

Massachusetts COVID-19 Disaster Recovery Project

Local Monitoring Report

PROJECT INFORMATION

Employer:		
Employer MOSES ID:	Worksite Agreement Number:	
Worksite Address:		
City:	State:	ZIP:
Trainer/Supervisor:	Title:	
Trainer/Supervisor Phone:	E-mail:	
Temporary Employee:	MOSES ID:	
Reviewer:	Contact Name:	
Employment Dates:	to	Date of Review:

MONITORING SUMMARY

Supervisor Interview	<input type="checkbox"/> Complete	Notes:
Employee Interview	<input type="checkbox"/> Complete	Notes:
Reviewer Report & Observations	<input type="checkbox"/> Complete	Notes:
Technical Assistance Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Corrective Action Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:

ATTACHMENT D

EMPLOYEE'S INTERVIEW SHEET

1. ASSIGNMENT TRAINING PLAN:

- a. Do you have a copy of your Job Description? ☐ YES ☐ NO
- b. Does it match the job you are doing? ☐ YES ☐ NO
- c. Are you receiving the type of training specified
During your onboarding process? ☐ YES ☐ NO

Comments: _____

2. SUPERVISION:

- a. Who is training you (i.e., your supervisor, co-worker, specialized trainer)? _____
- b. Who assigns your work? _____
- c. How much time does your trainer/supervisor spend with you during the day? _____
- d. Does your supervisor/trainer explain your assignments and give you
help if needed? ☐ YES ☐ NO
- e. Does your supervisor/trainer review your job performance with you? ☐ YES ☐ NO
- f. Does your supervisor/trainer review the monthly progress reports with you? ☐ YES ☐ NO

Comments: _____

3. TIME & ATTENDANCE:

- a. How many hours per week are you working? _____
- b. How much are you paid? _____
- c. How are your work hours tracked (e.g. sign in, punch a clock)? _____
- d. Are you paid regularly and in a timely fashion? ☐ YES ☐ NO

Comments: _____

4. GENERAL:

- a. Do you believe the work site is easily accessible, safe and friendly? ☐ YES ☐ NO
- b. Do you have any problems with your job? ☐ YES ☐ NO
- c. Are you getting along with your co-workers and supervisor/trainer? ☐ YES ☐ NO
- d. Is there anything particular you like or dislike about your job?

Is there anything else you would like to share with me about your employment experience?

ATTACHMENT D

SUPERVISOR'S INTERVIEW SHEET

Supervisor Interviewed:	Supervisor Job Title:
Interview Date:	Interview Location:

1. SUPERVISION AND TRAINING:

- a. Do you have a copy of the contract? ☐ YES ☐ NO
- b. Do you review the employee's progress report with the employee? ☐ YES ☐ NO
- c. Do the employee's work assignments comply with the contract? ☐ YES ☐ NO
- d. Is a training plan being followed? ☐ YES ☐ NO
- e. How is the employee's safety and well-being ensured?

Comments: _____

2. TIME RECORDS:

- a. How are the employee's work hours tracked?

(Person monitoring should review current timecard/sheets.)
- b. How would you describe the employee's attendance and punctuality?

- c. What is the employee's hourly rate of pay? \$_____

Comments: _____

3. GENERAL:

- a. Is the employee performing his/her work assignments satisfactorily? ☐ YES ☐ NO
- b. Do you have any concerns about the employee? ☐ YES ☐ NO
- c. Do you have any concerns about the contract? ☐ YES ☐ NO
- d. In general, are you satisfied with the contract? ☐ YES ☐ NO

Comments: _____

ATTACHMENT D

REVIEWER REPORT & OBSERVATIONS

1. PERCEPTION OF PLANT/FACILITY

- | | | |
|--|------------------------------|-----------------------------|
| a. Were all equipment, materials, etc. found in working order and in sufficient quality | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Were they up to date? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. In your opinion, is the work/training site unsanitary, hazardous, or dangerous to the employee's health or safety? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Is there sufficient space for training activities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Are there any other health/safety issues? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. If applicable, has appropriate accommodation been made for an employee covered under the Americans with Disabilities Act? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Comments: _____

2. TRAINING CONTENT

- | | | |
|---|------------------------------|-----------------------------|
| a. Is a schedule being followed according to the contract? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. If not, do the changes conform to approved work and the total number of hours specified in the contract? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Does the employee hourly wage match the contract? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. If not, explain _____ | | |

Comments: _____

3. ATTENDANCE

- | | | |
|--|------------------------------|-----------------------------|
| a. Is there an attendance or punctuality issue? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. If yes, what methods are being employed to address attendance issues? | | |

4. TRAINING METHODS

- | | | |
|---|------------------------------|-----------------------------|
| a. Is an instructional method for training being implemented? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Is a method of evaluation being used? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Is skill level being successfully attained? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Does the supervisor appear motivated and competent? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Does the employee appear attentive and interested? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Is native language of employee spoken by supervisor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Is employee paid in timely fashion? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Comments: _____

ATTACHMENT D

5. WIOA REGULATIONS COMPLIANCE

- | | | |
|---|------------------------------|-----------------------------|
| a. Are any WIOA dollars being used for political activities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Are any WIOA dollars being used to aid or deter union organizing or collective bargaining? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Are any WIOA dollars being used to promote any sectarian or religious activities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Are any WIOA trainees being charged any fees for any service? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Comments: _____

6. SUMMARY

Was technical assistance provided or necessary? ☐ YES ☐ NO

If yes, explain:

Is corrective action required? ☐ YES ☐ NO

If yes, explain:

Print/Type Reviewer Name

Reviewer Signature / Date