Introduction to YA Online System

A tool for improved reporting efficiency and data integrity

August 5th, 2014
Youth Apprenticeship Online System

Overview:
- New database capabilities
- New abilities and limitations of coordinators
- Student registration process
- System and data access
New System Capabilities

- Online access for all Regional Coordinators
- Instant entry of student information
- Edit student information or rotate employers without needing a change form
- Allows for secure entry of Social Security Numbers, eliminating mailing process
- Provides a base for future improvements - longitudinal studies, reporting tools, etc.
Who can apply for access?

- Regional coordinator or anyone authorized by them can apply (e.g., alternates, assistants, school-based coordinators)
- Access is by individual – no account sharing
- Must have an account in order to register new students
A coordinator can:

- Add new students, apprenticeships and employments
- View students in your consortium
- Change/correct a student's personal information (except SSN)
- Indicate the completion or termination of a student from the program
A coordinator cannot:

- View students from unauthorized consortia
- Add a new employer or mentor to the database
  - To change, e-mail DETYAForms@dwd.wi.gov
- Edit certain information once it has been entered
  - Program Area, Program Type, Fiscal Year: to change, e-mail DETYAForms@dwd.wi.gov
  - Social Security Number cannot currently be changed or viewed
Student Registration: Old Process

1. New youth apprentice commits to program
2. Coordinator enters info into registration form
3. Coordinator emails registration form and ETA to admin
4. Admin runs upload process
5. Admin sends process log to coordinator
6. Coordinator enters new student, employer, and mentor IDs for future use
Student Registration: New Process

1. New youth apprentice commits to program
2. Coordinator enters info into online system
3. Coordinator emails ETA to admin
4. Admin verifies receipt of ETA
Student Registration: Future Process?

New youth apprentice commits to program

Coordinator enters info and ETA into online database
1. Enter Student Information

**Student Information**

- **First Name**
- **Address Line 1**
- **Address Line 2**
- **City**
- **State**
- **Zip Code**
- **Phone**
- **Date of Birth**
- **Gender**
- **Race**
- **Parent/Guardian First Name**
- **SSN**
- **Comments**

**School Information**

- Student confirmed disability per Individualized Education Program (IEP)
- Student at-risk by school District’s definition
- Expected H.S. Graduation Date
- Current Grade Point Average (GPA)
- School District
- High School Name

**Save**
2. Go to Add Youth Apprenticeship

**Student Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td>Address Line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Newton</td>
</tr>
<tr>
<td>State</td>
<td>WI</td>
</tr>
<tr>
<td>Zip Code</td>
<td>33333</td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Race</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Parent/Guardian First Name</td>
<td>Mary</td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

**School Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student confirmed disability per Individualized Education Program (IEP)</td>
<td>No</td>
</tr>
<tr>
<td>Student at-risk by school District's definition</td>
<td>No</td>
</tr>
<tr>
<td>Expected H.S. Graduation Date</td>
<td>06/20/2016</td>
</tr>
<tr>
<td>Current Grade Point Average (GPA)</td>
<td>3.69</td>
</tr>
<tr>
<td>School District</td>
<td></td>
</tr>
<tr>
<td>High School Name</td>
<td></td>
</tr>
</tbody>
</table>

**Youth Apprenticeship Information**

- Add Youth Apprenticeship
3. Enter Youth Apprenticeship Information

Youth Apprenticeship Information

- Consortium
- Anticipated Completion Date
- Program Area
- Program Type
- First or Only Year
- Second Year

Employment Information

Save
4. Go to Add Employment

Youth Apprenticeship Information

- Consortium
- Anticipated Completion Date: 09/05/2014
- Program Area: Agriculture Food & Natural Resources
- Program Type: Level One
- First or Only Year: 14/15
- Second Year

Employment Information

- Add Employment
- Completion Date
- Termination Date
- Skills Checklist
5. Enter Employment Information

- If employer or mentor is new, you must e-mail YA Admin, DETYAForms@dwd.wi.gov
- “Employment offered” (60% Report) and “ETA Received” are for YA Admin use only
Adding Students: Final Step

- Must email an ETA for every new student and every new employment
- YA Admin will check the ETA Received box and send a confirmation email
- ETAs will be stored electronically as before
## Completing or Terminating Students

### Employment Information

<table>
<thead>
<tr>
<th>Action</th>
<th>Start Date</th>
<th>Employer</th>
<th>Address</th>
<th>City</th>
<th>Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>06/27/2014</td>
<td>Aberdeen House - Crestwood Senior Living</td>
<td>3660 East Denton Avenue</td>
<td>St. Francis</td>
<td>Okoroma, Angela</td>
</tr>
</tbody>
</table>

