1. Four (4) weeks prior to each WorkSource Office monitoring entrance, ESD’s Data Solutions Team provides the Employment Security Department’s Monitoring Unit (ESD’s Monitoring Unit) with a participant record table that assigns a random number to each record in the “rnum” field. The table includes the PIRL data values to be validated against source documentation.
2. Sample size and methodology for Monitoring Visits to Workforce Development Areas:
3. The sample will be pulled based on the Workforce Development Area and then a sample of at least 15 records from the offices selected for monitoring within the area, when possible, based on the sample. These will include at least 2 Migrant Seasonal Farm Worker records from the office, if available.
4. The sample size methodology is based on a fixed number of participant records, the required data elements selected for review are identified on each PY23 Program DEV Worksheet, being reviewed per the resources available. The sample includes a mix of active and exited participant records.
5. ESD’s Data Integrity team samples and validates the following data elements: 1600-1607; 1614-1618 (1610, 1612, and 1613 elements are not being populated at this time); 1700-1706 through their own process. ESD’s Monitoring Unit validates all other data elements as identified in each program’s DEV Worksheet.
6. Timelines and documentation of error resolution:
   1. ESD’s Monitoring Unit utilizes the DEV Worksheet for the review process to identify passes and failures the Office, Employment Connections (EC) Program Operations, Data Architecture, Transformation, and Analytics Division (DATA), and Information Technology Services Division (ITSD). ESD’s Monitoring Unit will summarize the results on a Data Element Validation (DEV) Action Item Worksheet.

Standardized language to explain record failure for an element:

1. No source documentation located
2. Documentation located, unallowable source
3. Documentation located, unreadable
4. Documentation located, inaccurately recorded data
5. Documentation located, data was not recorded
6. Documentation located, inconsistent with other documentation
7. MIS system issue

Corresponding actions required to correct errors by type of failure:

1. Locate or attempt to collect missing source documentation
2. Locate or attempt to collect allowable source documentation
3. Locate or attempt to collect a readable copy of source documentation
4. Correct the inaccurately recorded data
5. Record the missing data
6. Resolve the inconsistency and ensure accuracy of data and/or source documentation appropriately
7. ESD’s ITSD and Data Integrity Team will investigate the root cause and work towards resolution of the MIS system issue.
8. The local WorkSource Office leadership will have 30 business days from the day they receive their DEV Action Items worksheet to respond. The office leadership will be required to resolve the individual participant items identified. The overall DEV failures are also outlined in the DEV Action Items Worksheet. This worksheet is used to document and communicate resolutions, reasons for failure to resolve an element. Trending items may require a corrective action plan.
9. Office Corrective Action Plan Determination Process for PY2023-Due to the PY22 Corrective Action Plan with Wagner-Peyser Program Operations/Employment Connections Leadership, there are some additional considerations for determining if an office will complete a Corrective Action Plan. The Full Registration training was a key resolution for the cause of PY22 Overall Date Element Failures. The Full Registration training was expected to be completed by all Employment Connections staff by October 1, 2023. In order to allow implementation of this resolution, any files selected with a triggering service date prior to or on December 31, 2023 will not be factored into the calculation for known Data Element Validation Overall Element Failures. ESD’s Monitoring Unit will determine if a CAP is warranted based on files after this date in alignment with the 20% programmatic pass/fail ratio as prescribed in ESD Policy 1003, Rev 5.
10. On a quarterly basis, an informal review of overall DEV element pass/fail results will be provided for the EC Program Operations, ITSD, and DATA Division. The data Element pass/fail column in the DEV Worksheet indicates whether each data element passed or failed based on exceeding the 20% programmatic pass/fail ratio as prescribed in ESD Policy 1003, Rev. 5.
11. On a semi-annual and annual basis, overall DEV element pass/fail results will be provided to EC Program Operations, ITSD, and DATA Division on a DEV Action Items Worksheet. If any element fails across the period, the owner of the respective failure will be required to develop and submit a corrective action plan for any element failures that exceed the 20% programmatic pass/fail ratio as prescribed in ESD Policy 1003, Rev 5. EC Program Operations, ITSD/DATA Division will send any required corrective action plans or updates to ESD’s Monitoring Unit within 30 business days from the day the DEV Action Items Worksheet is received.
12. On an annual basis, following completion of the Wagner-Peyser Program Data Element Validation review, ESD’s Monitoring Unit will review the results of the full sample to identify what elements exceeded the error rate. Those elements identified will be included as technical assistance in the Wagner-Peyser Program’s Annual DEV training apart from MIS system failures. Currently, MIS systems failures are being addressed in the WorkSource Information Technology System (WIT) replacement process.