# **Creating a Worksite**.

### **CREATING A WORKSITE IN PTS**

DYCD is an equal opportunity employer/program. Auxiliary aids and services are available upon request for individuals with disabilities





### **DESIRED OUTCOME OF TRAINING**

It is our hope that at the end of this presentation that you will be able to enter a Worksite from Draft to Commit stage.



## table **OF CONTENTS**



- **Supervison**
- **Job Titles & Duties**
- **Work Schedules**
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- Troubleshooting

### **Creating an Employer**



## intro **OUR STORY**

This training has been brought to you by the Central Validation and Reporting Unit. CVU has partnered with the Workforce Program units to bring you a full walk through of PTS Worksite applications in the hopes of passing on applicable knowledge and skills to provide Work experience internships.



# Worksite Ware Applications

Upon opening the workscope, you will be redirected to the General Information page. From the switchboard on the left-hand side, select Worksite Applications. A list of applications submitted to your site will appear, as well as any drafts manually entered by your program.

Year Provider 2022 Hostos Community College	Program Period 7/1/2021 - 6/30/2022
	+ NEW Q
Address	
2300 Southern Bl Weekly	Assignme Open Assignme Open
	< 🔹 > 🛛 😂

## Reviewing a Submitted Worksite

Upon opening the submitted Worksite Application, you will see a switchboard on the left-hand side. This allows you to navigate to each of the completed sections of the worksite application.

You will notice that most application fields are already filled in. If you notice a mistake or missing information on any part of the worksite application, you should update and correct the worksite application. You may then Commit your application to DYCD.

### -9/1/2023-8/31/2024

### ons

### 1/2023-8/31/2024

Application Type 🛛 🌲	Status 🔅	Employer/Project 💠 Worksite Name 🤤	Address \$	Zip Code  💠	
Worksite Application	Submitted	Party City	1549 Forest Ave	10302 We	eekly A
Worksite Application	Submitted	JAG ONE Physical Th	1351 Forest Avenue	10302 We	eekly A
Worksite Application	Submitted	P I Fitness	1595 Forest Ave	10302 We	eekly A
Worksite Application	Submitted	Eggers Ice Cream For	1194 Forest Avenue	10310 We	eekly A
Worksite Application	Submitted	Hypnotronic Comics	156 Stuyvesant Place	10301 We	eekly A
Worksite Application	Submitted	Beans and Leaves	422 Forest Avenue	10301 We	eekly A
Worksite Application	Submitted	CUNY UAU SD11	85 St Josephs Avenue	10302 We	eekly A
Worksite Application	Submitted	CUNY UAU SD12	85 St Josephs Avenue	10302 We	eekly A

Period Type Year Fiscal Year 2024	Provider United Activities Unlimited, Ir



Please be sure to update the site for Summer programing. If, nothing is different, upload the original Pre-assessment and required documents then, commit your site to DYCD

