

YOUTH EMPLOYMENT PROGRAM MANUAL

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Attachments	Form #
1. Job Specification	ET-021A
2. How We Use Your Personal Information	ET-626
3. Equal Opportunity is the Law	ET-626
4. Health Information Form	ET-147
5. Worksite Orientation Form	ET-143
6. Guide to Minnesota's Child Labor Standards Act	Dept. of Labor & Industry
7. Child Labor Compliance/ERK	ET-183
8. Youth Timesheet	ET-047A
9. Work Readiness Skills	ET-646
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11. Accident Analysis Worksheet	SFM 0813
12. MN Worker's Comp. Employees Rights & Responsibilities	SFM 48-1009
13. Participant Termination Form	ET-226

Thank you for your interest in serving as a worksite for the Youth Employment Program. This manual provides you with the policies and procedures used in this program. Please read this manual carefully. Share this information with other staff members and the Youth Program participant. Contact us with any questions.

Scott County Youth Program Introduction

Workforce Innovation and Opportunity Act (WIOA) and Minnesota Youth Program (MYP) funds are granted annually to Scott County. The worksite agreement (attached) specifies a two (2) year agreement period for the worksite. The Job Specification will detail the program, specific time frame, job duties and the specific department/unit staff who are supervising the program participant.

Scott County Youth Program offers year-round activities, summer programming and limited internships. The program pays the youth the prevailing minimum wage and provides workers' compensation coverage.

- Year-round youth program may involve job preparedness, work experience and support services.
- Summer employment opportunities and paid or unpaid work experience are combined into one program element.
- Limited internship is an opportunity for a youth to "job shadow" or "prove" to an employer that they will be a good employee. The internship time frame will vary depending on the job skills needed; a minimum of 2 weeks (20 hour/week) to a maximum of 12-14 weeks (30 hours/week).

Regulations

The Workforce Innovation and Opportunity Act (WIOA) provides opportunities and vocational training to disadvantaged adults and youth. The Youth Employment Program is a part of the Act. For more information see <https://mn.gov/deed/job-seekers/find-a-job/targeted-services/youth-employment/wia-youth-program.jsp>. The Minnesota Youth Program (MYP) serves the same population. For more information see <https://mn.gov/deed/job-seekers/find-a-job/targeted-services/youth-employment/mn-youth-program.jsp>.

Purpose

The Youth Program is designed to help eligible youth achieve academic and employment success.

WIOA identifies 14 required youth elements:

1. Tutoring, study skills training, instruction, and dropout prevention services
2. Alternative secondary school services or dropout recovery services
3. Paid and unpaid work experience
4. Occupational skills training
5. Education offered concurrently with workforce preparation and training for a specific occupation
6. Leadership development opportunities
7. Supportive services
8. Adult mentoring
9. Follow-up services
10. Comprehensive guidance and counseling
11. Financial literacy education
12. Entrepreneurial skills training
13. Services that provide labor market information
14. Postsecondary preparation and transition activities

Staff

Mary Jo Noehring (Scott County Employment and Training Counselor – Youth Programs)
Scott County Government Center West
Attn: Mary Jo / E&T 2nd Floor
200 4th Avenue West
Shakopee, MN 55379-1220
952-496-8529 / MNoehring@co.scott.mn.us

Worksite Agreements

The youth will only do the work described on the **Job Specification**. All worksite supervisors must be aware of and abide by the conditions of the Worksite Agreement. You must notify Scott County Employment and Training Office immediately of hiring freezes, strikes, or layoffs.

Hiring Process

- Youth will receive a list of available worksites at a program orientation. We inform them to call you to schedule a time to complete an application and interview for your job.
- Have the youth complete an application at your worksite. You may use our agency's application. This provides the youth with an opportunity to develop life skills and to practice these skills in a workplace environment.
- **Contact Scott County Staff upon hiring a youth.** The Worksite Supervisor must notify the County staff before the youth begins work. Call Mary Jo at 952-496-8529.

Data Privacy

All participants in the Youth Employment Program are protected by the Minnesota Data Practices Act. The following data is public information: the participant's name, salary, job title, job duties, dates of employment, and work location. All other requests for information including the participant's address or phone number must be referred to the county (see attached **How We Use Your Personal Information**).

A medical form has been provided to the youth's parents to complete and return to the Worksite Supervisor. There is a copy of the **Health Information Form** in this manual for you to have the parents complete if you have not received one by the 1st day of work (see attached form).

Equal Opportunity

Participants in the Youth Employment Program are not Scott County employees but are trainees in the WIOA or MYP programs. Scott County, as the facilitator of these programs, requires treatment as an Equal Opportunity Employer. No agency or worksite supervisor will discriminate with respect to any Youth Employment Program applicant or participant because of race, religion, color, national origin, sex, age, or politics. See attached Equal Opportunity is the Law form.

Complaint and Appeal Policy

This is addressed in the **Equal Opportunity is the Law** (see attached form). The County will maintain a signed copy in the participant's file. Please see the attachment section to review a copy of this form.

Worksite Orientation

Worksite Supervisors need to complete an orientation for all the Youth Employment Program participants you hire. Include their job duties, safety precautions, emergency procedures, and worksite personnel policies. Attached is a **Worksite Orientation Form** to assist you.

Computers / Cellular Phones

As part of your orientation, be sure to cover your worksite's policies on computer and cell phone use. Please ensure the youth understand your security policies and restrictions on use of computers and cell phones.

Harassment in the Workplace

It is the policy of Scott County that the workplace environment shall be free of harassment in any form against program participants of Scott County. Complaints of harassment will be thoroughly investigated, and violations may result in termination of the Worksite Agreement.

