CWP Worksite Checklist – Follow-up Monitoring Visit

Worksite Name: Address:		Address:
	Worksite Supervisor Name	Title
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1.	FACILITY	
Α.	Is there evidence of adequate security or security precautions at the site? Yes No	
В.	Is the facility adhering to safe standards with adequate lighting and fire safety precautions? Yes \Box No \Box Is the facility clean and the grounds well kept?	
C. D.	Comments/Observations regarding worksite facility:	
υ.	7. Comments/Observations regarding worksite facility.	
2.	WORKSITE SUPERVISOR	
A.	1 " 0 1	
В.	Do participants regularly receive mentoring/guidance/evaluation?	
C.		
If no, explain?		
3.	Worksite Activities	
E.	Is the work being performed as described in the	ne worksite agreement? Yes 🗆 No 🗆
F.	Is there adequate work to occupy the participants? Yes \square No \square	
G.	Do participants have proper equipment and/or tools to do their work? Yes \square No \square	
Н.	Are the time and attendance procedures for this worksite being followed? (e.g. procedures for	
	tracking attendance, handling tardiness or absences, etc.) Yes \square No \square	
I.	Do participant know the expectations of the p	osition/worksite supervisor? Yes \square No \square
J.	If minors are at the worksite, are occupationa	I restrictions for minors being observed. Yes ☐ No ☐
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		
https://www.ctdol.state.ct.us/wgwkstnd/minors/wg18yrs.htm)		
W 0 10 10 11		
K. General Comments/Observations:		