# Highlighted Tabs

Reversion 2.0 Home Page - Agency X     H WSA Supervisor: TEST TEST X     +      // Anne-dwordnet: www.rksitea.on/ic.ation/broadenee-entitletict/bweb/etmu@knee/Window=tmu@kbict/&e==427690774#205515284	version 2.0 Home Page - Agency, X      Worksite Application. Sarah's Six X +     //etn=dvcdots worksiteapplication&pagetype=entitivitist&web=true&newWindow=true&histKev=427690774#205615284	1 Worksite Application: Sarah's Sh. x +	version 2.0 Home Page - Agency ×      Here Agency ×      Hore Application: Sarah's Sh: ×      +     /?etn=dvcdots worksiteapplication&pagetype=entitylist&veb=true&newWindow=true&hist&ve=427690774#205615284	
e Application > Sarah's Shop - Work >	te Application > Sarah's Shop - Work	e Application > Sarah's Shop - Work >	le Application > Sarah's Shop - Work	NEW
tion - WSA-0000037209 5	tion - WSA-0000037209	tion - WSA-0000037209	tion - WSA-0000037209	» Job Title =
in your Establishment?	r in your Establishment?*	ion: schedules?*		
wested for this application? * articipants at this application? *	uested for this application? *	TEST	Drop documents here or click to choose (Vou can upload multiple files at once)	Business/Office
Title         Phone         Email         Authorized to Sign the Timeshee         Key Managem         Supervisor         Wo           ST         (646) 343-6657         tlatimore@dycd         Yes	Title         Phone         Email         Authorized to Sign the Timeshee         Key Managem         Supervisor         Wo           IST         (646) 343-6657         tlatimore@dycd         Yes	From To Closed		🍙 Child Care
rector (212) 454-1245 whouston@sara Yes Yes Yes Yes Yes	irector (212) 454-1245 wihouston@sara Yes Yes Yes Yes Yes	N/A N/A 2		Contractional
		N/A     N/A       N/A     N/A       N/A     N/A       10.00 AM     02:00 PM       N/A     N/A	Optional	<ul> <li>Environmental/Nature</li> <li>Health &amp; Hospital/Rehabilitation</li> <li>Humanity/Public Socialism</li> <li>Maintenance</li> <li>Multi-Media/Communications</li> <li>Other</li> <li>Look Up More Records</li> <li>9 results</li> </ul>
A      B     A     B     A     B     A     B     A     B     A  A     A	A      B     A	C S B B O S B A	- C 👂 🖥 🤨 🖷 🎼 📲	

**Schedules** 

Supervisor Record

Participants requested

Documents

### Job Task & Duties

## Required Documents

NYC Department of Youth & Community Development CONNEC	Main Menu 🗸 Worksin	te Application > Sarah's Shop - Work >			৯ ৩	+ 7	7
🔒 SAVE 🛱 SAVE & CLOSE							
WORKSITE APPLICATION Submitted	Sarah's Shop - Worksite Applicat	tion - WSA-0000037209	Employer Sarah's Shop	Program Area WIOA	Program Type Learn and Earn	Workscope 90347A-Lea	arn and Ear
GENERAL INFORMATION	Documents     New Document	×					
I SUPERVISION	🗅 New Document						
SIDE TITLES AND DUTIES							
WORK SCHEDULE		Dron documents here or slick to sho	350				
BUSINESS PLANNING PRACTICES		(You can upload multiple files at once)					
CHILD CARE INFORMATION							
ATURE ENVIRONMENT	Designed						
III TRIPS	Document Type:						
WORKSITE ASSURANCES AND CERTIFICATIONS	Description:	Optional					
REJECTION NOTES							
PRE-ASSESSMENTS							
NOTES							
formation							
							< Back
	Active						



### Application Pre-Assessment Site Assurances & Cert Licenses

	Period		Descrider
90546A-Train and Earn-7/1/2021-	Туре	Year	Provider Hostoc Co
6/30/2022	Fiscal	2022	College
	Year		conege

### III Worksite Applications

90546A-Train and Earn-7/1/2021-6/30/2022

Worksite Appl₽	Application T\$	Status 🗢 🗢	Employer 🔶	Addre
WSA-00000001	Worksite Applic	Approved By Pr	Best Solutions	123 V
WSA-00000000	Worksite Applic	Draft	Bronx Zoo	2300

1 - 2 of 2

# New Worksite

ENTERING A SITE ON AN EMPLOYERS BEHALF

From your workscope, navigate to the Worksite Applications section. Click on "+NEW" to start a new worksite application.

ommunity	Program Period 7/1/2021 - 6/30/2022
	+ NEW Q
ress 🗢	
Walker Stre	Weekly Assignm
Southern	Weekly Assignm
<	1 >   <i>C</i>