Sexual harassment shall be defined as any repeated or unwarranted verbal or physical sexual advances, sexually explicit derogatory statements, or sexually discriminatory remarks which are objectionable to the recipient, cause the recipient discomfort or humiliation or interfere with the recipient's job performance.

Please review with the youth your agency's policy and procedures on workplace harassment / sexual harassment as part of your orientation.

Supervision

The youth should learn good work habits, to be on time for their job, follow instructions of the supervisor, and develop a positive attitude toward their job. Much of this development depends upon the supervision and leadership provided by the worksite supervisor. A good work experience for the youth is the main goal of Youth Employment Program. Supervisor or their delegate is to be always available.

Parent / Guardian Contact

The supervisors are instructed to contact Scott County Counselor to report:

- Youth leaving the site during work hours
- Accidents/incidents at the worksites
- Absences
- Terminations/suspensions

Scott County staff will contact parents as soon as notified from the supervisors. Parents are informed of the situation(s) and status of the youth. Scott County will reconnect with both the supervisor and parents for a resolution to the situation.

Safety

Worksites must provide a safe environment for the Youth Employment Program participants. Worksites shall provide a safety training and job orientation to advise the participants of possible worksite hazards. Instruct them in the safe use of all tools and equipment. Also inform them of your emergency procedures and how you expect them to react in the event of a fire or accident. If a supervisor doubts the safety of a job or job site, work should be halted immediately. Do not resume the job until it can be done safely.

Child Labor Laws

You must abide by the Child Labor Laws as a Youth Employment Program worksite. See attached Guide to Minnesota's Child Labor Standards Act. Please review this information and contact Scott County Staff if you have questions.

Employee Right to Know Act

This act requires employers to inform employees of hazardous substance, harmful physical agents or infectious agents they may be exposed to in their workplace. You must provide training to your employees and the program participants and have written information available to them. Label the containers of hazardous substance and equipment or work areas that generate harmful physical agents. Workers have a conditional right to refuse to work under imminent danger conditions or if you have not provided the required information or training. Included is an **Employee Right to Know Training Record** (see attached form) to be completed for each participant to ensure that instruction on safety and proper use of chemicals has been provided. The worksite keeps the signed copy of this form.

Workers' Compensation - First Report of Injury

Scott County Employment & Training covers all Youth Employment Program participants for Workers' Compensation.

In the event of an accident:

1. If an emergency (uncontrolled bleeding, head injury, unconscious seizures, etc.), dial 911 for immediate care.
2. For all other cases, take the participant to a nearby health facility. Obtain a Physician's Report/Employee Work Status Report or similar form that the Physician's office has generated.
3. Gather information from the employee regarding the injury for the **Scott County Accident/Incident Reporting System** and complete **First Report of Injury** (see attached forms). Deliver or fax it to Scott County staff at 952-496-8685 **immediately**.

Payroll Procedures

- Youth are paid the prevailing minimum wage for up to 39 hours per week.
- NO OVERTIME IS ALLOWED.
- Report the time on the **Youth Time Sheet** (see attached form).
- A workweek is from Monday to Sunday.
- Youth are paid for actual hours worked. Youth are not paid for lunch breaks, holidays, vacations, or sick leave.
 - Minnesota state law requires employers to provide restroom time and sufficient time to eat a meal. If the break is less than 20 minutes in duration, it must be counted as hours worked.
 - Time to use the nearest restroom must be provided within each four consecutive hours of work. Meal time applies to employees who work eight or more consecutive hours (see Minnesota Statutes [177.253](#) and [177.254](#)).
- Report the time in 15-minute increments (.25, .50, .75).
- Fill out the time sheets neatly, accurately and completely.
- Supervisors and the youth participant **must sign all** completed time sheets.
- Supervisors are responsible for submitting the completed forms to prevent any alterations.
- Time sheets are due by 4:00 p.m. on due date listed on the form.
- Scott County processes all checks. All checks will be electronically deposited into the participant's bank account. All participants will need to provide an email address to access their check details. No special arrangements will be made.

Work Readiness Skills

Integral to the Youth Employment Program is the importance of assisting young people in developing the necessary skills and abilities to succeed in the workplace. Developing basic employability skills and competencies are necessary if an individual is to be successful in the workplace. Work Readiness skills identifies the set of skills that are needed for solid job performance.

Work Readiness Skills examine the demands of the workplace and determine whether the current and future work force is capable of meeting those demands. Competencies are the skills necessary to succeed in the workplace. Foundations are skills and qualities that underlie the competencies.

To help youth develop their skills, the skills have been incorporated into the Scott County Youth Employment Program. These areas must be assessed and evaluated with each youth during the program. A summary of the Work Readiness skills is included on reverse side of the youth time sheet (see attached form).

You must complete the back of the time sheet three times during the worksite assignment. The timeframes should be the first payroll period, once during the middle of the program, and on the final time sheet. Dates are noted on the timesheet. Please discuss the progress the youth has made in covering the work tasks and mastering Work Readiness Skills. This process can cover how the youth can apply what they learn to home and school. This is also a good time to evaluate any need for changes in the youth's work responsibilities.

Discipline and Termination

Worksite Supervisors have the responsibility for employment discipline of the youth participant. Use your agency's discipline procedures. Contact Scott County Staff for assistance to resolve any problems and to advise on implementation of any corrective action. You may terminate the participant from your worksite; however, the termination must be in writing. Complete the supervisor's portion of the **Participant Termination Form** (see attached form) and return to Scott County staff. The participant will complete their section of this form and will be maintained in the participant's file. Though the youth is no longer working for you, they are not terminated from the program.

Use or possession of non-prescribed chemicals, alcohol, or marijuana is grounds for immediate termination. Scott County provides counseling for the participants experiencing chemical problems. Contact the Youth Employment Program staff for more information.

