



Ryan Petty, *Chair*
MaryLynn Magar, *Vice Chair*
Members
Grazie P. Christie
Layla Collins
Daniel P. Foganholi, Sr.
Erika Fritz-Ochs
Luis Fuste

TO: Farmworker Career Development Program (FCDP) Sub-Recipients

FROM: Ashley Meros, Ph.D.

DATE: March 2, 2026

SUBJECT: **FCDP Policy update on Validation Requirements for FCDP WIOA Section 167 National Farmworker Jobs Program**

The purpose of this correspondence is to provide guidance on validating required performance for the Farmworker Career Development Program. Also, provide information on how to conduct quarterly validation requirements on participants' electronic files.

Reference: Training and Employment Letter (TEGL) No. 23-19 Change 1, 2 and 3; TEGL No. 18-16 change 2 Section 167, Regulation §685.100, §685.370.

Background: TEGL 23-19, Change 3 Guidance for Validating Required Performance Data Submitted by Grant Recipients of U.S. Department of Labor (DOL) Workforce Programs, was issued December 1, 2025, and is posted with Attachment II in both PDF and Excel formats, at <https://www.dol.gov/agencies/eta/advisories>.

Summary: The FCDP sub-recipients will utilize this guidance when validating participants' current files and in the GPMS system. [TEGL 23-19, Change 3](#), Attachment I pages 1-2 require data validation to all sub-recipients as well as periodic reviews of the performance to compare them against expected outcomes are accurately reflected with supporting documentation in the data system. Data validation helps ensure the accuracy of required performance reports, safeguards data integrity and promotes the timely resolution of data anomalies and inaccuracies.

TEGL 23-19, Change 3 includes (Attachment I, Number 4) program-specific data validation instructions. Attachment II, "Source Documentation for WIOA Core/Non-Core Programs," lists source documentation for each element.

FCDP sub-recipients must conduct quarterly reviews of their performance outcomes to compare them against expected outcomes, ensure that timely data entry is done and ensure reported outcomes are accurately reflected with supporting documentation entered in participants' files. [Worksheets A, B and C](#) are the sources of guidance to support key element documentation. All documents used to validate eligibility, services, credentials or other services provided by FCDP

Ashley Meros, Ph.D.
Chancellor of Career and Adult Education

FCDP Policy Update on Validation Requirements for FCDP

Date: March 2, 2026

Page Two

must be documented in the GPMS system as soon as they are eligible and services are provided to participants.

Data validation is a series of internal controls or quality assurance techniques established to verify the accuracy, validity and reliability of data. As part of the validation process and quarterly performance review, sub-recipients are to present their data outcomes quarterly at the performance check-in meetings. There must be 10 random files to validate from each adult and youth service. Sub-recipients are responsible for ensuring documents are maintained accurately and timely. The validation selection must be scheduled by the FCDP coordinator and staff on a quarterly basis to ensure the required source documentation reflect the outcomes reported. The Data Validation Report Form should be kept for five years and provided during the monitoring process. It is important that the staff who collect the data do not validate the files. FCDP grant sub-recipients can submit requests to use other sources of validation documentation to the state office for approval.

Self-attestation or case notes may be used for data elements as noted in this policy to meet the needs of migrant and seasonal farmworkers (MSFW) and their dependents. Sub-recipients' policies and procedures should incorporate the use of self-attestation or case notes to meet their customers' needs and increase access to program services. For information regarding case notes refer to FCDP Policy Update Case Notes Memo.

Additionally, sub-recipients are encouraged to incorporate the use of self-certification in their FCDP applications. Per 20 CFR 685.110, self-certification means an eligible MSFW signed self-attestation that the information they submit to demonstrate eligibility for the FCDP is true and accurate.

Reference.

- [Training and Employment Guidance Letter \(TEGL\) No. 23-19, Change 3](#). Guidance for Validating Required Performance Data Submitted by Grant Recipients of U.S. Department of Labor (DOL) Workforce Programs (December 1st, 2025).

Attachments.

