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Date: May 29, 2024

To: WIOA Subrecipients of the Orange County
Workforce Development Board

From: Nancy Cook
Director of Workforce and Economic Development 

Subject: CalJOBS Data Change Request Policy
Information Notice No. 24-OCWDB-07
Supersedes Information Notice No. 18-OCDB-01

PURPOSE

This policy provides guidance and establishes the procedures regarding the CalJOBS Data Change Request (DCR) form.

EFFECTIVE DATE

This policy is effective on the date of the issuance.

REFERENCES

- WIOA (Public Law 113-128)
- Workforce Services Directive WSD 18-02: Data Change Request Form Procedure
- WSD 20-10: CalJOBS Participant Reporting
- Department of Labor (DOL) Training and Employment Guidance Letter (TEGL) 10-16: Change 2 Performance Accountability Guidance for Workforce Innovation and Opportunity Act (WIOA) Core Programs

BACKGROUND

State Directives provide instructions for submitting a Data Change Request (DCR) form. Service Providers of all WIOA Title I Adult, Dislocated Worker, Youth, and special programs 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 DCR form is a tool to enable the participant data to be changed or updated. Its purpose is to correct data 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.



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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 updated prior to enrolling an individual. If additional program eligibility is added to the application, only new data associated to that program can be added to the application.

When inputting activities in CalJOBS, Service Providers must ensure a Start and Projected end date is applied to avoid a system closure. Records must be updated within 30 calendar days of the activity's Projected Begin/End Date to avoid a "System Closed" completion status. Activities with a completion status are included in the data reported to DOL and therefore, the data cannot be changed or updated without approval.

Service Providers have access to change data within 30 days of the activity's Actual End 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 projected or scheduled for the participant. 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 (Attachment II) must be completed and submitted to the Contract Manager. 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, OCWDB staff 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, OCWDB staff will email the staff for clarification. The staff is required to reply within three business days. The reply must include the entire email stream and all attachments.

If the DCR is approved, the OCWDB staff will ask the State to make the requested changes and respond to the Service Provider. It is the staff's responsibility to verify that the changes made by the State are accurate. If the DCR is denied, the OCWDB staff will notify the Service Provider.

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.

Requests for multiple changes must be listed on the DCR Supplemental Spreadsheet (Attachment III). The spreadsheet must include, at minimum, the program name, application number, participant's last and first names, and an explanation of what needs to be corrected.

The DCR Supplemental Spreadsheet should be submitted in its original Excel format (not in a PDF or any other format) and must always be accompanied by the signed DCR.

For Service Providers, the signatures of the requestor and Program Manager or designee are required. This enables the Program Managers to be aware of the nature and number of data changes that are requested. Any request lacking the required authorized signatures will be denied.

Please note that requests that arise out of a result of not adhering to the data entry procedures as outlined in the CalJOBS Participant Reporting Timeline policy, may be denied.

ACTION

Bring this policy to the attention of all staff and relevant parties.

INQUIRIES

If you have any questions regarding this policy, please email info@ocworkforcesolutions.com.

ATTACHMENTS

Attachment I – DCR Form Instructions

Attachment II – DCR Form

Attachment III – DCR Supplemental Spreadsheet

Orange County Workforce Development Board
CalJOBS Data Change Request Form Instructions

REQUESTOR IDENTIFYING INFORMATION

1. **Date of Request** – Indicate the submission date of the request.
2. **Name of Agency** – Indicate the requesting agency name.
3. **Requestor** – Indicate the name of the staff requesting the data change.
4. **Requestor Phone** – Indicate the phone number of the staff listed in item #3.
5. **Requestor E-mail** – Indicate the e-mail address of the staff listed in item #3.
6. **WIOA App ID** – Indicate the participant’s WIOA Application number. The request and/or corresponding documentation should **never** include participants’ Social Security Numbers.

DETAILED REASON FOR REQUESTED CORRECTION

7. **Description of corrective action requested** - Indicate the specific elements that require correction. Be sure to include the following: program name, WIOA application number, participant’s name, and a detailed explanation of what needs to be corrected. If the participant has already soft exited, make sure to include the soft exit date.
8. **Justification and potential impact to agency if the correction is not made** – Provide a justification as to why the change is necessary. In addition, any documentation that will support the justification for the data change can be included as a separate attachment.
9. **Corrective action taken to avoid similar corrections** – Indicate the corrective action taken internally to ensure similar corrections are submitted to the OCWDB. Include the policy and procedure that staff will follow to avoid similar errors from reoccurring.

AUTHORIZED SIGNATURES

10. **Authorized Signatures** – Any request lacking the authorized signature(s) will not be approved.

SUPPLEMENTAL SPREADSHEET

11. **Supplemental Corrections** – For multiple requests, please use Attachment III. The spreadsheet must include, at minimum, the application number, program name, state ID, participant’s name, grant code and school status (if applicable).
12. **Comments/Instructions** – Provide an explanation of what needs to be corrected.



Orange County Workforce Development Board



CalJOBS Data Change Request Form

REQUESTOR IDENTIFYING INFORMATION

DATE OF REQUEST: [Click here to enter text.](#)

NAME OF AGENCY: [Click here to enter text.](#)

REQUESTOR: [Click here to enter text.](#)

REQUESTOR PHONE: [Click here to enter text.](#)

REQUESTOR E-MAIL: [Click here to enter text.](#)

DETAILED REASON FOR REQUESTED CORRECTION

DESCRIPTION OF CORRECTIVE ACTION REQUESTED (Please be as detailed as possible):

[Click here to enter text.](#)

JUSTIFICATION AND POTENTIAL IMPACT TO AGENCY IF THE CORRECTION IS NOT MADE:

[Click here to enter text.](#)

CORRECTIVE ACTION TAKEN TO AVOID SIMILAR CORRECTIONS:

[Click here to enter text.](#)

AUTHORIZED SIGNATURES

SIGNATURE OF REQUESTOR _____

SIGNATURE OF PROGRAM MANAGER
(OR PROGRAM DESIGNEE) _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE SUBMIT ANOTHER ATTACHMENT.

OCWDB USE ONLY

STAFF ASSIGNED _____ DATE _____

Approve Deny

DCR # _____

Requests should be submitted to the OCWDB staff electronically, via email to the Contract Manager with the subject line:

"Data Change Request"

