

Keith Howard
Commissioner

2 Lafayette Street
19th Floor
New York, NY 10007

www.nyc.gov/dycd

Contractor Worksite Pre-Assessment Report

Instructions

1. The attached Worksite Pre-Assessment Report form must be completed, including all required boxes checked after you enter the Worksite Application in YEPS. All required explanations must be detailed. **If the requested information is not provided, the worksite will not be approved by DYCD, non-applicable (N/A) will not be accepted as an explanation.**
2. The Pre-Assessment Report and Worksite Agreement forms must be completed for each worksite location.
3. Completed reports must be kept on file and available for review.
4. DYCD will not approve a worksite unless the Pre-Assessment Report, Worksite Assurance and Worksite Attestation Forms have been submitted.
5. Please thoroughly review all information prior to submission



Worksite Pre-Assessment Report (Contractor)

TYPE OF PROGRAM Train & Earn (formerly OSY)
TYPE OF INTERNSHIP On Site Location
TYPE OF SECTOR Non-for Profit For Profit/Private Government/Federal/Hospitals

CONTRACTOR NAME:	CONTACT PERSON:	TELEPHONE #:
CONTRACT ID #:		
ADDRESS:	EMAIL:	FAX #:

WORKSITE NAME:	DATE:
WORKSITE ADDRESS:	WORKSITE SUPERVISOR:
	EMAIL:
	TELEPHONE #:
	FAX #:

TOTAL # OF INTERNS REQUESTED:	Will participants be working at any location other than the address listed above? (if multiple addresses a pre assessment form <u>must</u> be completed for each) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate the other addresses and/or reasons why:
-------------------------------	---

Are any of your staff members related to the management staff at this worksite? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please describe the relationship (including which staff members are involved):
--	--

For any responses that require explanations, please use the comment section below.

REPORTS, RECORDS AND FILE DOCUMENTATION for MINORS

1a.	Is the worksite aware of Child Labor Laws and are the positions offered for work experience in compliance with Child Labor Laws?	<input type="checkbox"/> YES <input type="checkbox"/> NO
1b.	Is the schedule of work hours for minors under 18 years of age posted on-site? Is the worksite aware of the work hours for minors under 18 years of age? <i>*A copy of the Department of Labor/Permitted Working Hours for Minors must be sent to the worksite</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

FACILITY: IF THIS IS A REMOTE LOCATION, PLEASE CHECK N/A		<input type="checkbox"/> N/A
2a.	Based on your review of the worksite, is anything present which could endanger the health/safety of the intern(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2b.	Are there at least two (2) means of egress?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2b.	Worksite conducts fire drills regularly?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2c.	Are all exits, including fire exits, clearly marked and free of any obstacles that would impede an emergency evacuation?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2d.	Worksite has a Fire Evacuation plan posted?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2e.	Worksite has an inspected fire extinguisher/sprinkler system?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2f.	Smoke detectors and/or carbon monoxide detectors are installed throughout the Facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2g.	Current certificate of occupancy and/or license is posted? Expiration date:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2h.	Worksite has adequate bathroom facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2i.	Worksite has a First Aid Kit, CPR and/or AED Kit on site?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3.	Potential worksite hazard identified include: <input type="checkbox"/> Ventilation System <input type="checkbox"/> Heating System <input type="checkbox"/> Lighting <input type="checkbox"/> Cleanliness	<input type="checkbox"/> Major structural damage <input type="checkbox"/> Security <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____ _____
4.	Is the worksite ADA compliant to accommodate individuals with a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5.	How does this worksite relate to the training being offered/provided by your agency? EXPLANATION IS REQUIRED REQUIRED _____ _____ _____ _____	
6.	How will the worksite be monitored, and participants supervised? EXPLANATION IS REQUIRED _____ _____ _____	
7.	Is the worksite able to accommodate the number of participant(s) specified in the Worksite Application in- person? EXPLANATION IS REQUIRED _____ _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

8.	<p>Is the worksite able to provide meaningful and structured work experience for the participant(s) in- person? EXPLANATION IS REQUIRED</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
9.	<p>Does the worksite have any scheduled closing(s) during the internship cycle? EXPLANATION IS REQUIRED</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
10.	<p>Worksite has a contingency plan for unscheduled closings due to reasons beyond its reasonable control including but not limited to acts of God, war, terrorism, fire, strike, construction or renovation project, government regulations, public catastrophe, or unusually severe weather? EXPLANATION IS REQUIRED</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
11.	<p>If the primary worksite supervisor is out, is there an alternative plan for supervision? EXPLANATION IS REQUIRED</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
12.	<p>Will the Participant work independently or unsupervised at any time? Are procedures in place to monitor participant(s) independently/unsupervised, whether working remotely or in person? EXPLANATION IS REQUIRED</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
13.	<p>Does this worksite position offer the number of hours that are required for our Participants?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
14.	<p>Will worksite displace regular workers with participants secured through WIOA Youth Internship referral?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
15.	<p>Does the worksite have all necessary work equipment, PPE (Personal Protective Equipment as required by CDC), supplies and space (social distancing 6ft) for the</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

	Participant to perform duties described in the Worksite Application? EXPLANATION IS REQUIRED _____ _____	
16.	Has the worksite supervisor received appropriate training on WIOA DYCD time and attendance procedures and record keeping?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	Was the worksite supervisor informed about the WIOA DYCD evaluation procedures and required deadlines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	Is the worksite supervisor available and easily accessible?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19.	Has the worksite participated in any previous youth work experience programs in the past? If yes, please indicate which programs: _____ If yes, please indicate which programs: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Is the worksite currently participating in another DYCD youth work experience and or other DYCD programs? If yes, please indicate which programs: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	Is the worksite location accessible by mass transit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	Does any of the duties require that the participants work off site? EXPLANATION IS REQUIRED _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

BACKGROUND CHECK/REQUIREMENTS

23.	Does this worksite/job require a background check to be performed on Participants who will be placed to work at the site? (Including, but not limited to Statewide Central Register, Staff exclusion list (SEL), On-line certification training, Fingerprinting/Criminal convictions, Medical Clearance (including a TB test))? EXPLANATION IS REQUIRED _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
24.	Are all staff at the worksite in compliance with all clearance and fingerprinting requirements for City and State oversight entities? EXPLANATION IS REQUIRED _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

The Department of Youth & Community Development is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.



SUMMARY OF FINDINGS & FOLLOW-UP RECOMMENDATIONS

I hereby certify that all information contained in this report is accurate and complete to the best of my knowledge.

_____	_____
Print Name of WIOA Contractor Staff	Title
_____	_____
Signature of WIOA Contractor Staff	Date
_____	_____
Signature of WIOA Contractor Staff	Program Year

WIOA Contractor Staff use ONLY

	Approved		Disapproved	Initials:		Date:	
--	-----------------	--	--------------------	------------------	--	--------------	--

_____	_____
Signature of WIOA Contractor Program Director/Coordinator	Date

The Department of Youth & Community Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.