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**Apprenticeship Program Quality Review**

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIRM AND UPDATE PROGRAM DEMOGRAPHICS**

***Check here if any information detailed below needs to be updated in Sponsors Standards.***

**1) Sponsor** Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Apprenticeship Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) Type and Number of Apprenticeship Occupations and Associated Apprentices/ Mentor Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupation | Current Number of Apprentices | Current Number of Female Apprentices | Current Number of Journeyworkers | Completion Wage | Ratio of Apprentices to Journeyworkers |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**REVIEW ON-THE-JOB TRAINING STANDARD & PRACTICES**

***All items checked “no” should be thoroughly addressed on page 4.***

|  |  |  |  |
| --- | --- | --- | --- |
| *1.* | Apprentices receive OJL in all phases of occupation as outlined in occupation schedule. | *□YES* | *□*NO |
| *2.* | OJL is coordinated with related instruction. | *□YES* | *□*NO |
| *3.* | Program sponsor is providing reasonably continuous employment to all apprentices. | *□YES* | *□*NO |
| *4.* | Safety training included as part of OJL. | *□YES* | *□*NO |
| *5.* | The OJL (work process schedule) is kept current with industry practice. | *□YES* | *□*NO |
| *6.* | Program sponsor’s workforce is consistent with the approved ratio as registered in apprenticeship standards. | *□YES* | *□*NO |
| *7.* | Program sponsor regularly evaluates the apprentices’ on-the-job progress with the apprentice. | *□YES* | *□*NO |
| *8.* | Are the apprentices’ scheduled wage increases determined (e.g., by actual hours of OJL or by months in the program), consistently with the registered apprenticeship standards? | *□YES* | *□*NO |
| *9.* | The probationary period is reasonable (hours/months) in relation to the term of apprenticeship, and full credit is given for probation toward the completion of apprenticeship. | *□YES* | *□*NO |
| *10.* | The program sponsor grants advanced credit for previously acquired experience and training to applicants/apprentices in a uniform manner. | *□YES* | *□*NO |

**REVIEW ON RELATED INSTRUCTION STANDARD & PRACTICES**

|  |  |  |  |
| --- | --- | --- | --- |
| *1.* | Identify the related instruction delivery system (electronic media, classroom, correspondence, home study), provider, and location | | |
| *2.* | How many hours per year of related instruction are actually being provided? \_\_\_\_\_\_\_\_\_\_ | | |
| *3.* | Is the related instruction being provided consistently as approved in apprenticeship standards? | *□YES* | *□*NO |
| *4.* | Are related instruction curriculum and training aids kept current with industry technological changes? | *□YES* | *□*NO |
| *5.* | Is safety training included as part of the related instruction? | *□YES* | *□*NO |
| *6.* | Have related training instructors received formalized instructor training?  What kind? How many hours? | *□YES* | *□*NO |
| *7.* | Has the program sponsor established criteria/guidelines for instructors (i.e., state certification, teaching experience, occupation experience? | *□YES* | *□*NO |
| *8.* | Does the program sponsor provide feedback to apprentices on related instruction progress/ test results? | *□YES* | *□*NO |
| *9.* | Is related instruction provided on a regular basis during the term of apprenticeship? | *□YES* | *□*NO |
| *10.* | Is there a course outline of subjects to be covered each year? | *□YES* | *□*NO |
| *11.* | Is the progressive wage schedule paid based on the completion of both the OJL learning as well as related instruction? | *□YES* | *□*NO |

**REVIEW PROGRAM OPERATION**

|  |  |  |  |
| --- | --- | --- | --- |
| *1.* | Is a specific person(s) responsible for monitoring the program and providing assistance to the apprentices?  *If, yes, please provide Name and Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *□YES* | *□*NO |
| *2.* | Is the Registration Agency promptly notified of all new registrations, cancellations, and completions? (within 45 days) | *□YES* | *□*NO |
| *3.* | Does the program sponsor periodically assess success or needed improvements in the program by interviewing apprentices, completed apprentices, and journeyworkers? | *□YES* | *□*NO |
| *4.* | Does the program sponsor maintain required records (selection/employment/training)? | *□YES* | *□*NO |
| *5.* | Does the program sponsor submit revisions to the Registration Agency prior to instituting them? | *□YES* | *□*NO |
| *6.* | What is the completion rate for each occupation (Analysis based on five years)? |  |  |
| *7.* | *What is the cancelation rate for each occupation?*  *If cancelation rate exceeds 20%, how is the sponsor addressing the high cancelation rate?* |  |  |
| *8.* | Does the program sponsor follow-up on terminations to determine the “cause”? | *□YES* | *□*NO |
| *9.* | Does the Apprenticeship Committee meet regularly to address the progress of apprentices and the program? (if applicable) | *□YES* | *□*NO |
| *10.* | Are all apprentices in each occupation registered with the Registration Agency? | *□YES* | *□*NO |
| *11.* | Is the “Complaint Procedure” identified in the standards and available for review by all apprentices/applicants? | *□YES* | *□*NO |
| *12.* | Is anti-harassment training provided to all the individual connected with the administration or operation of the apprenticeship program, including supervisors, journeyworkers, and individuals who regularly work with the apprentices? (29 CFR § 30.3(4)(8)) | *□YES* | *□*NO |
| *13.* | Does the sponsor provide anti-harassment training to all apprentices? | *□YES* | *□*NO |
| *14.* | Does the format of the training involve participation by trainees, such as attending the training in person or completing interactive training online? *YES/ NO*  If training is online, how does the sponsor ensure that the trainees completed? | *□YES* | *□*NO |
| *15.* | Does the training communicate that harassing contact will not be tolerated, the definition and examples of harassment, and the individual’s right to file a harassment complaint? | *□YES* | *□*NO |
| *16.* | Is the EEO Poster posted with correct contact information? | *□YES* | *□*NO |
| *17.* | Does the sponsor document that openings are posted and selection procedures are followed? | *□YES* | *□*NO |
| *18.* | Does the sponsor collect and archive the pre- and post-offer EEO data on applicants? | *□YES* | *□*NO |
| *19.* | Does the sponsor have an approved Affirmative Action Plan? *□YES, □*NO, but meets criteria for exemption, or *□* Needs technical assistance | | |
| *20.* | Has apprenticeship benefited the company and the apprentices? | *□YES* | *□*NO |
| *21.* | How can the Rhode Island Apprenticeship program be improved to better serve the company and industry? | | |

**SUMMARY**

*Existing Deficiencies & Recommendations*

ON-THE-JOB LEARNING

RELATED INSTRUCTION

PROGRAM OPERATION

*On behalf of the above named sponsor, I hereby certify that all the information provided is true and correct to the best of my knowledge.*

SPONSOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR PROVISIONAL PROGRAMS**

Recommend Conversion from Provisional to Permanent Registration *□YES □*NO Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Recommend Continuation as Provisional □YES □NO Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Recommend Deregistration (Cancelation) □YES □NO Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewing SAA Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Review and Approval: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Rhode Island Department of Labor and Training, Apprenticeship Office**

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