



# Monitoring Form and Questionnaire Learn & Earn Summer Youth Employment Program

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

**Date of Review:** \_\_\_\_\_ **Worksite Supervisor** \_\_\_\_\_

**Name and Location of Worksite 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.

**Worksite**

1. Does the place of activity appear safe?  
Describe any concerns \_\_\_\_\_
2. Is the worksite in compliance with Child Labor Laws including appropriate posters?  
\_\_\_\_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. Is the facility ADA accessible? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Not Applicable  
If no, how are disabled participants accommodated?
6. Is the facility or activity within reach of public transportation? \_\_\_\_Yes \_\_\_\_No  
If No, how are youth transported to work sites or work areas? \_\_\_\_\_
7. Is there a posted emergency and injury report procedure? \_\_\_\_Yes \_\_\_\_No  
Are participants trained in these procedures? \_\_\_\_Yes \_\_\_\_No

**Learn & Earn Activity**

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 including appropriate Labor postings in publicly accessible locations? \_\_\_\_\_Yes \_\_\_\_\_ No
4. Does all staff who interact directly with youth have Act 33/34 clearances (Must visually verify)? \_\_\_\_\_Yes \_\_\_\_\_No
5. Is the facility ADA accessible? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Not Applicable  
  
If no, how are disabled participants accommodated?
6. Do participant folders contain a full copy of the application, I-9, work permit (if applicable), EEO and photo release? \_\_\_\_\_Yes \_\_\_\_\_No
9. Do files contain Progress Reports and time sheets?  
\_\_\_\_\_Yes \_\_\_\_\_No

### **Time and Attendance Records**

1. Are time sheets being filled out correctly, completed in ink, signed by both participant and supervisor, 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 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?
4. At the time of the visit, were all youth present who signed in that day?
5. Are there separate time sheets for Work Readiness Training stipend activity and work experience wage activity?

### **Work Readiness Training**

1. Has at least one staff person been trained and responsible for Work Readiness Training? Who is that person? \_\_\_\_\_
2. What were the dates of the Work Readiness Training? \_\_\_\_\_
3. Provide a summary of the pre-and post-evaluations of the Work Readiness Training.
4. Were there any issues, positive and/or negative, regarding the Work Readiness Training?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contractor Staffing**

1. Do staff members appear to understand the administrative requirements of the Learn & Earn Program? (e.g. time sheets, required hours, lunch 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 most a 10:1 youth to supervisor ratio)?
4. Do all staff that 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 Learn & Earn? \_\_\_\_\_ 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 how to report an injury or accident? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Do youth know where the required postings are located? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Describe general feeling of work assignments by participants and what they have learned by participating in 2014 PSYEP. \_\_\_\_\_

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

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**Other Findings:**

Highlights of Program or Worksite: \_\_\_\_\_

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Concerns or issues negatively impacting worksite: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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

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