- Attachment I – Exit Management & Data Validation Worksheet C
- Attachment II – Data Validation Report Form

Farmworker Career Development Program
Exit Management and Data Validation
Worksheet C

Instructions: Completed after participant exit by authorized reviewer. Coordinator or / and staff all sources used to verify and validate data elements below *shall be downloaded or scanned in GPMS. TEGL No. 23-19 Change 3*

Participant Name: _____ Unique IND ID#: _____
Enrollment Date: _____ Exit date: _____ FCDP: _____

Participant: Adult (Ages 18+) Youth (Ages 14-24)

Part C Section I	
Review Item	Select One Verification Source Used to Validate
Measurable Skill Gains: The participant was enrolled during this program year in education or training program: Yes ___ No ___ The Measurable Skill Gain was entered in the system during each Program Year: Yes ___ No ___	<input type="checkbox"/> Transcript: A minimum of 12 credit hours over two consecutive semesters during a program year <input type="checkbox"/> Report Card <input type="checkbox"/> Copy of Credential <input type="checkbox"/> High School Diploma <input type="checkbox"/> Case notes documenting information obtained from education or training providers initialed, dated
Credential: The participant was enrolled during in education or training program: Yes ___ No ___ A copy of the Credential was entered in the system Yes ___ No ___	<input type="checkbox"/> Copy of Credential <input type="checkbox"/> Credential _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> Copy of school records <input type="checkbox"/> Case notes documenting information obtained from education or training provided initialed, dated
Post test: _____ Post tests entered in the system?	<input type="checkbox"/> Testing record <input type="checkbox"/> Case notes initialed, dated
Customer Satisfaction Survey ___	<input type="checkbox"/> Survey on file
Section II Closure or Exit from program	
All Activities and IEP Closed in GPMS • Yes ___ No ___	
• Note: Diplomas, degrees, licenses or certificates must be attained during participation or within one year of exit. This data applies to both the Credential and the Measurable Skills Gain.	
Review Item	Select One Verification Source
Participant exited with closure: Yes ___ No ___ Youth closure with continued education Date of Closure _____ Was the school status at exit recorded and verified? Yes ___ No ___	<input type="checkbox"/> Record that the participant enrolled in or attended an education or training program that leads to a recognized postsecondary credential after closure <input type="checkbox"/> High School Diploma <input type="checkbox"/> Case notes initialed, dated

<p>Enter unsubsidized employment For Youth or Adult</p> <p>Wage: \$ _____ Hours: _____</p>	<p><input type="checkbox"/> Letter from employer on company letterhead attesting to individual employment status and earnings</p> <p><input type="checkbox"/> Case notes initialed, dated</p> <p><input type="checkbox"/> IEP closed, dated</p> <p><input type="checkbox"/> Copy of paycheck</p>
<p>Other Reasons for Exit Adult or Youth _____ (If Applicable)</p> <p>Participant exited from the program with Global Exclusion: Yes ___ No ___</p> <p>Was their school status at exit recorded and verified? Yes ___ No ___</p> <p>Note: documentation or information, and case notes are needed to validate the exit.</p>	<p><input type="checkbox"/> Incarcerated</p> <p><input type="checkbox"/> Medical condition-medical treatment and that treatment expect to last longer than 90 days (and prevents continuing training or employment)</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Reservists called to active duty (National Guard or Reserve Military) more than 90 days</p> <p><input type="checkbox"/> Foster care and participant moved from the area as part of such a program or system (youth only)</p> <p><input type="checkbox"/> The participant is no longer eligible</p>
<p>YOUTH FOLLOW-UPS After 90 Days of Closure with Continuing Education</p>	
<p>Review Item</p>	<p>Select One Verification Source to Validate</p>
<p>Was the 1st quarter follow-up completed? Yes ___ No _____</p> <p>Identify the method used to determine continued education status in the first quarter.</p>	<p><input type="checkbox"/> Record that the participant enrolled in or attended an education or training program that leads to a recognized postsecondary credential after program exit</p> <p><input type="checkbox"/> Transcript or Report Card</p> <p><input type="checkbox"/> School records or verification of enrollment</p>
<p>Was the 2nd quarter follow-up completed? Yes ___ No _____</p> <p>Identify the method used to determine continued education status in the second quarter.</p>	<p><input type="checkbox"/> Record that the participant enrolled in or attended an education or training program that leads to a recognized postsecondary credential after program exit</p> <p><input type="checkbox"/> Transcript or Report Card</p> <p><input type="checkbox"/> School records or verification of enrollment</p>
<p>Was the 3rd quarter follow-up completed? Yes ___ No _____</p> <p>Identify the method used to determine continued education status in the third quarter.</p>	<p><input type="checkbox"/> Record that the participant enrolled in or attended an education or training program that leads to a recognized postsecondary credential after program exit</p> <p><input type="checkbox"/> Transcript or Report Card</p> <p><input type="checkbox"/> School records or verification of enrollment</p>
<p>Was the 4th quarter follow-up completed? Yes ___ No _____</p> <p>Identify the method used to determine continued education status in the fourth quarter.</p>	<p><input type="checkbox"/> Record that the participant enrolled in or attended an education or training program that leads to a recognized postsecondary credential after program exit.</p> <p><input type="checkbox"/> Transcript or Report Card</p> <p><input type="checkbox"/> School records or verification of enrollment</p>
<p>FOLLOW-UPS After 90 Days of Closure with or without Employment</p>	
<p>• Select the method used in determining the participant's employment status in the First Quarter following the quarter of exit.</p>	
<p>Was the 1st quarter follow-up completed on time? Yes ___ No _____</p>	<p><input type="checkbox"/> Paycheck stubs, self-attestation</p> <p><input type="checkbox"/> Letter from employer on company letterhead attesting to individual employment status and earnings</p> <p><input type="checkbox"/> Case notes initialed, dated</p> <p><input type="checkbox"/> Employer payroll records</p> <p><input type="checkbox"/> IRS tax forms</p>

