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SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
24-01	July 1, 2024	CMD, FMD	1 of 5
SUBJECT: STUDENT TRAINING AND EMPLOYMENT PROGRAM (STEP) PROCESS			

I. PURPOSE

The purpose of this directive is to establish guidelines for staff on the delivery of the Student Training and Employment Program (STEP), a Department of Rehabilitation (DOR) program, that provides work experience and job preparation training for students with disabilities ages 16-21.

Contractual details between the Employment and Economic Development Department (EEDD) and DOR are in EEDD Central Files.

II. GENERAL INFORMATION

DOR is required under 34 Code of Federal Regulations section 361 et seq. to provide preemployment transition services to students with disabilities throughout California. DOR defines a student with a disability as an individual not younger than 16 and not older than 21 years of age (must be offboarded from STEP before their 22nd birthday) and in secondary, postsecondary, or other recognized education program, including home school and alternative school programs, and is eligible for, and receiving, special education or related services under the Individuals with Disabilities Education Act (IDEA) or with a disability for purposes of Section 504 of the Rehabilitation Act.

The Workforce Innovation and Opportunity Act (WIOA), signed into law on July 22, 2014, established a broad vision of workforce programs that:

- reaffirms the ongoing role of American Job Centers;
- requires coordination and alignment at the Federal, State, local and regional levels;
- builds on proven practices such as sector strategies, career pathways, regional economic approaches, work-based training; and

- for Title IV, the vocational rehabilitation (VR) program, it established:
 - clear priorities in serving individuals with disabilities toward obtaining competitive integrated employment, reaffirms that business is a customer of the VR system; and
 - that a priority of the VR system is serving youth with disabilities, particularly students.

To align with the vision of the WIOA and provide meaningful support to students with disabilities in California, DOR and EEDD are committed to working collaboratively.

III. POLICY

It is the policy of EEDD that all STEP services will be delivered to individuals registered in the STEP program that have been determined eligible by DOR pursuant of their application process. The process of submitting the applications to DOR and working with the registered individuals will be completed in accordance with the policies and procedures set forth in this directive.

IV. PROCEDURE

1. EEDD in partnership with DOR shall support the STEP project by providing paid work-based learning experiences. EEDD shall assume the burden of being the Employer of Record for STEP Student Participants, carrying the liability, human resources, and payroll needs through its internal Human Resources Department. EEDD will provide the following Employer of Record services:
 - a) Timesheet tracking
 - b) Personnel and payroll recordkeeping
 - c) Payroll processing
 - d) Employment-related insurance costs
 - e) Year-end tax reporting
 - f) Onboarding assistance
 - g) Leave management
 - h) Workers' compensation
2. Through an application process, each STEP participant shall be authorized by DOR to receive up to 325 hours of paid work-based learning experience, earning at least the current State legal minimum wage per hour, and not more than \$20/hour. EEDD staff shall verify that all participating students have met all "right to work" including "work permits", and "selective service" requirements.
3. EEDD staff will be responsible for keeping the EEDD Fiscal Department apprised of any changes that affect the payroll for the STEP participant through a transmittal process. Staff shall also inform Fiscal of any changes

that affect the transfer of information, such as changes to case management.

4. Time sheet collection is the responsibility of the assigned EEDD staff. Time sheets shall be collected in a timely manner pursuant to San Joaquin County Payroll deadlines and include the following:
 - a) Signed by both the participant and the Work Experience Site Supervisor;
 - b) Filled out neatly with minimal edits;
 - c) All edits should be drawn through with a line and initialed;
 - d) Filled out completely;
 - e) No white out; and
 - f) Initialed that they have been reviewed by EEDD staff case manager.
5. EEDD staff are responsible for obtaining applications of eligible youth through recruitment efforts at local high schools, community colleges, community events, referrals from participants and other ways deemed appropriate by EEDD supervisor/management staff. A packet will be prepared for submission to DOR with all required forms attached, including the required DOR Forms: DR260 "Consent to Release and Obtain Information" (Attachment 1); the DR203 "Student Services Request Form" (Attachment 2) and right to work documentation is confirmed. Applications are emailed to the designated program coordinator at DOR by an assigned EEDD staff member.
6. DOR will authorize each STEP participant's work hours and services costs on the DR 297F Direct Services Fee Authorization (AKA NMED). Once NMED has been provided to EEDD by DOR and not before, EEDD staff shall submit a transmittal to Fiscal to onboard the participant.
7. Once participant has been onboarded to San Joaquin County Payroll (the Employer of Record), EEDD staff will provide workplace readiness training. Workplace readiness training does not need to be provided if the participant has received the training within a year of their current date of participation.
8. Students will be paid for any work readiness training they receive. EEDD staff will fill out the timesheet for this training and will obtain an authorized signature from the participant and an EEDD supervisor or higher-level manager for submission to Fiscal.
9. EEDD staff will work with community partners, private businesses of any size, non-profits, and public employers to provide a workplace site for the STEP Student Participants. EEDD staff will put into place a Worksite Agreement between EEDD and the assigned Work Experience site prior to the first day of work of each STEP Student Participant. Tour of the worksite must be conducted by EEDD staff, and all aspects of the Worksite

