

STEP-UP Program Monitoring Guide

Date of Visit 1:	Date of Visit 2:		
Supervisor's Signature:	Supervisor's Signature:		
Monitor's Signature:			
Final Evaluation Scores			
Criteria Evaluated (Please attach corrective actions that document deficiencies in any areas)	Most, if not all the time (1 point)	Usually, most of the time (.5 point)	Constant problem or serious violation (-1 point)
Staff was cooperative, returned phone calls promptly, followed up on any problems swiftly, kept monitors informed			
Copy of Job description at site, actual duties assigned matched closely with Job Description, sufficient & meaningful work available, youth supported in learning skills, appropriate workplace behavior & responsibilities			
Enhancements described in RFP were provided, required permission slips were obtained if needed, <u>prior METP approval for out-of-town events</u>			(unapproved out-of-town trip)
Academic Enrichment component was encouraged, youth did not attend work when scheduled for Class.			
Accidents/safety issues reported within deadlines, workers compensation paperwork filled out completely and accurately, staff available for follow-up questions	(no accidents/injuries)		(unsafe conditions)
No program or <u>child labor hours violations</u> , youth did not work more than 8 hours/day and 30 hours/wk (27 if assigned to Class) or 60 hours/pay period			(child labor hrs violation)
Timesheets filled out completely and accurately, turned in to Summer Office by deadline, signed by required parties, sign-in sheets match timesheets			
Youth were properly oriented, signed page from worker handbook submitted to Summer Office by deadline, discipline problems handled according to STEP-UP Program guidelines			
<u>Trained STEP-UP Program supervisors always available</u> , alternate supervisors also STEP-UP trained, no more than 5 interns to 1 STEP-UP Program supervisor			(no STEP-UP trained sup)
Copy of Worksite Agreement at worksite, copy of supervisor's guide at worksite,			
Summer Office Supervisor's Signature & Date:	Column Total + add	Column Total + add	Column Total - subtract =
Comments:			FINAL SCORE (total all columns)

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SUPERVISOR INTERVIEW	SITE:	DATE:
Orientation		Yes
*Do not answer yes unless supervisor can produce documents.		No
Did you complete the Supervisor training (either webinar or classroom)?		<input type="checkbox"/>
If you did not attend, who provided your training?		<input type="checkbox"/>
Do you have a SIGNED copy of your Worksite Agreement? *		<input type="checkbox"/>
Do you have a copy of your Supervisor's Guide? *		<input type="checkbox"/>
Do you have copies of a job description for each youth? *		<input type="checkbox"/>
Have all youth workers been oriented according to the guidelines outlined at STEP-UP Program training?		<input type="checkbox"/>
Work Assignments		Yes
How do you involve the youth in determining what needs to be done at the worksite and how duties are assigned?		No
Is there sufficient, meaningful work for the youth?		<input type="checkbox"/>
Are there sufficient equipment/materials for the youth to carry out their work assignments?		<input type="checkbox"/>
(For outdoor worksites only): What is your plan in case of inclement weather?		<input type="checkbox"/>
What skills or competencies are being taught to youth on the job?		<input type="checkbox"/>
How do you review progress of the youth in the performance of his/her job? How often do you do this?		<input type="checkbox"/>
Supervision		Yes
How many STEP-UP workers are at your worksite?		No
How many STEP-UP workers do you supervise?		<input type="checkbox"/>
Are participants supervised at all times?		<input type="checkbox"/>
Do you have a back-up supervisor?		<input type="checkbox"/>
If yes, who is that person?		<input type="checkbox"/>
If yes, is that individual familiar with the Worksite Agreement and Supervisor's manual?		<input type="checkbox"/>
Have you terminated/fired any workers?		<input type="checkbox"/>
If yes, did you follow the discipline/corrective action procedure outlined in the supervisor's manual?		<input type="checkbox"/>
If yes, did you notify METP?		<input type="checkbox"/>
Time/Attendance		Yes
Are participants required to sign in and out daily?		No
Are copies of sign-in and sign-out sheets available? *		<input type="checkbox"/>
Are participants paid for time not worked (e.g., lunch, absences, tardiness or leaving early)?		<input type="checkbox"/>
Do the participants fill out their own hours on their timesheets?		<input type="checkbox"/>
What is the deadline for getting timesheets in to the Summer Jobs office?		<input type="checkbox"/>
Do the summer youth workers know this deadline?		<input type="checkbox"/>

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Safety & Child Laws	Yes	No
Do any 14 or 15 year old youth work before 7 AM or after 9 PM?		
Are any 14 or 15 year olds involved in any of the following: baking; cooking; using ladders, scaffolds or their substitutes; unloading trucks or conveyors; working in freezers or coolers; or using power driven machinery including lawn mowers?		
Are any 14 – 15 year olds engaged in any of the prohibited hazardous occupations?		
Is there a first aid kit which is easily accessible?		
Is there safety equipment available and in use when appropriate?		
Do you have a completed copy of the Summer Worker Emergency contact list? *		
Have there been any accidents?		
If yes, did you send the First Report of Injury to METP within 24 hours?		
If yes, have you investigated and taken steps to prevent any future accidents?		
Academic Enrichment	Yes	No
Do any of your youth workers participate in the academic enrichment component?		
Enhancements		
In addition to the work experience, what other enhancements does your agency provide the STEP-UP workers?		
Comments		
Supervisor:		
Monitor:		

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Site:	Date:	Interviews with summer youth participants should be done individually. Yes/No answers should be tallied in the appropriate column.
Number of participants scheduled to work:		
Number of participants at work:		
Name of participant interviewed:	Media Release? _____	

PARTICIPANT INTERVIEW

Orientation	#Yes	# No
Did you receive an orientation to the program at your worksite? If yes, describe...		
Do you sign in and sign out from work each day?		
Do you get paid for your lunch break?		
Do you complete your own timesheet?		
Have you received a paycheck?		
What is the deadline to sign your timesheet?		
Where is the first aid kit?		
What should you do if you are unable to come to work?		
What do you do if you have a complaint or grievance?		

On the Job	#Yes	# No
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Who are your supervisors?		
Is a supervisor available at all times?		
What are your job duties and assignments?		

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Do you have enough work to keep you busy?		
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	# Yes	# No
Do you have enough tools/supplies to work with?		
Do you receive help from others when you need it?		
If working outside, is there an alternate site if the weather is bad?		
Have you had an accident? If yes, when did it occur and what happened?		
Has anyone involved in the program, asked you to join a political party, union or talked about religion? If yes, please explain.		
What skills are you learning on the job?		
Does your supervisor/instructor talk to you about your progress?		
Do you see a connection between what you are learning and the skills needed for a job?		
What skills do you think would be most useful to you in the future?		
Do you participate in Class as part of this program?		
If yes, do you find Class useful?		
Do you think that your learning opportunities will help you to get a better job in the future?		

Camp Sunrise	# Yes	# No
Did you participate in the Camp Sunrise Program this year?		
If yes, what did you gain from that experience?		
If yes, would you do it again?		

General Perceptions	#Yes	#No
What do you like about the program?		
What do you dislike about the program?		
What suggestions do you have to improve the program?		
Do you think that you would have been able to find a job this summer if not for the STEP-UP Program?		
If you weren't in the STEP-UP Program what do you think that you would be doing this summer?		