Employment Monitoring Checklist

Date/Time Visit: _____ Length of Visit: _____

Name and address of facility: _____

Type facility: ❑ Community Rehab Program ❑ ADVP ❑ Other - Explain: _____

Are six month evaluations conducted? ❑ yes ❑ no Explain: _____

_____

Certificate posted or provided to employee? ❑ yes ❑ no Explain: _____

Are employees under 14(c) certificates paid ❑ individualized rates OR ❑ a blanket subminimum wage?

Would you allow me to look at your files on how you determine pay rates for people working at sub-minimum wage rate? ❑ yes ❑ no (If yes, do so)

Is full time work vs. part time work available for clients? ❑ yes ❑ no

Benefits? ❑ yes ❑ no Are nondisabled workers full time with benefits? ❑ yes ❑ no

Are workers with disabilities integrated with nondisabled workers in facility? ❑ yes ❑ no

Explain: _____

How long do workers with disabilities typically stay in the same job at this facility?

❑ 6 mo. or less ❑ 6 mo. to 2 years ❑ 2 – 5 years ❑ more than 5 years

Number of persons who have moved from special minimum wage to non 14(c) positions in last 3 years:
❑ 0 ❑ 1 ❑ 2-3 ❑ 4-5 ❑ more than 5

Questions about VR: Does your facility have a relationship with VR? Do you contact VR to refer clients for supported employment services? How many clients have you referred in the last year? Do you provide information to your clients about VR services or talk with clients about working in the community? _____

_____

_____

Observations of reviewer

Are facility conditions clean and safe? ❑ yes ❑ no Explain _____

Does work appear to be occurring? ❑ yes ❑ no Explain _____

Are workers idle for extended periods of time? ❑ yes ❑ no Explain _____

Does the work appear to be make-work? ❑ yes ❑ no Explain _____

Is facility completely accessible? ❑ yes ❑ no Explain _____

Is management open to monitoring process? ❑ yes ❑ no Explain _____

What other services are available?_____

Questions for employees (minimum of 5) (Make 5 copies of this page to take with you)

NAME: _____

AGE: _____

Do you like working here? ❑ yes ❑ no Why or why not? _____

How long have you been coming here? ❑6 mo or less ❑6 mo to 1 year ❑1 – 5 years ❑ _____ years

What kind of work have you done here? _____

Are you happy with how much money you make? ❑ yes ❑ no

Explain _____

Have you ever had another job(s)? ❑ yes ❑ no Explain _____

Why aren't you working there anymore? _____

Is there any place you would like to work if you weren't working here? ❑ yes ❑ no _____

Do you now or have you ever had a VR Counselor? ❑ yes ❑ no

Are you working toward a vocational goal? (a specific job)? ❑ yes ❑ no

Who helps you with that? _____

What do you do for fun? _____

Do you vote? Do you want to vote? _____

Would you like information about voting? _____

NOTES: _____

_____

_____

_____

If appropriate: Would it be alright with you if we came back and took pictures of you working and told your story to others?