

CHAMBER OF COMMERCE OJT

DESK GUIDE

Trainee OJT Review

The Chamber On-the-Job Training (OJT) program provides small and medium businesses with support in the areas of technical assistance, workforce development and employee placement; funding to support this program comes in the form of a Legislative Add On. These funds can be used for Staff Salaries, Staff Fringe Benefits, Staff Travel and Trainee OJT Wage Reimbursements.

Reimbursement vouchers (DRR's) are submitted directly to the Contract Unit in Albany for processing. The DRR's are then scanned into each contractor's folder on NYSDOL's server. The DRR's are to be used in reviewing the participants enrolled in this program at the 6-month mark in the contract and again when the final voucher is submitted and approved.

This review will be conducted twice during the life of each Chamber OJT Contract year, and will encompass all Chamber of Commerce OJT participants served under each annual contract. **No on-site monitoring is necessary by Program Staff.** This is a Desk Review only. FOTA staff will conduct the on-site portion of the review for the expenditures reported.

Review Topics:

1. Program Data Analysis
2. Evaluation of contractor conducted monitoring
3. Program Administration
4. Trainee OJT OSOS review

Resources and References

Contract documents can be found at \\dol-smb\dol_shared\DOL0A1FS1\Dews-Data\DEWS-QA-invest-Contracts\WD Contracts\Contracts By Program

1. Program Work Plan
2. Contract Budget
3. Contract Unit documents
4. DRR's

Monitoring Review Procedures:

1. Review the Chamber of Commerce (Chamber) contract and program work plan.
2. Review Contract Unit documents, including vouchers and voucher correction notices.
3. From vouchers submitted at the 6-month mark of the contract, and then again after the final voucher has been submitted, develop a complete participant list for review in OSOS. Discuss the contract with FOTA to see if any issues on prior reviews have been found. Notify FOTA assigned to the contract of any issues found with OSOS data reviewed for participants, or any other issues.
4. Contact the Chamber to request information regarding:
 - a. Number of contracts written
 - b. OJT Monitoring conducted by the Chamber during the review period
 - c. OJT Completion Rates
 - d. Employment Retention after Training Completion Rates
5. Upon completion of the Desk Review Guide below, prepare an appropriate Draft monitoring report letter. Submit for supervisor review.
6. Upon Manager approval, issue the final report letter and send it to the appropriate representatives /contractor.
7. Final report letter and the completed Desk monitoring guide needs to be posted to the [Central/Contracts/Chamber](#) folder on the server.
8. After the review letter has been issued, follow-up on any Findings within 30 calendar days, if corrective action is required. Write up results of follow up and issue a letter on the status of any corrective action.

**CHAMBER OF COMMERCE OJT
DESK GUIDE
Trainee OJT Review**

Date(s) of Review:
Review Period:
Chamber Name:

Reviewer(s):
Contract Dates:
Contract Number:

Program Data Analysis	Comments
1. What is the rate of participation? (actual OJTs ÷ planned)	From vouchers and contract
2. What is the rate of completion? (completed ÷ OJT contracts)	From phone/email contact with Chamber
3. What is the rate of retention ¹ ? (still employed at 30 days ÷ completers)	From phone/email contact with Chamber
4. Have All Trainees from vouchers been entered in OSOS	From Review of Vouchers

Evaluation of the Chamber's OJT Program Monitoring	Yes	No	Comments
1. Monitoring of sub-contracts with employers:			
a) Did the contractor conduct on site monitoring of each OJT Contract?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Did the monitoring include interviews with each Employer?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Did the monitoring include interviews with each participant?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Is there a set monitoring schedule? If yes, note when this is done (i.e. monthly, at conclusion of OJT)	<input type="checkbox"/>	<input type="checkbox"/>	

Program Administration	Yes	No	Comments
1. Are OJTs targeted in specific industry sectors?	<input type="checkbox"/>	<input type="checkbox"/>	(refer to program work plan)
2. Is OJT contractor working with local one-stop or WDB?	<input type="checkbox"/>	<input type="checkbox"/>	(should be identified in program work plan)
3. Are vouchers being submitted to the contract unit in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	(discuss with contract staff)
4. Does the Contractor have written OJT policies? If yes, do policies include the following topics:	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy of the policy if this is your first review)
a. <u>Contract Development</u> – can include outreach and marketing; allowable worksites; minimum or maximum hourly wages; restrictions on overtime, sick, vacation or other paid leave; development of trainee plan.	<input type="checkbox"/>	<input type="checkbox"/>	(Describe what was found)
b. <u>Trainee selection</u> – can include skill gap analysis; length of unemployment; existing employee requirements.	<input type="checkbox"/>	<input type="checkbox"/>	(Describe how trainee selection is conducted)
c. <u>Reimbursement policies</u> – can include forms to be used; when to submit request for payment; required documentation for reimbursement.	<input type="checkbox"/>	<input type="checkbox"/>	(Describe reimbursement policies)
d. <u>Contract Maintenance</u> – can include contract termination procedures; modifications; extensions; dispute resolution; tracking outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	(Describe what was found)

Comments: **(Include here a summary of discussions with FOTA staff regarding any contract issues.)**

¹ Retention is not a requirement of current contracts; however, it is recommended that retention be tracked by contractors. Contractors working with their local one-stops should coordinate outcome requirements and documentation needed to properly document in OSOS.