# **Application Type**

crmstgaz.dycdconnect.nyc/DYCD	CRMSTGWS/main.asp	x?etc=10814&extraqs=	%3f_CreateFromI	d%3d2ca7f6d	d-a1a7-e	d11-a849	9-000d3a	026344%	26
NYCE Department of Youth & Community Development Development	ната Маіп Menu	Vorksite Application	> New Worksite A	pplic	; م	D +	7	٥	?
SAVE SAVE & CLOSE	FORM EDITOR								
WORKSITE APPLICATION	New Worksite App	lication	mployer	Program Area WIOA	Program Type Learn and Ea	rn 903	iscope 41B-Learn and	d Earn-9/1/20	)23-8/31/2
NEW WORKSITE     APPLICATION	General Information	Worksite Application							
GENERAL INFORMATION	Employer* Program Type*	"NYCHA Astoria Houses" 8/1/2022 1-34 PM	م ▲	]					
	Program Area * 🔒 Workscope *	<ul> <li>"NYCHA Redfern Houses" 7/29/2022 10:17 AM</li> </ul>							
SOB TITLES AND DUTIES	Program Site 🔒	"TRANSIT DISTRICT 2 " 8/1/2022 1:26 PM							
WORK SCHEDULE		#7831 Walgreens Pharmacy 5/18/2023 12:34 PM							
V BUSINESS PLANNING PRACTICES	Address	<ul> <li>#YouthVote 8/1/2022 10:20 AM</li> <li>(PTD) Youth Center 8/1/2022 1:34 PM</li> </ul>	- 1						
CHILD CARE INFORMATION	Enter address (Require	+ Pool Main Office 7/20/2022 10:17 AM	_						
A NATURE ENVIRONMENT		10 results	+ New						
III TRIPS	Room/Floor/Suite Building Number		$\checkmark$	Community District City Council District	₽ ₽				
WORKSITE ASSURANCES AND CERTIFICATIONS	Street Name *			NDA NTA	<b>■</b>				
	City *			NYCHA Resident Town/Area	■				
PRE-ASSESSMENTS	Zip Code *			X-Coordinate Y-Coordinate	<b>∩</b>				
± DOCUMENTS -	Active								



From the application options, select Worksite Applications. Then select +New Employer. **WIOA Employers** may not appear in the list.

## New Employer Profile

Next navigate to the bottom of the employer options list and select New. (+) Enter the Employer/Company Name, Address and EIN



Active

canva.com	Č		Û	ð
1enu 🗸 Worksite Employer >	New Worksite Emplo	م	3	+ 7
FORM EDITOR				
er				Employer ID
oyer				
EMPLOYER DETAILS				
2	EIN Number			
Required)				

# **GENERAL INFORMATION**

"TRANSIT DISTR	ICT 2 " - Worksite Application - WSA-0000074779	Employer "TRANSIT DISTRI	Program Area Program Type ICT 2 " WIOA Learn and Earn
General			
Application Type *	Worksite Application	Program Area *	AOIW A
Provider *	Rockaway Development Revitalization Corporation	Program Type *	Learn and Earn
Employer *	TRANSIT DISTRICT 2 "	Workscope *	90341B-Learn and Earn-9/1/2023-8/3
Website *		Program Site	🔒 Frederick Douglass Academy VI High
Sector *	Public	Miscellaneous	
Are you a NYC Agency	?*		
Industry *			
Worksite Name *		Source	PTS
Employer Code			

How did you hear about us?

Is this worksite located in a NYC Department of Education school building?

Workscope 90341B-Learn and Earn-9/1/2023-8/31/2024

1/2024 School (27Q260)

Enter the worksite's website information, sector, and industry. Be sure to, provide additional information about the worksite's address (e.g. room/floor/suit e, cross streets, travel directions, etc.)

## Supervision Information

Use this section to provide additional information about supervision at the Worksite, and the records of each of the supervising personnel.