- **Completion Date**: 
- **Termination Date**: 
- **Skills Checklist**: 

### Termination Reasons

- □ Student has changed career interest
- □ Student has chosen to quit school
- □ Student has received unsatisfactory grades in course work
- □ Student is experiencing scheduling conflicts with required YA classes
- □ Attendance or tardiness problems with classes
- □ Employer is unsatisfied with attitude/initiative of youth apprentice
- □ Other (Describe in comment section)
- □ Student has chosen early graduation
- □ Student moved out of the school district
- □ Student is experiencing scheduling conflicts with work
- □ Attendance or tardiness problems with worksite
- □ Employer is unsatisfied with work performance of youth apprentice
- □ Student did not successfully complete the required competencies
- □ Student has transferred to another consortium

[Save]
DET Security: YA System and Data Access

Youth Apprenticeship Program
Cathy Crary, Youth and Projects Supervisor
DET Security: YA System and Data Access

Youth Apprenticeship Program
Cathy Crary, Youth and Projects Supervisor

YA Grant Service Contract
Amy Phillips, Agreement Administrator
Legal Signatory [Agency Name]
“Consortium Name”
Partners
Affiliated School Districts
DET Security: YA System and Data Access

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"Consortium Name"
Partners
Affiliated School Districts

ATTACHMENT A
Data Share Agreement (DSA)
Data Share Agreement (DSA)

ATTACHMENT A

Agreement Between Department of Workforce Development
Division of Employment and Training
and Consortium Name [Agency Name]
for the Disclosure and Sharing of Data/System Access
Related to Youth Apprenticeship Program Services
MONTH YEAR

I. Parties To The Agreement

This Agreement for the disclosure and sharing of confidential Data and System Access is entered into by the Department of Workforce Development (DWD), Division of Employment and Training (DET) (hereafter referred to as “DWD DET”) and the Consortium Name [Agency Name] (hereafter referred to as "Consortium Name" or “Data Recipient”).

II. Term

This Agreement shall remain in effect until June 30, 2015. Both parties may agree to amend or terminate the Agreement. The Agreement may be suspended before June 30, 2015 under the terms and conditions set forth in Articles XIII. and XV, or per conditions of service contract. To the extent that this Agreement duplicates or conflicts with existing Data Sharing Agreements, this Agreement supersedes any previously executed Data Sharing Agreement.

III. Definitions

A. Consortium: The Consortium Name Consortium is comprised of the partners and affiliated school districts identified in the service contract.

B. Data Recipient: For the purposes of this Agreement, the Data Recipient shall be Consortium Name and its designated agent(s) as further defined herein or in such future amendments that may be attached.
Data Share Agreement (DSA)

The Consortium **Data Steward** is the person designated by the Consortium (see Supplement 1) to:

• Coordinate, administer, maintain attachments to Agreement.
• Coordinate requests between Data Recipient and DWD DET to modify existing access authorized in, request changes to, or otherwise amend Agreement.
• Work with DWD DET Data Steward to create and maintain listing of Data Recipient Local Agency Security Officers per DETS-11652-E (see Supplement 2).
• Assure that a DSA is in place between Consortium Name [Agency Name] and EACH additional partner agency (sub-contractor) that will require access prior to authorizing/approving requests.
• Work with DWD DET Data Steward to create and maintain a listing of all additional partner agencies (sub-contractors) that the Consortium has entered into a DSA with.
Data Share Agreement (DSA)

The Consortium **Data Steward** is the person designated by the Consortium (see Supplement 1) to:

- Coordinate, administer, maintain supplements to Agreement.
Data Share Agreement (DSA)

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Data Share Agreement (DSA)

The Consortium Data Steward is the person designated by the Consortium (see Supplement 1) to:

SUPPLEMENT 1

Data Stewards

Department of Workforce Development
Division of Employment and Training

Denise J Hubbard, Lead Security Officer
Division of Employment and Training
Department of Workforce Development
201 E Washington Avenue
Madison, Wisconsin 53702
E-mail: Denise.Hubbard@dwd.wisconsin.gov
Phone: (608) 267-7331

DET Security Unit
Email: DETSecurity@dwd.wisconsin.gov
Phone: 608-229-4855
Fax: 608-261-4580

Consortium Name [Agency Name]

Full Name, Title
Agency/Organization
Street Address
City, State Zip
E-mail: E-mail Address
Phone: (999) 999-9999
Local Agency Security Officers (DETS-11652-E Supplement 2) are the individual(s) designated by Consortium as responsible for performing day-to-day security functions, including:

• Requesting appropriate access and user accounts for staff whose job functions require access to all or some of the DWD DET automated systems and data covered under this Agreement.
• Monitoring compliance with this Agreement by staff granted access to DWD DET information systems and data.
• Requesting that DWD DET Security terminate or modify access for any individual whose job functions or use of access merits such a change.
• Auditing all staff granted access to DWD DET information systems and data under this Agreement to assure completion of DWD Security Awareness Training.

