



## TRAINING PROVIDER MONITORING REPORT

AGENCY: ASI Career Institute      DATE: February 17, 2021

### **OBJECTIVE 1: Determine whether training provider is properly documenting student's progress and attendance.**

#### **1. Review internal system: Jennifer Whelan, Business Manager**

- a. What kind of training/credentials do you offer our clients? Medical Assistant, Phlebotomy Tech, EKG Tech, Electric Health Record, American Medical, Medical Administration, Billing and Coding, Customer Service
- b. How many students do you currently have enrolled in your school through the American Job Center? 30 Students enrolled for next class (hybrid: half online, half in person), 0 from AJC
- c. Who approves students? Tina Casalnova, Director of Admissions
- d. Who tracks time and attendance? Kate Murphy, Director of Administrations
- e. Who has access to customer files? Jennifer Whelan, Business Manager, Tina Casalnova, Director of Admissions, Kate Murphy, Director of Administrations, Danelle Williams, Financial Aid Coordinator, Daniel Pearman, Director of Career Services
- f. Are files kept in a safe, secure place? Yes, file cabinets are locked which one Jennifer, Tina and Kate have. Door to file room is locked with key pad that all staff (excluding teachers) have access to.

### **OBJECTIVE 2: Determine whether training provider is in compliance with contract agreement.**

#### **2. Review customer files:**

- a. Do files contain referrals and enrollment documentation?  Yes  No
- b. Do files contain required paperwork?  Yes  No
- c. Are files organized?  Yes  No
- d. Do files contain progress notes?  Yes  No



e. Are lessons defined and appropriate?  Yes  No

f. Paperwork completed in a timely manner?  Yes  No

g. Physical condition of school?  Good  Bad

File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)
Sabrina Gittenger	X	X	X	X	X	X	X
Brenda Veliz	X	X	X	X	X	X	X
Shilpa Joshi	X	X	X	X	X	X	X
Alicia Manfredi	X	X	X	X	X	X	X
Dana Remy	X	X	X	X	X	X	X

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): Yes they are in good standing with the Eligible Training Provider Handbook.

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. Daniel Pearman, Director of Career Services does the follow up.

#### **FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:** Hybrid classes are using Facebook Live to accommodate the older students who are already familiar with the app. Alicia Manfredi file contains employment at Cooper Health.

#### **Recommendations:**

**Corrective Action – Needed:**  Yes  No



## Gloucester County Program Monitoring Facility Tour Rating Instrument

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**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



## TRAINING PROVIDER MONITORING REPORT

AGENCY: ASI Career Institute DATE: February 17, 2021

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below **AFTER** the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

Jennifer Whelan  
Training Provider Print Name

J. Whelan  
Training Provider Signature

2/17/21  
Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

Troy Schneider  
Program Monitor Signature

2/17/21  
Date

Program Monitor Signature

\_\_\_\_\_  
Date

## TRAINING PROVIDER MONITORING REPORT

AGENCY: Bradway Truck Driving School      DATE: January 20, 2021

### **OBJECTIVE 1:** Determine whether training provider is properly documenting student's progress and attendance.

#### 1. Review internal system:

- a. What kind of training/credentials do you offer our clients?  
CDL A & B
- b. How many students do you currently have enrolled in your school through the American Job Center? None
- c. Who approves students? Steven Bradway
- d. Who tracks time and attendance? Steven Bradway
- e. Who has access to customer files? Steve and Nick
- f. Are files kept in a safe, secure place? Yes

### **OBJECTIVE 2:** Determine whether training provider is in compliance with contract agreement.

#### 2. Review customer files:

- a. Do files contain referrals and enrollment documentation?  Yes  No
- b. Do files contain required paperwork?  Yes  No
- c. Are files organized?  Yes  No
- d. Do files contain progress notes?  Yes  No
- e. Are lessons defined and appropriate?  Yes  No
- f. Paperwork completed in a timely manner?  Yes  No
- g. Physical condition of school?  Good  Bad  Old

File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): In compliance with ETPL

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. Job listings are given to students throughout their training.