"TRANSIT DISTRICT	2 " - Worksite Applicati	on - WSA-0000074779	"TRANSIT DISTRICT 2 "	WIOA
Supervision Information				
How many full time employe	ees do you have in your Establi	shment? *		
How many staff will be there	for supervising participants? *			
What is the total number of	participants requested for this	application? *		
What will be the number of :	supervisors to participants at th	nis application?*		
Supervisor Records				
Name  か	Title	Phone Email	Authorized to Sign the Timeshee K	iey Ma

No WSA Supervisor records found.

### There must be a sufficient ratio of supervisors to participants. 12/1 Ratio!

ann Aica	гюдіані туре	nonscope
A	Learn and Earn	90341B-Learn and Earn-9/1/2023-8/31/2024



# Supervisor Record(s)

🕒 N	lew Supervisor	
	SAVE E FORM EDITOR	
N	Vew WSA Supervisor -=	
<b>-</b> (	General	

Email*	8	
Title *		
First Name*		
Last Name *		
Phone*		
Fax		
Worksite Representative		
Supervisor		
Key Management Personnel		
Area of Supervision		
Authorized to Sign the Timesheets?*		

Email/Phone

×

H

### Full name & Title

### Can they sign timesheets?

### Worksite Representative?

### Participant Job Titles and Duties

Use this section to provide a description of each of the job titles available to participants at the worksite. This includes a job category and a description of the duties and requirements for each job title. Use other when a description doesn't match. Be sure to indicate the details of this job function in the requirements section!

ints request

FORM EDITOR

### A Job Title -≡

9 results

ŀ	Business/Office
ŀ	Child Care
	Educational
	Environmental/Nature
	Health & Hospital/Rehabilitation
	Humanity/Public Socialism
	Maintenance
	Multi-Media/Communications
	Other
	Look Up More Records
-	

# Worksite Schedules



Use the Work Schedules section to indicate the shifts available to participants at the worksite, and if participants will have alternate/staggered work schedules. Click on +New to add a new work schedule.

### **Business Planning Practices**

Indicate if your site is In Person, Hybrid, or Remote. Indicate the Staff to Participant Ratio while on site.



# **Childcare Information**

WSA-0000000113	- Best Solutions		Employer Best Solutions	Program Area ₩IO <b>A</b>	Program Type <b>Train and Earn</b>	Workscope 90546A-Train and Earn-7/1/2021-6/30/2022
Is this a Childcare related	Worksite?* Yes					
Licensed Child Care Info	ormation					
Program Start Date 			What type of Fac	ility do you operat	ie?	
Program End Date 						
			Will participants 	be fingerprinted?		
			How many child 	ren do you expect	to service in your Es	tablishment this year?
Childcare Licenses						+
Name 🛧	License Type	License Number	Expiration Date	Created On		
No WSA Childcare Licen	se records found.					

If this is not a Childcarerelated Worksite, answer "No" to the first question, and the related fields will be hidden. Otherwise, answer each of the questions in the Licensed Child Care Information section.

# Childcare Licenses

Please select all required screening assessments to be completed by youth prior to starting work with your business

Select all that apply

### Out of City Child Related Worksites

Will this be an out of city worksite?

How are participants transported to/from this worksite and NYC?

Describe the meal plan for participants during their work day at this site

Click on the "+" icon in the Childcare Licenses table to indicate one or more licenses held by the worksite. Indicate the type of license and expiration date. You must upload a copy of the relevant license. If you do not have the license on file, reach out to the potential worksite to obtain a copy

Are participants required to stay overnight?

Describe overnight housing arrangement for participants

\_\_\_

Describe the non work hour activities



This section is used to indicate if the worksite is a nature environment worksite. Outdoor Work Locations and Nature Inclement Weather Plan are required. Click on the + icon on the associated tables to add an outdoor work location and/or weather plan.



