



Mayor William Peduto

## 2014 Monitoring Form and Questionnaire Pittsburgh Summer Youth Employment Program

**Contractor:** \_\_\_\_\_ **Program Contact:** \_\_\_\_\_

**Date of Review:** \_\_\_\_\_ **Monitor:** \_\_\_\_\_

**Name and Location of Facility Visited:** \_\_\_\_\_  
\_\_\_\_\_

Responses to any item may be continued on the back of this document. If continued to the back of this document, please identify the section and item number.

### **Facility/Worksite**

1. Does the place of activity appear safe?  
Describe any concerns \_\_\_\_\_
2. Is the worksite in compliance with Child Labor Laws? \_\_\_\_ Yes \_\_\_\_ No
3. Are there adequate and clean restroom facilities? \_\_\_\_ Yes \_\_\_\_ No  
If No, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Are First Aid and/or emergency supplies available? \_\_\_\_ Yes \_\_\_\_ No
5. Are EEO and required postings present in publicly accessible locations?  
\_\_\_\_ Yes \_\_\_\_ No
6. Is the facility ADA accessible? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not Applicable  
If no, how are disabled participants accommodated?
7. Is the facility or activity within reach of public transportation? \_\_\_\_ Yes \_\_\_\_ No  
If No, how are youth transported to work sites or work areas? \_\_\_\_\_  
\_\_\_\_\_
8. Is there a posted emergency and injury report procedure? \_\_\_\_ Yes \_\_\_\_ No  
Are participants trained in these procedures? \_\_\_\_ Yes \_\_\_\_ No

### **Worksite**

1. What work or activity was observed during the visit to the worksite?

2. Are participants actively engaged in the observed work or activity?  
 Yes  No
3. Does work or activity fall into one of the following high growth industry classifications? **(Circle)**:  
 Information and Communications, Education, Advanced Materials and Diversified  
 Manufacturing, Building and Construction, Robotics, Financial Services, Health Care, Life  
 Sciences, including "Green Industries."
4. If the activity is considered connected or related to "green" industries or "green" conceptual  
 frameworks, briefly describe.
5. Does the work experience introduce and reinforce the rigors, demands, rewards, and  
 opportunities associated with holding a job?
6. Does the activity appear to be "busy work" or some other non-work function?  
 If the activity is a non-work function, explain.
7. Does work/activity match that described in the Worksite Agreement?  Yes  No  
 If not, describe differences.

**Paperwork/Files at contractor site**

1. Are worksite agreements in place? (Verify)
2. Does the worksite appear safe?  
 Describe any concerns \_\_\_\_\_
3. Is the worksite in compliance with all Child Labor Laws?
4. Does all staff who work directly with youth have Act 33/34 clearances? (Must visually verify)  
 Yes  No
5. Are EEO and other required postings present in public accessible locations?  
 Yes  No
6. Is the facility ADA accessible?  Yes  No  Not Applicable  
 If no, how are disabled participants accommodated?
7. Do files contain a full copy of the application and evidence of an initial orientation?  Yes  
 No
9. Do files contain Progress Reports?  
 Yes  No

**Time and Attendance Records**

1. Are time sheets being filled out correctly and submitted on schedule?
2. Are Pittsburgh Partnership Time Sheets being used to record time and attendance? If not,  
 what was used? \_\_\_\_\_?
3. Are time sheets completed in pen and signed by both participant and supervisor? (Verify)

4. Are time sheets completed each day with participants signing in and out at the beginning and end of each day and for the start and end of the lunch period?
5. At the time of the visit, were all youth present who signed in that day?
6. Are there separate time sheets for Workplace Training stipend activity and work experience wage activity?

### **Work Readiness Training**

1. Has at least one staff person been trained and responsible for Workplace Training and Career Exploration training? Who is that person? \_\_\_\_\_
2. Has the Workplace Training and Career Exploration training been completed? \_\_\_\_\_
4. Are Progress Reports completed for the 3rd week and 6<sup>th</sup> week period? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Staffing**

1. Do staff members appear to understand the administrative requirements of the Summer Youth Employment Program? (e.g. time sheets, required hours, breaks, etc)? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are staff members knowledgeable of emergency and first aid provisions and procedures?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
3. Is there proper supervision (at least a 12:1 youth to supervisor ratio)?
4. Name of immediate supervisor(s) \_\_\_\_\_  
Supervisor phone: \_\_\_\_\_
5. Do all staff who work directly with youth have Act 33/34 clearances? (Must visually verify)  
\_\_\_\_\_ Yes \_\_\_\_\_ No If No, explain: \_\_\_\_\_  
\_\_\_\_\_

### **Rosters/Enrollment**

1. Have youth been assigned to all available openings? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are all participant openings filled? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does contractor need additional participant referrals/applications faxed over?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
3. Has the program operator/contractor experienced any problems in the operations of  
its PSYEP? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Has the program operator encountered any particularly difficult or problematic cases?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If so, explain \_\_\_\_\_  
\_\_\_\_\_

5. Does the staff seem willing to work cooperatively to meet the requirements?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Additional comments pertaining to staff: \_\_\_\_\_

**Participants**

1. Are youth knowledgeable of timesheet requirements? \_\_\_\_ Yes \_\_\_\_ No

2. Are youth knowledgeable of pay dates? \_\_\_\_ Yes \_\_\_\_ No

3. Do youth know what to do in the event of an accident? \_\_\_\_ Yes \_\_\_\_ No

4. Do youth know what how to report an injury or accident? \_\_\_\_ Yes \_\_\_\_ No

5. Do youth know where the required postings are located? \_\_\_\_ Yes \_\_\_\_ No

5. Describe general feeling of work assignments by participants. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. List the youth who were interviewed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Findings:**

Highlights of Program or Worksite:

Concerns or issues negatively impacting worksite:

Recommendations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe recommendations for Corrective Actions, if required:  
(Note section and item number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_