Monitoring

Scott County staff will monitor the worksites during the time participants are present. We will discuss the youth participant's job performance with the Worksite Supervisor and the youth. We check attendance records, accuracy of job descriptions and compliance with Child Labor laws and other regulations. We will recommend corrective action if we discover deficiencies. Representatives of the Federal and State governments may monitor the worksites on a random basis as well. By participating in the Program, you agree to allow access to your facilities in order for this monitoring to be accomplished.

Worksite Compliance with Laws and Regulations

1. The Worksite shall comply with all applicable Federal, State and local laws, rules and regulations which deal with or relate to the employment of persons who perform work or are trained under this agreement.
2. The Worksite will comply with all applicable Affirmative Action, Fair Labor, Health, Safety, and Environmental Standards.
3. The Worksite will comply with Title VI of the Civil Rights Act of 1964 (PL 88-352) and in accordance with Title VI of that Act no person in the United States shall on the grounds of race, color, sex, age, national origin, or political affiliation or beliefs, be excluded from participation be denied benefits of or be otherwise subjected to discrimination under any Federal program. The worksite will prohibit employment discrimination where (1) the primary purpose of the grant is to provide employment or (2) discriminatory employment practices will result in unequal treatments of persons who are or should be benefiting from the program.
4. The Worksite will comply with the provisions of the Hatch Act which limits the political activity of the participant.
5. In accordance with Section 504 of the Rehabilitation Act of 1973, as amended, and regulations issued pursuant to said Act, the Worksite will not discriminate on the basis of handicap in providing employment opportunities and services.
6. The Worksite shall comply fully with the provisions of the Occupational Safety and Health Act of 1973, Minnesota Statutes Chapter 182, and all applicable regulations and safety standards promulgated there under in order to assure the safety of all participants in the employment and training programs.
7. The Worksite shall comply fully with the Right-to-Know Act. The Worksite is required to inform participants of hazardous substance, harmful physical agents or infectious agents they may be exposed to in their workplace. The Worksite must provide training and written material available to the participants and have all hazardous substances, equipment or work areas labeled properly.

8. The Worksite certifies that the participant will not participate in activities or training for any church religious affiliated agencies or businesses.
9. Worksite certifies that they will not hire a person for a position if a member of the person's immediate family is engaged in an administrative or supervisory capacity for the Worksite or the County. Immediate family means wife, husband, daughter, son, mother, father, sister, brother, sister-in-law, brother-in-law, aunt, uncle, niece, nephew, stepparent or stepchild.
10. Worksite certifies that it has completed and submitted a Maintenance of Effort form stating that it will not hire a participant with funds available under this agreement if any other person is on layoff from the same or substantially equivalent job or the same or substantially equivalent position is vacant due to a hiring freeze, termination of an employee or where an employee has resigned. The Worksite must inform the County if one of these conditions exists.
11. Worksite certifies that they have obtained concurrence from all appropriate collective bargaining agents and unions with respect to job duties of persons employed under this Agreement. Enrollees of this program are prohibited to use funds to be used to assist, promote, or deter union organizing.
12. Worksite certifies that all data collected, created, received, maintained or disseminated for any purposes in the course of the Worksite's performance of this agreement is governed by the Minnesota Data Practices Act, Minnesota Statutes 13.01 - 13.89, or any other applicable state or federal regulations on data privacy. The Worksite agrees to abide strictly by these statutes, rules and regulations.

First Report of Injury

See Instructions on Reverse Side

PRINT IN INK or TYPE
ENTER DATES IN MM/DD/YYYY FORMAT



DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY #		2. OSHA case #		3. Time employee began work on date of injury ☐ am ☐ pm							
4. DATE OF CLAIMED INJURY		5. Time of injury ☐ am ☐ pm		6. Date of death		# of dependents (if death is related to injury)					
7. EMPLOYEE Name (last, suffix, first, middle)				8. Gender ☐ M ☐ F		9. Marital status ☐ Married ☐ Unmarried					
10. Home address City State Zip Code				11. Home phone #		12. Date of birth		13. Date hired			
14. Occupation				15. Regular department		16. Apprentice ☐ Yes ☐ No					
17. Average weekly wage		18. Rate per hour		19. Hours per day		20. Days per week		Normal work schedule Sun - Sat S M T W T F S ☐ ☐ ☐ ☐ ☐ ☐ ☐			
								21. Employment status (check all that apply) ☐ Full time ☐ Part time ☐ Seasonal ☐ Volunteer			
22. Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was. Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."											
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.					24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.						
25. Did injury occur on employer's premises? ☐ Yes ☐ No Name and address of the place of the occurrence				26. First date of any lost time		27. Employer paid for lost time on day of injury (DOI) ☐ Yes ☐ No ☐ No lost time on DOI					
				28. Date employer notified of injury		29. Date employer notified of lost time					
				30. Return to work date		31. RTW same employer ☐ Yes ☐ No		32. RTW with restrictions ☐ Yes ☐ No			
33. Treating physician (name)				34. Extent of medical treatment (check all that apply) ☐ None ☐ Minor on-site by employer's medical staff ☐ Minor clinic/hospital ☐ Emergency room ☐ Hospitalization more than 24 hours ☐ Future major medical anticipated							
35. Certified Managed Care Organization (if any)											
36. EMPLOYER Legal name					37. EMPLOYER DBA name (if different)						
38. Mailing address City State Zip Code					39. Employer FEIN		40. Unemployment ID #				
42. Physical address (if different) City State Zip Code					41. Employer's contact name and phone #						
					43. Witness (name and phone) - if more than 1 attach a separate sheet						
					44. NAICS code		45. Date form completed				
46. INSURER name Minnesota Workers' Compensation Assigned Risk Plan					51. CLAIMS ADMIN COMPANY (CA) name (check one) Superior Point ☐ Insurer ☐ TPA						
47. Insured legal name and FEIN					52. CA address P.O. Box 9416						
48. Policy # (including effective dates) or self-insured certificate #					City Minneapolis		State MN		Zip Code 55440-9416		
49. Insurer FEIN 41-1429211		50. Date insurer received notice			53. CA FEIN 41-1597672		54. CA claim #				
55. To be completed by the CA:		Claim type code:		Type of loss code:		Late reason code:		Salary paid in lieu of comp?		Death result of injury?	

