

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

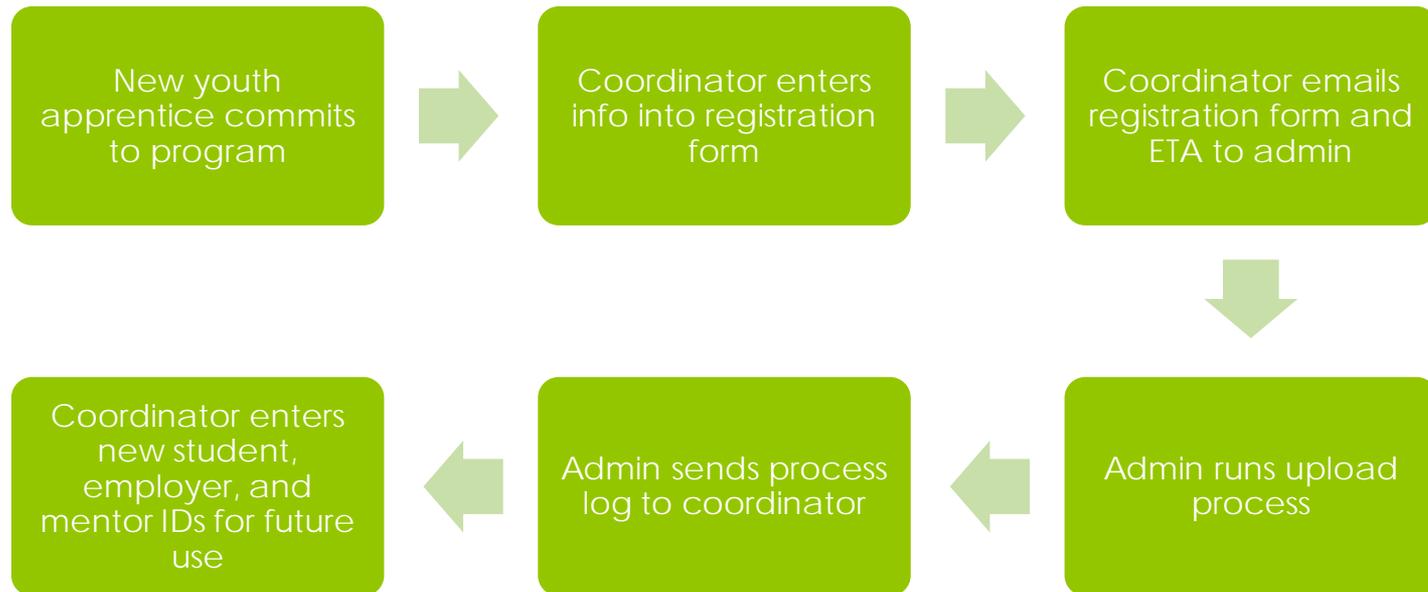
A coordinator can:

- 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

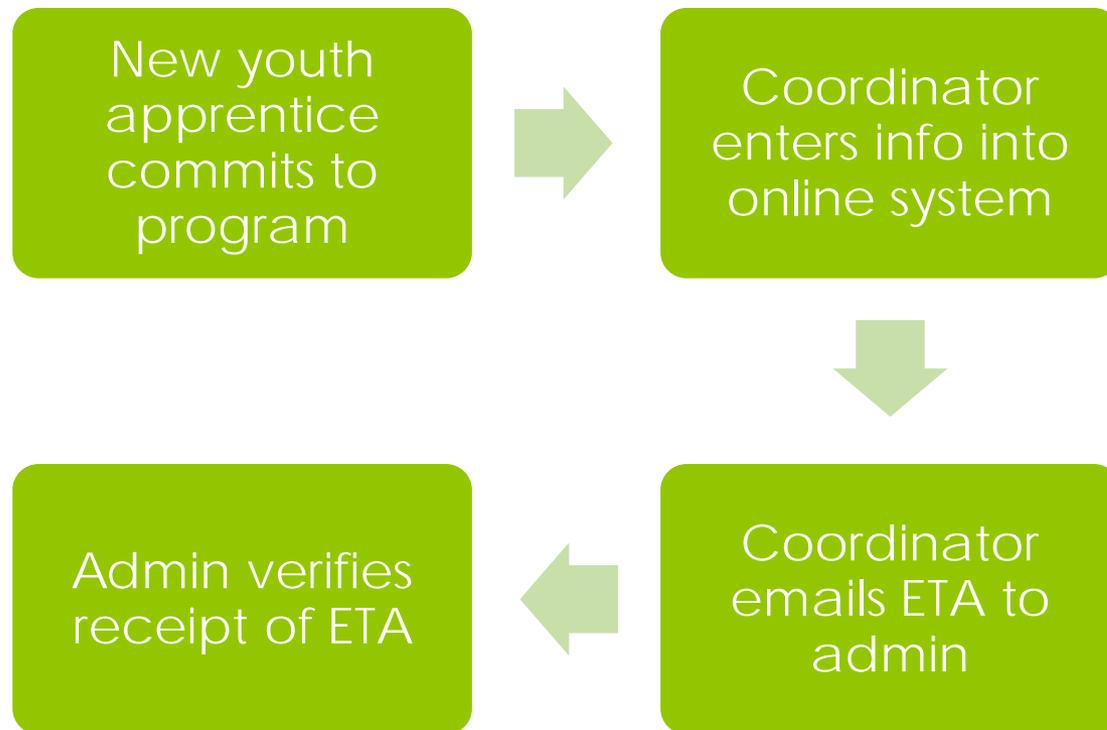
A coordinator cannot:

- 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



Student Registration: New Process



Student Registration: Future Process?

New youth
apprentice
commits to
program



Coordinator
enters info and
ETA into online
database

1. Enter Student Information

Home

Students

How do I use this tool?

Student Information

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Address Line 1	<input type="text"/>				
Address Line 2	<input type="text"/>				
City	<input type="text"/>				
State	WI <input type="text"/>				
Zip Code	<input type="text"/>	-	<input type="text"/>		
Phone	<input type="text"/>				
Date of Birth	<input type="text"/>				
Gender	Select <input type="text"/>				
Race	Select <input type="text"/>				
Parent/Guardian First Name	<input type="text"/>	Last Name	<input type="text"/>		
SSN	<input type="text"/>				
Comments	<input type="text"/>				

Text Limit: 2000 | Text Entered: 0

School Information

Student confirmed disability per Individualized Education Program (IEP)	No <input type="text"/>
Student at-risk by school District's definition	No <input type="text"/>
Expected H.S. Graduation Date	<input type="text"/>
Current Grade Point Average (GPA)	<input type="text"/>
School District	<input type="text"/>
High School Name	<input type="text"/>

Save

2. Go to Add Youth Apprenticeship

Student Information

First Name Middle Initial Last Name

Address Line 1

Address Line 2

City

State

Zip Code -

Phone

Date of Birth

Gender

Race

Parent/Guardian First Name Last 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

Youth Apprenticeship Information

3. Enter Youth Apprenticeship Information

Youth Apprenticeship Information

Cancel

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

Cancel

Consortium	Denise's 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	<input type="text"/>
Termination Date	<input type="text"/>
Skills Checklist	<input type="text"/> ▼

5. Enter Employment Information

Cancel

Employment Information

Employment Start Date

Wage

Employer

Mentor

Employment offered

ETA Received

Save

- 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

Add Employment

Action	Start Date	Employer	Address	City	Mentor
Edit	06/27/2014	Aberdeen House - Crestwood Senior Living	3660 East Denton Avenue	St. Francis	Okoroma, Angela

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

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YA Grant Service Contract
Amy Phillips, Agreement Administrator
Legal Signatory [Agency Name]
"Consortium Name"
Partners
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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:

Data Share Agreement (DSA)

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- **Coordinate, administer, maintain supplements to Agreement.**

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- Coordinate, administer, maintain supplements to Agreement.
- **Coordinate requests between Data Recipient and DWD DET to modify existing access authorized in, request changes to, or otherwise amend Agreement.**

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.
- 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).**

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.
- 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.**

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.
- 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 (DETS-17092-E see Supplement 3).**

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

Data Share Agreement (DSA)

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:

Data Share Agreement (DSA)

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.

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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.**

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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.**

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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.**

Data Share Agreement (DSA)

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

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].