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DESK GUIDE
Trainee OJT Review**

Section V: Review Summary

In the section below, detail each finding and area of concern resulting from the review; add additional lines as necessary. For the Chamber OJT contracts, a finding is when a contractor fails to follow the program narrative, contract budget, or perform proper OSOS data entry. Include in your recommendation what action is necessary, if corrective action has already been implemented, or if a Corrective Action Plan from the contractor is required. (add more lines as needed)

Program Data Analysis Summary

Finding:

Action Required / Recommendation:

Finding:

Action Required / Recommendation:

Chamber Monitoring Practices Summary

Finding:

Action Required / Recommendation:

Finding:

Action Required / Recommendation:

Program Administration Summary

Finding:

Action Required / Recommendation:

Finding:

Action Required / Recommendation:

OSOS Review Summary

Finding:

Action Required / Recommendation:

Finding:

Action Required / Recommendation:

**CHAMBER OF COMMERCE OJT
DESK GUIDE
Trainee OJT Review**

Trainee Name:
Reviewer:

Contractor:
OSOS ID:

From Review of OSOS	Yes	No	Comments
1. Correctly Enrolled as a Chamber Participant (Not WIOA)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Service Type entered as Non-ITA Training?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Funding Source listed as Chamber of Commerce OJT?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Seeker Service Type entered as On the Job Training (OJT)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Actual Start Date Entered?	<input type="checkbox"/>	<input type="checkbox"/>	(Actual Start Date)
6. Actual End Date Entered?	<input type="checkbox"/>	<input type="checkbox"/>	(Actual End Date)
7. Service Entered within 5 Days of service start?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Service Closed indicating Successful/Unsuccessful?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Comment entered in OSOS to indicate location of OJT?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Work History Tab updated to reflect OJT employment?	<input type="checkbox"/>	<input type="checkbox"/>	

<Staff Name>

Workforce Programs Specialist

New York State Department of Labor

"OFFICE ADDRESS"

CITY, NY ZIP CODE

(XXX) XXX-XXXX

[FIRST.LAST NAME@labor.ny.gov](mailto:FIRST.LAST_NAME@labor.ny.gov)

(Date)

<Chamber Addressee>

<Name Chamber>

<Address Line 1>

<Address Line 2>

Re: Chamber of Commerce On-The-Job (OJT) Training

Contract Number: #####

Contract Dates: mm/dd/yyyy – mm/dd/yyyy

Dear <Chamber Representative>:

On <mm/dd/yyyy>, the New York State Department of Labor (NYSDOL) conducted a review of your Chamber of Commerce On-The-Job Training program (OJT) which has a start date of <mm/dd/yyyy> and an end date of <mm/dd/yyyy>. The purpose of the review was to make a determination regarding the conduct of your OJT program, and to ensure that all program requirements have been completed or are progressing satisfactorily.

The term "Finding" is used to identify areas where compliance requirements must be addressed. NYSDOL will provide "Required Actions" to address all Findings. The term "Technical Assistance Observation" is applied to situations that merit attention because they negatively impact services and performance, and if unaddressed could lead to a Finding. Suggested actions that can be taken to rectify a Technical Assistance Observation are provided as "Recommendations".

If any Findings have been cited in this correspondence, your agency will have 30 calendar days from the date of this letter in which to provide written assurance or evidence that the Finding has been corrected. For compliance concerns not resolvable in that time period, we require a plan of action with dates and milestones for achieving compliance, with follow-up at regular intervals until the issue is resolved.

Findings and Required Action:

Finding 1:

Required Action 1:



Finding 2:

Required Action 2:

Technical Assistance Observations and Recommendations:

Technical Assistance Observation 1:

Technical Assistance Recommendation 1:

Technical Assistance Observation 2:

Technical Assistance Recommendation 2:

I would like to thank you and your staff for the time and cooperation extended during this review. Please contact this office with any questions you may have.

Sincerely,

SIGNATURE

FIRST, LAST NAME, Workforce Programs Specialist 3

cc: FOTA Representative – NYSDOL
Workforce Program Manager - NYSDOL
Andrew Gehr - NYSDOL
Contract Unit Representative – NYSDOL
Wendy Luft - NYSDOL
Julie Keating- NYSDOL