GENERAL INSTRUCTIONS TO THE EMPLOYER

Employers, not employees, are responsible for completing this form. The information is needed to determine liability and entitlement to benefits. You must file this form with your insurer, and give a copy to the employee and the employee's local union office. You are required to provide the employee with a copy of the Employee Information Sheet, which is available on the Department of Labor and Industry's web site at www.dli.mn.gov.

Filing this form is not an admission of liability. You must report a claim to your insurer whenever anyone believes that a work-related injury or illness that requires medical care or where lost time from work has occurred. If the claimed injury wholly or partially incapacitates the employee for more than **three** calendar days, the claim must be made on this form and reported to your insurer within **ten** days. Your insurer may require you to file it sooner. Failure to file within the **ten** days may result in penalties. It is important to file this form quickly to allow your insurer time to investigate the claim. **Your insurer will report the injury** to the Department of Labor and Industry (Department), when necessary. Self-insured employers have 14 days to report the injury to the Department, when necessary.

If the claim involves death or serious injury (including injuries that later result in death), you must notify the Department and your insurer within 48 hours of the occurrence. The claim can be reported initially to the Department by telephone (651-284-5041), fax (651-284-5731), or personal notice. The initial notice must be followed by the filing of this form with the Department within **seven** days of the occurrence.

SEND THIS FORM TO YOUR INSURER IMMEDIATELY – DO NOT WAIT FOR THE DOCTOR'S REPORT

SPECIFIC INSTRUCTIONS TO THE EMPLOYER ON COMPLETING THIS FORM

- Item 2: OSHA case #. Fill in the case number from the OSHA 300 log. This form contains all items required by the OSHA form 301.
- Items 17-21: Fill in all the wage information. If the employee does not work a regularly scheduled work week, attach a 26 week wage statement so your insurer can calculate the appropriate average weekly wage. Attach a separate sheet giving the weekly value of any meals, lodging, or 2nd income paid to the employee.
- Item 20: Fill in the average number of days per week that the employee works. Also include their normal work schedule, Sunday - Saturday, by checking the appropriate boxes. If the employee's work schedule fluctuates from week-to-week, leave the boxes blank.
- Items 22-24: Be as specific as possible in describing: the events causing the injury; the nature of the injury (cut, sprain, burn, etc.), and the part(s) of body injured (back, arm, etc.); and the tools, equipment, machines, objects or substances involved.
- Item 26: Fill in the first day the employee lost any time from work (including time lost for medical treatment), even if you paid the employee for the lost time.
- Item 27: Check the appropriate box to indicate if there was lost time on the date of injury and whether you paid for that lost time.
- Item 28: Fill in the date you first became aware of the injury or illness.
- Item 29: Fill in the date you became aware that the lost time indicated in Item 26 was related to the claimed injury.
- Item 30: Leave the box blank if the employee has not returned to work by the time you file this form. If the employee has returned to work, fill in the date and answer the questions in Items 31 and 32. Notify your insurer if the employee misses time due to this injury after that date.
- Item 34: Check all the boxes that apply AT the time you file this form.
- Item 39: Fill in your Federal Employer Identification Number (FEIN). For information, see www.usa.gov/Business/Business-Gateway.shtml and click on "Get an Employer ID Number".
- Items 40 and 44: Fill in your Unemployment ID number and North American Industry Classification System (NAICS) code, which are both assigned by the Minnesota Unemployment Insurance Program (651-296-6141).
- Items 46-54: Your insurer or claims administrator will complete this information if you do not have it available.

INSTRUCTIONS TO THE INSURER/CLAIMS ADMINISTRATOR

The following data elements must be completed on this form prior to filing with the Department of Labor and Industry: employee's name and social security number; date of injury; and the names of the employer and insurer. If any of this information is missing, the First Report will be rejected and returned to you (see Minn. Stat. § 176.275). Providing the name of the third party administrator does not meet the statutory requirement to provide the name of the insurer. NOTE: If the claim does not involve lost time beyond the waiting period or potential PPD, the form does **NOT** need to be filed with the Department.

- Item 46: Fill in the name of the insurance company. If the employer is self-insured, indicate the name of the licensed or public self-insured company or group.
- Items 47-48: Fill in the legal name and Federal Employer Identification Number (FEIN) of the employer who purchased the policy from the insurer (named in Item 46) and the policy number. If the employer is licensed to self-insure, fill in the certificate number.
- Item 49: Fill in the insurer's FEIN.
- Item 51: Fill in the name and address of the company administering the claim (either the insurer or third party administrator). Be sure to mark either the "Insurer" or "TPA" box.
- Item 53-54: Fill in the claims administrator's FEIN and claim number.
- Item 55: These items apply only to FROIs electronically submitted by the claim administrator.

This material can be made available in different forms, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354 Voice or TDD (651) 297-4198.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.

