 **2021 Hartford Student Internship Program SYELP Worksite Supervisor Guide**

***Thank you!***

Capital Workforce Partners and its contracted community-based organizations would like to thank all the worksites and worksite supervisors for participating in our 2021 SYELP Your leadership will assist in helping youth develop positive social skills, career awareness, and work readiness.

# Program Goals and Objectives

* To expose participating youth to various employment opportunities, career pathways and train them on job readiness skills to obtain, retain and improve employment in the 21st century.
* To provide opportunities for on the job training.
* To encourage participating youth to remain in school by demonstrating the links between school completion and success in the workplace, their community and our society.

# Worksite Agreement

Each worksite host organization must have a signed, approved Worksite Agreement. The Worksite Agreement includes information about the participant(s), the community-based organization and the worksite, as well as the participant job description and general requirements established by federal and state law and by Capital Workforce Partners policy.

As a worksite supervisor, you should have a copy of the Worksite Agreement and should be familiar with its terms and conditions. You will be asked for a copy of the Worksite Agreement when your worksite is monitored during the duration of this program.

# Supervisor Responsibilities

* Participate in an orientation provided by the community-based organization.
* Clearly communicate worksite expectations and responsibilities to participants.
* Provide meaningful and productive work and adhere to the job description.
* Provide adequate and appropriate supervision of participants including regular evaluation and appropriate disciplinary action.
* Ensure the participant knows the alternative supervisor if the regular supervisor is absent.
* Ensure that the participant has the necessary equipment and supplies to complete all assigned duties.
* Maintain daily attendance records, verify hours worked and sign off on timesheets weekly.
* Ensure that timesheets are submitted to the community-based organization on a weekly basis (participants will only be paid for actual working hours).
* Share the Employee Competency Review with the participant; discuss strengths and areas for improvement, and obtain the participant’s signature on the form (for more information about career competencies and the Employee Competency Review, see Appendix A).
* Complete the Employee Competency Review during the final program week and submit to the coordinator.
* Keep a copy of each participant’s Emergency Contact Form (Appendix C) and Minor Participant Consent and Release Form (minors only) (Appendix D) on site and coordinate an emergency contact plan with the program coordinator.
* Maintain consistent communication with the program coordinator.
* Ensure that the worksite is safe at all times.
* Report all accidents and injuries immediately to the program coordinator.
* Immediately notify the program coordinator of any behavior or other work-related issue that may result in termination, including absenteeism or tardiness.
* Expect to be monitored by Capital Workforce Partners and the community-based organization, and possibly by the Connecticut and/or United States Department of Labor.

# Community-Based Organization & Program Coordinator Responsibilities

* Assign every participant a mentor/coordinator.
* Obtain participant commitment to adhere to the Code of Conduct (Appendix B).
* Guide worksite supervisors through the worksite agreement process.
* Provide an orientation to worksite supervisors.
* Serve as employer of record for participants, with responsibility for workers compensation coverage, tax withholding, and statutory fringe benefits.
* Collect timesheets from worksites and issue paychecks to participants.
* Respond to programmatic questions and concerns with both the participants and the supervisors.
* Serve as the point of contact should an emergency or other situation needing attention arise.

# Youth Safety

Please ensure that your company is aware of all health and safety rules including child labor laws when working with youth. Worksites must ensure safe and healthy work conditions at all times. Youth younger than 18 should not operate a motor vehicle or perform any job deemed **hazardous**. Please visit the state and federal Department of Labor websites for a complete listing of **hazardous jobs** and more information on working with youth.

[www.youthrules.dol.gov](http://www.youthrules.dol.gov/) [www.ctdol.state.ct.us](http://www.ctdol.state.ct.us/) [www.osha.gov/SLTC/teenworkers/index.html](http://www.osha.gov/SLTC/teenworkers/index.html) [www.ctdol.state.ct.us/YoungWorkerSafety/index.htm](http://www.ctdol.state.ct.us/YoungWorkerSafety/index.htm)

# Getting Started: A Supervisor’s Checklist for Orienting Youth Participants

An orientation for success includes:

1. Company operations, activities and mission statement
2. Company policy and procedures
3. Worksite tour including parking areas and entrances, fire exits, cafeteria/break areas, rest rooms and employee bulletin boards
4. Introduction to co-workers
5. Policies on preventing and reporting accidents, and how to obtain emergency medical attention
6. Review of their job description
7. Explanation of how the participant will be trained to do the job
8. Explanation of how the participant will be evaluated

Youth participants need to know:

1. Work schedule, with start and end times and breaks/meal times (as appropriate)
2. Job description, with specific duties and responsibilities
3. Appropriate workplace dress code for your organization
4. Person to contact in case of absence, and when and how to contact
5. Person to go to for help on the job
6. Telephone/computer use policies (with emphasis on the rules regarding cell phones, company phones, and company computers)
7. Work assignments, deadlines, and performance expectations

# Capital Workforce Partners Basic Mentoring Tips

Listed below are some mentoring tips that should aid in your ability to provide a mutually beneficial work experience.

* When you clearly define the tasks and goals being assigned, along with defining the objective for assigning these tasks, you are contributing greatly to that participant’s knowledge base and understanding of what you do.
* Participants may have questions before, during and after completing a task. Be prepared to answer those questions, to help increase the participant’s ability to complete that task and other subsequent tasks.
* Follow up with participants while they are completing and after they have completed a task; ask them if they were unclear on anything, or if they have any questions.
* Feedback is essential to participant development; give praise and constructive criticism as needed.
* As participants are observing operations in your work environment, they may have ideas of their own; be open to exploring those ideas.