# Nature Environment

# Example Inclement Weather Plan

### **Nature Environment**

New Outdoor Work Location	×	🗅 New Trip Inclement Weather Plan	×
🖶 SAVE 🕂 NEW		🔒 SAVE 🕂 NEW 🔓 DEACTIVATE	
wsa outdoor work location : information New WSA Outdoor =		WSA NATURE INCLEMENT WEATHER PLAN : INFORMATION NEW WSA NATURE IN ™=	
Address		<ul> <li>General</li> </ul>	
2 Lafayette Street, New York, NY, USA		Address	
		2 Lafayette Street, New York, NY, USA	
Location*BackyardAddress*Image: Comparison of the sector of th	 ▼	Alternate Location(s* 3 Lafayette St, New York, NY USA   Address* 2 Lafayette St, New York, NY 10007, USA   Planned Activities* Picking up leaves	
		Inclement weather p* Organizing files indoors	*  *

WORKSITE APPLICATION Draft	WSA-0000000113 - BestEmployer BestProgram AreaProgram TypeWorkscopeSolutionsWIOATrain and 	D21-
GENERAL INFORMATION	Well and the definition of the second state of	
3 SUPERVISION	will participants attend trips or outings?	
JOB TITLES AND DUTIES	Trip Schedule	
WORK SCHEDULE	Trips	+
BUSINESS PLANNING PRACTICES	Name Trip Location 🛧 Address Trip Start Date Trip End Date Created On	
CHILD CARE INFORMATION	No WSA Trip records found.	
NATURE ENVIRONMENT		
ם מוקד		
CERTIFICATIONS		
CERTIFICATIONS	Inclement Weather Plans	+

# Trips

Use this section to indicate if the worksite has any trips or outings planned for participants. If yes, use the Trip Schedule table to indicate all trips scheduled during the program period, and the Inclement Weather Plans table to indicate alternate plans in the event of inclement weather.

# **Trip Schedules**

Enter information in the required fields, including a trip address and location, and the number of participants and supervisors that will attend and/or remain on-site. Make sure that the total number of participants and supervisors aligns with the information previously entered in the Supervision section.

🗅 New Trip
🔒 SAVE
wsa trip : information
Trip Address
2 Lafayette Street, Ne

Name \* Fall Day Trip Trip Location **Circus Tent** Address 🔒 2 Lafayette St, New 🕯 Trip Start Date & Time 1/1/2022 8:00 AM Trip End Date & Time\* 1/1/2022 11:30 AM

+ NEW

### A Trip =

w York, NY, USA

	Number of Participants Attending Trip *
	5
	Number of Participants Remaining at Site *
	2
	Number of Supervisors Attending Trip *
fork, NY 10007, USA	2
	Number of Supervisors Remaining at Site *
	1
	Will this trip exceed participant's regular scheduled ho
	Yes

# Certifications

### **Worksite Agreement**

This section is used to indicate if the worksite has been subject to any federal, state or city investigation, and/or criminal/civil action. If applicable, you must provide additional details, including uploading the completed Site Assurances and Certification.

### rtifications

s this establishment been subject to any Federal,State,City Investigation,Criminal or Civil Action \*

es. Provide all Details. Dates and Outcomes

### f selected to be a Worksite, I certify that:

ertinent to our participation in the Program.

The Worksite will fully provide the activity described in the Worksite Application and will provide supervision in the appropriat Vorksite will account for and certify Participants' time and attendance and will ensure that the hours reported reflect the actual how The Worksite commits to being in compliance with all administrative requirements of the Program, as explained by the DYCD-The buildings, surroundings, and conditions at the location where Participants are to be assigned for in-person (whether full-tim aws, codes, and standards as well as standards set forth by DYCD.

The Worksite complies and will continue to comply with all regulations concerning prohibited activities of the State Department I understand the worksite may be monitored by DYCD, the State DOL, and any other City, State or Federal agencies in unannou

I understand that, if the Worksite is found in violation of the Department of Youth and Community Development policies and pr ederal agency requirements, DYCD reserves the right to unilaterally terminate participation as a Worksite.