Accident analysis worksheet

Purpose: Prevent future accident

Employee information

Employee's last name _____ First name _____ M.I. _____ Social Security # _____

☐ Male ☐ Female Supervisor name _____ Phone number _____

Plant/jobsite address _____ Department/trade _____

Specific job worked when injured _____ Title _____

Years of experience in job _____ Length of employment _____

Injury date _____ Injury time _____ ☐ a.m. ☐ p.m. Date reported _____

Injury outcome: ☐ Fatality ☐ Lost time ☐ Medical only ☐ Property damage

Type of injury and body parts injured _____

Accident description

Exact location of accident _____

Describe job being done (e.g., loading truck) _____

What occurred? Describe in sequence 1) Employee's location and position; 2) How he was performing task; 3) What occurred to trigger accident.

Check type of accident:

☐ Struck by ☐ Contacted by ☐ Caught in ☐ Fall- different level ☐ Repetitive motion ☐ Exposure to

☐ Struck against ☐ Contact with ☐ Caught between ☐ Fall- same level ☐ Lifting/overexertion ☐ Slip/trip

☐ Other skill _____

☐ Other _____

Analysis of accident causes (Check all that apply)

What did the employee do or fail to do that caused or contributed to the accident?

☐ Failure to make secure	☐ Riding hazardous equipment	☐ Used equipment unsafely
☐ Failure to warn or signal	☐ Took unsafe position/posture	☐ Used defective equipment
☐ Protective equipment not worn	☐ Horseplay	☐ Standard procedure deviation
☐ Nullified safety device	☐ Failure to make inoperative	☐ Others _____

What employee condition or characteristic caused or influenced unsafe actions?

☐ Unaware of job hazard	☐ Avoiding discomfort	☐ Influence of illness
☐ Inattention to hazard	☐ Influence of fatigue	☐ Other personal factors
☐ Trying to avoid extra effort	☐ Impaired vision/hearing	☐ Tried to gain or save time
☐ Close to floor _____		

What condition of tools, equipment or job site caused or contributed to the accident?

☐ Inadequate safety guard/device	☐ Poor housekeeping	☐ Illumination/noise/air contamination
☐ Inadequate warning system	☐ Ergonomic issues	☐ Close clearance/congestion
☐ Fire or explosion hazard	☐ Defective tools/equipment	☐ Hazardous arrangement or storage
☐ Hazardous personal attire	☐ Unsecured against movement	☐ Protruding object hazard
☐ Other _____		

What causes contributed to above unsafe conditions?

☐ Caused by employee	☐ Defective due to normal use	☐ Management system
☐ Caused by another employee	☐ Poor housekeeping	☐ Outside contractor
☐ Safety inspection failure	☐ Poor preventative maintenance	☐ Unable to determine cause
☐ Faulty design/construction	☐ Defective due to abuse/misuse	☐ Caused by other circumstances: _____

Corrective action plan to prevent recurrence

Listed here are a few corrective actions that may help prevent recurrence. Check all that apply. Do not limit yourself to only these tactics. It is a good idea to discuss corrective actions with your safety committee and Superior Point loss prevention representative.

- | | | |
|--|---|--|
| ☐ Retraining of all employees involved | ☐ Improve inspection procedures | ☐ Improve illumination/noise conditions |
| ☐ Retraining of other employees | ☐ Clean up hazardous conditions | ☐ Install/modify safety guards/devices |
| ☐ Corrective interview of employees | ☐ Improve cleanup procedures | ☐ Improve storage or arrangement |
| ☐ Job reassignment of employee | ☐ Require mandatory pre-job training | ☐ Improve design or construction |
| ☐ Repair /replace defective equipment | ☐ Use safer material & supplies | ☐ Check with manufacturer/supplier |
| ☐ Conduct special inspection survey | ☐ Improve environmental conditions | ☐ Establish purchasing standard |
| ☐ Require personal protective equipment | ☐ Perform ergonomic review | ☐ Improve training and follow-up training |
| ☐ Improve outside conductor controls | ☐ Define safe method | ☐ Focus on better enforcement |
| ☐ Correction other than these listed: _____ | | |

Additional comments _____

Person responsible for corrective action _____ By what date _____

Investigation by _____ Date _____

Form reviewed by _____ Date _____

Confirmation date of corrective action _____

Additional information

Do you have any reason to doubt the validity of this claim? ☐ Yes ☐ No
If yes, please explain.

Has the injured employee had any recent problems with attendance or performance of his or her job? ☐ Yes ☐ No
If yes, please explain.

Are you aware of any other prior injuries or personal conditions the injured employee may have that impacts this claim? ☐ Yes ☐ No
If yes, please explain.

Witness information

Witnesses: Name _____ Telephone number _____

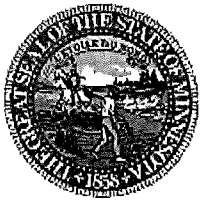
Name _____ Telephone number _____

Name _____ Telephone number _____

Name _____ Telephone number _____

Witness comments or pertinent information _____





Minnesota Workers' Compensation *Employee's Rights and Responsibilities*

If you are injured

- ◆ Report any injury to your supervisor as soon as possible, no matter how minor it may appear. You may lose the right to workers' compensation benefits if you do not timely report the injury to your employer. The time limit may be as short as 14 days, although under certain circumstances it may be longer.
- ◆ Provide your employer with as much information as possible about your injury so that a proper injury report can be filed.
- ◆ Get any necessary medical treatment as soon as possible. If you are not covered by a certified managed care organization (CMCO), you may treat with a doctor of your choice. Your employer must notify you if you are covered by a CMCO.
- ◆ Cooperate with all requests for information concerning your workers' compensation claim. Please note: The law provides that the workers' compensation insurer can obtain medical information specific to your work injury without your authorization, provided you are sent written notification of this request at the time the request is made.
- ◆ Get written confirmation from your doctor on any authorization to be off work.

What does workers' compensation pay for?

