

WIOA Work Experience

Worksite Assessment / Monitoring Tool

To be completed by LWIB Monitoring Staff – Prior to the end of the Contract

WORKSITE INFORMATION

Name of Participant(s): _____.

Name of Worksite: _____

Address: _____

Review Date: _____

GENERAL ASSESSMENT

[Assessment Source: worksite agreement / interview questions / observation]

1. Working conditions are safe and sanitary. (Yes / No)
2. There is no evidence that individual(s) have been laid off from the same or substantially equivalent job as any worker-trainee’s job (Yes / No)
3. There is evidence that the worksite provided job experience, skill acquisition and meaningful work to the worker-trainees (Yes / No)
4. There is evidence that the worksite mentored and supervised worker-trainees to ensure skill and experience acquisition adequate to pursue employment (Yes / No)
5. Worksite was provided a copy of completed agreement (Yes/No)
6. Worksite supervisor and staff were provided service provider contact information for both the agency as well as the career planner (Yes/No)
7. Worksite supervisor is aware of who to contact for all work experience participant issues (Yes/No)

WORKSITE PROGRAM MANAGEMENT

[Assessment Source: worksite agreement / interview questions / observation]

1. There is evidence that the worksite has prepared the mandatory Wage Timesheets Form in a customary businesslike fashion, ensuring accuracy as to the hours worked (Yes / No)
2. There is evidence that worksite has provided the worker-trainees with not more than 40 hours per week (Yes / No)
3. There is evidence that worksites are accessible to participants. (Yes / No)
4. There is evidence that the worksite has abided by all of the Program requirements including: (Yes/No)
 - a) Worksites have not employed family members as part of the program.
 - b) Worksites are not engaging in a prohibited activity or industry as defined by the worksite agreement.
 - c) Worksites have only placed worker-trainees into positions that would not exist but for the program. Worksites may not fill positions that were vacated due to layoff or furlough with participants, and may not reduce hours of existing employees in order to employ worker-trainees.
 - d) Worksites have complied with all applicable labor laws.

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- Grantee must ensure worksites for youth adhere to applicable federal/state labor laws. For information and resources on safety and child labor laws, consult <http://www.youthrules.dol.gov/about.htm>, <http://www.state.il.us/Agency/IDOL/Facts/MW.HTM>, <http://www.state.il.us/agency/idol/forms/pdfs/FLSCLL03.pdf> and <http://www.osha.gov/teens>.
- e) WIOA worker-trainees do not comprise more than 50% of the business' workforce at each worksite.
 - f) Worksites have provided a valid DUNS number and Federal Employer Identification Number.
5. The worksite complies with the worksite agreement. (YES / NO)
 6. The Wage Timesheets completed accurately and submitted on according to schedule to insure timely payment to the work-trainee and in accordance with the worksite agreement. (YES/NO)

SERVICE PROVIDER (FILE) MANAGEMENT

[Assessment Source: worksite agreement / interview questions / observation]

1. Pre-Awards Survey completed by Worksite (Yes/No)
2. Worksite Contract completed and signed accurately (Yes/No)
3. Worksite Supervisor Orientation completed prior to start of participants work experience training (Yes/No)
4. Worksite has been monitored by Service Provider at least once during contract period as required by Local Policy (Yes/No)
5. Worksite and participants have been monitored by career planner at least once every thirty days as required by Local Policy (Yes/No)
6. Each participant assigned to worksite has a Work Experience Training Outline accurately completed and signed (Yes/No)
7. Work Experience Training Outline has been update as need to accurately reflect changes to worksite, such as additional tools, uniforms, supplies needed for training (Yes/No)
8. Participant Orientation was completed and signed prior to start of the work experience training (Yes/No)
9. The Work Experience Individual Employment and Training Plan has been accurately completed and signed (Yes/No)
10. The Work Experience Individual Employment and Training Plan has been review and updated to reflect the participants current situation (Yes/No)
11. Each participant assigned to worksite has an accurately completed and signed WIOA application (Yes/No)
12. Each participant assigned to worksite has been certified in IWDS and enrolled in the appropriate services (Yes/No)

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13. Each participant assigned to worksite has case notes entered in IWDS reflecting meaningful two way contact with assigned career planner (Yes/No)

Worker Trainee (Participant) Evaluation

1. What, if any, new skills have been learned as a result of this job/training?
2. Are you engaged in any political/religious activities? (i.e. handing out union cards, asking for votes for union activities; participating in religious services, decorating altars, etc.) Yes/No
3. What are your work hours?
4. When do you receive paychecks (weekly, twice monthly, other)? Is it received timely?
Yes/No
5. Are your paychecks on time? (Yes/No)
6. Are your job duties are in line with the worksite agreement? (Yes/No)
7. Would you recommend this program/training to a friend? Yes/No
8. Any suggestions to make the program better?

Reviewer Signature, Date