided by Provide	11/4/2021  Date:  roteus, Inc.  11/2/2021  Date:	
Signature: Name: Emilia Reyes Title: Chief Executive Director  FRWDB, PROVIDER OF SERVICES: Properties of Services: Waria Aguilar Title: Youth Program Manager  FRWDB, PROVIDER OF SERVICES: Waria Garcia	Date:  roteus, Inc.  11/2/2021  Date:  Pest Hills Community Colleg  11/3/2021	
Emilia Reyes  Signature: Name: Emilia Reyes  FITTE: Chief Executive Director  FRWDB, PROVIDER OF SERVICES: Provided by Provide	Date:  roteus, Inc.  11/2/2021  Date:  Pest Hills Community Colleg	

### **Exhibit A**

## **WORK EXPERIENCE TRAINING PLAN**

Participant Name:		Participant Job Tile:				
State ID Number:			Department (if any):			
Work Schedule:		Participant may work a maximum of hours per week				
			and a maximum of _	total hours	during Work	
			Experience placeme		•	
			Start Date: En	d Date:		
			The Participant shall	be compensate	d for actual hours at	
					not to exceed four (4)	
					ght (8) hours per day	
					not to exceed 40 hours.	
	_					
Provider of Service I	Name:		Worksite Name:			
Provider of Service Ad	dress:		Worksite Address:			
Primary Staff Name:			Worksite			
Filliary Stall Name.			Supervisor Name:			
Primary Staff Phone:			Worksite			
			Supervisor Phone:			
Primary Staff Email:			Worksite Supervisor Email:			
Alternate Manager/Sta	ff		Alternate Worksite			
Name:	"		Staff Name:			
Alternate Manager/Sta	ff		Alternate Worksite			
Phone:			Staff Phone:			
		WORKSITE TE	RAINING PLAN			
Primary Tasks / Joh	Duties (Mand	atory) – Clearly describe	the work this Partici	ant will nerfor	m Include all tasks	
		atory) – Clearly describe			m. Include all tasks	
		atory) – Clearly describe ling at the worksite. Atta			m. Include all tasks	
					m. Include all tasks	
					m. Include all tasks	
					m. Include all tasks	
					m. Include all tasks	
					m. Include all tasks	
					m. Include all tasks	
that the participant v	will be perforn	ning at the worksite. Atta	ch additional sheet if	necessary.		
that the participant v	will be perforn		ch additional sheet if	necessary.		
that the participant v	will be perforn	ning at the worksite. Atta	ch additional sheet if	necessary.		
that the participant v	will be perforn	ning at the worksite. Atta	ch additional sheet if	necessary.		
that the participant v	will be perforn	ning at the worksite. Atta	ch additional sheet if	necessary.		
that the participant v	will be perforn	ery or chemicals this Pa	rticipant will use on t	necessary.		
that the participant v	will be perforn	ery or chemicals this Pa	ch additional sheet if	necessary.		
List any equipment, supplies, computer:  Describe any specia	tools, machin	ery or chemicals this Pa	rticipant will use on t	necessary.	dening tools, cleaning	
List any equipment, supplies, computer:	tools, machin	ery or chemicals this Pa	rticipant will use on t	necessary.	dening tools, cleaning	
List any equipment, supplies, computer:  Describe any specia	tools, machin	ery or chemicals this Pa	rticipant will use on t	necessary.	dening tools, cleaning	
List any equipment, supplies, computer:  Describe any special boots, etc.	tools, machin	ery or chemicals this Pa  SPECIAL EMPLO r clothing this Participar	rticipant will use on t	necessary.	dening tools, cleaning	
List any equipment, supplies, computer:  Describe any special boots, etc.	tools, machin	ery or chemicals this Pa  SPECIAL EMPLO r clothing this Participar	rticipant will use on t	necessary.	dening tools, cleaning	
List any equipment, supplies, computer:  Describe any special boots, etc.	tools, machin	ery or chemicals this Pa  SPECIAL EMPLO r clothing this Participar	rticipant will use on t	necessary.	dening tools, cleaning	

Worksite Supervisor Name	Worksite Supervisor Signature	Date	
I understand that any change to the by provider Employer of Record staf	originally agreed upon schedule, job duties or placement dates mus ff.	t be pre-a	pproved
with the requirements therein. I have	xperience Training Agreement and the General Contract Provisions ar ave also reviewed the Supervisor's Manual, which sets forth the nal Workforce Development Board Work Experience in more detail. Il be monitored.	expectati	ons and
Provider Staff Name	Provider Staff Signature	Date	
Participant Name	Participant Signature	Date	
behavior. We have reviewed the Oc	urvival Guide, which sets forth the rules and expectations about accel cupational and Academic Educational Plan and agree to comply with y responsible for my actions and agree to comply with all rules. I will do so or concerns.	the require	ements
Work Experience:	lucation component the participant will complete during the	Date	End Date
Clearly describe the Academic Ed	ACADEMIC EDUCATIONAL PLAN	Start	End
Work Experience:	r Education component the participant will complete during the	Date	Date
Clearly describe the Occupations	OCCUPATIONAL EDUCATIONAL PLAN  I Education component the participant will complete during the	Start	End
Participant Name:			
Issues, if any:			
Participant's Transportation			

## **Exhibit B**

### **VERIFICATION OF SAFETY TRAINING**

PARTI	CIPANT NAME:				
WORK	SITE NAME:				
provide	orksite shall prohibit this Participant fred. Worksite Supervisor/Authorized Vant prior to allowing the participant th	Worksite Sta	ff must provide Safe	ty Training and compl	
My sig	natures below attest that:				
	The facility has a written safety police A qualified staff has provided this Para. Training on the worksite's safety b. Detailed instructions in the use of Participant will utilize in the performance. Training in emergency procedured. Training in the Worksite Supervitation plans, and all other supervitations. This worksite shall abide by all applitations their job:	articipant:  / rules and re of all the tools ormance of thes. sor's Injury a ite-specific s cable ADA a	egulations. s, equipment, and maneir job. and Illness Prevention afety rules and safety re	Program (IIPP), emerg and health programs pegulations.	gency action and fire pertinent to this
I have	provided training on the worksite's sa	fety policies,	rules and regulations	to the participant.	
Auth	orized Staff Name	Authorized	I Staff Signature		Date
this Wo	received an orientation on the works orksite's safety policies, rules, and reg g on the use of all tools, equipment, and nery on which I have been trained.	gulations. My	Worksite Supervisor/	'Authorized Staff has p	rovided me with safety
Partic	cipant Name	Participan	t Signature		Date