- ◆ Medical care for your work injury, as long as it is reasonable and necessary.
- ◆ Wage-loss benefits for part of your lost income (there is a three calendar day waiting period before these benefits start).
- ◆ Compensation for permanent damage to or loss of function of a body part.
- ◆ Benefits to your spouse and/or dependents if you die as a result of a work injury.
- ◆ Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer due to your work injury.

What the insurance company must do

- ◆ Investigate your claim promptly.
- ◆ Within 14 days of when the claimed injury occurred or when your employer became aware of it, either begin payment of benefits due or file a denial of liability, explaining why benefits are being denied.

Insurer name: Minnesota Workers' Compensation Assigned Risk Plan. Claims administered by Superior Point;
P.O. Box 9403; Minneapolis, MN 55440-9403.
Phone number: (877) 256-1411 Fax: (800) 944-1169

If the insurer accepts your claim for wage-loss benefits and you have been disabled for more than three calendar days

- ◆ The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating your claim is accepted.
- ◆ The insurer must start paying wage-loss benefits within 14 days of the date your employer knows about your work injury and lost wages. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.

If the insurer denies your claims for wage-loss benefits

- ◆ The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating it is denying primary liability for your claim. The form must clearly explain the facts and reasons why the insurer believes your injury or illness did not result from your work.
- ◆ If you disagree with the denial, you should talk with the insurance claims adjuster who is handling your claim. Your employer's insurance company can answer most questions about your claim.
- ◆ If you are not satisfied with the response you receive from the insurer and still disagree with the denial, you should contact the Minnesota Department of Labor and Industry at one of the numbers below to discuss your options.

If you have questions or need more help, call the Minnesota Department of Labor and Industry

Workers' Compensation Hotline (800) DIAL-DLI (342-5354) 8 a.m. to 4:30 p.m. Monday-Friday	Department of Labor and Industry Workers' Compensation Division 443 Lafayette Road N. St. Paul, MN 55115 Phone: (651) 284-5005 TDD: (651) 297-4198	Department of Labor and Industry Workers' Compensation Division 5 N. Third Ave. W., Suite 400 Duluth, MN 55802 Phone: (218) 733-7810 Toll-free: (800) 365-4584
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Your claim will be answered by experienced workers' compensation specialists who will provide instant, accurate information and assistance. Additional workers' compensation information is available on the department website at www.doli.state.mn.us.

Fraud

Collecting workers' compensation benefits you are not entitled to is theft. Any theft of more than \$500 is a felony. Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes section 609.52, subdivision 3.

A suspected fraud can be reported by anyone. If you have reason to suspect someone is committing workers' compensation fraud, call 1-888-FRAUD MN (1-888-372-8366). All suspected violations will be investigated.

This document can be made available in alternative formats, such as Braille or audiotope, by calling (651) 284-5005 or (651) 297-4198/TDD

Adapted from material prepared by the Minnesota Department of Labor and Industry.

Minnesota workers' compensation system employee information sheet

What does workers' compensation pay for?

- Medical care for the work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income (there is a three-calendar-day waiting period before these benefits start).
- Benefits for permanent damage or loss of function of a body part.
- Benefits to your spouse and/or dependents if you die of a work injury.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer.

How are workers' compensation benefits paid?

Your workers' compensation benefits are paid by an insurance company or your employer, if your employer is self-insured. State law sets the benefit levels. Please note: Pursuant to statute, the insurer can obtain medical information specific to your work injury without your authorization.

If the insurer accepts your claim for wage-loss benefits and you have been disabled for more than three calendar days:

- The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating your claim is accepted.
- The insurer must start paying wage-loss benefits within 14 days of the date your employer knows about your work injury and lost wages. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.

If the insurer denies your claim for wage-loss benefits:

- The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating it is denying primary liability for your claim. The form must clearly explain the facts and reasons why the insurer believes your injury or illness did not result from your work.
- If you disagree with the denial, you should talk with the insurance claims adjuster who is handling your claim. Your employer's insurance company can answer most questions about your claim.

Insurer: Minnesota Workers' Compensation Assigned Risk Plan. Claims administered by Superior Point;
P.O. Box 9403; Minneapolis, MN 55440-9403.

Phone: (877) 256-1411 Fax: (800) 944-1169

- If you are not satisfied with the response you receive from the insurer and still disagree with the denial, you should contact the Minnesota Department of Labor and Industry at one of the numbers listed below to see what to do next.

If you have other questions or need more help, call the Minnesota Department of Labor and Industry workers' compensation hotline:

Twin Cities and southern Minnesota: (651) 284-5005 or (800) 342-5354. TTY (651) 297-4198
Duluth and northern Minnesota: (218) 723-4670 or (800) 365-4584

Your call will be answered by experienced workers' compensation specialists who will provide instant, accurate information and assistance. Additional workers' compensation information is available on the department's website at www.dli.mn.gov/WorkComp.asp

Your employer is required by law to give you this information. This material can be made available in different formats, such as large print, Braille or audio by calling the numbers above.

SCOTT COUNTY EMPLOYMENT PROGRAM

PARTICIPANT WORKSITE ORIENTATION

This form is to be completed by the participant under the direction of their supervisor. This may be accomplished in a group session or individual meeting. The participant and the supervisor are to keep this form for future reference.

