



RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING
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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	OJL is coordinated with related instruction.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Program sponsor is providing reasonably continuous employment to all apprentices.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Safety training included as part of OJL.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	The OJL (work process schedule) is kept current with industry practice.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Program sponsor's workforce is consistent with the approved ratio as registered in apprenticeship standards.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Program sponsor regularly evaluates the apprentices' on-the-job progress with the apprentice.	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	The program sponsor grants advanced credit for previously acquired experience and training to applicants/apprentices in a uniform manner.	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Are related instruction curriculum and training aids kept current with industry technological changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Is safety training included as part of the related instruction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Have related training instructors received formalized instructor training? What kind? _____ How many hours? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Has the program sponsor established criteria/guidelines for instructors (i.e., state certification, teaching experience, occupation experience)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Does the program sponsor provide feedback to apprentices on related instruction progress/ test results?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Is related instruction provided on a regular basis during the term of apprenticeship?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Is there a course outline of subjects to be covered each year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	Is the progressive wage schedule paid based on the completion of both the OJL learning as well as related instruction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REVIEW PROGRAM OPERATION

1.	Is a specific person(s) responsible for monitoring the program and providing assistance to the apprentices? <i>If, yes, please provide Name and Title</i> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is the Registration Agency promptly notified of all new registrations, cancellations, and completions? (within 45 days)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Does the program sponsor periodically assess success or needed improvements in the program by interviewing apprentices, completed apprentices, and journeyworkers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Does the program sponsor maintain required records (selection/employment/training)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Does the program sponsor submit revisions to the Registration Agency prior to instituting them?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	What is the completion rate for each occupation (Analysis based on five years)?		
7.	<i>What is the cancelation rate for each occupation?</i> <i>If cancelation rate exceeds 20%, how is the sponsor addressing the high cancelation rate?</i>		

8.	Does the program sponsor follow-up on terminations to determine the “cause”?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Does the Apprenticeship Committee meet regularly to address the progress of apprentices and the program? (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Are all apprentices in each occupation registered with the Registration Agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	Is the “Complaint Procedure” identified in the standards and available for review by all apprentices/applicants?	<input type="checkbox"/> YES	<input type="checkbox"/> 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))	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.	Does the sponsor provide anti-harassment training to all apprentices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14.	Does the format of the training involve participation by trainees, such as attending the training in person or completing interactive training online? <i>YES/NO</i> If training is online, how does the sponsor ensure that the trainees completed?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	Is the EEO Poster posted with correct contact information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17.	Does the sponsor document that openings are posted and selection procedures are followed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18.	Does the sponsor collect and archive the pre- and post-offer EEO data on applicants?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19.	Does the sponsor have an approved Affirmative Action Plan? <input type="checkbox"/> YES, <input type="checkbox"/> NO, but meets criteria for exemption, or <input type="checkbox"/> Needs technical assistance		
20.	Has apprenticeship benefited the company and the apprentices?	<input type="checkbox"/> YES	<input type="checkbox"/> 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: _____



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