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Data Share Agreement (DSA)

Local Agency Security Officers (DETS-11652-E Supplement 2)

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Employment and Training

Local Agency Data Security Staff

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes).

<table>
<thead>
<tr>
<th>Local Agency Name</th>
<th>Consortium Name</th>
<th>Agency Name</th>
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<tbody>
<tr>
<td>Security Officer</td>
<td>Backup Security Officer</td>
<td>Backup Security Officer</td>
</tr>
<tr>
<td>Full Name</td>
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<td></td>
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<tr>
<td>(Include Middle Initial)</td>
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</tr>
<tr>
<td>Job Title</td>
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</tr>
<tr>
<td>Employing Agency</td>
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<tr>
<td>Work Address</td>
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</tr>
<tr>
<td>Telephone Number</td>
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<td>FAX Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
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</tr>
</tbody>
</table>

I have read the client confidentiality regulations covered by State policy and Federal/State Statutes and understand their relationships in authorizing access to client information and will ensure such confidentiality in accordance with the DWD Policy Manual – Sec. 516 and WI Statutes 49.81, 49.83, 108.24 and 943.70. http://dwdworkweb/dwdpolicy/516_03.htm

Security Officer Signature
Backup Security Officer Signature
Backup Security Officer Signature
Date Signed
Date Signed
Date Signed

Local Agency Director Name
Local Agency Director Signature
Date Signed

DETS-11652-E (R. 10/2011)
Data Share Agreement (DSA)
Additional partner agencies (sub-contractors)
Consortium has entered into a DSA with
(DETS-17092-E Supplement 3)

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Employment and Training

### Local Agency Partner Agency Information

<table>
<thead>
<tr>
<th>Local Agency Name</th>
<th>Partner Agency Info</th>
<th>Partner Agency</th>
<th>Partner Agency</th>
<th>Partner Agency</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Agency Name</td>
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<td></td>
<td>Agency Address</td>
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<td>Term of DSA*</td>
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<tr>
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<td>DSA Signatory Name</td>
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<td></td>
<td>Signatory E-mail</td>
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</tr>
</tbody>
</table>

Local Agency Data Steward Name | Local Agency Data Steward Signature | Date Signed

DETS-17092-E (MI 11/2011)
Legal Signatory [Agency Name]

Authority, Signing And Integration

DWD has granted full authority to sign this agreement to:

DeWayne Street, Deputy Administrator
Division of Employment and Training
Department of Workforce Development
201 E Washington Avenue
Madison, WI 53707
E-mail: DeWayne2.Street@dwd.wisconsin.gov
Phone: (608) 266-3623

Data Recipient has granted full authority to sign this Agreement to:

Full Name, Title
Agency/Organization
Street Address
City, State Zip
E-mail E-mail Address
Phone: (999) 999-9999

This Agreement may be signed in counterpart by the parties. This Agreement may only be amended in writing and signed in counterpart by the parties or designated Data Stewards.

For **Consortium Name** [Agency Name]:

Full Name, Title ____________________________________________ Date
Agency/Organization


DETSecurity: YA System and Data Access

Youth Apprenticeship Program
Cathy Crary, Youth and Projects Supervisor

YA Grant Service Contract
Amy Phillips, Agreement Administrator
Legal Signatory [Agency Name]
“Consortium Name”
Partners
Affiliated School Districts

ATTACHMENT A
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Data Steward
LSOs
Legal Signatory
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Additional Partners (sub-contractors)
DETSecurity: YA System and Data Access

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Data Steward
LSOs
Legal Signatory

Additional Partners (sub-contractors)

Sub-Contract
NOT covered Under Consortium DSA
DET Security: YA System and Data Access

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YA Grant Service Contract
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Legal Signatory [Agency Name]
“Consortium Name”
Partners
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ATTACHMENT A
Data Share Agreement (DSA)
Data Steward
LSOs
Legal Signatory

Additional Partners (sub-contractors)

Sub-Contract
NOT covered under Consortium DSA
Consortium must enter into DSA with Sub-Contractor
DET Security: YA System and Data Access