Local Agency Name: Consortium Name [Agency Name]			
	Security Officer	Backup Security Officer	Backup Security Officer
Full Name (Include Middle Initial)	[REDACTED]	[REDACTED]	[REDACTED]
Job Title	[REDACTED]	[REDACTED]	[REDACTED]
Employing Agency	[REDACTED]	[REDACTED]	[REDACTED]
Work Address	[REDACTED]	[REDACTED]	[REDACTED]
Telephone Number	[REDACTED]	[REDACTED]	[REDACTED]
FAX Number	[REDACTED]	[REDACTED]	[REDACTED]
E-mail Address	[REDACTED]	[REDACTED]	[REDACTED]

I have read the client confidentiality regulations covered by State policy and Federal/State Statutes and understand their relationships to 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 [REDACTED]	Date Signed [REDACTED]	Date Signed [REDACTED]
Local Agency Director Name [REDACTED]	Local Agency Director Signature	Date Signed [REDACTED]

Data Share Agreement (DSA)

Additional partner agencies (sub-contractors)

Consortium has entered into a DSA with

(DETS-17092-E Supplement 3)

SUPPLEMENT 3

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

Local Agency Partner Agency Information

Local Agency Name: Consortium Name [Agency Name]			
Partner Agency Info	Partner Agency	Partner Agency	Partner Agency
Agency Name			
Agency Address			
Agency Telephone			
Agency FAX Number			
Term of DSA*	through	through	through
DSA Signatory Name			
Signatory Title			
Signatory Telephone			
Signatory E-mail			
Local Agency Data Steward Name	Local Agency Data Steward Signature	Date Signed	

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
Agency/Organization

Date

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Sub-Contract
NOT covered
Under Consortium
DSA

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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

DET SYSTEM ACCESS REQUEST

DETS-10-E
r08/2014

1. User Employment Status DWD Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. DWD Network Logon ID 4. Bureau	3. Division 5. Unit	Other: 6. WNEXT ID (Self-Registration Required) 7. Employer Name
8. Employer Agency Type <input type="checkbox"/> Workforce Dev Board <input type="checkbox"/> WDB Local Partner <input type="checkbox"/> Data Recipient <input type="checkbox"/> Other:	9. Last Name AND MI. of User 10. Optional Display Name (Last Name, First Name)		
11. Work E-mail Address	12. User Work Telephone/FAX Number () Ext. FAX ()		13. Mother's Maiden Name 14. User Work Address Street City, Zip
15. Office Number		16. WDA	17. County

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)

<input type="checkbox"/> No	6. WNEXT ID (Self-Registration Required)	7. Employer Name
8. Employer Agency Type <input type="checkbox"/> Workforce Dev Board <input type="checkbox"/> WDB Local Partner <input type="checkbox"/> Data Recipient <input type="checkbox"/> Other: _____		

*Split JSCC DETCC Other: _____ Permission Type: _____

Add Access to DET Systems Identified Below

- YA *Role: _____ YA Coord Consortium: _____ JCSAdmin
- SharePoint Access Level: _____ Site(s): _____
- OTHER/COMMENTS: [F1] for examples

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

- DEV UAT EDU NOTE: New ASSET/JobNet Business Staff user granted Education access by default

21. Supervisor First and Last Name	22. Supervisor E-mail Address	23. Supervisor Work Telephone () Ext. _____
24. Supervisor Signature		Date Signed
25. Authorizing Agency	26. LSO/DSO First and Last Name	27. LSO/DSO Telephone Number () Ext. _____
28. LSO/DSO Signature		Date Signed

YA *Role: _____ YA Coord Consortium: Consortium Name(s)

I recognize and understand that:

- 1. Data and its information content is a DWD asset which is required to be safeguarded in accordance with DWD Information Technology Policy

21. Supervisor First and Last Name	22. Supervisor E-mail Address	23. Supervisor Work Telephone () Ext. _____
24. Supervisor Signature		Date Signed
25. Authorizing Agency	26. LSO/DSO First and Last Name	27. LSO/DSO Telephone Number () Ext. _____
28. LSO/DSO Signature		Date Signed

access
noted, and
es warrant it.

(Wisconsin External) WIEXT ID

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