Participant Name: _____

Worksite: _____

Supervisor's Name: _____ Phone Number: _____

If he/she is not available, I will report to:

Supervisor's Name: _____ Phone Number: _____

The supervisor has covered the following policy and procedure with the client:

_____ Job Duties

_____ Hours of Duty

_____ Breaks and Lunch Periods

_____ Dress Code

_____ Reporting Absence

_____ Computer & Cell Phone Use Policy

_____ Discipline

_____ Evaluations

_____ Harassment in the Workplace

_____ Data Practices & HIPPA (if applicable)

Safety Training:

_____ Emergency Training (fire, tornado, etc)

_____ Data Practice/HIPPA (if applicable)

_____ Employee Right to Know

_____ First Aid Supplies

_____ Safety Policy

_____ Report Accidents and Injuries

_____ Equipment and Handling

Other _____

The checked areas have been addressed by the Supervisor and understood by the participant.

Participant's Signature

Date

Supervisor's Signature

Date

We are an equal opportunity employer / program provider of the American Job Center. Auxiliary aids and services are available upon request to individuals with disabilities. Individuals with disabilities in need of an accommodation should contact 952-496-8310 at least 3 days prior to the event.

Worksite Supervisor Orientation

Worksite: _____

Location: _____

Supervisor Name: _____

Alternative Supervisor: _____

Orientation:

- _____ Dates of programming (if applicable)
- _____ Project goals
- _____ Outcomes
- _____ Program staff contact
- _____ Job specification
- _____ Adequate supplies
- _____ Sufficient work to do
- _____ Supervisor or their delegate is available at all times
- _____ Worksite agreement – Location & know the contents
- _____ Hiring
- _____ Participant call for interview
- _____ Application completed
- _____ Contact Scott County office
- _____ Worksite orientation checklist
- _____ Job duties and work hours
- _____ Inclement weather, where to go for tornado or severe storms
- _____ First aid kit location
- _____ Safety
- _____ Child labor laws
- _____ Worker's compensation
- _____ Payroll
- _____ SCANS
- _____ Staff / Parent Contact
- _____ Discipline & termination
- _____ Monitoring
- _____ Laws & regulations

Signature of Worksite Rep

Date

Staff giving the orientation

Date

We are an equal opportunity employer / program provider of the American Job Center. Auxiliary aids and services are available upon request to individuals with disabilities. Individuals with disabilities in need of an accommodation should contact 952-496-8310 at least 3 days prior to the event.

Scott County Youth Employment Programs
Health Information Form
(Print clearly, fill out completely)

Participant Name: _____
Last Name First Name Middle Name

Age: ____ Address: _____ City: _____ Zip: _____

*Parent or Guardian's Name: _____

Home Phone # _____ Work Phone # _____ Cell # _____

Health History

Participant has (check if appropriate)

☐ Asthma	☐ Seizures	☐ Fainting Spells	☐ Physical Impairment
☐ Bronchitis	☐ Diabetes	☐ Heart Trouble	☐ Hay Fever

Allergic reaction to (please list): _____

Medications: _____

Food: _____ Insect: _____

Does participant have a condition now requiring medication? Yes _____ No _____

If yes, please indicate condition: _____

Is medication in possession of participant? Yes _____ No _____

Is participant capable of self-administration of prescribed medication? Yes _____ No _____

Name of medication: _____

*Is there anything concerning your child's health or behavior we need to know? Yes _____ No _____

Please describe: _____

Date of last Tetanus immunization: _____

List specific restricted activities: _____

Family physician & clinic: _____

Contact in case of emergency

Name: _____ Phone # _____

Address: _____ City: _____ Zip: _____

*Relationship to youth: _____

Parent Authorization

I understand that participants in the Scott County Employment Program are covered under Workers' Compensation. In the event of an accident or injury, supervisors of the worksite are instructed to take the participant to a provider for medical care. Parents or emergency contact will be notified as soon as possible. The information above is correct and the named participant has permission to engage in all program activities as noted. I have read and understand this authorization.

Signature of Participant _____ Date: _____

Signature of Parent / Guardian _____ Date: _____

* If the participant is under 18 years of age, parents/guardians need to complete and sign.

PARTICIPANT TERMINATION FORM

I am writing to inform you that as of _____
no longer works at _____
Date Participant's Name
Worksite

Supervisor Complete:

The participant quit / was terminated because: _____
(circle one)

My recommendation for this participant is: _____

Worksite Supervisor Signature / Date

Participant Complete:

I quit / was terminated because: _____
(circle one)

My recommendation for this site is: _____

Participant's Signature / Date



A GUIDE TO MINNESOTA'S

CHILD LABOR STANDARDS ACT

PENALTIES FOR VIOLATION OF CHILD LABOR STANDARDS ACT

An employer that fails to comply with provisions of the Minnesota Child Labor Standards Act will be subject to penalties under Minnesota Statutes §181A.12.

Penalties range in amount from \$250 to \$5,000 for each violation.

CONTACT INFORMATION

Department of Labor and Industry
Labor Standards
443 Lafayette Road N.
St. Paul, MN 55155-4306

Phone: (651) 284-5005
Toll-free: 1-800-342-5354
Fax: (651) 284-5740
dli.laborstandards@state.mn.us
www.dli.mn.gov/LaborLaw.asp



Notice: This brochure is a brief summary of Minnesota child labor laws and is intended as a guide. It is not to be considered a substitute for Minnesota statutes and rules.

This document can be provided in different forms, such as large print, Braille or audio, by calling (651) 284-5005.

Version 1112



CHILD LABOR STANDARDS ACT

MINORS UNDER 16 MAY **NOT** WORK **STATE LAW** (all employers)

- Before 7 a.m. or after 9 p.m. with the exception of a newspaper carrier
- For more than 40 hours a week or more than eight hours per 24-hour period, except in agricultural operations
- During school hours on school days without an employment certificate issued by the appropriate school officials

FEDERAL LAW (employers with annual sales or revenue of \$500,000 or more)

- During the school year:
 - later than 7 p.m.;
 - more than three hours a day; or
 - more than 18 hours a week.