DETS-10-E DET SYSTEM ACCESS REQUEST

http://dwd.wisconsin.gov/dwd/forms/dws/dets_10_e.htm

- Fill-enabled, complete electronically
- Reference User Guide for Understanding, Completing, Submitting Form
<table>
<thead>
<tr>
<th>DET SYSTEM ACCESS REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. User Employment Status</td>
</tr>
<tr>
<td>2. DWD Network Login ID</td>
</tr>
<tr>
<td>3. Division</td>
</tr>
<tr>
<td>4. Bureau</td>
</tr>
<tr>
<td>5. Unit</td>
</tr>
<tr>
<td>6. WEXT ID (Self-Registration Required)</td>
</tr>
<tr>
<td>7. Employer Name</td>
</tr>
<tr>
<td>8. Employer Agency Type</td>
</tr>
<tr>
<td>9. Job Title/Position</td>
</tr>
<tr>
<td>10. Optional Display Name (Last Name, First Name)</td>
</tr>
<tr>
<td>11. Optional Display Name (Last Name, First Name)</td>
</tr>
<tr>
<td>12. User Work Telephone/FAK Number</td>
</tr>
<tr>
<td>13. User Work Address</td>
</tr>
<tr>
<td>14. User Work Address</td>
</tr>
<tr>
<td>15. User Work Address</td>
</tr>
<tr>
<td>16. User Work Address</td>
</tr>
<tr>
<td>17. User Work Address</td>
</tr>
</tbody>
</table>

18. REQUEST TYPE

- [ ] Update User Account
- [ ] Change(s) to be made:
- [ ] Add Access to DET Systems Identified Below
- [ ] Remove Access to DET Systems Identified Below
- [ ] Inactivate User Account (Remove all user access)

19. REQUESTED ACCESS TO NON-PRODUCTION ENVIRONMENT(S) (Requires DET authorized business need)

- [ ] DEV
- [ ] UAT
- [ ] Production
- [ ] Other

20. REQUIRED ACCESS TO NON-PRODUCTION ENVIRONMENT(S) (Requires DET authorized business need)

- [ ] DEV
- [ ] UAT
- [ ] Production
- [ ] Other

21. Supervisor First and Last Name

22. Supervisor E-Mail Address

23. Supervisor Work Telephone

24. Supervisor Signature

25. Authorizing Agency

26. LSO/DSO First and Last Name

27. LSO/DSO Telephone Number

28. LSO/DSO Signature

<table>
<thead>
<tr>
<th>Role: Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>YA Coordinating Consortium: Consortium Name(s)</td>
</tr>
</tbody>
</table>

I recognize and understand that:

- Data and its information content is a DWD asset which is secured in accordance with DWD Information Technology Policy.
- Access to the system is limited to authorized personnel.

Date Signed: __________________

DA: __________________

Checklist: __________________

Signature: __________________

Date Signed: __________________
The User must FIRST self-register for a WIEXT ID:

- Go to: https://www.dwd.state.wi.us/accountmanagement/
- Click the self-registration link and follow the instructions carefully.
- Accounts created for accessing DET Systems MUST include a work-related e-mail address and business phone number, which should match information provided in Field 11. User Work E-mail Address and 12. User Work Telephone/FAX Number of DETS-10-E.
- Create a User ID (username), create/verify a password, and create a security question/answer to be used in managing the account and/or seeking Call Center support.
- Provide the WIEXT ID (username) in field 6 DETS-10-E.
Next Steps

- DSA sent to Consortia for Review and Completion (Consortium Name, Data Steward, LSOs, Signatory [Agency Name], (optional) DETS-17092-E)
- DET Data Steward to Finalize DSAs and Route for Signatures
- Upon Receipt of Signed DSAs, DET Data Steward to Notify Consortia Data Steward, LSOs, and Legal Signatory that User Access Requests may be submitted
- Users/Supervisors/LSOs Complete & Submit DETS-10-Es to DET Security
- DET Security Processes Requests and Notifies User/LSO/Supervisor of System/Data Access
Questions?

**DET Security Unit**

Division of Employment and Training  
201 E Washington Ave, G100  
Madison, WI 53702

Phone: (608) 229-4855  
Secure Fax: (608) 261-4580  
E-mail: DETSecurity@dwd.wisconsin.gov (DWD MB DET Security)

Denise J. Hubbard, DET Lead Division Security Officer  
Phone: (608) 267-7331  
E-mail: Denise.Hubbard@dwd.wisconsin.gov