# Other Helpful Hints

* Meeting with your staff members prior to the participant’s arrival to discuss possible projects will give you the opportunity to plan out your participant’s experience.
* You may want to provide the participant with the company’s employee handbook. The participants and their parents have already signed Capital Workforce Partners Participant Code of Conduct (Appendix B).

# Sharing Success

We strongly encourage you to let us know about the positive impact of our 2021 HSIP & GHSIP on your organization, and of successes experienced by the participants placed at your site. Capital Workforce Partners intends to disseminate success stories throughout the program to raise awareness of the benefits of and the need for this program. Please check with the community-based organization coordinator prior to using any participant images and names for external communications.

Success stories can be shared by sending a brief narrative to Summer Gomes at sgomes@capitalworkforce.org. Selected stories will be published in the Capital Workforce Partners e-newsletter.

# Community-Based Organization Program Coordinator Contact Information

Community-Based Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix A

**What are the Participants Learning from their Experience?**

The 2021 HSIP & GHSIP is a work and learn experience. Participants are expected to attain a certain level of aptitude in most of the twelve career competencies, which are listed below.

# Capital Workforce Partners Career Competencies



# Appendix B

**2021 (HSIP) & GHSIP**

**Participant Code of Conduct**

**(HSIP) & GHSIP** offers you the opportunity to gain employment skills. Please read this Code of Conduct and agree to abide by its terms by signing below.

**Goal:** I will set a goal to improve my work readiness skills. I understand that I will be evaluated during the program and will have a formal review at the end. I will strive to improve my performance throughout the program.

**Dress Code:** I understand that it is necessary to dress appropriately for my work environment. **Unacceptable clothing** includes: halter tops; clothing that droops or relies on holding it up to move; revealing attire such as very short shorts, midriff shirts or low cut tops; and headgear such as headbands, bandanas or do-rags. Some worksites may have additional professional dress code expectations.

**Attendance:** Attendance is an important factor to my overall employment performance. I understand that I am expected to be at the program on time and on a daily basis in accordance with the time and attendance policy.

**Zero Tolerance for Workplace Violence:** I understand that the following behavior will result in immediate termination from the program:

* Any threat or act of violence toward another individual
* Bringing a weapon of any kind to any program activity

**Grounds for Expulsion:** I understand that any of the following may be grounds for expulsion:

* Profanity or foul language
* Tardiness
* Absenteeism
* Any aggressive behavior, such as sexual harassment
* Failure to exhibit self-respect and respect for others
* Any use of, purchase or possession of drugs and/or alcoholic beverages
* Any stealing or possession of stolen property during any program activity
* Any behaviors that may be considered prejudicial against race, socioeconomic differences, disabilities, religion, or sexual preference

I understand and fully agree to abide by the above rules during any activity sponsored by the Capital Workforce Partners. I also acknowledge receipt of this agreement.

Participant Name Participant Signature Date

Parent/Guardian Name Parent/Guardian Signature Date

(If applicant is under 18) (If applicant is under 18)

*A copy of this page is provided to the participant and a copy is placed in their file.*

# Appendix C

**2021 (HSIP) & GHSIP**

**Emergency Contact Form**

Student Name:

**In case of an emergency (medical or disciplinary) please contact:**

Name:

Daytime Telephone Number:

Alternative Telephone #:

Relationship to Participant:

**If the person listed above cannot be reached, please contact:**

Name:

Daytime Telephone Number:

Alternative Telephone #:

Relationship to Participant:

I understand that the community-based organization affiliated with the 2021 HSIP & GHSIP , or the worksite supervisor, will contact one of the above participant emergency contacts in the event of a medical or disciplinary emergency.

Participant Name Participant Signature Date

Parent/Guardian Name Parent/Guardian Signature Date

(If applicant is under 18) (If applicant is under 18

*A copy of this page is provided to the participant and a copy is placed in their file.*

# Appendix D

**2021** **(HSIP) & GHSIP**

**Minor Participant Consent and Release Form**

**(For Minor Participants Only)**

**TO:** Parents/Legal Guardians of Minor Youth Participants

**FROM:** Capital Workforce Partners

The following information **must be completed and signed by you** and returned to **the organization employing each youth for the year** by the parent/legal guardian of all minor youths involved in the (HSIP) & GHSIP.

I, the undersigned parent/legal guardian of with the birthdate of

(Participant Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , has my consent to participate in the 2021 **(HSIP) & GHSIP** Programs.

(Participant’s date of birth)

**Please complete the following medical questions:**

1. Does your child have a food allergy? Yes No If yes, which foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is your child allergic to insect bites? Yes No
3. If the answer to 2 or 3 above is yes, will your child bring an epinephrine auto-injector (e.g., EpiPen)? Yes No
4. Does your child take medications daily that he/she will have to take during program hours? Yes No
5. If yes, which medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Is your child using an asthma inhaler/pump? Yes No

* I authorize the transportation of my child between program and/or worksites for purposes of participating in HSIP and or GHSIP
* I authorize release of this information to the organization for (HSIP) & GHSIP or service learning.
* I authorize my child to self-administer any medication listed above, as necessary.
* In the event of a medical emergency involving my child, I authorize the emergency transportation of my child to the appropriate emergency medical facility.

Parent/Guardian Name Parent/Guardian Signature Date

(If applicant is under 18) (If applicant is under 18)