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:** CDL Training all year long.

**Recommendations:**

**Corrective Action – Needed:**  Yes  No



## GLOUCESTER COUNTY PROGRAM MONITORING FACILITY TOUR RATING INSTRUMENT

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**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



## TRAINING PROVIDER MONITORING REPORT

AGENCY: Bradway Truck Driving School      DATE: January 20, 2021

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below **AFTER** the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

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Training Provider Print Name

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Training Provider Signature

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Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

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Program Monitor Signature

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Date

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Program Monitor Signature

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Date



## TRAINING PROVIDER MONITORING REPORT

AGENCY: Camden County DREAM

DATE: February 22, 2021

### **OBJECTIVE 1:** Determine whether training provider is properly documenting student's progress and attendance.

#### 1. Review internal system: Keith Davis, Director

- a. What kind of training/credentials do you offer our clients? IT, Networking, Cyber Security Training, IOT
- b. How many students do you currently have enrolled in your school through the American Job Center? 0 Students from Gloucester County, 38 students currently enrolled.
- c. Who approves students? Keith Davis, Director, accepts; The Board chooses the criteria of which the applicants must have.
- d. Who tracks time and attendance? Instructors track time and attendance, Keith Davis, Director, oversees.
- e. Who has access to customer files? Keith Davis, Director
- f. Are files kept in a safe, secure place? Yes, locked behind a door which Keith Davis, Director, is the only one who holds the key.

### **OBJECTIVE 2:** Determine whether training provider is in compliance with contract agreement.

#### 2. Review customer files: No files to review.

- a. Do files contain referrals and enrollment documentation?  Yes  No
- b. Do files contain required paperwork?  Yes  No
- c. Are files organized?  Yes  No
- d. Do files contain progress notes?  Yes  No
- e. Are lessons defined and appropriate?  Yes  No
- f. Paperwork completed in a timely manner?  Yes  No
- g. Physical condition of school?  Good  Bad



File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): They are follow the procedures outlined in the Eligible Training Provider Handbook.

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. Continue to support with modules for soft skills (professional skills), employment notices emailed, internships available.

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:** Online search engine graduates can use which is IT specific employment. Currently in contract talks for placing apprenticeships. Has a partnership with Amazon for IT and networking.

**Recommendations:**

**Corrective Action – Needed:**  Yes  No



## GLoucester County Program Monitoring Facility Tour Rating Instrument

**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present: Staff is 100% online per Keith Davis, Director**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



## TRAINING PROVIDER MONITORING REPORT

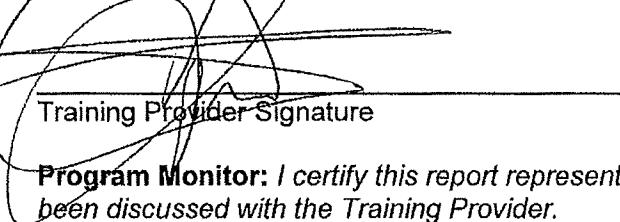
AGENCY: Salem County Vocational Tech DATE: February 22, 2021

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below AFTER the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

  
Training Provider Print Name

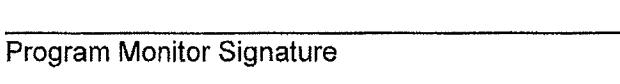
  
Training Provider Signature

2/22/21  
Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

  
Program Monitor Signature

2/22/21  
Date

  
Program Monitor Signature

  
Date

## TRAINING PROVIDER MONITORING REPORT

AGENCY: Merit Training Institute

DATE: January 26, 2021

### **OBJECTIVE 1:** Determine whether training provider is properly documenting student's progress and attendance.

#### 1. Review internal system:

- a. What kind of training/credentials do you offer our clients? CNA, Medical Assistant, EKG, Health Records, Medical Billing and coding
- b. How many students do you currently have enrolled in your school through the American Job Center? 0; 2 have graduated
- c. Who approves students? Brandi Lippincott
- d. Who tracks time and attendance? Brandi Lippincott, Catherine Howell
- e. Who has access to customer files? Brandi and Catherine
- f. Are files kept in a safe, secure place? Yes, files are in a locked room