Agreement reviewed with the worksite by the proper authority at the site. A copy of the Worksite Agreement will be in the participant's file.

10. EEDD staff will assist the worksite and STEP participants with coordinating start dates, schedules, timesheets, and the schedule for all payroll activities. The participant and the site supervisor will receive an orientation prior to their start date.
11. It is the responsibility of EEDD staff assigned to work with STEP Student Participants to track and ensure that participants do not exceed the authorized contracted hours from DOR. Eligibility criteria and documentation will be recorded in the EEDD STEP Database starting from the time of application submission to DOR. At minimum a case note will be made every pay period into the STEP database. Case notes include the number of hours worked for the pay period, the number of hours used in total, and the number of hours remaining.
12. EEDD staff must work with site supervisors to complete monthly progress reports that will be included with the monthly invoice submitted to DOR. The progress reports will contain information on the activities of the prior month for each STEP Student Participant including feedback on work performance and outcomes of their paid work-based learning experience placement. The evaluations will be in the participant's file and a case note will be in the STEP Database to report on progress. All evaluations must be submitted in the provided template and must follow the guidelines provided. (Attachment 3)
13. Students who request Supportive Services will be referred to DOR.
14. At the conclusion of a student's hours a case note will be put in the STEP Database indicating the last day of the assignment, and the Fiscal Department will be notified by transmittal submittal that the student will be removed from payroll.
15. STEP participants are eligible every program year for hours, if they continue to meet all eligibility requirements of the program. To satisfy DOR program requirements, EEDD staff will make every effort to place students into a worksite they have not worked at before. Any exceptions need to be noted in the STEP Database and approved by EEDD supervisor/manager.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV:am

- Attachment 1: DR260 – Consent to Release and Obtain Information
- Attachment 2: DR203 – Student Services Plan Request
- Attachment 3: STEP Client Performance Evaluation

STATE OF CALIFORNIA

DEPARTMENT OF REHABILITATION

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 01/18)

DIVISION: _____

Name / Entity / Address: San Joaquin County WorkNet STEP Program 6221 West Lane, Stockton, CA 95210		Individual's Full Name and Address:
Social Security Number: (if necessary)	Record Number:	Date of Birth:

I hereby consent to and authorize the Department of Rehabilitation (DOR) to:
 Obtain from the above Name / Entity Release to the above Name / Entity

- | | |
|---|--|
| <input type="checkbox"/> Benefits Planning Query | <input type="checkbox"/> Benefits Summary and Analysis |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Financial Aid Award |
| <input type="checkbox"/> HIV / AIDS Information | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Transcripts / Report Cards |
| <input type="checkbox"/> Individualized Plan for Employment (IPE) | <input type="checkbox"/> Work Incentives Plan |
| <input type="checkbox"/> Psychological / Psychiatric Reports | <input type="checkbox"/> Vocational Rehabilitation Records |
| <input type="checkbox"/> Drug and Alcohol Information, as explicitly described below | |
| <input type="checkbox"/> Regional Center Records, including Individual Program Plan (IPP) | |
| <input type="checkbox"/> Other: _____ | |

The dates of the requested information are: _____ to _____

I acknowledge and understand the following: the requested information may contain medical history, treatment, and diagnosed mental and physical condition, including drug and alcohol information, psychiatric disabilities, or HIV / AIDS. I may refuse to allow DOR to release or obtain information by not signing this form or not checking some of the above boxes, which may affect the provision of vocational rehabilitation services. The information requested by DOR will be used to determine eligibility for or assist in the provision of vocational rehabilitation services. The DOR shall not make any disclosure of the information received without my signed authorization, unless required or permitted by law. I may revoke this authorization in writing at any time; however, the revocation will not be effective to the extent that any person or entity has already acted in reliance on my authorization prior to the revocation. I may have a copy of this signed authorization, which will remain valid for 30 days from the date of signature, unless otherwise specified here: _____

Individual's Signature <i>[Signature]</i>	Date Signed
Guardian, Parent or Conservator Signature <i>[Signature]</i>	Date Signed
Witness Signature (if above signature by mark) <i>[Signature]</i>	Date Signed
Information sent To / From: Department of Rehabilitation	Phone Number:

Staff Name and Title: _____

Address: _____




STATE OF CALIFORNIA

DEPARTMENT OF REHABILITATION

STUDENT SERVICES PLAN REQUEST

DR203 (Rev 12/21)

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Student Last Name		Student First Name		Student Middle Initial
Mailing Address		City	Zip Code	County
Phone Number	Email Address			
Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State			
Please check all that apply				
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaska Native	
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Decline to State
Please state the student's disability or reason for IEP/504 eligibility		Documentation (Please Select One) <input type="checkbox"/> IEP (provide a copy) <input type="checkbox"/> 504 Plan (provide a copy) <input type="checkbox"/> School Signature (see below)		
If "School Signature" is selected: I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.				
Signature of School Official 		Date		
Printed Name of School Official		Title		
School Name	School Address	Current Grade Level		
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home School <input type="checkbox"/> GED Program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other			Expected Date of Graduation/Exit from School (MM/DD/YYYY)	
Parent/Guardian/Conservator Last Name		First Name		Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator
Phone Number		Email Address		
I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.				
Student Signature 	Date Signed	Parent/Guardian/Conservator Signature 	Date Signed	

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 01/18)

PRIVACY STATEMENT AND NOTICE

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to correctly identify the individual and provide written consent to obtain or release information for the limited purpose of determining eligibility for or assisting in the delivery of vocational rehabilitation services or release information at the individual's request. Please do not provide any personal information on this form that is not requested.

An individual has the right to revoke this authorization by providing written notice to the local Department of Rehabilitation (DOR) office serving the individual. If an individual revokes the authorization, it will not affect information already used or released before DOR received the individual's written notice. The federal Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 290dd-2) may not protect information after it is released or provided to agencies not covered by that law. Even though DOR is not subject to HIPAA, DOR adheres to applicable federal and state privacy laws. The DOR's Privacy Policy is online at www.dor.ca.gov.

Information obtained by DOR will be included in the individual's record of services. An individual has the right to inspect information maintained by DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR staff listed on the form.

Any personal information collected or released by DOR is subject to the limitations established in federal and state law and regulations. Federal law requires DOR to release some personal information to other state agencies in order to match data, such as wage records, for federal performance accountability requirements. In some cases, DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, abuse, or to protect the individual or others. The DOR may also release personal information for audit, evaluation, or research purposes directly connected with the administration of the vocational rehabilitation program or to significantly improve the quality of life for applicants and recipients of services in accordance with a written agreement that limits use of the information and safeguards confidentiality, and if the final product reveals any personal identifying information, informed, written consent is required. (29 U.S.C. § 3141; 34 C.F.R. § 361.38; 42 C.F.R. §§ 2.33, 2.51, 2.52, 2.61, and 2.63; Civ. Code §§ 56.13 and 1798 et seq.; and Cal. Code of Regs., tit. 9, §§ 7140 through 7143.5.)

If information is RELEASED with the informed, written consent of the individual to whom the information pertains, the receiving individual or agency should be aware that the information from DOR is confidential. Federal and state law and regulation prohibit any further disclosure of this information without the informed, written consent of the individual to whom this information pertains, unless otherwise permitted by law.

STEP

Student Training and Employment Program
 San Joaquin County WorkNet / CA Department of Rehabilitation

CLIENT PERFORMANCE EVALUATION

Student's Name

Authorization Number

Worksite

Job Title

Monthly Hours

Cumulative Hours

Short Description of Job

Questions: **Does the student:**

(Please check if answer is AA: Above Average, A: Average, N: Needs Improvement, N/A: Not Applicable)
 If answer is N, please provide details in comment section.

- | | AA | A | N | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Demonstrate punctuality and maintain regular attendance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Interact appropriately with the public? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cooperate with co-workers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. React appropriately to direction and critique? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Demonstrate self-confidence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Display appropriate enthusiasm and/or attitude? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Dress appropriately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Complete task/assignments on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTABLE COMMENTS FROM CASE MANAGER:

Case Manager Signature

Date