



## Host Agency Monitoring – WISE

| Monitor Information  |  |                                    |  |     |  |
|--|--|------------------------------------|--|-----|--|
| Staff Monitoring   |  | Date                               |  |     |  |
| Type of Visit  | <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Review |                                    |  |     |  |
| Host Agency Information  |  |                                    |  |     |  |
| Host Agency Name   |  |                                    |  |     |  |
| Work Location Name   |  |                                    |  |     |  |
| Street   |  |                                    |  |     |  |
| City   |  | State                              |  | Zip |  |
| Phone  |  | Email                              |  |     |  |
| Supervisor Name  |  |                                    |  |     |  |
| Phone  |  | Email                              |  |     |  |
| Agency Type  | <input type="checkbox"/> Government Agency <input type="checkbox"/> Nonprofit 501(c)3 on File    |                                    |  |     |  |
| Planned Start Date   |  | Host agency continued availability | <input type="checkbox"/> Yes <input type="checkbox"/> No |     |  |
| Compliance and Safety  |  |                                    |  |     |  |
| Outside  | Yes  | No                                 | N/A  |     |  |
| Grounds are free of debris   |  |                                    |  |     |  |
| Area is free of tripping hazards (uneven walkways, etc.)                   |  |                                    |  |     |  |
| Sidewalks are safe and well lit  |  |                                    |  |     |  |
| Stairs and steps are clearly marked  |  |                                    |  |     |  |
| Construction, ditches, manholes covered and marked                         |  |                                    |  |     |  |
| External doors and windows in good working condition                       |  |                                    |  |     |  |
| Rock salt/shovel available for clearing ice/snow                           |  |                                    |  |     |  |
| Inside   | Yes  | No                                 | N/A  |     |  |
| Internal doors are in good working condition                               |  |                                    |  |     |  |
| Work areas are well lit  |  |                                    |  |     |  |
| Emergency exits are clearly marked and accessible                          |  |                                    |  |     |  |
| Floors are clean and free of tripping hazards (cords, etc.)                |  |                                    |  |     |  |
| Stairs and steps clearly marked  |  |                                    |  |     |  |
| Heat and air conditioning systems work                                     |  |                                    |  |     |  |
| Electrical boxes are covered   |  |                                    |  |     |  |
| Flammable liquids are stored properly                                      |  |                                    |  |     |  |
| Fire extinguisher visible and accessible                                   |  |                                    |  |     |  |
| Fire evacuation procedures in place/posted                                 |  |                                    |  |     |  |
| Easy, unrestricted access to exits is available                            |  |                                    |  |     |  |
| EEO sign posted  |  |                                    |  |     |  |
| Personal Safety  | Yes  | No                                 | N/A  |     |  |
| First aid kit is easily accessible   |  |                                    |  |     |  |
| Evacuation procedures are posted   |  |                                    |  |     |  |
| A tornado shelter area is designated                                       |  |                                    |  |     |  |
| Active shooter/bomb threat/dangerous person protocol is in place           |  |                                    |  |     |  |
| For each item rated as No, provide an explanation and any recommendations. |  |                                    |  |     |  |
|  |  |                                    |  |     |  |

| Program Integrity and Operational Compliance   |   |      |        |
|--|---|------|--------|
| Does the Host Agency (If an explanation, No or Review is required, provide a description below)                                  | Yes   | No   | Review |
| Have a copy of signed worksite agreement?  |   |      |        |
| Provide a copy of its Code of Conduct and holiday list to participants?  |   |      |        |
| Have familiarity with the Durational Limit requirements?   |   |      |        |
| Allow participant(s) to volunteer at the Host Agency beyond WISE paid time? If yes, explain.                                     |   |      |        |
| Contact EMI when any participant is absent? If no, explain.  |   |      |        |
| Have staff or board members related to participant(s)? If yes, explain.  |   |      |        |
| Use this participant's position as a replacement for a job that would be posted if he/she was not performing it?                 |   |      |        |
| Activities prohibited by the Hatch Act did <b>not</b> occur  | <input type="checkbox"/> True, no prohibited actions<br><input type="checkbox"/> False, explain below |      |        |
| Explanations, Descriptions & Review (For items requiring review, list who will is responsible to do what and include a due date) |   |      |        |
|  |   |      |        |
| Additional Comments/Observations   |   |      |        |
|  |   |      |        |
| Signature  |   |      |        |
| WISE Staff Signature   |   | Date |        |

Form Date: 05.21.26

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