### **OBJECTIVE 2:** Determine whether training provider is in compliance with contract agreement.

#### 2. Review customer files:

- a. Do files contain referrals and enrollment documentation?  Yes  No
- b. Do files contain required paperwork?  Yes  No
- c. Are files organized?  Yes  No
- d. Do files contain progress notes?  Yes  No
- e. Are lessons defined and appropriate?  Yes  No
- f. Paperwork completed in a timely manner?  Yes  No
- g. Physical condition of school?  Good  Bad

File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)
Andrea [REDACTED]	X	X	X	X	X	X	X
Amy [REDACTED]	X	X	X	X	X	X	X

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): YES

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. Yes, more jobs than students

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:** Strict on COVID policy. Everything is 6 feet apart, students wear masks and face shields during classes, if students are interacting with each other they wear a heavier duty mask.

**Recommendations:**

**Corrective Action – Needed:**  Yes  No

## GLOUCESTER COUNTY PROGRAM MONITORING FACILITY TOUR RATING INSTRUMENT

**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



## TRAINING PROVIDER MONITORING REPORT

**AGENCY:** Merit Training Institute

**DATE:** January 26, 2021

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below AFTER the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

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Training Provider Print Name

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Training Provider Signature

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Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

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Program Monitor Signature

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Date

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Program Monitor Signature

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Date

## TRAINING PROVIDER MONITORING REPORT

AGENCY: Mid Atlantic Career and Education  
2021

DATE: February 10,

### **OBJECTIVE 1:** Determine whether training provider is properly documenting student's progress and attendance.

#### 1. Review internal system:

- a. What kind of training/credentials do you offer our clients? None at the moment
- b. How many students do you currently have enrolled in your school through the American Job Center? 0
- c. Who approves students? Glen Donelson, Linwood Mosely
- d. Who tracks time and attendance? Linwood
- e. Who has access to customer files? Linwood
- f. Are files kept in a safe, secure place? Yes

### **OBJECTIVE 2:** Determine whether training provider is in compliance with contract agreement.

#### 2. Review customer files: No files to review

- a. Do files contain referrals and enrollment documentation?  Yes  No
- b. Do files contain required paperwork?  Yes  No
- c. Are files organized?  Yes  No
- d. Do files contain progress notes?  Yes  No
- e. Are lessons defined and appropriate?  Yes  No
- f. Paperwork completed in a timely manner?  Yes  No
- g. Physical condition of school?  Good  Bad

File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): Did not get the chance to look through files as they are in the Pennsville location.

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers.

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:**

**Recommendations:**

**Corrective Action – Needed:**  Yes  No

## GLOUCESTER COUNTY PROGRAM MONITORING FACILITY TOUR RATING INSTRUMENT

**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



## TRAINING PROVIDER MONITORING REPORT

**AGENCY:** Mid Atlantic Career and Education  
2021

**DATE:** February 9,

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below AFTER the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

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Training Provider Print Name

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Training Provider Signature

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Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

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Program Monitor Signature

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Date

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Program Monitor Signature

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Date



## TRAINING PROVIDER MONITORING REPORT

AGENCY: Robert Fiance Beauty School

DATE: February 26, 2021

### **OBJECTIVE 1:** Determine whether training provider is properly documenting student's progress and attendance.

1. Review internal system: Georgia Maitland, Administration Advisor
  - a. What kind of training/credentials do you offer our clients? NJ Cosmetology, Skin Care (Make Up, Wax)
  - b. How many students do you currently have enrolled in your school through the American Job Center? 0 students from AJC, 24 Currently attending
  - c. Who approves students? Go by NJ State Requirements
  - d. Who tracks time and attendance? Michelle Woscyna, Student Services Administrator
  - e. Who has access to customer files? Michelle Woscyna, Student Services Administrator, Jason Livon, Compliance Coordinator, Greg White, Financial Aid Administrator, Georgia Maitland, Administration Advisor
  - f. Are files kept in a safe, secure place? Yes, in staff office who all have a key. Michelle Woscyna, Student Services Administrator, Jason Livon, Compliance Coordinator, Greg White, Financial Aid Administrator, Georgia Maitland, Administration Advisor