	<input type="checkbox"/> UI (unemployment) documents (SUNTAX system/wage printout)
Type of Employment Match 1 st Quarter After Exit Yes ___ No ___	<input type="checkbox"/> Quarterly wage records <input type="checkbox"/> Copy of paycheck stubs, payroll slip <input type="checkbox"/> A signed letter from an employer on company letterhead (attesting to an individual's employment status and earnings)
<ul style="list-style-type: none"> Select the method used in determining the participant's employment status in the Second Quarter following the quarter of exit. 	
Was the 2 nd quarter follow-up completed? Yes ___ No ___ Was the 2 nd quarter follow-up completed on time? Yes ___ No ___ If not, explain:	<input type="checkbox"/> Paycheck stubs/self-attestation <input type="checkbox"/> Employer payroll records <input type="checkbox"/> IRS tax forms <input type="checkbox"/> UI (unemployment) documents (SUNTAX system/wage printout) <input type="checkbox"/> Case notes initialed, dated
Type of Employment Match 2 nd Quarter After Exit Yes ___ No ___	<input type="checkbox"/> Quarterly wage records <input type="checkbox"/> Copy of paycheck stubs, payroll slip <input type="checkbox"/> A signed letter from an employer on company letterhead (attesting to an individual's employment status and earnings)
<ul style="list-style-type: none"> Select the method used in determining the participant's employment status in the Third Quarter following the quarter of exit. 	
Was the 3 rd quarter follow-up completed? Yes ___ No ___ Was the 3 rd quarter follow-up completed on time? Yes ___ No ___	<input type="checkbox"/> Paycheck stubs/self-attestation <input type="checkbox"/> Employer payroll records <input type="checkbox"/> IRS tax forms <input type="checkbox"/> UI (unemployment) documents (SUNTAX system/wage printout) <input type="checkbox"/> Case notes initialed, dated
Type of Employment Match 3 rd Quarter After Exit Yes ___ No ___	<input type="checkbox"/> Quarterly wage records <input type="checkbox"/> Copy of paycheck stubs, payroll slip <input type="checkbox"/> A signed letter from an employer on company letterhead (attesting to an individual's employment status and earnings)
<ul style="list-style-type: none"> Select the method used in determining the participant's employment status in the Fourth Quarter following the quarter of exit. 	
Was the 4 th quarter follow-up completed? Yes ___ No ___ Was the 4 th quarter follow-up completed on time? Yes ___ No ___	<input type="checkbox"/> Paycheck stubs/self-attestation <input type="checkbox"/> Employer payroll records <input type="checkbox"/> IRS tax forms <input type="checkbox"/> UI (unemployment) documents (SUNTAX system/wage printout) <input type="checkbox"/> Case notes initialed, dated
Type of Employment Match 4 th Quarter After Exit Yes ___ No ___	<input type="checkbox"/> Quarterly wage records <input type="checkbox"/> Copy of paycheck stubs, payroll slip <input type="checkbox"/> A signed letter from an employer on company letterhead (attesting to an individual's employment status and earnings)

Part C Section III

A. Above data verified:

Yes ___ No ___

If not, explain:

B. Additional support documents required:

Yes ___ No ___

If Yes explain:

Signature of Authorized Reviewer / Title

Date

****Note:***

Case notes must be in GPMS, and records updated Quarterly or as changes occur.

Data Validation Report Form

Farmworker Career Development Program

Name: _____ Last Name: _____ Unique Ind. ID # _____

Program Year _____

Worksheet A

Errors: _____

Comments:

Worksheet B

Errors: _____

Comments:

Worksheet C

Errors: _____

Comments:

Staff signature

Date

Title: