PROGRAM MEMORANDUM 26-12

DATE: November 6, 2026
TO: Adult Education Program Staff
FROM: Nick Moore, Chief Adult Education and Learning Officer
SUBJECT: Data Validation and Validation Policy

I. Purpose
The Alabama Adult Education Data Quality and Validation Policy establishes statewide expectations for the accurate, complete, timely, consistent, and secure collection, entry, maintenance, review, and reporting of Adult Education program data. The policy is intended to strengthen the reliability of information maintained in the Alabama Adult Education Management Information System (MIS) and other approved data sources used for state and federal reporting.

High-quality data supports program management, student services, performance accountability, funding decisions, continuous improvement, and Alabama Adult Education's reporting obligations under the Workforce Innovation and Opportunity Act (WIOA) Title II and the National Reporting System (NRS).

II. Policy
All Adult Education providers shall establish and maintain an ongoing process for identifying, tracking, investigating, and resolving data errors and discrepancies. Providers are responsible for ensuring that information entered into the MIS and other applicable reporting systems is accurate, complete, timely, and supported by appropriate source documentation.

Error identification and tracking shall be a required component of each provider's local data quality procedures. Providers shall maintain a Data Quality and Error Resolution Log to document identified issues, actions taken, and final resolution. (See Appendix B.) This requirement applies to all discrepancies that may affect student records, program operations, assessment information, attendance, measurable skill gains (MSGs), student exits, and state or federal reporting performance indicators.

III. Scope and Applicability
This policy applies to all Alabama Adult Education eligible providers and employees, contractors, and other authorized personnel who collect, enter, modify, review, or report Adult Education data. It covers student-level and program-level information maintained in the MIS and information obtained through approved integrations, data matches, assessment systems, or other authorized sources.

Covered data includes, but is not limited to:
- Student registration, eligibility, demographic, and contact information;
- Enrollment, program participation, class, and service information;
- Attendance and instructional hours;
- Assessments, test dates, scores, educational functioning levels (EFLs), and measurable skill gains (MSGs);

- Credentials, high school equivalency and diploma outcomes, industry-recognized certifications, and other educational outcomes;
- Employment, postsecondary enrollment and completion, and other follow-up or matched outcomes;
- Program, staff, and other information required for state or federal reporting.

IV. Guiding Principles and Data Quality Dimensions

Providers should use the following dimensions when evaluating data quality:

- **Accuracy:** Information correctly represents the student, service, assessment, or outcome and is supported by a reliable source.
- **Completeness:** All required fields and records are present, including information needed for eligibility, participation, and reporting.
- **Timeliness:** Information is entered, reviewed, and corrected within established state and federal timelines. *(Refer to the Adult Education Procedure Manual & The Assessment Policy for deadlines on data entry)*
- **Validity:** Information conforms to applicable definitions, allowable values, date rules, assessment requirements, and the MIS business rules.
- **Consistency:** Data is recorded and interpreted uniformly across staff, classes, and providers.
- **Reliability:** Information can be traced to source documentation and verified during review.
- **Integrity and Security:** Information is protected from unauthorized access, disclosure, alteration, or destruction.

V. Local Data Management and Documentation

A. Written Procedures

Each provider shall maintain written local procedures describing how student and program information is collected, submitted, entered, reviewed, corrected, and retained. Procedures must identify staff responsibilities, backup coverage, review schedules, and escalation processes. Procedures shall be updated when state requirements or MIS functionality changes. A data quality checklist and a written error documentation log will be made available to all programs and be available for access through the MIS resource page.

B. Source Documentation

Providers shall maintain source documentation sufficient to support information entered into the MIS and reported to the State Office. Examples include enrollment and eligibility forms, assessment records, attendance records, student files, credential documentation, and other approved records. Documentation must be legible, retrievable, and maintained in accordance with applicable ACCS, state, and federal records-retention and confidentiality requirements.

C. Access and Confidentiality

MIS access shall be limited to authorized personnel and appropriate user roles. Providers shall promptly request access changes when staff responsibilities change or employment ends and participate in periodic access reviews. Students personally identifiable information (PII), including Social Security

numbers, shall be collected, used, stored, and disclosed only as authorized by applicable law and ACCS policy. Staff shall not share credentials or use another employee's account.

VI. Error Identification, Correction and Documentation

When an error or discrepancy is identified, the provider shall investigate and correct the record as promptly as possible and within applicable reporting deadlines. Corrections must be based on reliable source documentation and must not be made solely to change or improve performance results.

Each provider should maintain a Data Quality and Error Resolution Log containing, at a minimum:

- Date the issue was identified;
- Student record identifier or affected data element, using appropriate safeguards for PII;
- Description and source of the discrepancy;
- Root cause, when known (such as data entry error, missing source document, policy misunderstanding, system issue, or integration issue);
- Corrective action taken or proposed;
- Staff member responsible and date resolved;
- Whether State Office technical support assistance was requested, including a ticket reference when available.

A sample Data Quality and Error Resolution Log is provided in Appendix B.

If an issue cannot be corrected locally, the provider shall submit a request through the designated ACCS support or ServiceNow process. Include sufficient detail to explain the issue without transmitting unnecessary sensitive information. Keep record of the issue in the Data Quality Resolution Log until resolution is confirmed.

Changes to historical records, assessment information, attendance, MSGs, exits, or other data affecting federal reporting must follow current State Office procedures. Staff shall not alter source documentation, backdate entries, or make unsupported changes.

VII. Required Data Quality and Validation

A. Continuous Review

Data quality is an ongoing responsibility and shall not be deferred until annual reporting. Providers should review records as they are created or updated and resolve obvious errors as soon as they are identified.

B. Monthly Local Review

Once each month, the Data Manager or designee shall review records and available reports to identify missing, duplicate, incomplete, inconsistent, or potentially inaccurate information. The review shall be completed in sufficient time to meet state reporting and data-entry deadlines. The monthly review shall include, as applicable:

- NRS Performance Indicators: Credential, certification, HSE, employment, and postsecondary outcomes, including available source documentation (TABLE 5);
- New and active student records for missing or inconsistent demographic, eligibility, or enrollment information;

- Attendance records for missing hours, unusual or duplicate entries, and compliance with attendance rules;
- Assessment records for missing dates or scores, invalid assessment combinations, and consistency with assessment policy;
- EEFL/EFL placement and progression, including pre-test and post-test information and applicable testing requirements;
- MSG entries and supporting documentation, including appropriate classification and reporting period;
- Separations, exits, reopened enrollments, and dates that may affect periods of participation or reporting;
- MIS validation messages, duplicate records, and other data integrity indicators.

Providers shall document completion of the monthly review and retain evidence of identified issues and their resolution in the Data Quality Resolution Log.

C. Quarterly Validation

At least quarterly, the Program Director and Data Manager or designee shall conduct a comprehensive validation of program data in conjunction with the ACCS State Office's quarterly desktop monitoring process. Quarterly validation shall include a review of a representative sample of student records, applicable data reports, data integrity indicators, and performance tables. Providers shall compare MIS entries against supporting source documentation to verify data accuracy, completeness, and consistent application of state and federal reporting requirements.

At a minimum, the review shall include enrollment and participation, attendance, assessments and Educational Functioning Levels (EFLs), Measurable Skill Gains (MSGs), student exits, and reported outcomes. Providers shall document the date of review, records and reports examined, identified discrepancies, corrective actions taken or proposed, and staff responsible for resolution.

All identified discrepancies shall be recorded and tracked through the provider's required Data Quality and Error Resolution Log until resolution is confirmed. The log shall be maintained and made available for review by the ACCS State Office Data and Reporting Section and the Compliance and Monitoring Team as part of quarterly desktop monitoring, data validation activities, or other program oversight efforts.

D. Annual Review

At the end of the Program Year each provider shall review local data management procedures, staff access, training needs, recurring findings, and corrective action history to ensure data accuracy before annual data is locked in and reported.

VIII. State Monitoring, Technical Assistance and Corrective Action

The ACCS State Office may monitor program data quality through MIS reports, record reviews, validation activities, program monitoring, and other oversight methods. Providers should make requested records and explanations available in accordance with applicable confidentiality and records requirements.

When a concern is identified, the State Office may provide clarification, technical assistance, additional training, or a request for correction. Significant, recurring, or unresolved deficiencies may require a written Corrective Action Plan (CAP), which may include:

- Description of the finding and affected data or process;
- Root cause analysis;
- Specific corrective and preventive actions;
- Person(s) responsible for each action;
- Completion dates and milestones;
- Evidence of completion and a method for determining whether the issue is resolved.

The State Office may conduct follow-up reviews to determine whether corrective actions were completed and whether the issue has been resolved. Failure to comply with this policy or applicable state and federal requirements may result in additional monitoring, required technical assistance, or other action consistent with ACCS policy, grant requirements, and applicable law.

IX. Training and Communication

Providers shall ensure that employees receive training before or promptly after being assigned data responsibilities and receive periodic updates when policies, assessment requirements, MIS procedures, or reporting rules change. The State Office may require participation in statewide data quality, MIS platform, assessment, or NRS reporting training. Providers shall maintain training records identifying the employee, topic, date, and delivery method. Staff are responsible for reviewing current guidance and seeking clarification when requirements are unclear.

X. Data Use and Continuous Improvement

Providers shall use data quality findings and program performance information to improve student services, instructional practices, program operations, and reporting reliability. Program leadership should review trends in enrollment, attendance, EFL progression, MSGs, credentials, employment, wage earnings, post-secondary enrollment, and follow-up outcomes. Identified patterns should inform staff development, process changes, and local improvement activities.

The State Office may use statewide findings to clarify policy, improve training and technical assistance, refine the MIS validations, and prioritize system enhancements. Data quality review is intended to support accurate reporting and continuous improvement.

APPENDIX A

Recommended Local Data Quality Review

☐ Monthly MIS records review completed and documented.
☐ Missing, duplicate, or inconsistent student records reviewed.
☐ Enrollment, eligibility, and demographic information checked.
☐ Attendance and instructional hours reviewed.
☐ Assessment dates, scores, and EFL information checked against source records.
☐ MSG entries and supporting documentation reviewed.
☐ Separations, exits, and reopened enrollments reviewed.
☐ Credential, GED/HSE, HSDO, certification, employment, and postsecondary outcomes reviewed as applicable.
☐ Errors entered in the Data Quality and Error Resolution Log.
☐ Corrections completed or support requests submitted and tracked.
☐ Quarterly sample validation completed and documented.
☐ Staff training and access needs reviewed.

APPENDIX B

Data Quality and Error Resolution Log – Suggested Fields

Date Identified	Record / Data Element	Issue Description	Root Cause	Corrective Action	Responsible Staff	Date Resolved / Status