



# IMPERIAL COUNTY WORKFORCE DEVELOPMENT BOARD

2799 S. Fourth Street - El Centro, CA 92243 - Tel: (442) 265-4974 - Fax: (760) 337-5005

POLICY	ORIGINAL DATE	LAST REVISION
Data Change Request Form Procedure	FISCAL YEAR 2020-2021	May 26, 2021

## **POLICY OVERVIEW:**

This policy provides guidance and establishes procedures to be used by the Imperial County Workforce Development Board (ICWDB), the Imperial County Workforce and Economic Development Office (ICWED), America's Job Center of California (AJCC) staff and Workforce Innovation and Opportunity Act (WIOA) funded service providers that input data into CalJOBS regarding the Data Change Request (DCR) form.

## **REFERENCES:**

- WIOA (Public Law 113-128)
- Department of Labor (DOL) Training and Employment Guidance Letter (TEGL) 10-16, Change 1 Performance Accountability Guidance for Workforce Innovation and Opportunity Act (WIOA) Title I, Title II, Title III, and Title IV Core Programs (August 23, 2017)

## **BACKGROUND:**

WIOA Title I Adult, Dislocated Worker, Youth, and National Dislocated Worker Grant sub-recipients, and Employment Development Department (EDD) Workforce Services Branch (WSB) staff are required to report participant information via the CalJOBS system. Managers, staff, and Management Information System (MIS) Administrators have the ability to change active participant data. After 30 calendar days, the CalJOBS system does not allow certain areas of the participant record to be changed or updated by managers, staff, or MIS Administrators. The Data Change Request (DCR) form is a tool to enable the participant data to be changed or updated. Its purpose is to correct data key entry errors and other circumstances that are beyond the control of staff.

## **POLICY AND PROCEDURES:**

The DCR form is intended to maintain data integrity, promote consistent and accurate data in the DOL Quarterly and Annual reports, and enable performance to be properly calculated.

Data within the program application cannot be updated or changed once the individual becomes a participant in the program. It is the staff's responsibility to ensure that all application data is accurate prior to enrolling an individual. The only time a program application can be updated is when additional program eligibility is being determined. Only new data associated to that program eligibility can be added to the application.

Sub-recipients and AJCC staff must ensure records are updated within 30 calendar days of the activity's Projected End Date/Scheduled Date to avoid a "System Closed" completion status. Once the activity becomes "System Closed," the data cannot be changed or updated. Activities with a "System Closed" completion status are included in performance calculations.

*This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.*

Sub-recipients and TAA staff have access to change data within 30 days of the activity's Actual End Date. Wagner-Peyser staff have access to change data within 30 days of the Actual Service Date.

A participant's application is system-exited after 90 calendar days of inactivity across all programs within CalJOBS, and when no new activity has been scheduled for the participant in CalJOBS. If services (except post-program/follow-up services) need to be provided to an applicant who has been system-exited, the application intake process must be completed again. Participants who repeat the application intake process will have their new enrollment counted separately in performance calculations.

If any data needs to be added or changed after 30 days, the DCR form must be completed and submitted to the Central Office Workforce Services Division (COWSD), Program Reporting and Analysis Unit (PRAU) via email at [WSBManagePerformance@edd.ca.gov](mailto:WSBManagePerformance@edd.ca.gov). All correspondence should include "Data Change Request" in the subject line. Any requests associated to data beyond 90 days will be reviewed on a case-by-case basis and may not be approved.

Upon receipt of a fully completed DCR form, the PRAU will review the request and analyze the overall impact of the proposed change, especially with respect to current WIOA performance outcomes. Each request will be considered on a case-by-case basis, contingent upon the detailed reasons listed, and the supporting documentation provided. If additional information is required, the PRAU will email the requestor for clarification. The requestor must reply to the PRAU message within seven calendar days, or the request may be denied. The reply must include the entire email stream and all attachments.

Accurate data is critical to reporting and performance calculations. While PRAU understands that there are instances that a DCR is necessary, technical assistance may be provided to sub-recipients and WSB staff with excessive DCRs.

If the DCR is approved, the PRAU will make the requested changes and respond to the requestor. It is the requestor's responsibility to verify that the changes made by the PRAU are accurate. If the DCR is denied, the PRAU will notify the requestor and explain the reason(s) for the denial.

A blank, downloadable DCR form for WIOA sub-recipients can be found in Attachment 1. A blank, downloadable DCR form for Wagner-Peyser and TAA staff can be found in Attachment 2.

## **Completing the Data Change Request Form**

### *Section I – Requestor's Identifying Information*

The form's top section requests general information items. This information is required even if the MIS Administrator and requestor are the same individual.