Each individual listed as a supervisor in the Worksite Application will attend training provided by the Provider and/or DYCD ar ntrained supervisor(s) not being permitted to supervise Participants.

Worksite has performed or will perform background screening for all staff members, including regular and/or volunteer staff, wi utlined in the Worksite Handbook. Such background screening must include criminal history and employment history, while com ased on the background screening, the Worksite will make a determination as to whether staff may properly and safely supervise r managing personnel of the Worksite have been convicted of defrauding the City/State/Federal government or of obstructing an i . The Worksite will immediately report to the Provider all incidents involving Participants which potentially impact the health, sa r which stem from or are related to the Program, in accordance with DYCD's Incident Reporting policy.

The Worksite will comply with all required worksite postings per federal, state, and local law (including but not limited to: Dru 0. exual Harassment Postings; and Worksite Certificate of Approval).



# Submitting the Worksite Application

Now that you have entered and uploaded all of the required information, its time to submit. Click on the three-dots icon at the top of the worksite application switchboard, and click "Submit For Review."



### Troubleshooting

Here frequ steps some

- Here you will find the answers to frequently asked questions and
- steps to assist you in completing some common areas of concern.

Employer Info

The CBO should be very careful when entering this information! The Employer name is READ ONLY. (It can be associated with another Provider or even worksite.) Its not a traditional data entry box but a lookup record. If a mistake is made (even in draft) CBO's will need to submit a ticket. When creating the ticket, ensure that subject should always contains "Attn DYCD Connect Team WIOA Worksite Application Issue" so that it is routed to the right place and resolved quickly.

# Abraham Lincoln High School General Abraham I Employer Name\* Abraham I EIN Number - Website\* - Miscellaneous -

### Address

2800 Ocean Pky

oom/Floor/Suite	
uilding Number	2800
treet Name *	Ocean Pky
orough *	Brooklyn
iity *	Brooklyn
tate *	
ïp Code *	11235
Country	



Community District	13
City Council District	47
NDA	
NTA	
NYCHA Resident	
Town/Area	
X-Coordinate	
Y-Coordinate	
Geo Code Date	
Assembly District	46
PUMA	4018





Application Type \*

Provider \*

Employer\*

Website

Sector \*

Are you a NYC Agency?\*

Industry \*

Worksite Name \*

Employer Code

- Worksite Application
- Samuel Field YM & YM
- 0 1 credit QHST
  - Public

No

**Educational Services** 



Name

### **WORKSITE NAME IS A NEW FIELD!**

location. This entry can be the

CBO's must enter a Worksite Name as an identifier for same as the Employers Name.

# Worksite

# **Job Titles**

### **USING OTHER**

When using Other as a Category, the Job Title must also be Other. Use the Duties & Requirements section to provide details of the Job Description.



Restrictions

2 No. of participants request\*

Active

### New Job Title

SAVE

+ NEW

**NSA JOB TITLE : INFORMATION** 

### New WSA Job Title -=

### Other

Other

Assisting the Stylist with cleaning the Salon. Restocking products a are reminded of appointments.

Refer to the SYEP Worksite Handbook for all guidance and regulat



Customer service oriented. Able to multitask and work independer

### Business Planning Practices

Please select a Site Type: \*

### Virtual

Are you an LGBTQ+ friendly employer interested in hosting participar Yes

Please confirm all youth will complete all assignments virtually and ur

Please list the platforms required to complete virtual assignments.

### Zoom

 $\checkmark$ 

Comments: Please include any additional details to be considered in y

### N/A

### LGBTQ+ FRIENDLY EMPLOYER

DYCD seeks to highlight LGBTQ+ friendly employers and the opportunity to place our participants with them. This is a DYCD Required Question for all Internship sites.

# Business Planning Practices



### **Address Details**





Click the address box above, to display the Google recommendation. Select the address to populated address fields. The State will be entered upon refresh.

Adding the State Information to the Worksite Address.



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# QUESTIONS & ANSWERS