### **OBJECTIVE 2:** Determine whether training provider is in compliance with contract agreement.

2. Review customer files: No Current Students to review
  - a. Do files contain referrals and enrollment documentation?  Yes  No
  - b. Do files contain required paperwork?  Yes  No
  - c. Are files organized?  Yes  No
  - d. Do files contain progress notes?  Yes  No
  - e. Are lessons defined and appropriate?  Yes  No
  - f. Paperwork completed in a timely manner?  Yes  No
  - g. Physical condition of school?  Good  Bad



File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): Yes, training provider follows the procedures outlined in the Eligible Training Provider Handbook.

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. Michelle Woscyna provides placement assistance during their training and post training.

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:** Students practicing social distance unless working with each other then they wear face shields, masks and gloves.

**Recommendations:**

**Corrective Action – Needed:**  Yes  No



## GLoucester County Program Monitoring Facility Tour Rating Instrument

**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No

## TRAINING PROVIDER MONITORING REPORT

AGENCY: Robert Fiance Beauty School      DATE: February 26, 2021

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below AFTER the monitoring process has been completed.

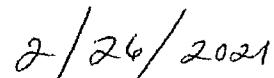
**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

 Jason Liverman

Training Provider Print Name



Training Provider Signature

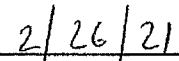
 2/26/2021

Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

 Troy Schneider

Program Monitor Signature

 2/26/21

Date

Program Monitor Signature

Date



## TRAINING PROVIDER MONITORING REPORT

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AGENCY: Salem County Vocational Tech      DATE: April 27, 2021

**OBJECTIVE 1:** Determine whether training provider is properly documenting student's progress and attendance.

1. Review internal system: Maria Alleva, Director of the Vocational Technical School at Salem County College
  - a. What kind of training/credentials do you offer our clients? CNA, Phlebotomy, Welding (night courses)
  - b. How many students do you currently have enrolled in your school through the American Job Center? 0
  - c. Who approves students? Maria Alleva, Director
  - d. Who tracks time and attendance? Instructors of the classes tracks time and attendance, forwards to counselors.
  - e. Who has access to customer files? Maria Alleva, Director, Instructors
  - f. Are files kept in a safe, secure place? Locked in filing cabinet in Maria's office.

**OBJECTIVE 2:** Determine whether training provider is in compliance with contract agreement.

2. Review customer files: No files to review
  - a. Do files contain referrals and enrollment documentation?  Yes  No
  - b. Do files contain required paperwork?  Yes  No
  - c. Are files organized?  Yes  No
  - d. Do files contain progress notes?  Yes  No
  - e. Are lessons defined and appropriate?  Yes  No
  - f. Paperwork completed in a timely manner?  Yes  No
  - g. Physical condition of school?  Good  Bad



File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): They are follow the procedures outlined in the Eligible Training Provider Handbook.

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. The Vocational Technical School provide students externships to gain hands on experience with various different partnerships they have.

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:** In person class for Welding at the Vocational Tech High School at night, CNA classes cut down in price starting in August 3. Also offers Driving Improvement classes.