Title I Sub-recipient Form:

- Date of Request
- Sub-recipient
- MIS Administrator
- Requestor
- Requestor's Email Address
- Requestor's Phone Number

Wagner-Peyser/TAA Form:

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- Date of Request
- Division/Field Office
- Supervisor, Single Point of Contact (SPOC) or Manager
- Requestor
- Requestor's Email Address
- Requestor's Phone Number

### *Section II – Detailed Reason for Requested Correction*

The form's middle section solicits the details necessary to complete the request:

- Reason for the request, as selected from the "Choose An Item" drop-down window
- Applicant's name
- Program name
- Application number or any other form of identifying number
- Specifics on the requested correction
- References to any corresponding documentation
- Policies and procedures put in place to prevent future errors

Please note that a participant's full Social Security number should **never** be included.

Any request without a detailed reason or explanation as to why the change needs to occur will be denied. All applicable documentation must accompany the request.

A single DCR form accommodates up to three participants, or three different data changes. Requests for more than three data changes must be listed on the DCR Supplemental Spreadsheet. The spreadsheet must include, at minimum, the program name, application number or State ID, participant's first and last names, and an explanation of what needs to be corrected. The DCR Supplemental Spreadsheet should be submitted in its original Excel format (not in pdf or any other format), and must always be accompanied by the signed DCR.

A blank, downloadable DCR Supplemental Spreadsheet can be found in Attachment 3.

### *Section III – Authorized Signatures Section*

For sub-recipients, the signatures of the requestor, MIS Administrator, and Executive Director are required. For Wagner-Peyser and TAA, the signatures of the requestor, requestor's manager, and Deputy Division Chief are required. This enables the Executive Directors and Deputy Division Chiefs to be aware of the nature and number of data changes that are requested. Any request lacking the three required authorized signatures will be denied.

### **ACTION:**

Please bring this procedure to the attention of WDB, AJCC system staff and appropriate WIOA funded service providers and sub-recipients. This policy is effective immediately. All submitted forms are live documents and subject to change according to local, State, and Federal needs. Once the forms and exhibits pertaining to this policy are approved by the ICWDB, they will not require board approval if other changes occur, unless the change affects protocols. Should you have any questions, please feel free to contact ICWDB staff at (442) 265-4974, (442) 265-4959 or the Program and Compliance Manager (442) 265-4963.

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To: Program Reporting and Analysis Unit  
E-Mail: WSBManagePerformance@edd.ca.gov

**DATA CHANGE REQUEST: WORKFORCE INNOVATION AND OPPORTUNITY ACT**

**I. Requestor Identifying Information Section**

DATE OF REQUEST: \_\_\_\_\_

SUBRECIPIENT: \_\_\_\_\_

MIS ADMINISTRATOR: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

REQUESTOR'S EMAIL ADDRESS: \_\_\_\_\_

REQUESTOR'S PHONE NUMBER: \_\_\_\_\_

**II. Detailed Reason for Requested Correction Section**

Make the appropriate selection from the **(CHOOSE AN ITEM)** drop-down menu of what needs to be corrected. Include the applicant's name, program name, application number, and policy and procedure that staff will follow to avoid similar errors from reoccurring. Provide additional documentation as an attachment if needed. If submitting a DCR for more than three individuals or changes, additional participants or changes must be listed separately on an Excel spreadsheet. **Do not send complete Social Security numbers.**

CHOOSE AN ITEM

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CHOOSE AN ITEM

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CHOOSE AN ITEM

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**III. Authorized Signature Section**

AUTHORIZED SIGNATURE OF REQUESTOR	DATE:
AUTHORIZED SIGNATURE OF MIS ADMINISTRATOR	DATE:
AUTHORIZED SIGNATURE OF EXECUTIVE DIRECTOR (OR PROGRAM DESIGNEE)	DATE:

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To: Program Reporting and Analysis Unit  
 E-Mail: WSBManagePerformance@edd.ca.gov

**DATA CHANGE REQUEST: WAGNER-PEYSER AND TRADE ASSISTANCE ACT**

**I. Requestor Identifying Information Section**

DATE OF REQUEST: \_\_\_\_\_

DIVISION/FIELD OFFICE: \_\_\_\_\_

SUP/SPOC/MGR: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

REQUESTOR'S EMAIL ADDRESS: \_\_\_\_\_

REQUESTOR'S PHONE NUMBER: \_\_\_\_\_

**II. Detailed Reason for Requested Correction Section**

Make the appropriate selection from the **(CHOOSE AN ITEM)** drop-down menu of what needs to be corrected. Include the applicant's name, program name, application number, and policy and procedure that staff will follow to avoid similar errors from reoccurring. Provide additional documentation as an attachment if needed. If submitting a DCR for more than three individuals or changes, additional participants or changes must be listed separately on an Excel spreadsheet. **Do not send complete Social Security numbers.**

CHOOSE AN ITEM

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CHOOSE AN ITEM

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CHOOSE AN ITEM

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**III. Authorized Signature Section**

AUTHORIZED SIGNATURE OF REQUESTOR	DATE:
AUTHORIZED SIGNATURE OF REQUESTOR'S MANAGER	DATE:
AUTHORIZED SIGNATURE OF DEPUTY DIVISION CHIEF	DATE:

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**Attachment 3**

Comments / Instructions