

## CWP Worksite Checklist - Initial Monitoring Visit

Contract Year: \_\_\_\_\_ Program: \_\_\_\_\_ Fund Source: \_\_\_\_\_  
 Worksite Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Monitor: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Worksite Supervisor Name	Title
<b>1. FACILITY</b>	
A. Are signed worksite agreements in place and a copy on site for this location?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Is there evidence of adequate security or security precautions at the site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Is the facility adhering to safe standards with adequate lighting and fire safety precautions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Is the facility clean and the grounds well kept?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Comments/Observations regarding worksite facility:	
<b>2. WORKSITE SUPERVISOR</b>	
A. Is there clear supervisory/oversight structure in place? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Did supervisor you receive an orientation? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. Do participants regularly receive mentoring/guidance/evaluation? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Does worksites supervisor know what to do if there's an incident with a participant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
E. Does the supervisor know who to contact at the program for support? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>	
F. Does the supervisor feel that she/he is getting adequate support from program staff? ... Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, explain?	
<b>3. Worksite Activities</b>	
F. Is the work being performed as described in the worksite agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
G. Is there adequate work to occupy the participants? Yes <input type="checkbox"/> No <input type="checkbox"/>	
H. Do participants have proper equipment and/or tools to do their work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I. Are the time and attendance procedures for this worksite being followed? (e.g. procedures for tracking attendance, handling tardiness or absences, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>	
J. Do participant know the expectations of the position/worksite supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
K. How does the participant know how well he/she is doing?	
L. Do worksite participants know their rights & responsibilities pertaining to the worksite? Yes <input type="checkbox"/> No <input type="checkbox"/>	
M. If minors are at the worksite, are occupational restrictions for minors being observed. Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, activity must cease immediately. (See CWP Policy 2-60.1 sec. CT DOL Wage and Workplace Standards webpage for list of prohibited occupations for minors at <a href="https://www.ctdol.state.ct.us/wqwkstnd/minors/wq18yrs.htm">https://www.ctdol.state.ct.us/wqwkstnd/minors/wq18yrs.htm</a> )	
N. If worksite involves children, does the worksite supervisor and participants know the procedures for reporting suspected abuse and/or neglect? Yes <input type="checkbox"/> No <input type="checkbox"/>	
O. General Comments/Observations:	