**Recommendations:**

**Corrective Action – Needed:**  Yes  No



## Gloucester County Program Monitoring Facility Tour Rating Instrument

**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



## TRAINING PROVIDER MONITORING REPORT

AGENCY: Salem County Vocational Tech      DATE: April 27, 2021

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below AFTER the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

Mari Alleva

Training Provider Print Name

Mari Alleva

Training Provider Signature

4/27/21

Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

Troy Schneider

Program Monitor Signature

4/27/21

Date

Program Monitor Signature

Date

## TRAINING PROVIDER MONITORING REPORT

AGENCY: Smith & Solomon Commercial Driving Training      DATE:  
January 29, 2021

**OBJECTIVE 1:** Determine whether training provider is properly documenting student's progress and attendance.

1. Review internal system:

- a. What kind of training/credentials do you offer our clients? CDL A & B, Bus Driving Cert.
- b. How many students do you currently have enrolled in your school through the American Job Center? 0 students currently
- c. Who approves students? Beverly and Jeanette Stein
- d. Who tracks time and attendance? Beverly, Jeanette and Randy Hamilton
- e. Who has access to customer files? Beverly, Jeanette, Randy, Corporate Office
- f. Are files kept in a safe, secure place? Yes, locked file cabinets in office of admissions coordinator (Jeanette)

**OBJECTIVE 2:** Determine whether training provider is in compliance with contract agreement.

2. Review customer files:

- a. Do files contain referrals and enrollment documentation?  Yes  No
- b. Do files contain required paperwork?  Yes  No
- c. Are files organized?  Yes  No
- d. Do files contain progress notes?  Yes  No
- e. Are lessons defined and appropriate?  Yes  No
- f. Paperwork completed in a timely manner?  Yes  No
- g. Physical condition of school?  Good  Bad

File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)
Aprile Benjamin	X	X	X	X	X	X	X
Olivia Lawrence	X	X	X	X	X	X	X
Anthony Owens	X	X	X	X	X	X	X

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): YES

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. Yes, follow up done for 9 months' post exit, files kept for 7 years.

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:** COVID 19 strict policies

**Recommendations:**

**Corrective Action – Needed:**  Yes  No



## GLoucester County Program Monitoring Facility Tour Rating Instrument

**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



## TRAINING PROVIDER MONITORING REPORT

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**AGENCY:** Smith & Solomon Commercial Driving Training    **DATE:**  
January 29, 2021

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below **AFTER** the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

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Training Provider Print Name

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Training Provider Signature

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Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

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Program Monitor Signature

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Date

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Program Monitor Signature

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Date



## TRAINING PROVIDER MONITORING REPORT

AGENCY: Superior Tractor Trailer

DATE: February 16, 2021

### **OBJECTIVE 1: Determine whether training provider is properly documenting student's progress and attendance.**

#### **1. Review internal system:**

- a. What kind of training/credentials do you offer our clients? CDL A & B, Passenger License (Also holds classes for driver improvement and probation driver improvement)
- b. How many students do you currently have enrolled in your school through the American Job Center? 0
- c. Who approves students? Bobbie Gilson, Office Manager
- d. Who tracks time and attendance? Bobbie
- e. Who has access to customer files? Elizabeth Slocum, President, Mike Chevalier, Director of Operations, Bobbie Gilson, Office Manager, Sarah Gomm, Job Placement Specialist
- f. Are files kept in a safe, secure place? Yes, in locked filing room with keys held by all staff.

### **OBJECTIVE 2: Determine whether training provider is in compliance with contract agreement.**

#### **2. Review customer files: No files to review**

- a. Do files contain referrals and enrollment documentation?  Yes  No
- b. Do files contain required paperwork?  Yes  No
- c. Are files organized?  Yes  No
- d. Do files contain progress notes?  Yes  No
- e. Are lessons defined and appropriate?  Yes  No
- f. Paperwork completed in a timely manner?  Yes  No
- g. Physical condition of school?  Good  Bad



File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): Yes

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. Stay in contact with the customer until they find a job. They also create a job leads list that every student who graduates has access to.