16- and 17-YEAR OLDS MAY **NOT** WORK **STATE LAW** (all employers)

- Later than 11 p.m. on evenings before school days or before 5 a.m. on school days. With written permission from a parent or guardian, these hours may be expanded to 11:30 p.m. and 4:30 a.m.

Note: If employers are covered by state **and** federal requirements, both laws must be followed.



PROHIBITED OCCUPATIONS FOR MINORS

Minors are prohibited from working in the following capacities:

- serving liquor;
- working with hazardous materials such as explosives;
- operating power-driven machinery, including motor vehicles; and
- on or about construction sites.

A detailed list of prohibited work for minors can be found in Minnesota Rules 5200.0910 and 5200.0920.

EXCEPTIONS TO PROHIBITED OCCUPATIONS MAY EXIST FOR:

17-year-old high school graduates and minors employed by a business that is solely owned and daily supervised by the minor's parents.

PENALTIES FOR VIOLATION OF CHILD LABOR STANDARDS ACT

An employer that fails to comply with provisions of the Minnesota Child Labor Standards Act will be subject to penalties under Minnesota Statutes §181A.12. Penalties range in amount from \$250 to \$5,000 per violation.



MINIMUM AGE

A minor younger than 14 years of age **may not be employed**, except:

- as a newspaper carrier, if at least 11 years of age;
- in agriculture, if at least 12 years of age and with parent or guardian consent;
- as an actor or model; or
- as a youth athletic program referee, if at least 11 years of age and with parent or guardian consent.



PROOF OF AGE

A minor's proof of age **must** be maintained as part of the payroll records.

Acceptable proof is one of the following: a copy of a birth certificate; a copy of a driver's license or permit; an age certificate issued by the school; or an I-9.

Scott County Youth Employment Program

Name: _____

Worksite: _____

Worksite phone: _____

Week beginning ____/____/____

Month Day Year

	Date	IN	Lunch Break		OUT	Hours
			Out	In		
MON						
TUES						
WED						
THU						
FRI						
SAT						
SUN						

Week beginning ____/____/____

Month Day Year

	Date	IN	Lunch Break		OUT	Hours
			Out	In		
MON						
TUES						
WED						
THU						
FRI						
SAT						
SUN						

TOTAL HOURS _____

I HEREBY VERIFY THAT THE HOURS SHOWN ABOVE ARE THE HOURS ACTUALLY WORKED AND ARE THE HOURS THAT ARE TO BE PAID.

EMPLOYEE _____ DATE: _____

SUPERVISOR: _____ DATE: _____

TIMESHEET INSTRUCTIONS

WRITE LEGIBLY AND BE ACCURATE

DO NOT FAX

Employee must write clock hours, **IN** and **OUT**, each day. Please use pen.

No more than 8 hours a day.

Half-hour lunch break must be taken, without pay, when the time at the worksite exceeds 6 hours. Employee must write the clock hours **OUT** and **IN** for lunch time taken.

All entries must be clear with no scratch-outs or numbers written over. Do not use white-out

Total hours in right hand column must be figured in whole or quarter numbers, to the nearest quarter hour (7.5, 6.25, 5.75, etc.).

If absent, enter "ABSENT" for that day and reason why.

At the end of each payroll period, review the timecard.

Worksite supervisor must verify hours and sign the card.

Employee must sign the card.

Supervisor should send the timecard in, according to the schedule on this timecard.

2024 Youth Payroll

Pay Period	Time Sheet Due	Pay Date
05/13/24-05/26/24	05/28/24	06/07/24
05/27/24-06/09/24	06/11/24	06/21/24
06/10/24-06/23/24	06/25/24	07/05/24
06/24/24-07/07/24	07/09/24	07/19/24
07/08/24-07/21/24	07/23/24	08/02/24
07/22/24-08/04/24	08/06/24	08/16/24
08/05/24-08/18/24	08/20/24	08/30/24
08/19/24-09/01/24	09/03/24	09/13/24

For Office Use Only

- ☐ WIOA IN SCHOOL _____ HTE320
- ☐ WIOA OUT OF SCHOOL _____ HTE330
- ☐ MN YOUTH PROGRAM _____ HTE740

TOTAL NUMBER OF HOURS: _____

STAFF SIGNATURE _____

DATE _____

Work Readiness Skills	Check all that apply	Task List specific tasks performed	B=Beginner I=Improving M=Mastering
Be on time	☐		
Regular attendance	☐		
Return from breaks on time	☐		
Report work hours accurately	☐		
Signs in on timesheet	☐		
Notify staff of absences	☐		
Takes responsibility for actions	☐		
	☐		
Work on a team	☐		
Cultural diversity - Work w/other ages, races	☐		
Positive work habits	☐		
Work Independently as needed	☐		
Take pride in work – Quality of work	☐		
Accepts constructive criticism	☐		
Adapts to change or new assignments	☐		
Tolerates repetitive activities	☐		
Correct error in instructions	☐		
Staff - Who does what?	☐		
Follow instructions	☐		
	☐		
Cooperate	☐		
Motivated	☐		
Handle feelings appropriately	☐		
Initiative	☐		
Appearance - Dress appropriately	☐		
Social - Get along with coworkers	☐		
Integrity/Honesty	☐		
Organize	☐		
	☐		
Use computers	☐		
Cleans up work area	☐		
Choose the right tools	☐		
Use tools properly	☐		
Follow safety rules	☐		
Report injuries	☐		
Troubleshoot	☐		
Complete assigned tasks	☐		
File & update files	☐		
	☐		
Serve Customers - Greet	☐		
Answer questions	☐		
Read & ask questions	☐		
Reading, writing, math, listening, speaking	☐		
Problem solving, creativity, reasoning	☐		