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:**

**Recommendations:**

**Corrective Action – Needed:**  Yes  No



## GLOUCESTER COUNTY PROGRAM MONITORING FACILITY TOUR RATING INSTRUMENT

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**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are enough computers for the number of clients being served**

Definitely Yes       Somewhat       Not Really       Definitely No

**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



## TRAINING PROVIDER MONITORING REPORT

AGENCY: Superior Tractor Trailer

DATE: February 16, 2021

### **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below AFTER the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

Elizabeth Sloam  
Training Provider Print Name

E. Sloam  
Training Provider Signature

2/16/21  
Date

**Program Monitor:** *I certify this report represents my best judgement and the information has been discussed with the Training Provider.*

Troy Schneider  
Program Monitor Signature

2/16/21  
Date

Program Monitor Signature

Date



## TRAINING PROVIDER MONITORING REPORT

AGENCY: William Paterson University

DATE: February 17, 2021

### **OBJECTIVE 1:** Determine whether training provider is properly documenting student's progress and attendance.

1. Review internal system: Virtual; Kevin Goskowski, Workforce Development Coordinator WPU
  - a. What kind of training/credentials do you offer our clients? Medical Assistant, Phlebotomy, SIGMA courses, Cooking, ADOBE
  - b. How many students do you currently have enrolled in your school through the American Job Center? 0 currently enrolled
  - c. Who approves students? Jasmyne Beckford, Assistant Director for Continuing Education
  - d. Who tracks time and attendance? Kevin Goskowski, Workforce Development Coordinator at WPU
  - e. Who has access to customer files? Jasmyne Beckford, Assistant Director for Continuing Education, Kevin Goskowski, Workforce Development Coordinator at WPU
  - f. Are files kept in a safe, secure place? Kevin and Jasmyne have the keys to a locked office.

### **OBJECTIVE 2:** Determine whether training provider is in compliance with contract agreement.

2. Review customer files:
  - a. Do files contain referrals and enrollment documentation?  Yes  No
  - b. Do files contain required paperwork?  Yes  No
  - c. Are files organized?  Yes  No
  - d. Do files contain progress notes?  Yes  No
  - e. Are lessons defined and appropriate?  Yes  No
  - f. Paperwork completed in a timely manner?  Yes  No
  - g. Physical condition of school?  Good  Bad



File Name	Referral and Enrollment	Attendance/ Billing	Progress Notes/ Course Evaluation	Status Change Form	Placement Report Form	Tests/ Credentials	Follow-up (Career Workshops)
Michelle Manns	X	X	X	X	X	X	X

**OBJECTIVE 3:** Determine whether training provider follows the procedures outlined in the Eligible Training Provider Handbook (i.e. timely and complete reporting): Yes, uploading to the site monthly.

**OBJECTIVE 4:** Determine whether training provider is providing Placement Assistance to customers. Receive updated copy of customers resume and contact monthly for job placement assistance.

**FINDINGS, RECOMMENDATIONS & ACTION:**

**Positive Findings:** Courses are online besides phlebotomy and medical assistant. Their online courses use Zoom and Blackboard.

**Recommendations:**

**Corrective Action – Needed:**  Yes  No



## GLoucester County Program Monitoring Facility Tour Rating Instrument

**The facility is clean and well lit.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The environment is cheerful and inviting.**

Definitely Yes       Somewhat       Not Really       Definitely No

**The facility is handicap accessible.**

Definitely Yes       Somewhat       Not Really       Definitely No

**There is adequate space for the number of clients being served**

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**There are enough computers for the number of clients being served**

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**There are adequate resources (books, newspapers, etc.) for the number of clients being served.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff is present**

Definitely Yes       Somewhat       Not Really       Definitely No

**All Staff (present) are appropriately dressed.**

Definitely Yes       Somewhat       Not Really       Definitely No

**Staff exhibit professional behavior**

Definitely Yes       Somewhat       Not Really       Definitely No



# TRAINING PROVIDER MONITORING REPORT

**AGENCY:** William Paterson University

DATE: February 17, 2021

## **OBJECTIVE 5: Signatures from Monitors and Training Site Manager(s)**

Please sign below AFTER the monitoring process has been completed.

**Training Provider:** *I certify that this report has been discussed with me and the monitoring inspection had been completed.*

Kevin Goskowski  
Training Provider Print Name

Keri Gokhale  
Training Provider Signature

February 17, 2021

**Program Monitor:** I certify this report report  
been discussed with the Training Provider

2  
Date

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### Program Monitor Signature

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Date